**POLICY**

**Breastfeeding community health**

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<th>Scope (Staff):</th>
<th>Child Health</th>
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<td>Scope (Area):</td>
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This document should be read in conjunction with this **DISCLAIMER**

**Policy Statement/Aim**

The aim of this policy is to support parents/carers to optimise the health, wellbeing and development of their infant/child through a comprehensive approach to breastfeeding. The policy has relevance for all community health professionals, but in particular guides the practice of Community Health Professionals (CHPs) employed within WA Health who deliver primary health care services to families of infants and young children in community health settings.

**Introduction**

The World Health Organization (WHO)\(^1\) and the National Health and Medical Research Council (NHMRC)\(^2\) emphasise the unequalled value of breast milk as the sole food for infants. The World Health Organization recommends: protecting, promoting and supporting exclusive breastfeeding for the first six months of life, and continued breastfeeding, with appropriate complementary solid foods, for two years (and beyond if mother and infant desire).\(^1\) NHMRC recommendations for Australia are that infants are exclusively breastfed until around 6 months of age when solid foods are introduced, and that breastfeeding is continued until 12 months of age and beyond.\(^2\)

Breastfeeding and the provision of expressed breast milk have positive effects on the nutritional, physical, psychological and social health of the infant, and have health benefits for the mother.\(^3\) Numerous reports have shown that breastfeeding reduces the risk or severity of a range of conditions in infancy and in later life.\(^1\)\(^3\)\(^4\) The improved health status of breastfed children results in reduced costs to families, the health system and society in general.\(^3\) Breastfeeding has been identified as one of the most cost-effective primary prevention measures available.\(^1\) The economic case for promoting breastfeeding to around 6 months is overwhelming.\(^1\) Where breastfeeding becomes the biological and social norm for families and communities living in Western Australia, these positive health outcomes for children and their families will be improved.

In Australia, the 2010 Australian National Feeding Survey found that whilst breastfeeding initiation rates are high at 96% there is a sharp decline in rates for both full breastfeeding and any breastfeeding at each month post birth. At six months of age only 15% of infants are fully breastfed. Furthermore, the survey results showed that:

- only 39% (37% in WA\(^6\)) were exclusively breastfed to 3 months although an additional 10% reported predominant breastfeeding at this time
- around 69% of infants were still receiving some breast milk at 4 months of age and around 60% at 6 months.\(^5\)
There is a high level of government and non-government interest in breastfeeding and its benefits. The Commonwealth, State and Territory Governments are committed to promoting the value of breastfeeding and improving breastfeeding rates in Australia. The Australian National Breastfeeding Strategy (ANBS) 2010-2015 provides a framework for priorities and action for all levels of government to address the protection, promotion, support and monitoring of breastfeeding in the community. The ANBS reinforces the need to ensure continuity of care for mothers between birthing and community health services.

In 1991 the WHO and the United Nations Children's Fund (UNICEF) launched the Baby Friendly Hospital Initiative (BFHI). This global initiative aims to give every child the best start in life by creating a health care environment where practices that protect, promote and support breastfeeding are followed. The Ten Steps to Successful Breastfeeding is the global standard by which hospitals with maternity facilities can be assessed and accredited as BFHI hospitals.

Within Australia, the Australian College of Midwives is the governing body for the BFHI. Whilst not all hospitals within Western Australia are required to become accredited under the BFHI, WA Health hospitals with maternity facilities are directed to adhere to the Ten Steps for Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes under the Women's and Newborns' Health Network (WNHN) BFHI hospital breastfeeding policy.

In 2009, the National Baby Friendly Health Initiative (BFHI) Community Health Services Committee developed the 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services. The 7 Point Plan originated from the Ten Steps but was altered to suit community based health service delivery. The Community Health Services Breastfeeding Policy supports the implementation of this 7 Point Plan by community health professionals (CHP) working within community health settings throughout WA. (See Appendix B for the BFHI Ten Steps to Successful Breastfeeding and 7 Point Plan for Community Health Services).

**Outcomes**

1. Provision of an evidence-based, best practice service in regard to breastfeeding assessment, support and management by CHPs.

2. Provision of consistent, comprehensive and evidence informed breastfeeding information to parents, carers and their support networks by all staff working in community health settings.

3. The health benefits of breastfeeding and the potential health risks associated with infant formula feeding are discussed with parents and their supports to facilitate informed choice about how they will feed their infant.

4. Identify parents, families and children who may require additional breastfeeding support early to enable access to timely and appropriate interventions.

5. Infant feeding data collection systems within community health services are maintained to enable accurate reporting and targeted response to local trends.

**Scope**

Feeding assessment and education, including breastfeeding, remains a core topic to be covered by all community child health nurses (CHN) at each Universal scheduled contact, and any unscheduled contact, as required. All CHPs are encouraged to positively promote
Breastfeeding community health

and support breastfeeding up to 12 months and beyond, for as long as mother and child desire.

CHNs should use CHS012 and the related policy 3.6.5 Breastfeeding assessment guide. Lactation Consultants (LCs) should use CHS013 and 3.6.6 Lactation consultant assessment form policy for breastfeeding assessment.

If additional need is identified, CHNs should follow appropriate pathways for care and referral, as outlined in the related policies procedures and guidelines section of this document, and in accordance with the overarching decision making framework. This response will depend on the nature or acuity of the identified need and the capacity of the service from which it is being delivered.

Breastfeeding education and support should be offered in a manner which is flexible and responsive to the needs of families. This may include home, community or centre based contacts and may be delivered face to face or in group settings.

Community health settings should be guided by the 7 Point Plan for Community Health Services in relation to providing breastfeeding friendly environments.

**Policy interpretation**

This Policy provides a framework for the promotion, protection and support of breastfeeding within the WA Community health setting.

The following priority areas have been identified to achieve the stated policy outcomes.

**Priority area 1: Support for breastfeeding in health care settings**

WA Health encourages the protection, promotion and support for breastfeeding in health care environments. CHPs play a key role in providing support spanning the complete perinatal period. Encouragement by CHPs has been identified as crucial to breastfeeding success. The key actions are:

1.1 All WA Health Community health settings should implement the BFHI Australia Seven Point Plan for Community Health Services.

1.2 CHPs should access accredited websites for support and continuity of information for breastfeeding mothers and their families. Client access should also be encouraged, to facilitate self-efficacy and confidence.

1.3 CHPs should access appropriate endorsed resources regarding breastfeeding promotion for use in community health settings and in child health programs.

1.4 Breastfeeding assessment and education is included at each Universal scheduled contact, and any unscheduled contact, as required. All CHPs are encouraged to positively promote and support breastfeeding up to 12 months and beyond, for as long as mother and child desire.

**Priority area 2: Continuity of care, referral pathways and support networks**

The Australian National Breastfeeding Strategy 2010-2015 defines the continuity of care as ‘Continuity of support at key transition points between birthing and community health services and into the broader community is seamless from the perspective of mothers and their families’. The key actions for Community health services are:
2.1 Collaborate with relevant hospitals and agencies within the birthing transition pathway to maintain consistency of information and advice and ensure an effective system of referral and timely follow up.

2.2 Provide and maintain effective referral pathways and feedback systems between community child health services, lactation services, paediatric services, medical practitioners and other relevant service providers for mothers who are experiencing breastfeeding difficulties.

2.3 Assess the outcomes of additional services provided for mothers experiencing breastfeeding difficulties.

**Priority area 3 - Support for families at risk of low breastfeeding rates**

WA Health supports the opportunistic expansion of targeted breastfeeding programs and relevant support services for families at identified risk of low breastfeeding rates. The key actions are:

3.1 Conduct specific breastfeeding support initiatives, informed by current research findings, to ensure that the needs of families at risk of lower breastfeeding rates are addressed in service provision by:

- Identifying current services that support breastfeeding for these families and potential areas for expansion of services.
- Developing, implementing and evaluating evidence-based activities to improve breastfeeding support for these families.
- Maintaining collaboration with and referral to current services that have established links with these families, e.g. Aboriginal health services, multicultural health services, community groups, youth services, Australian Breastfeeding Association, medical practitioners.

3.2 Any CHPs working with culturally diverse groups should ensure cultural competence which encompasses understanding of parenting styles, infant feeding practices and related women's health issues.

**Priority area 4 - Adherence to the World Health Organization's International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions**

WA Health is required to comply with responsibilities under the WHO International Code of Marketing of Breast-milk Substitutes and the Marketing in Australia of Infant Formula: Manufacturers and Importers (MAIF) Agreement. The key actions are:

4.1 All CHPs should be aware of their responsibilities under the WHO International Code of Marketing of Breast milk Substitutes and the Marketing in Australia of Infant Formula: Manufacturers and Importers (MAIF) Agreement, including reporting of breaches.

4.2 All CHPs working with families of young children should be informed about WA Health's Operational Directive on Infant Formula Companies and Supplies and adhere to its guidelines (000204/09).

**Priority area 5 - Community health professional education and training**

Continuing education is required to enhance the knowledge, attitude and skills of the workforce, in order to promote, protect and support breastfeeding. The key actions are:
5.1 All CHPs who provide services to pregnant women, young children and their families should be supported to complete training in breastfeeding assessment and management at a level appropriate to their qualifications.

5.2 In-service training programs and external professional development opportunities related to breastfeeding should be accessed and completed on a regular basis to maintain currency with information on trends and practices.

**Priority area 6 - Breastfeeding friendly environments for employees**

WA Health is committed to fostering a supportive environment for breastfeeding employees. Providing support for breastfeeding is an important consideration in fostering a workplace free of discrimination. The key actions are:

6.1 WA Health employees should be supported to combine breastfeeding and work through the Breastfeeding Friendly Workplace Policy Directive and other associated policy directives that promote the principles of breastfeeding-friendly environments.

6.2 Supportive breastfeeding environments should be provided to staff wishing to breastfeed, including provision of appropriate facilities and entitlements on staff return to work.

**Qualifications and workforce skills**

All CHPs who provide services to infants, young children and their families should have adequate skills, training and supervision to support, protect and promote breastfeeding.

To achieve this:

- Area health services should ensure that staff delivering child health services complete training in breastfeeding assessment and management at a level appropriate to their qualifications and based on individual prior learning and experience.

- Child health nurses should complete the Breastfeeding Matters training package within 2 years of commencing employment where they possess midwifery certification, or where skill level is appropriate through recognition of prior learning. Non-midwives should complete the training within 12 months.

- A refresher should be completed every 3 years through attendance at a lactation professional development activity. This may be in the form of a Breastfeeding Matters refresher, lactation conference, learning package or attendance at clinical practice focussed education.

- Non-clinical staff should not engage in clinical issues, but refer any infant feeding issues to appropriate CHPs.

**Monitoring and evaluation**

Monitoring breastfeeding rates in the WA population is integral to service planning and practice. CHPs should continue to monitor and report on breastfeeding rates through:

- use of nationally recommended questions and indicators for monitoring and reporting in all breastfeeding data collections where appropriate.

- use of electronic data collection systems or paper based audits, including two current key indicators:
Breastfeeding community health

- exclusive breastfeeding at the first universal postnatal contact
- exclusive breastfeeding at the 3-4 month contact
- NB: Measurement to improve breastfeeding rates is recorded as the percentage difference between the two rates being no greater than 30%.

- use of WHO standardised definitions for monitoring and reporting on population breastfeeding rates in all breastfeeding data collections.

Monitoring and evaluation may also include a range of quantitative and qualitative measures to assess specific areas of interest such as, but not limited to:

- priority group patterns within local areas
- the impact and outcomes of extended activities provided for priority groups
- percentages of referrals to another service for further assessment of breastfeeding issues, and the nature of those referrals.

### Related internal policies, procedures and guidelines

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<thead>
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<th>Breastfeeding protection, promotion and support guidelines</th>
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<td>Breastfeeding deviations from normal protocol and clinical referral pathway</td>
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<td>Breastfeeding assessment guide (CHS012)</td>
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<td>Lactation consultant assessment form (CHS013)</td>
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<td>Guidelines for Universal meeting schedule</td>
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<td>Growth guidelines</td>
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<td>Self-Assessment Tool: Breastfeeding core knowledge and skills</td>
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### References

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<td>9. Australian College of Midwives homepage. [Internet]. Canberra: Australian College of Midwives; updated (no date); cited 2014 Jan 17]. Available from: [link]</td>
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**Useful resources**

Appendix A: Definitions and reporting terms for breastfeeding

Appendix B: BFHI Ten Steps to Successful Breastfeeding and 7 Point Plan
Appendix A: Definitions and reporting terms for breastfeeding

**Endorsed breastfeeding terms for reporting**: ¹

- **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** means that the infant has been breastfed or received expressed breast milk or colostrum, at least once.

**Internationally recommended terms defining breastfeeding practices** ¹

- **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 (e.g., to help the mother and baby establish good positioning and attachment) or infrastructure, such as 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. A good example of peer support is the counselling and assistance provided through the Australian Breastfeeding Association national 24 hour toll-free Breastfeeding Helpline available on 1800 686 268).

- **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.
Appendix B: BFHI Ten Steps to Successful Breastfeeding and 7 Point Plan for Community Health Services

The Ten Steps to Successful Breastfeeding

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

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.*
5. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

*This step is now interpreted as: Place babies in skin to skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognise when their babies are ready to breastfeed and offer help if needed^4.

7 Point Plan for Community Health Services

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff and volunteers.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community.
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