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TITLE: Breastfeeding Policy

1. Statement/Purpose/Description

Lakes District Health Board (LDHB) is committed to the protection, promotion and support of exclusive breastfeeding, achieved through the implementation of the Ten Steps to Successful Breastfeeding as a global standard and adherence to the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions in accordance with the WHO/UNICEF joint statement (1989) and the implementation of the Baby Friendly Hospital Initiative (BFHI).

Breastfeeding (BF) is vital to meeting the health, physical and emotional needs of infants and is important for maternal health.

This policy has been developed and implemented in accordance with the protection, partnership and participation inherent in the Treaty of Waitangi. There has therefore been extensive consultation with relevant stakeholders and the wider community.

The purpose of this policy is:

- To promote a philosophy of mother and baby care which advocates breastfeeding and supports the normal physiological processes involved in the initiation and continuation of breastfeeding to two years and beyond.
- To ensure the individual cultural needs of the woman / Whanau / family are respected.
- To ensure all women receive education and resources to enable them to breastfeed their babies successfully.
- To adopt a positive breastfeeding culture with all staff providing consistent, current evidence based information that is given in a non-judgmental manner, facilitating informed choice.
- The policy defines principles and expectations to ensure consistent, excellent BF support practices & services throughout the Lakes DHB.

2. Scope

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All LDHB staff, midwifery, medical, nursing and ancillary staff who provide care for all breastfeeding women and babies.

3. Abbreviations

BF	Breastfeeding
BFHI	Baby Friendly Hospital Initiative
CEP	Clinical Equipment Pool
LMC	Lead Maternity Carer
LLL	La Leche League
SCBU	Special Care Baby Unit
UNICEF	United Nations Children’s Fund
WHA	World Health Assembly
WHO	World Health Organisation
NZBA	National Breastfeeding Alliance
IBCLC	International Board Certified Lactation Consultant
IBCLE	International Board Certified Lactation Education
CERPS	Continuing Education Recognition Points

4. Procedure/Management

For the purpose of this policy breastfeeding women and babies can be divided into four groups:

- Women and babies in the Maternity Units in both Rotorua and Taupo and SCBU.
- Women and babies who are inpatients or receiving secondary services in all other areas of the DHB.
- Women and babies visiting the hospital.
- Staff returning to work who wish to continue breastfeeding.

For women and babies in the Maternity units in both Rotorua and Taupo the BFHI will be applicable.

BFHI has two main goals:

- To transform facilities providing maternity services and care for newborn babies through implementation of the Ten Steps to Successful Breastfeeding and to

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adhere to the WHO/UNICEF International Code of the Marketing of Breastmilk Substitutes.

- To end the practice of distribution of free and low cost supplies of breast milk substitutes to or through hospitals and health care facilities.

In practice the policy in these areas is implemented through WHO/UNICEF BFHI. All staff working in Maternity and SCBU will undergo orientation to the breastfeeding policy as part of their planned orientation to the unit.

Education needs will be identified at orientation and an individual planned programme of education will be developed to begin within 6 months of the commencing of employment. Education needs will be dependent on prior, credentialed education and the level of contact the employee has with mothers and babies.

On-going education will be provided annually dependent on the employee's level of contact with mothers and babies.

LMCs should provide all women with a care plan after consultation with the mother which incorporates a feeding plan for the baby, which is reviewed daily.

Implementing the Ten Steps to Successful Breastfeeding

Step 1:

Every facility providing maternity services and care for newborn infants should have a written breastfeeding policy that is routinely communicated to all healthcare staff

- The policy will be based on the Ten Steps to Successful Breastfeeding.
- The policy will be circulated to all staff within the policy scope during orientation to the DHB.
- Updates to the policy will be circulated to all staff within the policy scope.
- A parent's summary will be displayed in all Maternity patient areas.

Step 2:

Train all healthcare staff in skills necessary to implement this policy

- An education has been developed and will be reviewed on an annual basis.
- All staff within the policy scope will be offered education according to the latest NZBA BFHI criteria. The content of the education is defined in NZBA BFHI documents Part two-The New Zealand Criteria 2014.

Level	Role	Training schedule as NZBA documents 2014
Anaesthetists	Regular involvement in Obstetric care at least one shift per month	Orientation to the policy on employment and at each policy review. Focus on step four

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1 - Awareness	Non-clinical staff and Allied Health staff with limited clinical role	1 hour annually
2 - Generalist	Doctors	2 hours annually for 3 years and then 1 hour annually (As defined within NZBA documents 2014)
3 - Specialist	Midwives, Nurses, and Allied Health with specialised clinical role	Initial 21 hours (minimum) 12 hours within each 3 year period, including 3 hours supervised clinical practice and 30 minutes Breastfeeding for Māori women
4 - Expert	Lactation Consultants	As Level 3, in addition to maintaining IBCLE 75 CERPS within each 5 year period

Step 3: I

Inform all pregnant women about the benefits and management of Breastfeeding

All women will receive information from their lead maternity carer on the following topics. This information will also be available to women admitted to hospital in the ante-natal stay with anticipated admission duration of greater than 48 hours.

- The benefits of breastfeeding for both mother and baby
- Early initiation of breastfeeding
- Rooming-in on a 24 hour basis including safe sleeping
- Cue based (or baby-led) feeding
- Frequent feeding to help ensure breastmilk supply
- Effective positioning and attachment of the baby at the breast
- The implications of using pacifiers, teats and bottles on the establishment of breastfeeding
- The risks associated with offering supplements while breastfeeding in the first 6 months
- Basic breastfeeding management
- The importance of exclusive breastfeeding for the first 6 months and of continued breastfeeding, with addition of appropriate family foods, until 2 years of age and beyond
- The importance of early skin-to-skin contact
- The effect of drugs, used in labour, on the newborn and the initiation of breastfeeding
- Breastfeeding support services in the community

Step 4:

Help mothers initiate breastfeeding within a half hour of birth*

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Interpreted in New Zealand as* Place baby skin to skin within 5 minutes of birth for a minimum of 60 minutes, allowing the baby to spontaneously latch to the breast, offering help as required.

All mothers, regardless of mode of birth, will be supported to hold their baby skin-to-skin immediately following birth for a period of a least one hour or until after the first breastfeed (unless mother or baby are clinically unstable). Babies will be observed during this time for adaptation to extra-uterine life.

All breastfeeding mothers will be taught to recognise cues that their baby is ready for the first breastfeed and to support self-latching for this feed. Additional support will be available for subsequent feeds as required.

LMCs, when caring for women during the postnatal period, will support Lakes DHB facilities in implementing the BFHI.

Step 5:

Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants

All mothers wishing to breastfeed will be supported during their first feed to ensure they understand how to position, align and attach their babies to the breast and how to recognise when their baby is feeding effectively. Subsequent support will be provided at each feed as required.

All mothers will be given information on and shown how to express and store breastmilk prior to discharge.

All mothers who are separated from their babies will be encouraged to begin expressing preferably within one hour and no longer than four hours after the birth, and then a minimum of 8 times in 24 hours.

Step 6:

Give newborn infants no food or drink other than breastmilk, unless medically indicated

Newborn infants will be exclusively breastfed unless there is a clear medical indication for a complementary or supplementary feed of a breastmilk substitute. The decision to offer supplementary or complementary feeds for clinical reasons will be made by an appropriately trained health professional. The reason will be clearly explained to the mother and documented in the clinical record. Wherever possible expressed breastmilk (EBM) will be the first option if supplementary feeding is indicated.

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Some mothers may wish to give their infants donor breastmilk as supported by WHO. Lakes DHB does not currently have the facilities to provide a milk banking service, however Lakes DHB staff will ensure that women wishing to use informally donated breastmilk will be given information related to the benefits and risks of this practice, and will support maternal choice on this issue. Māori cultural practices such as Whangai, where a baby may be fed and cared for by another family member are supported.

Parents requesting an infant formula without medical indication require a detailed explanation of the risks associated with this practice and their informed consent must be documented. Lakes DHB provides infant formula for babies, in ready to feed (RTF) format.

All babies who receive formula when the mother intends to breast feed shall have the relevant information entered into the Lakes DHB formula records.

An informed consent will be obtained and documented in the babies notes. In addition the MOH feeding baby infant formula, how to prepare infant formula safely will be provided and explained.

Acceptable Sound Clinical Reasons for Supplementation

In a small number of situations there may be a sound clinical indication for supplementing with breastmilk or for not using breastmilk at all. It is useful to distinguish between:

- Infants who cannot be fed at the breast but for whom breastmilk is available;
- Infants who may need other nutrition in addition to breastmilk;
- Infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes and need a specialised formula;
- Infants for whom breastmilk is not available;
- Maternal conditions that affect breastfeeding recommendations.

Pre pack formula is supplied for babies who require supplementation for medically indicated reasons. Formula brands will be supplied on a rotational basis to avoid perceived manufacture bias. Pre pack formula is the preferred product to reduce the risk of infection.

Step 7:

Practise rooming-in – allow mothers and infants to remain together – 24 hours a day

All health professionals will encourage the practice of rooming-in. Mothers and infants will remain together 24 hours a day except when there is a clear clinical

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indication to separate them. The indication for separation or not rooming-in will be documented in the clinical record.

If the mother requests time away from her infant, the baby may be removed by a member of the clinical staff to a safe area (ideally with family) for a period of no more than one hour and returned if feeding cues are exhibited.

Step 8:

Encourage breastfeeding on demand

Baby-led feeding will be encouraged for all babies unless clinically indicated. Mothers will be taught how to recognise early feeding cues. The frequency and length of a breastfeed is not limited to a set time.

Step 9:

Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

Health professionals will not recommend or give artificial teats or pacifiers (dummies) to breastfed infants unless there is an evidence-based clinical indication which is documented in the baby’s clinical record and informed consent obtained.

If parents wish to provide a dummy/pacifier for their baby the risks will be explained to them and if use is continued then hygiene requirements will be explained to them. The practice of using nipple shields is not to be encouraged unless the LDHB guidelines for Nipple Shield Use (EDMS 55647) 2016 are followed.

Step 10:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Lakes DHB health professionals will foster the establishment of community based breastfeeding support groups. All women will receive information on discharge from hospital about on going breastfeeding support available to them. Information can be found on the front of the well child book and in the book of the Lakes DHB Mama Aroha Reference Card.

Criteria for the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions

Lakes DHB does not advertise or promote products (identified in the scope of The Code) to the general public. The service achieves this by:

- Not providing formula samples to mothers, pregnant women or their families;
- The non-acceptance of free or subsidised samples;

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- The non-acceptance, of free gifts, materials or money from infant formula companies;
- Not using formula samples, for any other use except for professional evaluation or research;
- The non-promotion of formula products by employees of the health service;
- Not displaying words or pictures at the service, which idealises the use of products; this includes pictures of infants on the labels of products.

The BFHI coordinator is responsible for all contact made by visiting formula company representatives. Lakes DHB prohibits marketing personnel from making direct contact with pregnant women, mothers and their families.

Lakes DHB provides formula feeding education to pregnant women and non-breastfeeding women on an individual basis. Education materials given out by Lakes DHB to pregnant women and mothers, including labels explain:

- The benefits and superiority of breastfeeding;
- The social and financial implications of the use of infant formula; and the health hazards of unnecessary or improper use of formula;
- Education materials used by Lakes DHB;
- Contain only scientific and factual information; and are not presented in a way that implies (or creates a belief) that bottle-feeding is equivalent or superior to breastfeeding.

Infant formula purchases are:

- Purchased at no less than 80% of the full retail price;
- Purchased in accordance with the Artificial Feeding Policy for the Feeding of Breastmilk Substitute;
- Brand alternated;
- Stored out of sight
- Their use recorded and documented in the infant's medical records

Gift bags are not given out by LDHB.

LDHB ensures that any material provided to mothers under our care does not interfere with the successful initiation and establishment of breastfeeding, for example, feeding bottles, teats, pacifiers and infant formula.

BFHI and the Treaty of Waitangi

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Lakes DHB is committed to the principles of the Treaty of Waitangi and will work with the principles through:

- Partnership: by working with whanau, hapu and iwi to develop appropriate policies and procedures that will improve breastfeeding rates and services in New Zealand.
- Participation: by involving Maori in decision making, planning, development and implementation of BFHI.
- Protection: by working in a manner that will protect and preserve Maori traditional breastfeeding practices.

In all other areas of LDHB women and babies will be supported and encouraged to maintain or improve their breastfeeding relationship. A hospital grade double electric breast pump has been provided through the CEP with expressing kits. Staff are able to access the services of the LDHB Lactation Consultant for education and management of breastfeeding including medication and procedures.

Women and babies who are visiting Lakes DHB premises will be supported to breastfeed ensuring privacy as required.

Staff who are returning to work whilst breastfeeding will have access to a dedicated hospital grade double electric breast pump through the CEP with expressing kits. A room has also been provided for expressing or directly feeding, equipped with chairs, nappy changing facilities and a fridge to store expressed breast milk. These staff may also access the services of the Lakes DHB Lactation Consultant for support.

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5. Related Documentation

- Te Tiriti O Waitangi Policy (EDMS 40583)
- Hypoglycaemia of the newborn (EDMS 487327)
- Infant Cup Feeding Guideline (EDMS 106805)
- Management of expressed breastmilk(EDMS 183468)
- Breastfeeding and Expressing Milk in the Workplace Policy for Lakes District Health Board Employees (EDMS 309887)
- Formula (breastmilk substitute) Company representatives (EDMS 95304)
- Nipple Shield Guideline (EDMS 126946)
- Artificial feeding policy-for the feeding of a breastmilk substitute (EDMS 311951)
- Feeding your baby infant formula – How to prepare infant formula safely MOH June 2017

Appendices

- Breastfeeding Definitions [Appendix 1](#)
- International Code of Marketing of Breast-milk Substitutes (1981) [Appendix 2](#)
- Being Baby Friendly (English) [Appendix 3](#)
- Being Baby Friendly (Maori) [Appendix 4](#)
- Being Baby Friendly (Hindi) [Appendix 5](#)
- Parents Guide to the Breastfeeding Policy [Appendix 6](#)
- References [Appendix 7](#)

Revised by: Sue Wells, RN IBCLC
 Lactation Consultant and
 Baby Friendly Hospital Initiative Coordinator

Authorised by: Donna Mayes
 Service Manager Women Child and Family

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Appendix 1 – Breastfeeding Definitions

Exclusive breastfeeding:

The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

Fully breastfeeding:

The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial breastfeeding:

The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding:

The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

* Prescribed as per the Medicines Act 1981

From: Breastfeeding Definitions For Monitoring The National Health Outcome Targets In New Zealand. MOH New Zealand. Feb 1999.

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Appendix 2 – International Code of Marketing of Breast-milk Substitutes (1981)

A Baby-Friendly™ hospital/maternity facility also adheres to the International Code of Marketing of Breast-milk Substitutes (1981). The Code seeks to protect breastfeeding by ensuring the ethical marketing of breast-milk substitutes {artificial baby milk} by industry.

The Code includes these ten important provisions:

1. No advertising of products under the scope of the Code to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants on products.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. Products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

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Appendix 3 – Being Baby Friendly - English

Being Baby Friendly

Supporting you to feed your baby

We provide a 'Baby Friendly' service. This means our staff have the knowledge and skill to support you as you and your whānau prepare to welcome baby and after baby is born.

When baby is born you will enjoy immediate skin-to-skin contact. Baby will stay with you, day and night, until you both go home.

We'll help you understand the benefits of breastfeeding.

We will help you to learn about feeding your baby. We'll support you through any of the feeding problems some mothers and babies have, including if your baby is receiving medical care and can't be with you or has special feeding needs.

You'll learn to recognise when your baby is ready to feed and how to respond.

We'll talk to you about the appropriate use and risks of bottle feeding, teats and pacifiers.

When it's time to go home, we'll coordinate your discharge and ensure there is ongoing support for you, your family and your baby.



Baby friendly means that this service complies with The Ten Steps to Successful Breastfeeding (WHO/UNICEF), 2018.

The Ten Steps is available through www.babyfriendly.org.nz

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Appendix 4 – Being Baby Friendly – Maori

Te Tautoko i ngā Hiahia o Te Pēpi

Te tautoko i a koe kia whāngaia e koe tō pēpi

Kei te hora mātou i tētahi ratonga Tautoko i te Pēpi. Te tikanga o tēnei kua whai mātauranga ā mātou kaimahi me ngā pūkenga e tika ana hei tautoko i a koe, i a koutou ko tō whānau e takatū nei ki te pōwhiri i a Pēpi ki te ao, hei muri hoki i te whānautanga mai.

Ina whānau mai a Pēpi ka tino pīrangī koe ki te pā ā-kiri i muri tata tonu iho. Ka noho tonu a Pēpi i tō taha, i te ao, i te pō, kia hoki rā anō kōrua ki te kāinga.

Ka āta kōrero mātou ki a koe mō ngā painga o te whāngote i tō pēpi.

Mā mātou koe e āwhina kia ako koe i ngā kōrero mō te whāngai i tō pēpi. Mā mātou koe e tautoko i roto i ngā raruraru whāngote ka tūponotia e ētahi whaea me ētahi pēpi; ko te taurimatanga ā-tākuta tērā, ko ngā wā e kore ai e taea e ia te noho i tō taha, ngā hiahia whāngai motuhake rerekē rānei o ētahi pēpi.

Ka mārāma haere koe ki ngā wā e tika ana kia whāngotehia tō pēpi, me pēhea hoki te āwhina atu.

Ka kōrero mātou ki a koe mō te whakamahinga tika me ngā mōreareatanga o te whakamahi pātara, kōmata pātara me ngā ngotengote.

Kia tae ki te wā e hoki ai koe ki te kāinga, mā mātou tō putanga ki waho e whakahaere, kia mōhio ai he maha ngā tautoko māu, mā tō whānau, mā tō pēpi hoki.



Te tikanga o te kōrero Tautoko i te Pēpi, koia tēnei, ka hāngai ngā tikanga o tēnei ratonga ki Ngā Ritenga Tekau e Pal ai Te Whāngote (WHO/UNICEF), 2018. E wātea ana ngā Ritenga Tekau mā te pae nei www.babyfriendly.org.nz

Māori

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Appendix 5 – Being Baby Friendly – Hindi

बेबी फ्रेंडली (शिशु अनुकूल) होना अपने शिशु को खिलाने के लिए आपको सहारा देना

हम एक 'बेबी फ्रेंडली' सेवा प्रदान करते हैं। इसका मतलब यह है कि हमारे कर्मचारियों के पास ज्ञान और कौशल है आपको और आपके परिवार को शिशु के स्वागत और शिशु के जन्म के बाद तैयार करने के लिए।

जब शिशु पैदा होता है तो आप तुरंत त्वचा से त्वचा के संपर्क का आनंद लेंगे। शिशु दिन-रात आपके साथ रहेगा, जब तक आप दोनों घर नहीं जाते।

हम आपको स्तनपान के लाभों को समझने में मदद करेंगे।

हम आपको अपने शिशु को खिलाने के बारे में जानने में मदद करेंगे। हम आपको स्तनपान समस्याओं के बारे में समर्थन देंगे जिनका कुछ माताओं और शिशुओं को सामना करना पड़ता है, जिनमें शामिल हैं यदि आपका शिशु चिकित्सा देखभाल प्राप्त कर रहा है और वह आपके साथ नहीं है या शिशु को विशेष भोजन की आवश्यकता है।

आप यह जानना सीखेंगे कि आपका शिशु कब स्तनपान चाहता है और कैसे प्रतिक्रिया दे सकता है।

हम आपको बोतल से दूध पिलाने, टीट और पेसिफायर के उचित उपयोग और जोखिमों के बारे में बात करेंगे।

जब घर जाने का समय होता है, तो हम आपके निर्वहन का समन्वय करेंगे और यह सुनिश्चित करेंगे कि आपके, आपके परिवार और आपके शिशु के लिए निरंतर समर्थन हो।



बेबी फ्रेंडली का मतलब है कि यह सेवा दू टैन स्टेप्स टू सर्वसेसफुल ब्रेस्टफीडिंग (WHO / UNICEF), 2018 का अनुपालन करती है।
टैन स्टेप्स www.babyfriendly.org.nz के माध्यम से उपलब्ध है।

Hindi

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Appendix 6 – Parents Guide to the Breastfeeding Policy

LAKES DISTRICT HEALTH BOARD - Supports the right of all parents to make informed choices about infant feeding. All staff will support you in your decision. We believe that breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

LAKES DISTRICT HEALTH BOARD - Is Baby Friendly Hospital accredited, a joint WHO/UNICEF initiative based on the steps below, to help improve breastfeeding rates.

Ways in which we will help you to breastfeed successfully:

- All maternity staff have been specially trained to help you to breastfeed your baby.
- During your pregnancy and after your baby is born you will be able to discuss breastfeeding individually with your Lead Maternity Carer, DHB midwife, DHB nurse or Lactation Consultant who will answer any questions you may have.
- You will have the opportunity to hold your new baby against your skin soon after birth, providing you and your baby remain well. The staff will not interfere or hurry you but will be there to support you and to help you with your first breastfeed.
- A midwife/maternity nurse will be available to explain how to put your baby to the breast correctly and to help with feeds while you are in hospital.
- You will be shown how to express your breastmilk and you will be given a written sheet on this which you can refer to once you are home.
- Most babies do not need to be given anything other than breastmilk for their first 6 months. If for some reason your baby needs some other feed, this will be explained to you by the staff before you are asked to give your permission.
- Normally, your baby will be with you at all times. If any medical procedures are necessary, you will generally be invited to accompany your baby.
- You will be encouraged to feed your baby whenever he or she seems to be hungry.
- We recommend that you avoid using bottles, dummies and nipple shields while your baby is learning to breastfeed. This is because they can change the way your baby sucks, meaning that it can be more difficult for your baby to breastfeed successfully.
- Before you leave hospital, you will be given a list of telephone numbers of people who can provide extra help and support with breastfeeding when you are at home.

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Appendix 7 – References

- Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services
- A Joint WHO / UNICEF Statement 1989 Published by the World Health Organisation, 1211 Geneva 27, Switzerland
- NZCOM Consensus Statement-breastfeeding
- NZBA BFHI Assessment criteria 2014 & 2020
- Who / Unicef Global Strategy for Infant and Young Child Feeding
- MOH Breastfeeding web pages
- NZBA statement Human Milk Banking reviewed 2012
- NZ MOH Implementing and Monitoring the International Code of Marketing of Breastmilk Substitutes in New Zealand: The International Code in New Zealand (2007)
- NZ MOH Food and Nutrition Guidelines for Healthy Infants and Toddlers
- NZ MOH Feeding your baby infant formula – How to prepare infant formula safely
- Mama Aroha Reference Card Lakes District Health Board 2018

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