



Canterbury District Health Board Policy: Breastfeeding

Review Date: November 2022

The CDHB commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

Purpose

All CDHB facilities will protect, promote and support breastfeeding for all whānau within their services.

Terms used throughout this document and supporting infant feeding guidelines

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| Pēpi | Baby/Babies |
| Māmā | Mother/Mothers |
| Wahine/Wāhine | Woman/Women |
| Whānau | Family group, extended family, can be used to include friends who may not have any kinship ties to other members |
| Whangai Ū | Breastfeeding |

“We recognise that not all people who become pregnant identify with the female gender. However, terms specific to female identity are often used in this document and associated guidelines for ease of understanding by a wide audience, while acknowledging that this is cis and heteronormative. Where the words māmā/mother/wāhine/woman/women/her/she are used, this is not intended to exclude people of diverse gender identity, gender expression, sex characteristics and/or sexual orientation who are going through their pregnancy journey, in particular trans men or non-binary people who have a uterus.”
(from: Canterbury Maternity System Strategic Framework 2019-2024, CDHB)

Te Tiriti o Waitangi

CDHB respects Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The 2019 Hauora report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

Tino rangatiratanga The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

Equity The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.



Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

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| Active protection | The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity. |
| Options | The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care. |
| Partnership | The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori. |

Scope

This policy is applicable to all CDHB employees, including contractors, access agreement holders, visiting health professionals and students working in any CDHB facility.

1. In order to avoid conflicting advice it is mandatory that all those involved with the care of pregnant and breastfeeding māmā adhere to this policy and the associated guidelines for each of The Ten Steps to Successful Breastfeeding. Any deviation from the policy and guidelines must be justified, evidenced-based and recorded in māmā or pēpi clinical records.
2. It is the individual midwife/nurse/doctor's responsibility to liaise with the appropriate health professionals should concerns arise about the feeding or health of pēpi. (Charge Midwife Manager (CMM), Associate Charge Midwife (ACMM/ACNM), Neonatal Manager, Charge Nurse Manager (CNM), Lactation Consultant, CNS Infant Feeding (Neonatal), CNS Lactation (Neonatal), Lead Maternity Carer (LMC), or Neonatologist/Paediatrician)

CDHB Maternity and Neonatal Services

Fully implementing the standards set by the New Zealand Breastfeeding Alliance (NZBA) for The Ten Steps to Successful Breastfeeding, supports whānau to realise their breastfeeding goals and meets the criteria for maintaining BFHI Accreditation as required by the Ministry of Health.

CDHB Non-Maternity and Neonatal Services

Adhere to the breastfeeding policy and have an understanding of the Ten Steps to Successful Breastfeeding.



Policy

Note: This breastfeeding policy must be read in conjunction with all CDHB infant feeding guidelines the abridged version of this policy and other infant feeding related CDHB policies and guidelines.

Ten Steps to Successful Breastfeeding

Critical management procedures

The CDHB Maternity facilities including Neonatal Services, breastfeeding policy adheres to the Ten Steps to Successful Breastfeeding as follows:

- 1a [Comply fully with the *International Code of Marketing of Breastmilk Substitutes* and relevant World Health Assembly resolutions](#)
- 1b [Have a written breastfeeding policy that is routinely communicated to staff and parents](#)
- 1c [Establish ongoing monitoring and data-management systems](#)
- 2 [Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding](#)

Key clinical practices

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

There is substantial evidence that implementing the Ten Steps to Successful Breastfeeding significantly improves breastfeeding rates.

All areas of the CDHB are welcomed and encouraged to approach Christchurch Women's Hospital (CWH) staff for advice and support in implementing this policy and associated infant feeding guidelines.

This policy and each guideline associated with the Ten Steps to Successful Breastfeeding above will be reviewed 3 yearly or earlier if new evidence requires change. A systematic review process is laid out in guideline 1c above.

The Policy: [Infant Feeding – Breastmilk Substitute/Infant Formula](#) (Ref.6906) provides information for the care and support of the non-breastfeeding dyad.



Principles

CDHB recognises the significance of the first 1000 days in the normal optimal development of all children.

Breastfeeding is the biological norm and is nutritionally optimal. It has significant physical, immunological, psychosocial, economic and environmental benefits for the māmā, pēpi, whānau, community and environment that last long after the child has weaned.

The WHO recommends that pēpi initiate breastfeeding within one hour of life and are exclusively breastfed for six months, with timely introduction of adequate and safe complementary foods, while continuing to breastfeed for up to two years of age or beyond.

It is the right of every child to be breastfed and the right of every māmā to continue the breastfeeding relationship regardless of her child's age. This right will be respected and supported when either māmā or pēpi is receiving care in any CDHB facility.

All māmā and whānau have the right to receive clear and impartial information to enable them to make a fully informed decision as to how they feed and care for their babies.

CDHB staff will provide all māmā and whānau with a high level of care irrespective of their feeding decisions.

Breastfeeding by CDHB staff and visitors

CDHB acknowledges the importance of supporting staff members and their whānau who wish to maintain breastfeeding following return to work from parental leave. (Refer to [CDHB Breastfeeding-Friendly Workplace Christchurch Women's Hospital policy](#) (Ref.2403676.)

[HRC – Your Rights as a Breastfeeding Mother](#)
[CanBreastFeed – Breastfeeding and Work](#)

All māmā, without exception, will be enabled and supported to breastfeed their pēpi in all public areas of CDHB Health facilities. Suitable breastfeeding and pēpi-care areas will be available for māmā to breastfeed pēpi, where they choose not to breastfeed in public areas.



Canterbury Maternity system values

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| Mana taurite | <i>Equity</i> Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own. |
| Whanaungatanga | <i>Everyone belongs</i> The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience. |
| Manaakitanga | <i>Respect for all</i> The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other. |
| Tino rangatiratanga | <i>Empowering whānau</i> Whānau are empowered and supported to make their own informed decisions. |
| Oranga tonutanga | <i>Health and wellbeing</i> Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora). |
| Aroha | <i>Love and empathy</i> Without bias every person is treated with love, compassion and empathy. |



References

Breastfeeding Policy

- CDHB. Canterbury Maternity System – Strategic Framework 2019 - 2024
- www.babyfriendly.org.nz
- www.bfmed.org/protocols - Protocol #33 LGBTQ+ consumers (2020)
- www.canbreastfeed.co.nz/workplace/
- www.cph.co.nz/wp-content/uploads/First1000DaysReport.pdf
- www.cph.co.nz/wp-content/uploads/First1000DaysSummary.pdf
- www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi
- www.health.govt.nz/system/files/documents/pages/whakamaau-tiriti-o-waitangi-framework-a3-aug20.pdf
- www.hrc.co.nz/files/5314/2378/0071/14-Dec-2005_16-09-38_breastfeeding_flyer_English.pdf
- www.hrc.co.nz/our-work/women/breastfeeding/
- www.moh.govt.nz/breastfeeding
- www.ohchr.org/en/professionalinterest/pages/crc.aspx (article 24)
- www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html
- www.who.int/topics/breastfeeding/en/
- <https://www.midwife.org.nz/wp-content/uploads/2019/05/Breastfeeding.pdf>

Code of Marketing of Breastmilk Substitutes (GLB01A)

- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation, Geneva
- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.ibfan.org/ibfan-penang/InternationalBabyFoodActionNetworkandInternationalCodeDocumentationCentre
- www.infactcanada.ca/wha-resolutions.html

Infant Feeding Policy Routinely Communicated (GLB01B)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards

Ongoing Monitoring (GLB01C)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- Breastfeeding Definitions for Monitoring the National Health Outcome Targets in New Zealand. MOH. New Zealand. Feb 1999

Education and Training (GLB02) and Antenatal Information (GLB03)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards

Skin-to-Skin (GLB04)

- Geneva Bigelow et. al Breastfeeding, skin-to-skin contact, and mother-infant interactions over infants' first three months. *Infant mental health journal*. 2014 Jan-Feb;35(1):51-62
- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation,
- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.medscape.com/viewarticle/806325_6 - Uninterrupted Skin-to-Skin Contact Immediately After Birth, Raylene Phillips MD, IBCLC, FAAP, NAINR. 2013;13(2):67-72.
- www.ncbi.nlm.nih.gov/pmc/articles/PMC6949952 Skin-to-skin contact the first hour after birth, underlying implications and clinical practice
[Ann-Marie Widström](#), ¹[Kajsa Brimdyr](#), ²[Kristin Svensson](#), ^{1,3}[Karin Cadwell](#), ² and [Eva Nissen](#)¹
- www.researchgate.net/figure/Widstroems-9-instinctive-stages-of-neonatal-behavior-during-skin-to-skin-contact_fig1_282872915
- [Ministry of Health. \(2012\) Observation of mother and baby in the immediate postnatal period: Consensus statements guiding practice](#)

Breastfeeding Support (GLB05)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.health.govt.nz search: breastfeeding

Breastmilk Only for Newborns (GLB06)

- Acceptable medical reasons for use of breast-milk substitutes – WHO/NMH/NHD/09.01 WHO/UNICEF (2009) – Geneva
- Clinical Pharmacology Drug Information Service – CPH Tel: 80900 or DDI 3640900 (Fax-80902)
- [Hypoglycaemia of the Newborn](#) (GLM0056)
- [Management of HIV-Infected Women During Pregnancy and Childbirth](#) (GLM0033)
- [Neonatal Clinical Resource – Maternity](#) (Ref.2403289)
- [PDM Prescribing Dispensing Process](#) (Ref.2405141)
- [Recipient of Pasteurised Human Donor Milk: Consent](#) (Ref.2403664)
- [Use of Unpasteurised Donor Breastmilk](#) (Ref.6668)
- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.bfmed.org/Academy of Breastfeeding Medicine:
Protocol #3 Supplementation (2017)
Protocol # 13 Contraception and Breastfeeding (2015)
Protocol # 15 Analgesia and Anaesthesia for the Breastfeeding mother (2017)
Protocol # 18 Antidepressants (2015)
Protocol # 31 Radiology (2019):
- www.halesmeds.com - Medications and Mother's Milk
- www.infantrisk.com - Infant risk Centre
- www.liebertpub.com/doi/full/10.1089/bfm.2017.29038.ajk
- www.ncbi.nlm.nih.gov/books/NBK501922 – LactMed
- www.nzf.org.nz – New Zealand Formulary



Rooming In (GLB07)

- <http://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/2404926-SUDI-Prevention-Safe-Infant-SleepPolicy.pdf>www.hapai.co.nz/content/national-sudi-prevention-coordination-servicewww.whakawhetu.co.nz
- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.health.govt.nz/publication/observation-mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practicewww.hapai.co.nz/tags/sudi
- <https://www.midwife.org.nz/wp-content/uploads/2019/05/Safe-Sleeping-for-Baby.pdf>

Responsive Feeding (GLB08)

- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation, Geneva
- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards

Bottles, Teats and Pacifiers (GLB09)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards
- www.mattoslactation.com/blog/paced-bottle-feeding-is-necessary
- www.ncbi.nlm.nih.gov/pmc/articles/PMC3896260/pdf/nihms328364.pdf
- www.ncbi.nlm.nih.gov/pmc/articles/PMC5033656/pdf/nihms762039.pdf
- www.ncbi.nlm.nih.gov/pmc/articles/PMC4258847/pdf/peds.2014-0646L.pdf
- <https://nidcap.org/wp-content/uploads/2014/04/Ross-2008-Feeding-in-the-NICU.pdf>

Post-Discharge Support and Care (GLB10)

- www.babyfriendly.org.nz BFHI Document Part 2.
- www.babyfriendly.org.uk Guide to the Baby Friendly Initiative Standards

Term/Abbreviation description

- **WHO** World Health Organisation
- **UNICEF** United Nations International Children's Emergency Fund
- **LMC** Lead Maternity Carer
- **NZBA** New Zealand Breastfeeding Alliance

Associated documents

Other documents relevant to this policy are listed below:

- Baby Feeding Cues (signs) poster (State of Queensland (Queensland Health) 2012)
- [Breastfeeding Friendly Workplace Policy](#) (Ref.2403676)
- Canterbury Maternity System, Strategic Framework (2019-2024) Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand 2020.
- CDHB [Artificial Feeding of the Newborn](#) (Ref.6906)
- CDHB Women's Health Guideline: [Nipple Shield Use](#) (Ref.7376)



- [Covering the Basics Breastfeeding Information](#) (Ref.2406295)
- Guideline – Protecting, Promoting and Supporting Breastfeeding in facilities providing maternity and newborn services – WHO 2017
- [How Do I know My Breastfed Baby is Getting Enough to Eat?](#) (Ref.2406229)
- [How to Express by Hand](#) visual and written (adapted from Health Scotland 2016) (Ref.239786)
- Implementation Guidance – Protecting, Promoting and Supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative
- [Infant Feeding – Breastmilk Substitute/Infant Formula Policy](#) (Ref.6906)
- Mama Aroha Reference Cards
- Ministry of Health Bassinette Card - Everyone Please ... protect me by making every sleep a safe sleep
- Ministry of Health: Observation of mother and baby in the immediate postnatal period: consensus statements guiding practice
- Ministry of Health pamphlet: Keep Your baby Safe During Sleep
- NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand
- NZBA Being Baby Friendly pamphlet
- NZBA Skin to Skin Contact pamphlet
- NZBA Breastfeeding information wheel
- NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand
- NZBA Pamphlet Rooming-In
- South Island SUDI Prevention
- South Island SUDI Prevention Safe Sleep Policy (Draft currently in consultation – may need to provide a link to this)
- The International Code of Marketing of Breast-milk Substitutes – WHO (1981)
- Whakamaua: Maori Health Action Plan 2020-2025
- WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand

Guidelines

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| Guideline | Step 1a | Code of Marketing of Breastmilk Substitutes |
| Guideline | Step 1b | Infant Feeding Policy Routinely Communicated |
| Guideline | Step 1c | Ongoing Monitoring |
| Guideline | Step 2 | Education and Training |
| Guideline | Step 3 | Antenatal Information |
| Guideline | Step 4 | Skin-to-Skin |
| Guideline | Step 5 | Breastfeeding Support |
| Guideline | Step 6 | Exclusive Unless Medically Indicated |
| Guideline | Step 7 | Rooming In |
| Guideline | Step 8 | Responsive Feeding |
| Guideline | Step 9 | Bottles, Teats and Pacifiers |
| Guideline | Step 10 | Post-Discharge Breastfeeding Support and Care |