POLICY

Breastfeeding protection, promotion and support

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<tr>
<th>Scope (Staff):</th>
<th>Community health staff</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Aim
To increase the protection, promotion, support and monitoring of breastfeeding in community health services.

Risk
When infants are unable to breastfeed this negatively affects their nutritional, physical and psychological wellbeing.  

Health risks associated with not breastfeeding include:

- Infant - ear infections, eczema, diarrhoea and vomiting, asthma, childhood obesity, leukaemia, Sudden Infant Death Syndrome (Sudden Unexpected Death in Infancy), and necrotising enterocolitis.  
- Maternal - breast cancer and ovarian cancer.

Globally, suboptimal infant feeding is responsible for neonatal infectious deaths (45%), diarrhoeal deaths (18%) and acute respiratory deaths in children under five years (8%), at a considerable cost to individuals, the health system, governments and the community.

Background
The World Health Organization (WHO) has identified breastfeeding as the biological norm for infant feeding and is one of the most cost-effective primary prevention measures available. The WHO recommends protecting, promoting and supporting exclusive breastfeeding for the first six (6) months of life, and continued breastfeeding with appropriate complementary solid foods, for two (2) years (and beyond if mother and infant desire). In Australia, the National Health Medical Research Council (NHMRC) recommendations are for exclusively breastfeeding to around six (6) months of age, with then the introduction of solid foods, whilst continuing breastfeeding until twelve (12) months of age and beyond, for as long as the mother and child desire.

Breastfeeding rates are a public health issue in Australia as whilst breastfeeding initiation rates are reported to be 96%, there is a rapid decline in predominant breastfeeding rates and any breastfeeding rates at each month post birth. At six (6) months of age only 15% of infants were predominantly breastfeeding, which is well below recommendations by authoritative organisations. In Western Australia (WA), data from a north metropolitan study reported initiation rates of 92%, and by six (6) weeks post birth 20% of infants who had ever breastfed had ceased breastfeeding. At six (6) months of age the percentage of WA infants exclusively breastfeeding was 13%, predominantly breastfeeding was 16% and any breastfeeding was 56%.
Evidence suggests that approximately one third of infants and mothers experience breastfeeding difficulties in the first months of life.\textsuperscript{1, 5, 6} There is a higher risk of early breastfeeding cessation associated with difficult births impacting on infant or maternal health, separation of infant and mother, and low birth weight infants.\textsuperscript{5}

Community health staff have a responsibility to assess feeding efficiency and maternal lactation, as there is convincing evidence that antenatal and perinatal support increases breastfeeding duration to six (6) months.\textsuperscript{1} The early identification of impairments or deviations allow for early intervention, enabling infants to achieve positive developmental and functional health outcomes.\textsuperscript{7, 8}

Scope

Staff who assist with breastfeeding are required to adhere to the ‘Breastfeeding protection, promotion and support in community health services’ Policy.

This Policy focuses on healthy, term infants; as infants who are unwell or premature may require alternative feeding methods, until breastfeeding efficiency can be achieved.

Principles

Breastfeeding is recognised as an important primary health care strategy, having positive outcomes for infants, mothers and the community. The ‘Baby Friendly Health Initiative’ (BFHI) was designed to protect, promote and support breastfeeding, by providing hospitals with a framework called the ‘Ten Steps to Successful Breastfeeding’.

The ‘7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services’ was developed by the Australian College of Midwives, as a framework for community health facilities.\textsuperscript{9} The ‘7 Point Plan’ ensures that all families receive appropriate and contemporary information regarding infant feeding.\textsuperscript{9}

Point 1: Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.

1. The ‘Breastfeeding protection, promotion and support in community health services’ Policy will be communicated to all staff.

2. New staff will be orientated on how to locate this Policy.

3. This Policy will be read in conjunction with the ‘Breastfeeding from deviations from normal Protocol’ and the ‘Breastfeeding Assessment Guide’.

4. Staff members wishing to return to work while expressing or breastfeeding are entitled to flexible lactation breaks and management support, consistent with the WA Health Employee Breastfeeding Policy.

5. Non clinical staff will refer any breastfeeding related issues to appropriate community health staff.

Point 2: Educate all staff in the knowledge and skills necessary to implement the breastfeeding Policy.

1. Staff having contact with infants, pregnant women, mothers and their families will be supported to receive education on breastfeeding policies and the skills necessary to
Breastfeeding protection, promotion and support

adopt a consistent approach to protecting, promoting, supporting and monitoring breastfeeding.

2. Provide community health staff with appropriate clinical protocols, clinical pathways and resources for feeding deviations.

3. Clinical staff will complete the ‘Breastfeeding Matters’ initial course within twelve (12) months of commencing employment.

4. Staff possessing midwifery qualifications (and/or other relevant qualifications) are eligible for recognition of prior learning, demonstrated by recent theoretical education in breastfeeding and/or clinical experience. In these instances, the ‘Breastfeeding Matters’ course will be completed within two (2) years of commencing employment.

5. All staff are required to undertake three (3) yearly refresher education in breastfeeding and lactation. This may include: the ‘Breastfeeding Matters Refresher’ course, conferences, learning packages, attendance at clinical practice focussed education, or facilitating relevant staff education.

**Point 3: Inform all women and their families about breastfeeding being the biologically normal way to feed a baby and about the risks associated with not breastfeeding.**

1. All parents have the right to receive accurate and impartial information to enable them to make informed choices about infant feeding and lactation. A family’s informed choice is encouraged, respected and supported.

2. Ensure families are aware of the health outcomes associated with breastfeeding (including expressed breast milk).

3. The physiology of lactation and breastfeeding is clearly and simply explained, together with risk factors and possible causes of common feeding deviations.

4. When infants are unable to breastfeed this negatively affects their nutritional, physical and psychological wellbeing.

5. Provide families with information on how to access professionals and services for the management of feeding deviations, to enable infants to achieve positive developmental and functional health outcomes.

6. Ensure families are aware of the potential health risks and financial considerations associated with infant formula use. Parents will be provided with individual support and information to safely use infant formula.

7. Provide approved health promotional publications and resources for families.

**Point 4: Support mothers to establish and maintain exclusive breastfeeding for six months.**

1. Provide appropriate support and information regarding establishing breastfeeding and lactation, including the importance of breastfeeding exclusively to around six (6) months.

2. Explain the importance of infant reflexes and cues, baby led attachment and biological positioning to facilitate breastfeeding.
3. Ensure families are aware of common breastfeeding deviations that may impact breastfeeding duration and how to access support if required.

4. Ensure families have an understanding of milk removal and milk production.

5. Ensure all families are aware of and how to access support services including the Australian Breastfeeding Association and appropriate community services.

6. At all contacts staff will enquire about breastfeeding and lactation efficiency, with birth to eight (8) weeks being a critical time for the early identification and management of feeding deviations.

7. Community Health Services will provide opportunities for clients to access additional staff contacts by offering Universal Plus appointments or referral to Breastfeeding Services (where available) for feeding deviations.

8. Staff will record infant feeding status according to local processes. Measuring feeding practices allows for service planning.

**Point 5: Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.**

1. Exclusive breastfeeding is recommended to around six (6) months of age, with then the introduction of solid foods, whilst continuing breastfeeding until twelve (12) months of age and beyond, for as long as the mother and child desire.\(^1\)

2. Infants do not require fluids other than breastmilk for the first six (6) months.

3. While breastfeeding is recommended for twelve (12) months and beyond, any breastfeeding for any duration is beneficial for the infant and the mother.

4. Staff will record infant feeding status according to local processes. Measuring feeding practices allows for service planning.

**Point 6: Provide a supportive atmosphere for breastfeeding families, and for all users of the child health service.**

1. Staff will recognise and support breastfeeding as being the biologically normal way for infants to feed.

2. No materials or literature produced by a company which markets or distributes products covered by the WHO ‘Code of Marketing of Breast-milk Substitutes’ are used, displayed or distributed.

**Point 7: Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to protect, promote and support breastfeeding.**

1. Improve communication between birthing services and community health staff via referral pathways, to enable the continuum of care, particularly when feeding deviations have been identified.

2. Provide and maintain effective referral pathways and feedback systems between Community Health Services, Breastfeeding Services, lactation consultants, paediatric services, medical practitioners and other relevant service providers.
Monitoring and evaluation

To encourage the standardisation of collecting infant feeding status data, the Australian National Breastfeeding Strategy\textsuperscript{5} and Headline Indicators\textsuperscript{10} suggest collecting data on the proportion of infants exclusively breastfeeding at four (4) months of age. In addition, the WHO reinforces using recommended breastfeeding definitions for data collection and reporting. (Appendix A)

Community Health Services will report on the following key indicators to monitor breastfeeding rates, aiming for the difference between the two indicators not to exceed 30%:

1. Exclusive breastfeeding at the Universal scheduled contact 0-14 days.
2. Exclusive breastfeeding at the Universal scheduled contact 4 months.

References

### Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health Manual via the [HealthPoint](#) link or the [Internet](#) link

- Breastfeeding deviations from normal Protocol
- Child health services Policy
- Universal contact Guidelines

### Related internal resources and forms

The following resources and forms can be accessed from the [HealthPoint CACH Intranet](#) link

- Breastfeeding Assessment Guide (CHS012)
- Child and Antenatal Nutrition Manual
- Self Assessment: Breastfeeding core knowledge and skills

### Useful resources

- [Australian National Breastfeeding Strategy 2010-2015](#)
- [Infant Formula Companies and Supplies OD 0666/16](#)
- [International Code of Marketing of Breast-milk Substitutes](#)
- [National Health Medical Research Council Infant Feeding Guidelines](#)
- [The Global Criteria for Baby Friendly Community Health Services in Australia](#)
- [WA Health Employee Breastfeeding Policy](#)
- [World Health Organization Global Strategy for infant and child feeding](#)
Breastfeeding protection, promotion and support

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</tr>
<tr>
<td>Reviewer / Team:</td>
<td>Statewide Policy</td>
</tr>
<tr>
<td>Date First Issued:</td>
<td>18 October 2017</td>
</tr>
<tr>
<td>Review Date:</td>
<td>18 October 2020</td>
</tr>
<tr>
<td>Approved by:</td>
<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>Executive Director CACH</td>
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<tr>
<td>Date:</td>
<td>18 October 2017</td>
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<tr>
<td>Standards Applicable:</td>
<td>NSQHS Standards: 1.7, 1.8</td>
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Appendix A: Definitions and reporting terms for breastfeeding

Endorsed breastfeeding terms for reporting

Exclusive breastfeeding requires that the infant receive only breast milk (including expressed milk) and medicine (including oral rehydration solutions, vitamins and minerals) but no infant formula or non-human milk.

Predominant or 'full' breastfeeding has a slightly less stringent definition as in addition to breast milk and medicines the infant may receive water, or water-based drinks, tea or fruit juice (which are not recommended for infants) but no non-human milk or formula.

Complementary feeding or partial breastfeeding requires that the infant receive solid or semi-solid food in addition to breast milk, including expressed milk. This may include any food or liquid, including non-human milk and formula.

Breastfeeding or 'any' breastfeeding includes all of the above definitions.

Ever breastfed the infant has breastfed or has received expressed breast milk or colostrum, at least once.

Internationally recommended terms defining breastfeeding practices

Protection

Breastfeeding protection is about enabling mothers to breastfeed their babies and young children anywhere a mother and child have a right to be, with confidence and without harassment. Breastfeeding protection includes legislative and regulatory environments, leave and employment entitlements, and the creation of baby and breastfeeding friendly environments in the health system and broader community.

There is some overlap between the concepts of breastfeeding protection and promotion.

Promotion

Breastfeeding promotion includes but is not limited to education and social marketing. Overlap can occur with breastfeeding protection and support. The Australian National Breastfeeding Strategy recognises the many facets of health promotion and defines breastfeeding promotion in this context:

A combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes.

Support

Support is defined as support provided to mothers at the antenatal and postnatal stages, for both breastfeeding initiation and maintenance. This support may take the form of information, physical assistance (positioning and attachment) or infrastructure (publicly available breastfeeding rooms or workplace facilities).

Breastfeeding support encompasses training provided to breastfeeding support staff, including doctors, midwives, pharmacists, nurses and International Board Certified Lactation Consultants, as well as voluntary counsellors, Aboriginal Health Workers and support workers. Support activities target a range of groups such as first-time mothers, mothers with other children, workplaces, health facilities, partners, grandparents, extended family, and peers. It should target Aboriginal and Torres Strait Islander, young, culturally and linguistically diverse, and low socio economic status women, their partners or families.

Support can be provided from a range of different sources, including health professionals, trained peer counsellors, family members, friends, Aboriginal matriarchs and community leaders and Elders. The Australian National Breastfeeding Strategy differentiates between peer and lay support:

- Peer support is provided by people who usually have had some experience in breastfeeding, and have received a level of specific training to assist in their support role. For example, the Australian Breastfeeding Association national 24 hour toll-free Breastfeeding Helpline.
- Lay support is provided by other mothers, family members or friends who may have some experience in breastfeeding but have not received any formal training.