WHO / UNICEF

Baby Friendly Hospital Initiative

Documents for Aotearoa New Zealand 2014

The WHO / UNICEF Baby Friendly Hospital Initiative Documents for Aotearoa New Zealand 2014

The full set of documents consists of the following sections:

1. **Baby Friendly in an National and International Context – Update 2014:**
   The background of the Baby Friendly Initiative

2. **Part One: Background and Baby Friendly Implementation in New Zealand**
   This section gives an overview of the assessment and reassessment process as it applies to New Zealand.

3. **Part Two: The New Zealand Criteria**
   Part Two sets out the standards required for each category to attain BFHI accreditation in New Zealand. These incorporate the global standards and include:
   - infant feeding data reporting
   - the Ten Steps to Successful Breastfeeding
   - the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
   - BFHI and the Treaty of Waitangi
   - Standards of Care for the Non-Breastfeeding Mother and her Baby
   - Acceptable Sound Clinical Reasons for Supplementation

4. **Part Three:** Recognising the variations in services provided between tertiary, secondary and primary facilities Part Three has been divided into sections for ease of reporting/recording.
   a. **Section A: Information for Services.** This document is provided as a resource to all facilities to assist them in completing the pre-assessment questionnaire. It contains information and completed tables which ensure managers and/or BFHI co-ordinators can complete the necessary documentation adequately prior to assessment.
   b. **Section B: Pre-Assessment Questionnaire for Primary facilities**
      Designed to be applicable only for primary services in New Zealand this document is to be completed at least eight weeks prior to the date of external assessment.
   c. **Section B: Pre-Assessment Questionnaire For Secondary and Tertiary facilities.**
      Designed to be applicable secondary and tertiary maternity facilities in New Zealand this document is to be completed at least eight weeks prior to the date of external assessment.

5. **Part Four: Resources for Aotearoa New Zealand.** This document contains up-to-date references, links and BFHI research which will assist those requiring information and support.

6. **Part Five:** As part of the BFHI criteria each facility is required to complete an annual survey and forward it to NZBA. Each unit should complete this document annually and forward it before May 31st. NZBA collate the data and forward a report to the Ministry of Health. Facilities receive a report which indicates how they are progressing with the standards compared to compatible services. The Annual Survey requires the most recent annual infant feeding data, progress on recommendations

made at the previous external assessment and interviews with mothers to confirm a high standard of care is maintained between assessments.

   a. **BFHI Annual Survey for a Primary Facility**
   b. **BFHI Annual Survey for a Secondary/Tertiary Facility**

7. **Part Six:** Part Six is not available for general view. This section contains all the documentation necessary for the external assessment and includes a guide for external assessors, general data information, consent form and the interview sheets for staff and women. Recognising the variations in services provided between tertiary, secondary and primary facilities Part Six has been divided into two sections for practical management.
   a. **Part Six: BFHI Assessment Manual for Primary Units**
   b. **Part Six: BFHI Assessment Manual for a Secondary/Tertiary Facility**

8. **Part Seven:** Part Seven is completed by the Lead Assessor following the assessment. All data from the Part Six material is collated and forwarded to the NZBA for review. Part Seven is not available for general view.
   a. **Part Seven: Assessment Criteria Summary Sheets for Aotearoa New Zealand Primary Facility**
   b. **Part Seven: Assessment Criteria Summary Sheets for Aotearoa New Zealand Secondary/Tertiary Facility**

Contents of the Baby Friendly in an National and International Context – Update 2014

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Baby Friendly in an National and International Context – 2014 Update

The foundations for a healthy life are laid in infancy and childhood. A commitment to the health of our children is a commitment to the health of New Zealanders now and in the future. There is significant evidence internationally that breastfeeding contributes positively to infant and also to maternal health, and this evidence confirms that breastfeeding will contribute positively to several of the population health objectives in the New Zealand health strategy[1] including:

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

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

Those working in the health and disability sector have a responsibility to further support and promote breastfeeding, especially with Māori and Pacific communities, by actively encouraging whānau/families to support exclusive breastfeeding for the first six months and continue to support breastfeeding alongside complementary foods for up to the age of two years or beyond.

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

The intent in Aotearoa New Zealand is to encourage consistent evidence-based culturally appropriate practice at all health care facilities, where initiation of breastfeeding occurs.

- the Treaty of Waitangi 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 post-natal care. The assessment tool was developed to assess only the facility and staff employed by the facility. Self-employed LMCs utilising hospital facilities also have a key role in practising in-line with BFHI principles and promoting these principles in the community.
- informed consent is an important part of the BFHI process.
- consultation with community service providers and consumers has been encouraged.

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

[1] The New Zealand Health Strategy. The New Zealand Ministry of Health December 2000. http://www.health.govt.nz/system/files/documents/publications/newzealandhealthstrategy.pdf

BFHI focuses on the care within the maternity facility, however breastfeeding should continue to be protected, supported and promoted long after the first few days of birth. NZBA has developed the initiative further to set a standard for community practice; this is called the Baby Friendly Community Initiative (BFCI). The BFHI assessment results clearly show that BFHI is making a difference to the exclusive breastfeeding rates at discharge from maternity facilities as well as staff practice e.g. skin-to-skin contact timing, improved rooming-in, better support for mothers, more consistent staff education – *Refer to section on Resources, References and Websites*. Along with other programmes the Baby Friendly Initiative will serve to further improve New Zealand breastfeeding rates and infant and young child health. The NZBA aims to see breastfeeding become the cultural norm in New Zealand and associated with that, an improvement in breastfeeding rates and infant and young child health..

Preface for the 2009 WHO BFHI materials: Revised, Updated and Expanded for Integrated Care[2]

Since the Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992, the Initiative has grown, with more than 20,000 hospitals having been designated in 156 countries around the world over the last 15 years. During this time, a number of regional meetings offered guidance and provided opportunities for networking and feedback from dedicated country professionals involved in implementing BFHI. Two of the most recent were held in Spain, for the European region, and Botswana, for the Eastern and Southern African region. Both meetings offered recommendations for updating the Global Criteria, related assessment tools, as well as the "18-hour course", in light of experience with BFHI since the Initiative began, the guidance provided by the new Global Strategy for Infant and Young Child Feeding, and the challenges posed by the HIV pandemic. The importance of addressing "mother-friendly care" within the Initiative was raised by a number of groups as well.

As a result of the interest and strong request for updating the BFHI package, UNICEF, in close coordination with WHO, undertook the revision of the materials in 2004-2005, with various people assisting in the process (Genevieve Becker, Ann Brownlee, Miriam Labbok, David Clark, and Randa Saadeh). The process included an extensive "user survey" with colleagues from many countries responding. Once the revised course and tools were drafted they were reviewed by experts worldwide and then field-tested in industrialised and developing country settings. The full first draft of the materials was posted on the UNICEF and WHO websites as the "Preliminary Version for Country Implementation" in 2006. After more than a year's trial, presentations in a series of regional multi-country workshops, and feedback from dedicated users, UNICEF and WHO met with the co-authors above and resolved the final technical issues that had been raised. The final version was completed in late 2007. It is expected to update the International BFHI documents no later than 2018.

The revised 2009 UNICEF/WHO BFHI package includes:
Section 1: Background and Implementation, which provides guidance on the revised processes and expansion options at the country, health facility, and community level, recognising that the Initiative has expanded and must be mainstreamed to some extent for sustainability, and includes:
Section 2: Strengthening and sustaining the Baby Friendly Hospital Initiative: A course for decision makers was adapted from the WHO course "Promoting breastfeeding in health facilities: A short course for administrators and policy-makers".
Section 3: Breastfeeding Promotion and Support in a Baby Friendly Hospital, a 20-hour course for maternity staff
Section 4: Hospital Self-Appraisal and Monitoring
Section 5: External Assessment and Reassessment

[2] Baby Friendly Hospital Initiative revised, Updated and Expanded for Integrated Care – Section 1 Background and Implementation 2009
Note: Excerpts have been taken from the above document and have been modified to use spelling and terms used in New Zealand for example Baby-friendly has been written as Baby Friendly, breast-milk as breastmilk.

Sections 1 through 4 are available on the UNICEF website at http://www.unicef.org/nutrition/index_24850.html or by searching the UNICEF website at http://www.unicef.org/ and, on the WHO website at http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html or by searching the WHO website at www.who.int/nutrition

Section 5: External Assessment and Reassessment, is not available for general distribution. It is only provided to the national authorities for BFHI.

Baby Friendly Hospital Initiative (BFHI) in Aotearoa New Zealand

The Aim of the BFHI documents for Aotearoa New Zealand is to:

- to document historical influences on breastfeeding in New Zealand
- to provide a set of evidenced based standards for assessment based on the global BFHI documents
- to provide standards relevant to the New Zealand context
- to provide an assessment tool

The global assessment tool forms the basis of the assessment 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 differs.

The BFHI documents for New Zealand are:

Baby Friendly in an National and International Context – 2014 Update

Part 1: Background and Baby Friendly Implementation in New Zealand

Part 2: The New Zealand Criteria

Part 3: Pre-Assessment Questionnaire

Part 4: Resources for Aotearoa New Zealand

Part 5: BFHI Annual Survey

Part 6: BFHI Assessment Manual

Part 7: BFHI Assessment Summary

Breastfeeding in an International Context

Background Rationale for Revisions

When the Baby Friendly Hospital Initiative was conceived in the early 1990s in response to the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding call for action, there were very few countries that had dedicated authorities or committees to oversee and regulate infant feeding standards. Now one hundred and fifty-six countries have, at one time or another assessed hospitals and designated at least one facility "Baby Friendly."[3,4] The BFHI has measurable and proven impact, however, it is clear that only a comprehensive, multi-sector, multi-level effort to protect, promote and support optimal infant and young child feeding, including legislative protection, social promotion and health worker and health system support via BFHI and additional approaches, can hope to achieve and sustain the behaviours and practices necessary to enable every mother and family to give every child the best start in life.

The 2002 WHO/UNICEF *Global Strategy for Infant and Young Child Feeding* (GSIYCF) calls for renewed support - with urgency - for exclusive breastfeeding from birth for six months, and continued breastfeeding with timely and appropriate complementary feeding for two years or longer. This Strategy and the associated "Planning Framework for Implementation" being prepared by WHO and UNICEF reconfirms the importance of the Innocenti Declaration goals, while adding attention to support for complementary feeding, maternal nutrition, and community action.

The nine operational areas of the Global Strategy are:

1. Appoint a national breastfeeding coordinator, and establish a breastfeeding committee.
2. Ensure that every maternity facility practices the *Ten Steps to Successful Breastfeeding.*
3. Take action to give effect to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions of the World Health Assembly.
4. Enact imaginative legislation protecting the breastfeeding rights of working women.
5. Develop, implement, monitor and evaluate a comprehensive policy covering all aspects of infant and young child feeding.
6. Ensure that the health care system and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding for up to two years of age or beyond, while providing women with the support that they require to achieve this goal, in the family, community and workplace.

[3] Kramer MS, Chalmers B Hodnett ED, et al: PROBIT Study Group (Promotion of Breastfeeding Intervention Trial) Promotion of Breastfeeding Intervention Trial (PROBIT: a randomized trial in the Republic of Belarus. JAMA. 2001; 285:413-420

[4] R. Shealy, Marsha Walker and Laurence M. Grummer-Strawn: 'Closing the Quality Gap: Promoting Evidence-Based Breastfeeding Care in the Hospital' Pediatrics 2009;124;e793

7. Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding.
8. Provide guidance on feeding of infants and young children in exceptionally difficult circumstances, which include emergencies and parental HIV infection.
9. Consider what new legislation or other suitable measures may be required to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant World Health Assembly resolutions.

This international implementation plan encourages all countries to revitalize action programmes according to the Global Strategy, including the Baby Friendly Hospital Initiative (BFHI). The original BFHI addresses targets 1 and 2 and 8, above, and this version adds some clarity to 1, 2, 6, 7 and 8.

In 2003, nine UN agencies joined in the development and launching of "HIV and Infant Feeding - Framework for Priority Action". This document recommends key actions to governments related to infant and young child feeding, and covers the special circumstances associated with HIV/AIDS. The aim of these actions is to create and sustain an environment that encourages appropriate feeding practices for all infants while scaling-up interventions to reduce HIV transmission.

The five recommended actions include the need for ensuring support for optimal infant and young child feeding for all, including the need for BFHI, as requisites to successful counselling of the HIV-positive mother:

1. Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy that includes HIV and infant feeding.
2. Implement and enforce the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions.
3. Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognising HIV as one of a number of exceptionally difficult circumstances. This action specifically includes a call for revitalisation and scale-up of coverage of the Baby Friendly Hospital Initiative and to extend it beyond hospitals, including through the establishment of breastfeeding support groups. It also encourages making provision for expansion of activities to prevent HIV transmission to infants and young children hand-in-hand with promotion of BFHI principles. HIV/Infant Feeding counselling training recommendations from WHO/UNICEF note that BFHI or other breastfeeding support training should precede training on infant feeding counselling for the HIV-positive mother.
4. Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, to successfully carry out their infant feeding decisions.
5. Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

In 2005, the fifteenth anniversary of the Innocenti Declaration, an assessment of progress and challenges was carried out, culminating in a second Innocenti Declaration 2005 on Infant and Young Child Feeding, highlighting the importance of early initiation of breastfeeding, suggesting ways to strengthen action on breastfeeding and outlining urgent activities for the nine operational areas of the Global Strategy.

BFHI Section 1 Background and Implementation, presents a methodology for encouraging nations to reinvigorate, restore or launch the BFHI in today's realities, facilitating the changes needed in maternity facilities, practices and health work training in those facilities in accordance with the WHO and UNICEF *Ten Steps to Successful Breastfeeding* The Annexes to BFHI Section 1.1 Background and Implementation include Annex 3: excerpts from recent publications that may be helpful in sensitisation of decision makers regarding the importance of early and exclusive breastfeeding and Annex 4: an illustration of how breastfeeding is essential for the achievement of the Millennium Development Goals (MDGs).

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

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

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

The operational areas refer to:

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

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

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

Breastfeeding in New Zealand

In New Zealand there have been many activities with a focus on the protection, promotion and support of breastfeeding.

New Zealand Breastfeeding Authority (NZBA)

NZBA was formed in 1998 and became a registered non-profit organisation in 1999. The organisation is a non-government organisation (NGO) and was formed by approximately 30 different member groups (health professionals, consumer groups, Māori and Pacific groups) and the Ministry of Health and UNICEF to work together to advocate for initiatives to improve New Zealand's breastfeeding rates. NZBA currently has a Board of six members and five staff. With funding from the Ministry of Health the NZBA has successfully advocated for the establishment of the Baby Friendly Hospital Initiative (BFHI) in NZ, a National Breastfeeding Advisory Committee, the development of a national breastfeeding strategy and a review of the MoH document Infant Feeding: Guidelines for New Zealand Workers.

NZBA's primary responsibility is to protect, promote and support breastfeeding in New Zealand, and it was given three key roles:

- Baby Friendly Hospital Initiative – to develop Baby Friendly Hospital Initiative guidelines, train assessors and conduct assessments of maternity facilities.
  - administers the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI). The BFHI assessment is in accordance with the global criteria with at least a 75% exclusive breastfeeding rate at discharge, and compliance with the Ten Steps and the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.
  - develops educational resources to support BFHI and BFCI.
  - develops education materials and education sessions to support BFHI and BFCI and breastfeeding.

- Coordination – to provide independent advice and the forum for co-ordination of breastfeeding strategies.
- Advocacy – to provide national advocacy and support breastfeeding advocacy at a regional level (Ministry of Health 2002).

The table below provides a summary of activities and events undertaken by NZBA from 1998 to 2013. The timeline includes each of the contracts undertaken by NZBA; the progress of BFHI accreditation to date. It also shows in 2009, the first BFCI accreditation of a health service as well as various other strategic initiatives which supported NZBA in its role.

Year	Contracts/Initiatives/Events	BFHI Accreditation
1998	Established by the NZ College of Midwives & stakeholders NZBA Committee & Working Party established	
1999	1st MoH Contract - Baby Friendly Health Initiative Service	
2000	BFHI Officially Launched 1st BFHI Assessors Trained	
2001	2nd MOH Contract - Breastfeeding Advocacy & Promotion 3rd MOH Contract -BFHI Assessment of 30 Maternity Facilities	
2002	4th MOH Contract - Further work to Support BFHI 5th MOH Contract - Breastfeeding Promotion Projects	1st 3 facilities accredited 0+3 = 3
2003	6th MOH Contract - Breastfeeding Promotion Projects Submission for National Breastfeeding Committee to Minister Working Party to develop BFHI consultation document	3 more facilities accredited 3+3 = 6
2004	7th MOH Contract - Baby Friendly Co-ordination & Implementation World Health Organisation lecture tour – Randa Saadeh World Breastfeeding Week (August 1st – 7th each year) launched at Parliament	10 more facilities accredited 6+10 = 16
2005	A Transitional Breastfeeding Committee established	13 more facilities accredited 16+13 = 29
2006	8th MOH Contract - Baby Friendly Co-ordination & Implementation 9th MOH Contract - BFHI Extension for Small Maternity Units 10th MOH Contract - Baby Friendly Community Initiative	22 more facilities accredited 29+22 = 51 - 1 = 50

Year	Contracts/Initiatives/Events	BFHI Accreditation
2007	11th MOH Contract - Breastfeeding Services Stocktake & BFHI Survey 12th MOH Contract- Baby Friendly Co-ordination & Implementation 13th MOH Contract - BFHI/BFCI Training & Education Requirements	8 more facilities accredited 50+8 = 58 - 1 = 57
2008	14th MOH Contract - Baby Friendly Co-ordination & Implementation The National Breastfeeding Committee established A National Strategic Plan of Action for Breastfeeding developed	7 more facilities accredited 57+7 = 64 - 1 = 63
2009	Te Roopu Whakaruruahau the Māori Advisory Group of NZBA was established to provide cultural advice & support	6 more facilities accredited 63+6 = 69 3 BFCI Pilot Groupings completed (17 services accredited BFCI)
2010	Baby Friendly Train-the-trainer programme developed and run	3 more facilities accredited 69 + 3 = 72
2011	BFHI document review and nine groups enrolled for BFCI. Canterbury earthquakes impacted on some Canterbury maternity services	2 more facilities accredited: 72 + 2 = 74 of 76
2012	Attended the WHO BFHI meeting in Oslo in June.	2 more facilities accredited: 74 + 2 = 76 of 77
2013	8 BFCI services accredited.	2 facilities lapsed accreditation: 74 of 77

NZ Ministry of Health (MoH)

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

1999

Breastfeeding Definitions for Monitoring the National Health Outcome targets in NZ – a standard set of definitions for reporting on were developed.
Baby Friendly Hospital Initiative – The Ministry contracted NZBA to develop and manage the BFHI.

2000

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

2001

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

2002

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

Seven goals for action were listed.

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

The first three maternity units achieved Baby Friendly accreditation.

2003/2004

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

2005

NZBA was contracted to begin developing and piloting the Baby Friendly Community Initiative.

2006

In early 2006 the **National Breastfeeding Advisory Committee (NBAC)** was established with the specific mission of improving the nation's health and wellbeing by promoting, protecting and supporting breastfeeding. The committee was established to provide expert advice to the Director-General of Health, working with the vision of making breastfeeding the norm in New Zealand.

The role of the Committee was to advise the Director-General of Health on breastfeeding issues in New Zealand, and to work with the Ministry of Health to:

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

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

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

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

2007

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

One of these two targets was to:

Increase the proportion of infants exclusively and fully breastfed to: 74% at six weeks, 57% at three months and 27% at six months.

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

The implementation of the targets had two components. The first was accountability and monitoring through the District Health Boards' reporting and monitoring mechanisms and the second was through a programme of improving support, sharing best practice and learning about effective interventions and programmes that have had measurable impact on targets. The health targets were designed to challenge the health system to do better.

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

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

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

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

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

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

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

2008

The NBAC came to the end of its two year term, providing advice to the Director General of the Ministry of Health in the form of the National Strategic Plan of Action for Breastfeeding (the Plan). The NBAC's work directly supported the Ministry's Health Target on Breastfeeding, and the new Committee's role

was to continue to provide DHBs with information and frameworks to help them implement their action plans for breastfeeding.

The NBAC was disestablished in its current form, and re-established as the **National Breastfeeding Committee (NBC)** with a role to guide the implementation of the Plan. The NBC was made up of nominated members from the breastfeeding/public health sector with a range of perspectives and backgrounds.

The NBC's term ran until 30 June 2009, when its role was to be reviewed. The committee has since been disestablished.

National Breastfeeding Promotion Campaign

The Government funded the Ministry of Health to develop a national breastfeeding promotion campaign to improve breastfeeding rates and duration, especially for high-need groups, and Māori and Pacific peoples who have lower rates of breastfeeding than the non-Māori and non-Pacific population.

Breastfeeding featured in the Ministry's Healthy Eating - Healthy Action (HEHA) strategy and its associated implementation plan. Breastfeeding in the early years is important for nutritional and physical wellbeing from infancy right through to adulthood. A breastfeeding promotion campaign provides the opportunity to contribute to efforts to improve the long-term health of the population and reduce health inequalities between population groups.

The aim of the campaign was to contribute to efforts to increase the number of babies being exclusively breastfed for six months and the proportion of infants who continue to be breastfed beyond six months (this is consistent with World Health Organization breastfeeding recommendations). Breastfeeding gives our children the very best start in life, yet some New Zealand babies are not breastfed or only breastfed for a short time.

The breastfeeding social marketing campaign included television and radio commercials, print advertising, and media coverage. It specifically targeted family/whānau, e.g. the partners, grandmothers, aunties and close friends of Māori and Pacific mothers, as these are the people who most influence whether a mother breastfeeds and for how long.

The campaign had two phases. Phase one focused on encouraging partners, family/whānau and friends to support mothers to breastfeed.

Phase two aimed to build 'environmental' support for breastfeeding; that is it encouraged support for breastfeeding in settings outside the home. This phase included work with hospitality venues, councils, employers, early childhood education services, marae, churches and shopping centre management. The aim was to increase the perception of breastfeeding as a normal and usual part of everyday life – anywhere, any-time, any place.

The Ministry also established a breastfeeding section on their website for mothers to get more information

2009

National Strategic Plan of Action for Breastfeeding 2008 – 2012 launched

The National Strategic Plan of Action for Breastfeeding 2008 - 2012 set out a strategic framework to support the establishment of a breastfeeding culture in New Zealand; this was the advice of the National

Breastfeeding Committee to the Director-General of Health.

The Plan set out desired objectives and outcomes for breastfeeding across four key settings and suggested activities for the short, medium and longer terms. The Plan was designed to be a reference document and a strategic framework for breastfeeding support at family/whānau, community, regional and national levels.

The Plan centred on four key settings:
• government;
• family and community;
• health services; and
• workplace, childcare and early childhood education.

Under each of these settings, the Plan proposed outcomes and objectives that describe what needed to be done. The challenge for agencies, groups and communities was to work to achieve cultural change to support breastfeeding in New Zealand. The Committee view was that all parts of society needed to be involved, directly or indirectly, in cultural change to ensure that breastfeeding rates increase within New Zealand. The Ministry of Health disestablished the National Breastfeeding Committee.

Breastfeeding Protection for working women – 1 April 2009 new law Section 69Y of the Employment Relations Act 2000. Employers are required as far as reasonable and practicable to provide appropriate breaks and facilities for employees who wish to breastfeed their infants or express milk during work hours. Payment for this time needs to be negotiated with the employer.

Breastfeeding social media campaign

Ministry of Health breastfeeding promotion campaign launched by GSL (marketing company). October 2009 launched the Breastfeeding NZ communities on Facebook and Twitter and You Tube video clips. Breastfeeding NZ on YouTube quickly amassed more than 120,000 views of the channel in just three weeks – achieving the spot for most popular channel in New Zealand during the last week of October that year. The Facebook community reached 1,200 members within its first week,

2010

Baby Friendly in New Zealand

The first pilot groups completed the Baby Friendly Community Health services (BFCI services) accreditation with 17 services being accredited.

In 2010 New Zealand had 72 of the 77 (93.5%) maternity services accredited as Baby Friendly including twelve maternity services who passed accreditation three times, 43 who had been accredited twice and 17 who passed the initial BFHI assessment.

NZBA had been administering BFHI for the past ten years and in this time there had been significant changes in service delivery for breastfeeding with improved exclusive breastfeeding rates at discharge.

Ongoing Activities

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

The Ministry supports La Leche League New Zealand (LLLNZ) with funding towards administration of the organisation. The MoH also contracts Women's Health Action for breastfeeding promotion activities, particularly focused on World Breastfeeding Week (1-7 August) and the breastfeeding friendly workplace initiative.

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

Breastfeeding social media expansion

GSL launched a campaign blog – a platform to increase the quality of engagement between the wider campaign and the social media community. The blog featured more in depth campaign updates, advice on subjects such as the importance of breastfeeding and overcoming common issues, information and advice from stakeholder groups such as Plunket, La Leche League and Women's Health Action and breastfeeding stories from some of the mums who contributed to the Facebook community, as well as video logs from the campaign's celebrity advocates – describing their breastfeeding journeys.

2011

Maternity Quality and Safety Programme Launched

The key parts of the new maternity quality and safety programme were launched. This included new maternity standards, revised referral guidelines for midwives and doctors, and a set of clinical Indicators. DHBs are required to implement these improvements forthwith.

"The quality and safety programme has been developed and agreed by representatives from midwifery, obstetrics, anesthesia, general practice, paediatrics and consumers over the past two years.

This includes continued development of a comprehensive collection of maternity data as part of the "maternity datamart."

A standardised, single set of electronic maternity notes for each pregnant woman was also under development. This will mean full information is available to all health professionals caring for a pregnant woman.

Maternity quality and safety programme documents can be found at: http://www.moh.govt.nz

UN Report on Children's Rights in New Zealand

The Committee on the Rights of the Child examined the combined third and fourth periodic report of New Zealand on how that country is implementing the provisions of the Convention on the Rights of the Child.

2013

Health Select committee report released: *Inquiry into improving child health outcomes and preventing child abuse with a focus from pre-conception until three years of age.*

Many submissions referred to the nutritional and psychological importance of breastfeeding. It was recognised that breastfeeding is a key protective factor in children's health outcomes. Concern was raised at the lower rate of breastfeeding by Māori and young women. It was also noted that exclusive breastfeeding from birth is possible in all but a small percentage of cases. Information given at the time stated that exclusively breastfeeding a child during the first six months of life, and following the introduction of complementary foods whilst continuing to breastfeed until the age of one year contributes to optimal immune status, growth, and development.

Recommendations by submitters included reinstating the National Breastfeeding Advisory Committee, reviewing and updating the National Strategic Plan of Action for Breastfeeding, and Government support for the promotion of breastfeeding as the biological and cultural norm in New Zealand society.

Service delivery and design recommendations to maintain and increase the rate of breastfeeding included the following:

- Creating supportive environments for breastfeeding mothers, for example by incentivising employers to develop World Health Organization "baby friendly" breastfeeding policies.
- Targeted interventions, such as increasing the number of community-based lactation consultants, providing culturally appropriate breastfeeding support, and working in partnership with Māori to find ways of increasing the likelihood of Māori women breastfeeding their babies.
- Improving the evidence base regarding ways of improving outcomes for children by commissioning research to investigate possible links between breastfeeding and the treatment and care of children.

Baby Friendly Hospital Initiative

In New Zealand, all maternity facilities are required to achieve and maintain Baby Friendly Hospital Initiative accreditation. This is an international programme to ensure that all maternity facilities become centres of breastfeeding support. The Ministry of Health contracts Women's Health Action to support and promote women breastfeeding at work, and its Food and Nutrition Guidelines Series includes Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women and Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2), for use by health practitioners.

Lead maternity carers and lactation consultants provide breastfeeding advice, but access varies between socioeconomic groups, and private lactation consultants are less affordable for low-income families.

We heard that best-practice is to adopt the baby friendly approach in other settings such as workplaces, shopping malls, airports, and other such public places. We agree with this positive and constructive approach.

http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH_SCR6007_1/inquiry-into-improving-child-health-outcomes-and-preventing

Activity by other Government Departments / Agencies

Ministry of Justice

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

Department of Labour

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

The Department of Labour has administered the Parental Leave and Employment Protection Act 1987. Since the introduction of paid parental leave for eligible employees in 2002, the scheme has been extended to meet various objectives, including supporting the health and well-being of new mothers and babies. An evaluation of the Parental Leave and Employment Protection Act was conducted by the Department of Labour during 2005-2006. New provisions are contained for breastfeeding women in the Employment Relations (Rest Breaks, Infant Feeding and Other Matters) Amendment Act passed by Parliament in September 2008 which came into effect on 1 April 2009. The law provides for paid rest breaks and unpaid meal breaks for all workers and facilities for infant feeding in the workplace.

Department of Corrections

Corrections (Mothers and Babies) Amendment Bill 2008

This bill amends the Corrections Act 2004 to enable children of female prisoners to be accommodated with their mothers until the age of 24 months for the purpose of breastfeeding and bonding; provided that this is in the best interests of the child, and that certain other conditions are met.

Ministry of Women's Affairs

The Ministry of Women's Affairs assists and supports lead agencies on breastfeeding to comprehensively consider women's issues, gender issues and human rights issues, when contributing to a range of policy and service delivery initiatives that focus on breastfeeding and infant nutrition outcomes.

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

Human Rights Commission (HRC)

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

2012 Children's Commission launches a plan for addressing child poverty in New Zealand

The Children's Commissioner has released a plan to reduce child poverty, which includes a universal 'child payment', better welfare grants from the Government and establishing a 'Child Poverty Act'.

The plan includes a 'food in schools' programme, rental houses requiring a 'warrant of fitness' and overhauling the family tax credit system to favour young children.

Russell Wills formed the Expert Advisory Group in March which has been working on solutions to child poverty, which has doubled in the last 30 years.

The report says around 270,000 children currently live in poverty, costing $6 million every year.

Recommendations include:

- a national strategy for food in schools
- a universal child payment of $125 per week for the first six years and targeted after that
- overhauled tax and welfare system to cater better for children
- overhauled child support
- rebalanced family tax credits system to favour young children
- government underwriting payments for family support
- a review of all child-related welfare payments
- warrant of fitness for rental home

Parental Leave and Employment Protection (Six Months' Paid Leave) Amendment Bill

This Bill was introduced to the house April 2012 by Sue Moroney as a private members Bill.

http://www.parliament.nz/en-nz/pb/legislation/bills/digests/50PLLaw19661/parental-leave-and-employment-protection-six-months-paid

Non-Government Organisations and other activities

Women's Health Action – Maternal and Child Health Portfolio 2014

Women's Health Action (WHA) is a not for profit organisation in its 30th year of operation. WHA has a contract with the Ministry of Health for the provision of: health promotion, analysis and consumer representation to help ensure that health policy and health services meet the needs of women.
Women's Health Action promotes and supports breastfeeding through health promotion activities, positive media and breastfeeding friendly workplace website and providing advice. WHA also has a role in ensuring the proper use of breastmilk substitutes.

Recent and current activities:

Infant and young child feeding networks:
WHA chairs and or is actively involved with a number of infant and young child feeding networks.

The Big Latch On:
WHA developed the Big Latch On in 2005 and has continued to coordinate this annual event in an effort to reduce barriers to breastfeeding in Aotearoa New Zealand. In 2013 130 venues with at least one in every DHB saw 1471 babies latch on simultaneously.

Workforce development
WHA provides lectures and education sessions for the maternity workforce, early childhood education students and various other forums as requested.

Analysis and advice:
WHA provides analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, government and other public agencies, on: women's health (including screening, maternity services, reducing inequalities, and public health issues), gender issues, consumer and informed consent issues e.g. confidentiality and privacy. WHA actively engage in the development of maternal and child health policy development on a national and regional level.

Breastfeeding Friendly Workplaces:
WHA encourages supportive environments by working in collaboration with employers and communities to support women to initiate and maintain breastfeeding. WHA have developed a dedicated Breastfeeding Friendly Workplaces website, www.bfw.org.nz , which provides information for women and employers.

Breastfeeding Friendly Environments:
WHA provides dedicated maternity and breastfeeding promotional stands at events such as the annual Baby Shows (formally Parent and Child Shows) and Waitangi Day Festivals. The focus of this initiative is to assist pregnant and breastfeeding women and their whānau to access free evidenced based resources as well as free onsite breastfeeding information and support. These promotional activities are delivered in collaboration with local lactation consultants, midwives, La Leche League leaders and Tamariki Ora providers.

Resources and publications:
Women's Health Action produces a number of maternal and child health related resources.
Refer to http://www.womens-health.org.nz

La Leche League New Zealand (LLLNZ)

La Leche League has been active in New Zealand since 1964; in 2014 celebrating its golden jubilee of helping mothers to breastfeed. La Leche League provides mother-to-mother support, encouragement, information and education to breastfeeding mothers and promotes a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. La Leche League has 140 Leaders throughout New Zealand. La Leche League Leaders are mothers with extensive breastfeeding and parenting experience trained to be breastfeeding peer counsellors. There are 50 active groups meeting monthly or more frequently. Groups are located from the Bay of Islands to Invercargill in New Zealand, plus groups in Australia and Fiji. Discussion centres on the normal course of breastfeeding with mothers sharing their experiences to help others. Each year La Leche League typically handles over 25,000 contacts from mothers, health professionals and others. Contacts are in person, or via phone, text, email or Facebook.

Refer: http://www.lalecheleague.org.nz

In 2006 La Leche League launched its Breastfeeding Peer Counsellor Programme taking mother-to-mother breastfeeding help into new settings and a wide variety of ethnic groups. The Peer Counsellor Programme uses a train-the-trainer model with La Leche League New Zealand training programme administrators who then train Breastfeeding Peer Counsellors. Local Peer Counsellor Programmes are funded by DHBs, PHOs and community well-child services and are running throughout New Zealand.

Refer: http://www.pcp.org.nz

Other Breastfeeding Advocates and Supporters

New Zealand has an active network of breastfeeding advocates and supporters who make a valuable contribution to the protection, promotion and support of breastfeeding in New Zealand. These include the New Zealand Lactation Consultants Association, the New Zealand College of Midwives, Royal New Zealand Plunket Society, Parents Centre New Zealand, Canterbury Breastfeeding Advocacy Service, the Public Health Association, and Lactation Consultants of Australia & New Zealand. There are also a number of regional breastfeeding networks located around New Zealand.

New Zealand Lactation Consultants Association: "The New Zealand Lactation Consultants Association (NZLCA) is the professional association of the International Board Certified Lactation Consultant (IBCLC) in New Zealand.
NZLCA members have all passed a fully accredited examination set by the International Board of Lactation Consultants Examiners (IBLCE). The title 'International Board Certified Lactation Consultant' (IBCLC) can only be used by persons who are IBCLC Certified and provided that they submit to periodic re-certification procedures mandated by IBLCE."

New Zealand College of Midwives: The New Zealand College of Midwives is the professional organisation for midwives. "The College provides and promotes quality standards for New Zealand midwives. Our role is a midwifery voice for midwives and women."

Royal New Zealand Plunket Society: "We are New Zealand's largest provider of support services for the development, health and wellbeing of children under 5. Plunket works together with families and communities, to ensure the best start for every child. Whā□nau ā□whina - caring for families."

Parents Centre New Zealand: "We believe that parenting is everything and that great parents will grow great children! We work with parents to equip them with the best in knowledge and skills and support so that they can be best parents they can possibly be."

Canterbury Breastfeeding Advocacy Service: "The Canterbury Breastfeeding Network (CBN) is made up of a group of individuals and representatives from different organisations who share a common interest in breastfeeding protection, promotion and support." Their website "contains information for both breastfeeding professionals as well as for consumers. It features articles, case studies and access to support services, as well as a directory of individuals and organisations connected to the network."

Public Health Association (PHA): "The PHA is a voluntary association that takes a leading role in promoting public health and influencing public policy.
Our goal is to improve the health of all New Zealanders by progressively strengthening the organised efforts of society by being an informed collaborative and strong advocate for public health."

Lactation Consultants of Australia & New Zealand: "Lactation Consultants of Australia and New Zealand Ltd (LCANZ) is the professional organisation for International Board Certified Lactation Consultant's (IBCLC's) and others who have an interest in lactation and breastfeeding. Our core business is to provide members with information and educational opportunities to enable them to continue to advance their practice as lactation consultants, and enhance the profession of Lactation Consultancy generally in Australia and New Zealand. We also deliver educational opportunities to the wider population of health care professionals, to enable them to provide mothers with the most up-to-date information and expertise available on breastfeeding and lactation.
LCANZ provides a uniquely southern hemisphere approach to breastfeeding and lactation, and showcases the abundance of knowledge, research and skill in our region. LCANZ is the "peak body" of lactation professionals in this region and as such is in a great position to lobby Governments, and NGO's on breastfeeding issues. We are also an affiliate of the International Lactation Consultants Association."

Other Organizations

The Infant Nutrition Council
Code of Practice for the Marketing of Infant Formula in New Zealand
Based on: The World Health Organisation International Code of Marketing of Breast-milk Substitutes (WHO 1981) (WHO Code) Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand dated July 2007
http://www.health.govt.nz/our-work/who-code-nz/infant-nutrition-council-code-practice-marketing-infant-formula-new-zealand

Annexes

Section 1.1 – Annex 3[4]

Excerpts from recent WHO, UNICEF, and other global publications and releases

Occasionally, those implementing BFHI in a country may need to call upon excerpts from globally recognised sources to support their actions and plans. This section is provided to address this need.

From UNICEF Press Release, September 2007
"Much of the progress reflected [reduction in number of child deaths from 13 million in 1990 to 9.7 million] is due to widespread adoption of basic health interventions such as early and exclusive breastfeeding…"
http://www.unicef.org/childsurvival/index_40850.html

From WHO Statement on Infant Feeding and HIV
"Exclusive breastfeeding for six months is recommended for all women and for HIV infected women, unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), in which case all breastfeeding should be avoided and infants should receive replacement feeding from birth".

"After six months, breastfeeding should be continued unless AFASS replacement feeding is available".

From Innocenti +15
"Current challenges only reinforce the need to act rapidly in support of infant and young child feeding".

"Scientific evidence, the Global Strategy for Infant and Young Child Feeding, and demonstrated results from national and other large-scale programmes provide a sound foundation for moving forward. This requires government and donor commitment to: Increase resources for infant and young child feeding....Implement the Global Strategy for Infant and Young Child Feeding [and] apply existing knowledge and experience".

"Exclusive breastfeeding is the leading preventive child survival intervention. Nearly two million lives could be saved each year through six months of exclusive breastfeeding and continued breastfeeding with appropriate complementary feeding for up to two years or longer. The lasting impact of improved feeding practices is healthy children who can achieve their full potential for growth and development".

"New scientific evidence and programmatic experience place child advocates in a better position now than in 1990 to protect, promote, and support improved infant and young child feeding practices. Yet the majority of health professionals and community workers have not been adequately educated or trained to put the knowledge and skills into practice. Appropriate materials and guidelines exist and should urgently be taken to scale for pre-service and in-service training and for policy and program assessment, implementation, and monitoring. As forcefully stated by the executive heads of WHO and UNICEF in their foreward to the Global Strategy for Infant and Young Child Feeding, "There can be no delay in

[4] BFHI Section 1: Background and Implementation – Section 1.1 – Annex 3 – Excerpts from recent WHO, UNICEF, and other global publications and releases 2009

applying the accumulated knowledge and experience to help make our world a truly fit environment where all children can thrive and achieve their full potential".

From UNICEF Executive Director Ann M Veneman for World Breastfeeding Week, 2005:
"If we are to fulfill the promise of the Millennium Declaration and the Millennium Development Goals, we must renew our attention to those interventions that are effective, affordable and have significant impact. Improvements in breastfeeding and complementary feeding are essential for success in child survival, in reducing hunger, and to ensure that children develop in a manner that they may best benefit from education and opportunity".

"UNICEF applauds the commitment of all of those involved in support of child survival through optimal infant and young child feeding in the celebration of this year's World Breastfeeding Week".

From "Investing in Development: Practical Plan to Achieve the Millennium Development Goals". 2005, Millennium Project, New York, p. 26 "The Quick Wins needed to be embedded in the longer term investment policy framework of the MDG-based poverty reduction strategy".
"[In the design of] community nutrition programs that support breastfeeding, provide access to locally produced complementary foods, and, where needed, provide micronutrient…supplementation for pregnant and lactating women…"

From World Health Assembly May 2010:
WHA63.23 Infant and young child nutrition

- Recognizing that the promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding;
- Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding;
- Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breast-milk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers;
- Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breast-milk Substitutes in some countries;
- Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;
- Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised;
- Mindful of the fact that implementation of the global strategy for infant and young child feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of health systems and communities with particular emphasis on the Baby friendly Hospital Initiative, and careful monitoring of the effectiveness of the interventions used;
- Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;
- Aware that multisectoral food and nutrition policies are needed for the successful scaling up of evidence-based safe and effective nutrition interventions;
- Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

- Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose;
- Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions.

1. URGES Member States:
   1. to increase political commitment in order to prevent and reduce malnutrition in all its forms
   2. to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breast-milk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;
   3. to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes in order to give effect to the International Code of Marketing of Breast-milk Substitutes and relevant resolution adopted by the World Health Assembly;
   4. to end inappropriate promotion of food for infants and young children, and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for in relevant Codex Alimentarius standards or national legislation;
   5. to develop or review current policy frameworks for addressing the double burden of malnutrition, to include in the frameworks childhood obesity and food security, and to allocate adequate human and financial resources to ensure implementation of those policies; to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions; the implementation of interventions for the prevention and management of severe malnutrition; and the targeted control of vitamin and mineral deficiencies;
   6. to consider and implement, as appropriate the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in order to address the infant feeding dilemma for HIV-infected mothers and their families while ensuring protection, promotion and support of exclusive and sustained breastfeeding for the general population;
   7. to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimise the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;
   8. to include the interventions referred to in subparagraph 1(6) above in comprehensive maternal and child health services and support the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12;
   9. to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium Development Goals indicators in order to monitor progress;
   10. to implement the WHO Child Growth Standards by their full integration into child health programmes;
   11. to implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition, most importantly improving water and sanitation systems and hygiene practices to protect children against communicable disease and infections;

2. CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

3. REQUESTS the Director-General:

1. to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation;
2. to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions, including integration of the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in the context of the reform of primary health care;
3. to continue and strengthen the existing mechanisms for collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition including clear identification of leadership, division of labour and outcomes;
4. to support Member States, on request, in expanding their nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards, and the Baby-friendly Hospital Initiative;
5. to support Member States, on request, in their efforts to develop and/or strengthen legislative, regulatory or other effective measures to control marketing of breast-milk substitutes;
6. to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

WHA63.24 Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia:
URGES Member States:

5. to implement the recommendations in the joint WHO/UNICEF global action plan for the prevention and control of pneumonia, noting the importance of:
    a. integrated case management at community, health-centre and hospital levels;
    b. immunization by accelerating the adoption of affordable and cost-effective vaccines based on evidence of national epidemiological profiles;
    c. exclusive breastfeeding for six months;
    d. improvement of nutrition and prevention of low birth weight;
    e. control of indoor air pollution;
    f. prevention and management of HIV infection;

From: Family and health in the context of the tenth anniversary of the International Year of the Family A57/12:

"6. Almost 50% of all infant deaths in developing countries occur in the first 28 days after birth. As most infants in these countries are born at home, improvements in facility-based services will address only part of the problem and must be complemented by interventions in the home and community. A few simple interventions, such as aiding birth with skilled attendants, keeping the neonate warm, initiating breastfeeding early and recognizing and treating common infections, will greatly increase chances of neonatal survival".

From A57/18 Biennial Updates:

E. Infant and Young Child Nutrition: Biennial Progress Report 48.

"Despite overall improvements in exclusive breastfeeding …, practices fall far short of WHO's global public health recommendation: exclusive breastfeeding for six months followed by safe and appropriate complementary feeding with continued breastfeeding for up to two years of age or beyond (resolution WHA54.2)".

Fifty-Seventh World Health Assembly WHA57.14, Agenda item 12.1 22 May 2004:

"Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS

2. URGES Member States, as a matter of priority: to pursue policies and practices that promote:

(h). integration of nutrition into a comprehensive response to HIV/AIDS;

(i). promotion of breastfeeding in the light of the United Nations Framework for Priority Action on HIV and Infant Feeding and the new WHO/UNICEF Guidelines for Policy-Makers and Health-Care Managers".

World Health Resolutions *Section 1.1 – Annex 4*[5]

Millennium Goals

Adopted by world leaders in the year 2000 and set to be achieved by 2015, the Millennium Development Goals (MDGs) provide concrete, numerical benchmarks for tackling extreme poverty in its many dimensions.

The MDGs also provide a framework for the entire international community to work together towards a common end – making sure that human development reaches everyone, everywhere. If these goals are achieved, world poverty will be cut by half, tens of millions of lives will be saved, and billions more people will have the opportunity to benefit from the global economy.

The contribution of Breastfeeding and Complementary Feeding to achieving the Millennium Development Goals[6]

Goal Number and Targets		Contribution of Infant and Young Child feeding[7]
1	**Eradicate extreme poverty and hunger** Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day, and who suffer from hunger.	Breastfeeding significantly reduces early childhood feeding costs, and exclusive breastfeeding halves the cost of breastfeeding[8]. Exclusive breastfeeding and continued breastfeeding for two years is associated with reduction in underweight[9] and is an excellent source of high quality calories for energy. By reducing fertility, exclusive breastfeeding reduces reproductive stress. Breastfeeding provides breastmilk, serving as low-cost, high quality, locally produced food and sustainable food security for the child.
2	**Achieve universal primary education** Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education.	Breastfeeding and adequate complementary feeding are prerequisites for readiness to learn[10]. Breastfeeding and quality complementary foods significantly contribute to cognitive development and capacity. In addition to the balance of long chain fatty acids in breastmilk, which support neurological development, initial exclusive breastfeeding and complementary feeding address micronutrient and iron deficiency needs and, hence, support appropriate neurological development and enhance later school performance.

[5] BFHI Section 1: Background and Implementation – Section 1.1 Annex 4 – The contribution of Breastfeeding and Complementary Feeding to achieving the Millennium Development Goals 2009
[6] Developed by the UN Standing Committee on Nutrition Working Group on Breastfeeding and Complementary Feeding, 2003/4.
[7] Early and Exclusive Breastfeeding, continued breastfeeding with complementary feeding and related maternal nutrition.
[8] Bhatnagar,S,Jain,N.P. and Tiwari, V.K. Cost of infant feeding in exclusive and partially breastfed infants. *Indian Pediatrics*. 1996; 33:655-658
[9] Dewey,K.G. Cross-cultural patterns of growth and nutritional status of breast-fed infants. *Am. J. Clin. Nutr.* 1998; 67-10-17.
[10] Anderson, J.W.,Johnstone,B.M. and Remley, D.T. Breastfeeding and cognitive development: a meta-analysis, *Am.J.Clin.Nutr.*1990;70:525-535.

Goal Number and Targets		Contribution of Infant and Young Child feeding[5]
3	**Promote gender equality and empower women** Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015.	Breastfeeding is the great equalizer, giving every child a fair start on life. Most differences in growth between sexes begin as complementary foods are added into the diet, and gender preference begins to act on feeding decisions. Breastfeeding also empowers women: - increased birth spacing secondary to breastfeeding helps prevent maternal depletion from short birth intervals; - only women can provide it, enhancing women's capacity to feed children; - increases focus on need for women's nutrition to be considered.
4	**Reduce child mortality** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	By reducing infectious disease incidence and severity, breastfeeding could readily reduce child mortality by about 13%, and improved complementary feeding would reduce child mortality by about 6%[11]. In addition, about 50-60% of under-5 mortality is caused by malnutrition due to inadequate complementary foods and feeding following on poor breastfeeding practices[12] and, also, to low birth weight. The impact is increased in unhygienic settings. The micronutrient content of breastmilk, especially during exclusive breastfeeding, and from complementary feeding can provide essential micronutrients in adequate quantities, as well as necessary levels of protein and carbohydrates.
5	**Improve maternal health** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.	The activities called for in the Global Strategy include increased attention to support for the mother's nutritional and social needs. In addition, breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer[13], ovarian cancer[14], and endometrial cancer[15], as well as the probability of decreased bone loss post-menopause. Breastfeeding also contributes to the duration of birth intervals, reducing maternal risks of pregnancy too close together, including lessening risk of maternal nutritional depletion from repeated, closely spaced pregnancies. Breastfeeding promotes return of the mother's body to pre-pregnancy status, including more rapid involution of the uterus and postpartum weight loss (obesity prevention).

[11] Jones, G. et al. How many child deaths can we prevent this year? *Lancet* 2003; 362:65-71

[12] Pelletier D.Frongillo, E. Changes in child survival are strongly associated with changes in malnutrition in developing countries. *Journal of Nutrition.* 2003;133:107-119.

[13] Ip S, Chung M, Raman G, Chew P et al *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries.* (2007)

[14] Danforth K, Tworoger SS et al. Breastfeeding and the Risk of Ovarian Cancer in two Prospective Cohorts. *Cancer Causes Control.* 2007 June 18 (5):517-523

[15] Okamura C, Tsubono Y et al. Lactation and the Risk of Endometrial Cancer in Japan: a case-control study. *Tohoku J. Exp. Med.* (2006) Feb 208 (2):109-15

Goal Number and Targets		Contribution of Infant and Young Child feeding[5]
6	**Combat HIV/AIDS, malaria and other diseases** Have halted by 2015 and begun to reverse the spread of HIV/AIDS.	Based on extrapolation from the published literature on the impact of exclusive breastfeeding on MTCT mother-to-child transmission, exclusive breastfeeding in a population of untested breastfeeding HIV-infected population could be associated with a significant and measurable reduction in MTCT.
7	**Ensure environmental sustainability**	Breastfeeding is associated with decreased milk industry waste, pharmaceutical waste, plastics and aluminium tin waste, and decreased use of firewood/fossil fuels for alternative feeding preparation[16], less CO2 emission as a result of fossil fuels, and less emissions from transport vehicles as breastmilk is locally produced.
8	**Develop a global partnership for development**	The Global Strategy for Infant and Young Child Feeding fosters multi-sectoral collaboration, and can build upon the extant partnerships for support of development through breastfeeding and complementary feeding. In terms of future economic productivity, optimal infant feeding has major implications.

[16] Labbok M. Breastfeeding as a women's issue: conclusions and consensus, complementary concerns, and next actions. *International Journal of Gynecology Obstetrics* 1994; 47(Suppl):S55-S61.

Resources, References and Websites[17]

Concerning the resources, references and websites listed below, please remember – web sites change frequently. Search for the key words 'BFHI', baby-friendly, and breastfeeding in the sites search engine, and look under Resources, Publications and Links within the web site.

UNICEF

For more information on UNICEF's work on infant and young child feeding support of country efforts to implement the targets of the Innocenti Declaration and the Global Strategy for Infant and Young Child Feeding, or on the Baby-friendly Hospital Initiative as a whole, and to download copies as materials are updated, please refer to http://www.unicef.org/nutrition/index_breastfeeding.html.

WHO

Department of Nutrition for Health and Development (NHD)

http://www.who.int/nutrition/topics/infantfeeding/en/index.html

Department of Child and Adolescent Health (CAH)

http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html

WHO/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, World Health Organization, 2003. Full text in PDF in English, Arabic, Chinese, French, Russian, Spanish.

WHO HIV and Infant Feeding Consensus Statement. Technical Consultation Held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants Geneva, October 25-27, 2006.

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[17] BFHI Section 1: Background and Implementation – Section 1.6 Resources, References and Websites (2009)

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World Health Organization, Geneva. 2001. *The optimal duration of exclusive breastfeeding, A systematic review* WHO/FCH/CAH/01.23.

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World Health Organization, Geneva. 1998. *Evidence for the Ten Steps to Successful Breastfeeding* WHO/CHD/98.9 Available in English, French and Spanish.

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Health aspects of maternity leave and maternity protection. Statement to ILO, Geneva, 2001.

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World Health Organization, Geneva. 1997. *Breastfeeding and the use of water and teas.*

World Health Organization, Geneva. 1996. *Not enough milk.* (Update No 21).

World Health Organization, Geneva. 1996. *Hepatitis B and breastfeeding*. (Update No. 22).

World Health Organization, Geneva. 1993. WHO/UNICEF. *Breastfeeding counselling: A training course* .

UNAIDS/FAO/UNHCR/UNICEF/WHO/WFP/WB/UNFPA/IAEA. *HIV and Infant Feeding:*

World Health Organization, Geneva. 2003. *Framework for Priority Action* Available in Chinese, English, French Portuguese and Spanish.

World Health Organization, Geneva. 2007. WHO/UNAIDS/UNFPA/UNICEF. *HIV transmission through breastfeeding. A review of available evidence* (Update)

World Health Organization, Geneva. 2004. WHO/UNAIDS/UNFPA/UNICEF. *HIV and Infant Feeding. Guidelines for decision-makers.* Available in English, French and Spanish.

World Health Organization, Geneva. 2004. WHO/UNAIDS/UNFPA/UNICEF. *HIV and Infant Feeding. A guide for health-care managers and supervisors.* Available in English, French and Spanish.

World Health Organization, Geneva. 2000. *Mastitis. Causes and management* WHO/FCH/CAH/00.13.

World Health Organization, Geneva. 2000. *HIV and infant feeding counselling: A training course* WHO/FCH/CAH/00.2-4. Available in English and Spanish.

World Health Organization, Geneva. 1998. *Relactation. A review of experience and recommendations for practice* WHO /CHS/CAH/98.14.

World Health Organization, Geneva. 1997. *Persistent diarrhoea and breastfeeding* WHO/CHD/97.8.

World Health Organization, Geneva. 1997. *Hypoglycaemia of the newborn. Review of the literature* WHO/CHD/97.1.

Evidence on the long-term effects of breastfeeding. Systematic Reviews and Meta-Analyses (2007)

Infant and young child feeding. Model Chapter for textbooks for medical students and allied health professionals. 2009. This book is intended for use in basic training of health professionals.

Indicators for assessing infant and young child feeding practices Part 3: Country profiles. 2010 This document presents data for assessing infant and young child feeding practices for 46 countries, based on Demographic and Health Surveys conducted between 2002 and 2008.

Updates on the management of severe acute malnutrition in infants and children Guideline. 2013

Department of Global Capacities Alert and Response (WHO). *A systematic review of public health emergency operations centres.* 2013 WHO/HSE/GCR/2014.1

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Department of Reproductive Health and Research (RHR),
Email: reproductivehealth@who.int
http://www.who.int/reproductive-health/pages_resources/listing_maternal_newborn. en.html

World Health Organization, Geneva. 2003. *Pregnancy, childbirth, postpartum and newborn care - a guide for essential practice.*

World Health Organization, Geneva. 2003. *Kangaroo Mother Care - a practical guide.*

OTHER ORGANISATIONS: POLICIES, BACKGROUND AND PROTOCOLS

Academy for Breastfeeding Medicine, International: The Academy of Breastfeeding Medicine is a worldwide organisation of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation: http://www.bfmed.org/

Academy of Breastfeeding Medicine
140 Huguenot Street, 3rd floor
New Rochelle, New York 10801
(800) 990.4ABM (USA toll free)
(914) 740.2115 (phone) (914) 740.2101 Attn: ABM (fax)
Email: abm@bfmed.org
Web: www.bfmed.org

Selected protocols available from the Academy of Breastfeeding Medicine: in identified languages
Abbreviations:

Chinese (C)	English (E)	Japanese (J)
Korean (K)	Polish (P)	Spanish (S)

1. Hypoglycemia (C); (E); (J); (K); (S)	12. Breastfeeding-friendly physicians' office (C); (E); (J); (K); (S)
2. Going home/discharge (C); (E); (J); (K); (S)	13. Analgesia and anesthesia for the breastfeeding mother (C); (E); (J); (K); (S)
3. Supplementation (C); (E); (J); (K); (S)	14. Breastfeeding the hypotonic infant (C); (E); (J); (K); (S)
4. Mastitis (C); (E); (J); (K); (S)	15. Guidelines for breastfeeding infants with cleft lip, cleft palate, or cleft lip and palate (C); (E); (K); (S)
5. Peripartum breastfeeding management (C); (E); (J); (K); (S)	16. Use of antidepressants in nursing mothers (C); (E); (K); (S)
6. Cosleeping and breastfeeding (C); (E); (J); (K); (S)	17. Preprocedural fasting for the breastfed infant (C); (E); (K); (S)
7. Model hospital policy (C); (E); (J); (K); (S)	18. Engorgement (C); (E); (G); (S)
8. Human milk storage (C); (E); (J); (K); (S)	19. Breastfeeding and the drug-dependant woman (C); (E); (K); (S)
9. Galactogogues (C); (E); (J); (K); (S)	20. Jaundice (C); (E); (J); (K); (P); (S)
10. Breastfeeding the late pre-term infant (C); (E); (J); (K); (S)	21. Non-pharmacologic management of procedure-related pain in the breastfeeding infant (C); (E); (S)
11. Preprocedural fasting for the breastfed infant (C); (E); (J); (K); (S)	22. Allergic proctocolitis in the exclusively breastfed infant (C); (E); (K); (S)

Australian National Breastfeeding Strategy,
http://www.health.gov.au/internet/main/publishing.nsf/Content/aust-breastfeeding-strategy-2010-2015

Coalition for Improving Maternity Services (CIMS),
Coalition for Improving Maternity Services (CIMS)
National Office, PO Box 2346, Ponte Vedra Beach, FL 32004 USA
Email: info@motherfriendly.org
Website: http://www.motherfriendly.org/

Center for Infant and Young Child Feeding and Care, Department of Maternal and Child Health, University of North Carolina, USA http://cgbi.sph.unc.edu/what-we-do/programs-and-initiatives/child-care/ aims to create an enabling environment, at the community, state, national and global levels, in which every mother is supported to choose and to succeed in optimal infant and young child feeding and care, and every child will achieve his or her full potential through this best start on life. Its goal is to promote attention to the importance of the mother/child dyad in addressing breastfeeding-mediated health and survival, growth and development by:
• Developing and implementing breastfeeding-friendly health care;
• Educating and mobilising major future leaders and influential groups;
• Creating the evidence base for action;
• Partnering and leveraging action at the state, national and international levels.
It fosters a network of like-minded organisations and individuals to further action to enable women to succeed in optimal infant feeding through attention to the family and the reproductive health continuum.

Emergency Nutrition Network (ENN): aims to improve the effectiveness of emergency food and nutrition interventions by providing a forum for the exchange of field level experiences between staff working in the food and nutrition sector in emergencies strengthening institutional memory amongst humanitarian aid agencies working in this sector helping field staff keep abreast of current research and evaluation findings relevant to their work better informing academics and researchers of current field level experiences, priorities and constraints thereby leading to more appropriate applied research agendas.

Unit 13, Standingford House, Cave Street, Oxford, OX4 1BA, UK
Tel: +44 (0)1865 722886 Fax: 44 (0)1865 722886
Email: mailto:office@ennonline.net
Website: http://www.ennonline.net/

IBFAN: the International Baby-Food Action Network - consists of public interest groups working around the world to reduce infant and young child morbidity and mortality. IBFAN aims to improve the health and well-being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices.
http://www.ibfan.org/
Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes (available in a variety of languages)
The Code Handbook: A Guide to Implementing the International Code of Marketing of Breastmilk Substitutes

Infant and Young Child Nutrition
Managed by PATH, the Infant and Young Child Nutrition Program (IYCN) is USAID's flagship project in this area – expanding upon 20 years of program experience to increase optimal feeding practices among mothers and their infants. This includes promoting breastfeeding, complementary feeding, infant feeding and HIV, and maternal nutrition.

International Lactation Consultant Association (ILCA), http://www.ilca.org

International Board of Lactation Consultant Examiners (IBLCE),
http://www.iblce.org/

La Leche League International (LLLI), http://www.llli.org/

World Alliance for Breastfeeding Action (WABA), website includes publications to download: http://www.waba.org.my/

Wellstart, International: Wellstart International's mission is to advance the knowledge, skills, and ability of health care providers regarding the promotion, protection, and support of optimal infant and maternal health and nutrition from conception through the completion of weaning.
E-mail: info@wellstart.org
Website: http://www.wellstart.org/

OTHER SOURCES

Kangaroo Mother Care This web site has downloadable resources on the research supporting Kangaroo Mother Care and experiences of implementing this practice. http://www.kangaroomothercare.com

JOURNAL REFERENCE SITES
Medline--National Library of Medicine http://www.ncbi.nlm.nih.gov/entrez/query.fcgi
Google is developing a free web searcher that searches research journals on open access. http://scholar.google.com/
The publishers of most of the journals have a searchable web site where the abstract and sometimes the full text of an article can be viewed or downloaded.

BFHI Committees willing to be listed in this edition:
Australia http://www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.
Canada http://breastfeedingcanada.ca/
Ireland http://www.ihph.ie/babyfriendlyinitiative/
Netherlands http://www.zvb.borstvoeding.nl
Switzerland
http://www.allaiter.ch/logicio/pmws/indexDOM.php?client_id=stillen&page_id=aktuell&lang_iso639=fr
United Kingdom http://www.babyfriendly.org.uk/
USA http://www.babyfriendlyusa.org/

There are more than 50 additional Committees and National Authorities that may be identified by a local UNICEF or WHO office.