



| POLICY | |
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| Breastfeeding protection, promotion and support | |
| Scope (Staff): | Community health staff |
| Scope (Area): | CAHS-CH, WACHS |
| Child Safe Organisation Statement of Commitment | |
| The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS. | |

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To describe how breastfeeding is protected, promoted, supported and monitored in Community Health Child Health Services.

Risk

The absence of a clearly articulated framework may result in care that is not aligned with valuing breastfeeding as the developmental, biological and social norm for infant and young child feeding.¹

When there are delays in identifying risk factors and problems known to influence breastfeeding and lactation efficiency, the health risks associated with not breastfeeding negatively affect an individual's developmental, nutritional, physical and psychological wellbeing.²

Background

The Australian Breastfeeding National Strategy describes the terms *protection, promotion and support* for breastfeeding as broad statements to reflect enablers, barriers, and integrated and coordinated actions to inform policies and programs for the breastfeeding continuum.¹

The World Health Organization (WHO) has identified breastfeeding as the biological norm for infant feeding and it is one of the most cost-effective primary prevention measures available.³ In support of this the WHO recommends exclusive breastfeeding for the first six (6) months of life and continued breastfeeding with appropriate complementary solid food, for two (2) years (and beyond if mother and infant desire).³

The Australian Department of Health acknowledges the significance of breastfeeding across the continuum, from the antenatal period (intention) through to 2 years of age and beyond (initiation and duration).¹ Recommendations for Australian children include exclusive breastfeeding from birth to around six (6) months of age, when complementary foods are introduced, with continued breastfeeding to 12 months to 2 years and beyond.¹ However, Australia's exclusive breastfeeding duration rates are reported to be 61% at less than four (4) months of age, which is below national and international recommendations.⁴ Western Australian metropolitan Community Health data reports 90% of infants (n=12,923) born in January to July 2018, were breastfeeding (any) when aged under one month.⁵ The

proportion of infants currently breastfeeding (any) decreased in subsequent months to 83% when aged less than two months and to 67% when aged less than 5 months.⁵

When infants and children do not breastfeed or do not receive expressed breastmilk, and when mothers do not lactate, there is an increased risk of:

- Infant – respiratory and gastrointestinal infections, acute ear infections, asthma, eczema, obesity, Type 1 and type 2 diabetes, leukaemia, necrotising enterocolitis, Sudden Unexpected Death in Infancy; and lower intelligence quotient scores, school achievement and adult earnings.^{1, 2}
- Maternal – invasive breast cancer, ovarian cancer, hyperlipidaemia, hypertension, cardiovascular disease, type 2 diabetes and maternal depression.^{1, 2}

There is considerable cost to individuals, the health system, governments and the community when breastfeeding is not the biological norm. To address this public health issue, the Council of Australian Governments Health Council has endorsed a number of frameworks, including the *Australian National Breastfeeding Strategy: 2019 and beyond (Breastfeeding Strategy)*.^{1, 6-8} To inform the development of policies and programs the *Breastfeeding Strategy* outlines the following objectives:

- Increase the proportion of babies who:
 - Exclusively breastfeed to around 6 months of age (up to 40 per cent by 2022 and up to 50 per cent by 2025)
 - Continue breastfeeding with appropriate complementary foods until 12 months of age and beyond, for as long as the mother and child desire
- Enable mothers, fathers/partners, and other caregivers to access evidence-based, culturally safe breastfeeding education, support and clinical care services
- Increase the number of breastfeeding-friendly settings/environments
- Strengthen the regulatory arrangements for marketing of infant formula and breastmilk substitutes so that inappropriate marketing and distribution ceases
- Increase the proportion of health professionals who receive adequate, evidence-based breastfeeding education and training that is free from commercial influence
- Raise awareness in the broader community of the significance of breastfeeding and the risks associated with not breastfeeding, to achieve optimal health for both mother and child throughout the life course.

Priority population groups have higher risks of not meeting breastfeeding recommendations. These groups include Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people from low socio-economic backgrounds, mothers of preterm infants, young mothers (under 25 years of age), mothers who smoke, mothers who are obese, and mothers who have experienced high intervention or complications during birth. The Breastfeeding Strategy states that greater gains can be achieved from improving breastfeeding rates for dyads from these population groups.¹

Fathers, partners and family members play a pivotal role in supporting breastfeeding. The attitudes and beliefs of key support people have a major influence on infant feeding.¹

The Western Australian (WA) Child Health Services can significantly contribute to building strong foundations for optimal child health and development, by prioritising breastfeeding and lactation as key preventative health priorities in the first 1000 days of life. There is convincing evidence that having contact with clients in the antenatal and perinatal period increases breastfeeding duration.^{2, 9} Effective interventions include ongoing scheduled contacts, tailored to the setting and the needs of population groups, with face to face contacts associated with higher exclusive breastfeeding duration rates.⁹ This evidence

aligns with services delivered by community health nurses for protecting, promoting and supporting breastfeeding in Community Health.

Scope

Nurses who are in contact with clients who are pregnant, breastfeeding and/or lactating are required to comply with the *Breastfeeding protection, promotion and support* policy. In addition, nurses are responsible and accountable to the Nursing and Midwifery Board of Australia standards, codes and guidelines. The *Registered Nurse Standards for Practice* and *Code of conduct for nurses* and *Code of conduct for midwives* should be evident in current practice.

Principles

Community Health protects, promotes and supports breastfeeding by considering relevant information in the *Innocenti Declaration on the protection, promotion and support of breastfeeding*; the *International Code of Marketing of Breast-milk Substitutes*, *World Health Assembly Resolutions*, *Baby friendly Health Initiative 10 steps to successful breastfeeding* and the *Baby Friendly Health Initiative 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services* (the 7 point Plan).¹⁰⁻¹⁴

The *Baby Friendly Health Initiative* (BFHI) provides a framework for community facilities to operate within the *7 Point Plan*.¹⁴ The Australian College of Midwives provides governance for the BFHI and was responsible for developing the 7 Point Plan.^{1, 14} The 7 Point Plan aims to ensure that community facilities provide appropriate and contemporary information regarding infant feeding, acknowledging that infants who are preterm or unwell may require alternative feeding methods until breastfeeding efficiency can be achieved.¹⁴

The 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services

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

1. This policy will be communicated to all nurses at orientation and at breastfeeding education sessions.
2. This Policy will be read in conjunction with the *Breastfeeding and lactation assessment* protocol and the *Breastfeeding Assessment Guide* resource.
3. Nurses who have breastfeeding children and/or are expressing breastmilk and are returning to work, are entitled to flexible lactation breaks and support from management, consistent with the Child and Adolescent Health Service *Employee Breastfeeding* policy and the WA Country Health Service *Employee Breastfeeding Policy*.

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

1. Access to relevant policy documents and approved resources for adopting a consistent approach will be provided.

2. Education and mentoring opportunities will be provided for nurses to gain competence in conducting breastfeeding and lactation assessments, to think critically and to use the best available evidence in making decisions and providing care that is safe, appropriate and responsive.
 - 2.1. Staff are to refer to the Practice Framework/Learning Framework for information on education and training.

In CAHS-CH:
 - 2.2. Breastfeeding education core courses will be available for nurses to complete within twelve (12) months of commencing employment.
 - 2.3. All nurses are required to undertake two (2) yearly refresher education in breastfeeding and lactation. This may include attending the *Breastfeeding education in Community Health* refresher workshop or conferences, learning packages and clinical practice focused education.
3. In accordance with the *International Code of Marketing of Breast-milk Substitutes*, the acceptance of gifts, non-scientific literature and support for in-service education or infant feeding related education by infant formula manufacturing companies is not permitted.

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 clients have the right to receive accurate and impartial information to enable them to make informed choices about infant feeding and lactation. A client's informed choice is encouraged, respected and supported.
2. Discuss an infant's capacity to breastfeed as an essential developmental milestone, and reinforce that infant and maternal concerns require early intervention to maximise breastfeeding duration.
3. Ensure clients are aware of the health outcomes associated with breastfeeding and/or infants receiving expressed breast milk.
4. Provide clients with information on the potential health risks, impact on lactation and financial considerations associated with infant formula use.
5. Provide clients with information on how to access services for the management of feeding problems, to enable infants to achieve normal developmental and functional health outcomes.
6. Offer clients approved health promotional publications and resources.

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

1. Nurses will enquire about breastfeeding and lactation efficiency at all contacts and conduct assessments as required, noting the importance of early identification and management of concerns.
2. Discuss the physiology of breastfeeding and lactation, and the importance of exclusive breastfeeding to around six (6) months.

3. Discuss the importance of infant reflexes and cues, and baby led attachment to facilitate efficient breastfeeding.
4. Ensure clients are aware of infant and maternal breastfeeding problems that require early intervention.
5. Community Health Services will provide opportunities for clients to access additional contacts and/or referral to appropriate breastfeeding services.
6. Show clients how to access services including the Australian Breastfeeding Association and relevant community services.

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

1. Provide evidence-based information to mothers, their partners and families to support breastfeeding exclusively to six months, and continued to 2 years and beyond.
2. Nurses will enquire about breastfeeding and lactation efficiency at all contacts and conduct assessments as required, noting the importance of early identification and management of concerns.
3. Discuss the introduction of solid foods at around 6 months, when infants are physiologically and developmentally ready for new textures and modes of feeding.
4. Discuss the importance of continued breastfeeding to 2 years and beyond, as long as the mother and infant desire.
5. Ensure clients are aware of infant and maternal breastfeeding problems that require early intervention.
6. Community Health Services will provide opportunities for clients to access additional contacts and/or referral to appropriate breastfeeding services.
7. Show clients how to access services including the Australian Breastfeeding Association and relevant community services.

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

1. Community Health will provide breastfeeding-enabling environments and will welcome client feedback and respond accordingly.
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 in Community Health.

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

1. To enable the continuum of care for clients from birthing services to Community Health Services, Community Health will promote communication via referral pathways such as the *Special referral to community child health* form and/or service specific clinical handover tools.

2. Provide and maintain effective referral pathways and feedback systems using internal referral processes and/or clinical handover tools, between Community Health Services and other relevant services and professionals.

Monitoring and evaluation

The Australian National Breastfeeding Strategy provides a monitoring and evaluation framework to provide nationally consistent processes for monitoring breastfeeding trends and for the development of a *National Breastfeeding Report Card*.¹

Community Health electronic records provide a data source to 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.

It is critical that nurses enquire about infant feeding status at all universal contacts and additional contacts as appropriate, and accurately document outcomes in electronic records, using standardised definitions (Appendix A).^{1, 15, 16}

References

1. Council of Australian Governments. Australian National Breastfeeding Strategy 2019 and beyond. Canberra; 2019.
2. National Health and Medical Research Council. Infant Feeding Guidelines. In: Australian Government Department of Health and Ageing, editor. Australia2012.
3. World Health Organisation. Global strategy for infant and child feeding. Geneva 2003.
4. Australian Institute of Health and Welfare. Australia's children. Canberra; 2020.
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6. Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services. In: Australian Government Department of Health and Ageing, editor. 2011.
7. Australian Health Ministers' Advisory Council. Healthy, safe and thriving: National strategic framework for child and youth health. Australia; 2015.
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9. McFadden A, Gavin A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, et al. Support for healthy breastfeeding mothers with healthy term babies (Review). 2017.
10. Fund UNCs. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 2005 [Available from: https://www.unicef.org/nutrition/index_24807.html].
11. World Health Organization. International Code of Marketing of Breast-milk Substitutes. Geneva1981.
12. World Health Assembly. Infant and young child feeding. 2018.
13. World Health Organization. Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva 2017.
14. Baby Friendly Health Initiative Information for Community Health Facilities, (2013).
15. Health AN, Council MR. Infant feeding guidelines information for health workers. NHMRC Publication Reference: NHMRC Publication reference: N5 [online PDF]. Canberra: NHMRC; 2012. Available from: <https://www.nhmrc.gov.au/file/3341/download?token=W0bMWfEq>.
16. Australian Government. Australian National Infant Feeding Survey Indicator Results. In: Australian Institute of Health and Welfare, editor. Australia2011.

Appendix A: Breastfeeding definitions^{1, 15, 16}

The following definitions are used internationally when reporting on breastfeeding data. Nurses may also need to refer to them when recording infant feeding status into the Community Health electronic information system.

Exclusive breastfeeding

- **Requires that the infant receive breastmilk, including expressed milk or from a wet nurse or breastmilk donor.**
- Infants may receive prescribed drop or syrups (vitamins, minerals, medicine).
- Infants cannot receive anything else (no infant formula, non-human milk, solid foods, food-based fluids).

Predominant (Full) breastfeeding

- **Requires that the infant receive breastmilk, including expressed milk or from a wet nurse or breastmilk donor, as the predominant source of nourishment.**
- Infants may receive liquids (water and water-based drinks, fruit juice, oral rehydration solutions, ritual fluids and drop or syrups (vitamins, minerals, medicines).
- Infants cannot receive anything else (no infant formula, non-human milk, solid foods, food-based fluids).

Complementary feeding

- **Requires that the infant receive breastmilk and solid or semi-solid food.**
- Infants may receive any food or liquid, including infant formula and non-human milk.

Any breastfeeding

- **Requires that the infant to receive some breastmilk.**
- Infants may receive any food or liquid including non-human milk.

Ever breastfed


- **Requires that the infant received breast milk or colostrum on a least one occasion.**

| Related policies, procedures and guidelines |
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| The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link |
| Breastfeeding and lactation assessment |
| Breastfeeding support services |
| Child health services |
| Clinical handover - nursing |
| Nutrition for children – birth to 12 months |
| Nutrition for children – 1 to 11 years |
| Universal contacts |
| The following documents can be accessed in the Department of Health Policy Frameworks |
| Clinical Handover Policy (MP0095) |

| Related CAHS-CH forms |
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| The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint |
| Breastfeeding Assessment Guide |

| Related external resources |
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| Aboriginal Child Health Matrix |
| Australian Breastfeeding Association |
| Australian National Breastfeeding Strategy 2019 and beyond |
| Employee breastfeeding policy (CAHS) |
| 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 |
| World Health Organization Global Strategy for infant and child feeding |
| World Health Organization Protecting, Promoting and Supporting Breastfeeding |

This document can be made available in alternative formats on request for a person with a disability.

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Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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