
Title:	Breast Feeding
Document type:	Operational Policy

PURPOSE:

BRHS is committed to protecting, encouraging, supporting and promoting breastfeeding

STATEMENT:

Bairnsdale Regional Health Service (BRHS) endorses the World Health Organization (WHO) recommendation that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while breastfeeding continues for up to 2 years and beyond.

BRHS is committed to creating a health care environment that promotes, supports and encourages breastfeeding as the optimal and physiologically normal way for a woman to feed her baby.

The Baby Friendly Health Initiative (BFHI) was developed jointly by the WHO and UNICEF in 1991. The BFHI is an international program that aims to give every baby the best start to life through providing an environment that promotes, protects, encourages and supports breastfeeding as the biological norm with known benefits to both mother and baby.

The BFHI Ten Steps to Successful Breastfeeding are a set of global standards where health facilities undergo assessment and accreditation triennially. This initiative guides the BRHS Breastfeeding Policy aspiring to ensure all healthcare staff receive breastfeeding education and training.

BRHS recognises that all mothers have the right to receive clear, consistent and impartial information to enable them to make a fully informed choice as to how they feed their baby. BRHS staff will respect the woman's choice in her method of infant feeding.

Mothers should be supported by all staff across BRHS to breastfeed their infants. Breastfeeding friendly signs should be displayed throughout the hospital informing all staff and parents that breastfeeding is welcome.

POLICY:

BRHS is dedicated to supporting the BFHI where breastfeeding is the biological norm and practices known to promote the health and wellbeing of all babies and their mothers are followed.

Ten Steps to Successful Breastfeeding:

STEP 1a:

Have a written breast feeding policy that is routinely communicated to all health care staff and parents

- This policy outlines the implementation of BFHI 10 Steps at BRHS which include:
 - Clinical guidance on breastfeeding support for new and existing staff.
 - Implementation of the WHO International Code of Marketing of Breastmilk Substitutes
 - Support for BRHS staff breastfeeding upon return to work
 - Providing support for women choosing to formula feed.

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- This policy will be explained and accessible to all pregnant women.
- Staff returning to work breastfeeding will be supported to continue. Management will support and enable flexible lactation breaks. Rotamah has a lactation support room that staff are welcome to use.

STEP 1b:

Comply Fully with the International Code of Marketing of Breastmilk Substitutes and Relevant World Health Assembly Resolutions

- See [International Code of Marketing of Breast-Milk Substitutes \(who.int\)](https://www.who.int/publications/m/item/international-code-of-marketing-of-breast-milk-substitutes)
- Refer to Table 2 for a summary of the WHO International Code of Marketing of Breastmilk Substitutes. BRHS staff are expected to adhere to these provisions.

STEP 1c:

Establish Ongoing Monitoring and Data-Management Systems.

- Monitoring through data collection on BOS
- Qualitative data collection

STEP 2:

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

- All new staff are made aware of the breastfeeding policy upon induction
- All staff who have contact with pregnant women, babies or young children, have a professional responsibility to ensure that their knowledge and skills in breastfeeding and infant formula feeding management are consistent with best practice guidelines within the scope of their own practice (Ballarat Health Service, 2021). Ancillary staff will be orientated to the policy and receive training that enables them to refer breastfeeding queries appropriately. (See **Attachment A** for further information.)
- Documentation of staff training recorded institutionally and personally.

STEP 3:

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

Antenatal care should ensure that all pregnant women are informed of the benefits of breastfeeding for both mothers and babies and the potential health risks of formula feeding. All pregnant women should be given an opportunity to discuss infant feeding on an individual basis with a midwife as early in her pregnancy as practicable.

- The physiological basis of breastfeeding will be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems.
- BRHS aims to give women confidence in their ability to breastfeed by including breastfeeding education in antenatal midwifery appointments as well as antenatal classes.

STEP 4:

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

- Skin-to-skin contact has been shown to have statistically significant and positive effects on the initiation, duration and exclusivity of breastfeeding. Skin to skin enhances breast milk production, infant physiological stability, growth, maturation and development (Safer Care Victoria, 2021). Mother friendly labour and birthing practices are fostered as this is known to help mother's psychological and physical health and enhance the babies start in life, including breastfeeding. Please see Attachment B for further information
- Staff should facilitate immediate skin-to-skin contact and early breastfeeding unless medically contraindicated or the mother declines.
- Routine procedures should not interfere with skin-to-skin
- Guidance by a midwife should be available.
- Promote baby-led attachment. The pattern of instinctive behaviours by the baby to get to the breast is to be encouraged by staff. This form of attachment is only successful when the mother and baby are healthy and allowed sufficient skin-to-skin contact. The baby must be allowed to go through its pre-feeding rituals of licking, smelling, touching and mouthing the breast before attaching.
- In case of caesarean section births- mothers and babies are to remain together whenever possible only being interrupted for medical reasons such as resuscitation/stabilisation. Immediate skin to skin contact should be facilitated in all caesarean births where safe to do so with the assistance of the attending midwife.

STEP 5

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

See the following guidelines for comprehensive guidance on initiation and establishment of breastfeeding

[Breastfeeding for neonates | Safer Care Victoria](#)

[Guideline: Establishing breastfeeding \(health.qld.gov.au\)](https://www.health.qld.gov.au/guidelines/establishing-breastfeeding)

<https://www.education.vic.gov.au/Documents/childhood/professionals/health/breastfeedingguidelines14.pdf>

- Midwives should provide a sensitive and supportive environment that assist parents in recognising and responding to baby feeding cues.
- Midwives should offer all mothers hands off support and education to achieve correct positioning and attachment
- All breastfeeding mothers should be given written and verbal information on how to express their milk by hand or pump. See [MS0011 - Expressing Breastmilk by Hand](#) or <https://www.thewomens.org.au/images/uploads/fact-sheets/Expressing-breast-milk-05819.pdf>

- When a mother and her baby are separated for medical reasons, Midwives should encourage and assist women with expressing milk.
- If separation is prolonged mothers should be encouraged to express by hand or with a pump 8-12 times per 24 hours to promote milk production or maintain an established supply.
- Before discharge, breastfeeding mothers will receive verbal and written information about how to recognise:
 - Signs of sufficient milk transfer and when to seek help
 - How to manage common breastfeeding difficulties and signs that breastfeeding is not progressing normally (e.g.: sore nipples, suspected mastitis).

STEP 6:

Give newborn infants no food or fluids other than breast milk, unless medically indicated.

- Exclusive breastfeeding should be promoted. If supplemental feeding is medically indicated, mothers are counselled and consented on the most appropriate method of supplementation for her baby and her circumstances. See [Acceptable Medical Reasons for Supplementation with Powdered Infant Formula](#)
- Some women may wish to use human milk donation from a trusted and screened friend/family, counselling and discussions with a Lactation Consultant/GPO should be undertaken.
- Encourage the mother to express breast milk to be given to the baby for supplementation via cup or syringe. This proactive approach may reduce the need to offer formula supplements.
- All mothers should be encouraged to breastfeed exclusively for at least six months and continue to breastfeed until two years of age or until natural term.
- Parents choosing to artificially feed should be given individualised instruction regarding safe preparation, storage and sterilisation information.

STEP 7: Rooming In

Enable mothers and their infants to remain together and practice rooming in .

Unless medically indicated, mothers and babies should room in together 24hr a day. This allows parents to provide unrestricted access to breastfeeding and learn to respond to baby feeding cues and behaviours. Any separation should be documented.

- Mothers recovering from caesarean section should be given appropriate support to care for their babies 24 hours a day.
- All mothers will be given verbal and written information about co-sleeping/bed-sharing. See [Co-Sleeping / Bed Sharing](#)

STEP 8:

Encourage breast feeding on demand.

- Mothers should be encouraged and supported to responsively feed their babies for as long as the baby wants if sucking effectively. Recognising that nonnutritive feeding is as important as nutritive feeding for physical and emotional health of the infant and for establishing adequate milk supply. The routines of hospital should not interfere with this principle.
- Midwives will support mothers to recognise and respond to their infant's feeding cues

with no limitations on frequency and length of feeds. Furthermore encourage unrestricted access to the breast to establish normal feeding patterns which include cluster feeding, frequent night feeding and growth spurts. Midwives should ensure education informs mothers of realistic expectations of the demands surrounding responsively feeding their newborn.

STEP 9

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

- Midwives should not recommend the use of artificial teats and dummies during the establishment of breastfeeding a healthy term baby. Parents wishing to use them should be advised of the possible detrimental effects to breastfeeding establishment and document on the newborn care plan of informed decision. .
- Nipple shields are not recommended for attachment unless all other avenues have been exhausted. A midwife must discuss the pros and cons of using a nipple shield prior to use and provide the mother with written information..

STEP 10:

Foster the establishment of breastfeeding support and refer mothers on discharge from the hospital.

- BRHS supports cooperation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
- Mothers are given verbal and written information plans for discharge regarding referrals and support services prior to going home from hospital that includes:
 - Domiciliary care from BRHS midwives
 - BRHS Lactation Support Clinic
 - Australian Breastfeeding Association (ABA) and help line 1800 686 2 686 (1800 mum 2 mum).
 - Maternal and Child Health Nurse Services.
 - Local lactation consultants.
 - GPO services
 - Culturally and linguistically diverse breastfeeding support information is available on-line from the Australian Breastfeeding Association and The Royal Womens' Hospital Vic and is to be made available to culturally and linguistically diverse women and their families.
 - Parents Resource Guide - Contact phone numbers
 - Useful websites

Mothers who choose Formula Feeding:

Staff should be aware of and refer to the powdered infant formula policy so that mothers receive the care and information required to feed their babies formula.

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EVALUATION:

All staff members who give breastfeeding advice to mothers and families have completed the necessary education and maintain the standards set down within the Baby Friendly Health Initiative accreditation requirements. This is to be reviewed and documented by hospital clinical management.

All women are provided the opportunity to breastfeed or provide breast milk for their infants. Data is to be collected according to the Baby Friendly Health Initiative accreditation requirements.

Improving breastfeeding rates by promoting awareness of the "The Ten Steps to Successful Breastfeeding".

Implementation, monitoring and evaluation of this policy by hospital Clinical Management.

KEY WORDS:

Breastfeeding, Baby friendly, BFHI, Ten Steps, lactation

ASSOCIATED DOCUMENTATION:

[Records Management Policy](#)

National Health and Medical Research Councils (NHMRC) Dietary Guidelines for children and adolescents, incorporating the infant feeding guidelines for health workers: NHMRC 2013, updated September 2015

World Health Organisation (WHO), International Code of Marketing of Breast Milk Substitutes and Marketing in Australia of Infant formulas: Manufacturers and Importers Agreement (MAIF Agreement) 1981 .2017 update: frequently asked questions Geneva WHO 2017

WHO, United Nations Children's Fund (UNICEF) Baby- Friendly Hospital Initiative. Revised, updated and expanded for integrated care. Geneva: World Health Organisation, 2018.

WHO and UNICEF's, Global Strategy for infant and Young Child feeding. Geneva: World Health Organisation, 2003.

Australian National Breastfeeding Strategy: Australian Government Department of Health 2019 and beyond

RESOURCES

Australian Breastfeeding Association, Consumer information sheets: www.breastfeeding.asn.au 2020 -2023

The Royal Women's' Hospital, A-Z fact sheets (multilingual) From breastfeeding basics to breastfeeding challenges, multiple fact sheets available <https://www.thewomens.org.au/health-information/fact-sheets/>, access as needed.

Breastfeeding and Co-sleeping: Australian Breastfeeding Association, www.breastfeeding.asn.au April 2022

Breastfeeding and You: A handbook for antenatal educators, second edition Dr Jane Svensson 2015

Academy of Breastfeeding Medicine, <https://www.bfmed.org/> Parent handouts (multilingual) and health professional protocols available.

KEY LEGISLATION, ACTS and STANDARDS:

NSQHS standards 1, 2 5 and 6

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REFERENCES:

WHO, UNICEF Baby -Friendly Health Initiative revised, updated and expanded for integrated care Geneva: World Health Organisation, 2009.
 Ballarat Health Service Breastfeeding Policy, 2021,
<https://www.bhs.org.au/bhsapps/govdoc/gdhtml/pol0028.html#:~:text=This policy outlines the implementation of Baby Friendly, staff to continue breastfeeding on return to work>
 UNICEF and World Health Organisation implementation guidance 2018: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby friendly Hospital initiative 2018
 Promoting Breastfeeding Victorian Breastfeeding Guidelines. Department of Education and Early Childhood Development
<https://www.education.vic.gov.au/Documents/childhood/professionals/health/brestfeedguidelines14.pdf>
 Safer Care Victoria, Breastfeeding for neonates, 2021
<https://www.safercare.vic.gov.au/clinical-guidance/neonatal/breastfeeding-for-neonates>
 Maternity Facility Handbook, 2021, Baby Friendly Health Initiative Australia, updated 2020 incorporating the revised WHO&UNICEF Global standards for BFHI.
<https://bfhi.org.au/wp-content/uploads/2020/03/BFHI-Handbook-Maternity-Facilities-2020.pdf>

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Is this a new or revised document?	New document/s: Provide a rationale as to why it is needed.	New <input type="checkbox"/>
	Revised document/s: Please details or highlight the changes, include title changes	Revised <input checked="" type="checkbox"/>

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Change description	Updated information to be aligned with requirements for BFHI accreditation	
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Table 1: BFHI The Ten Steps to Successful Breastfeeding

Retrieved from [breastfeedguidelines14.pdf \(education.vic.gov.au\)](#)

Every facility providing maternity services and care for newborn infants should:

Step 1	Have a written breastfeeding policy that is routinely communicated to all health care staff
Step 2	Train all health care staff in skills necessary to implement this policy
Step 3	Inform all pregnant women about the benefits and management of breastfeeding
Step 4	Place all babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed
Step 5	Give newborn infants no food or drink other than breastmilk, unless medically indicated
Step 6	Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
Step 7	Practice rooming-in, allow mothers and infants to remain together – 24 hours a day
Step 8	Encourage breastfeeding on demand
Step 9	Give no artificial teats or dummies to breastfeeding infants
Step 10	Foster the establishment of breastfeeding support and refer mothers on discharge from the facility

Table 2: World Health Organisation (WHO) International Code of Marketing of Breastmilk Substitutes and subsequent Women’s Healthcare Australasia (WHA) resolutions summary

Retrieved from [breastfeedguidelines14.pdf \(education.vic.gov.au\)](#)

The Code applies to breastmilk substitutes, when marketed or otherwise represented as a partial or total replacement for breastmilk and includes these important provisions:

1. Advertising	No advertising of infant formula products to the public
2. Samples	No free samples to mothers, their families or health care workers
3. Health care facilities	No promotion of products to the public No company mothercraft nurses to advise mothers No gifts or personal samples to health workers; e.g. diaries No free or low-cost supplies to be given
4. Information	No words or pictures idealising artificial feeding, including pictures of infants on the labels of products Information to health workers should be scientific and factual
5. Labels	All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding
6. Products	Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of high quality and take account of the climatic and storage conditions of the country in which they are to be used

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ATTACHMENT A

Requirements for breast feeding education for each group of staff for the 3 year period prior to reassessment of the facility

Group 1: Staff who assist mothers with breastfeeding, or provide education in relation to breastfeeding, must have a further 8 hours of relevant breastfeeding education over the 3 years between assessments, including a reorientation on the policy.

Groups 2: Staff who may provide general breastfeeding but do not assist mothers with breastfeeding.

Group 3: Staff who have contact with pregnant women and mothers who completed appropriate initial education as above must have a refresher /update of their requirements and re orientation on the policy.

New staff must be educated in accordance with BFHI Handbook* recommendations for their work group.

* BFHI Australia – Handbook for Maternity Facilities Updated 2020 incorporating the revised World Health Organisation (WHO) UNICEF Global standard for BFHI version 1 2020

ATTACHMENT B

Mother-friendly labour and birthing practices

BRHS foster mother-friendly labour and birthing practices, it is known that these practices are helpful for the mothers' psychological and physical health and enhance the babies' start in life, including breastfeeding. These practices include each of the following points:

- Women are encouraged to have a support person(s) of their choice with them throughout labour and birth.
- There is support for practices that can help with comfort and non-pharmacological pain relief during labour. Including water birth and water immersion for pain relief
- Women are encouraged to move about as they need to during labour, and to assume birthing positions of their choice, unless a restriction is medically indicated.
- Invasive procedures are not used routinely, unless specifically required for a complication. Invasive procedures include rupture of the membranes, episiotomy, augmentation or induction of labour, instrumental delivery, or caesarean birth. If these are required for a medical reason, the reason is explained to the mother.

NB. All personnel are aware that care involving restrictions on drinking and eating light foods, and invasive procedures during labour and birth may impact on the mother's condition and on the establishment of exclusive breastfeeding.