

Women's and Newborns' Health Network

Baby Friendly Health Initiative - hospital breastfeeding policy

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Department of **Health**



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1. Policy statement

The Baby Friendly Health Initiative - hospital breastfeeding policy promotes, supports and encourages breastfeeding as the optimal way for a woman to feed her baby. WA Health acknowledges that breastfeeding offers important health benefits for both the mother and child.

WA Health recognises and supports the importance of creating and delivering a health care environment in hospitals with maternity facilities, where breastfeeding is encouraged, promoted and supported by all staff to parents.

WA Health hospitals with maternity facilities should follow and appropriately educate and train all staff on the 'Ten Steps to Successful Breastfeeding'. WA Health staff should not discriminate against any woman in her chosen method of infant feeding and should fully support her when she has made that choice.

The policy recognises that all mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed and care for their babies after birth. Mothers should be supported to feed their infants in all areas of the hospital. Signs should be displayed throughout the hospital informing all staff and parents that breastfeeding is welcome.

Staff members wishing to return to work while continuing to breastfeed are entitled to flexible lactation breaks and management support consistent with the Department of Health's Workplace Policy and Guidelines for Breastfeeding (OD0031/07).

2. Aims of the policy

- 1.** To ensure the health benefits of breastfeeding and the potential health risks associated with formula feeding are discussed with all women and their families as appropriate in hospitals with maternity facilities, so they can make an informed choice about how they will feed their babies.
- 2.** To enable WA Health staff to create an environment where more women choose to breastfeed their babies, and are given sufficient information and support to enable them to breastfeed exclusively for six months, and then as a part of their infant's diet beyond the first year of life.
- 3.** To promote consistency between all health professionals and develop a breastfeeding culture throughout WA Health hospital's with maternity facilities to avoid conflicting advice.
- 4.** To encourage consistent, comprehensive and evidence based breastfeeding information is provided to parents by all health care professionals working in hospitals with maternity facilities.
- 5.** To adhere to the World Health Organisation Code (WHO) code of marketing of breast milk substitutes.
- 6.** To encourage WA Health hospitals with maternity facilities to demonstrate a commitment to breastfeeding by seeking BFHI accreditation status.



3. Scope of the policy

All WA Health staff are required to adhere to the Baby Friendly Health Initiative - hospital breastfeeding policy to avoid conflicting advice. Any deviation from the policy must be justified and recorded as a variance of care in the mother's and/or the baby's health care record.

The Baby Friendly Health Initiative - hospital breastfeeding policy should be used by all public health staff, in conjunction with both the Women and Newborns Health Service clinical guidelines for newborn feeding and the WA Health Baby Friendly Health Initiative - hospital breastfeeding policy: Information flyer. [Newborn Feeding Clinical Guidelines](#)

Individual health services may choose to develop and utilise their own evidence-based Clinical Guidelines.

The policy is directed to mothers of healthy babies born at term. If a baby is unwell or pre-term it may require more flexible practices in relation to feeding. It is the responsibility of all health professionals to liaise with the baby's medical attendants (paediatrician, general practitioner) should concerns arise about the baby's health.

This policy will be reviewed every three years

3.1 Baby Friendly Health Initiative - hospital breastfeeding policy and infant formula feeding in hospitals with maternity facilities.

WA Health Facilities are prohibited from promoting and receiving free and subsidised infant formula, nor can they sell infant formula on their premises.

The display of information and distribution of materials promoting formula or formula feeding, bottles, teats or dummies is not permissible in WA hospitals with maternity facilities. The acceptance of gifts, non-scientific literature, money, or support for in-service, infant feeding related education or events is not permitted from formula milk companies. Materials such as calendars and stationary or equipment displaying manufacturer's logos are also prohibited. No literature provided by manufacturers of infant formula is permitted to be distributed to families. Educational materials for distribution to women or families must be approved by hospital management. WA health staff may not give samples of formula to the general public.

WA Health facilities must restrict access to the facility and its staff to representatives from companies which distribute or market products within the scope of the Code, nor must they have access to women and their families.

Any research being undertaken in a WA Health Facility that involves mothers and babies must be carefully scrutinised for potential implications on infant feeding, or interference with the full implementation of the policy.

Parents who have made a fully informed choice to feed their babies with formula will be shown how to prepare formula feeds correctly, on an individual basis, in the postnatal period. No group instruction must be provided.



4. The Baby Friendly Health Initiative (BFHI) overview

BFHI is a joint World Health Organisation (WHO) and United Children's Fund (UNICEF) project. The aim is to give every baby the best start in life by creating a health care environment where breastfeeding is the norm and practices known to promote the health and well-being of all babies and their mothers are followed.

The ten steps to successful breastfeeding is the global standard by which healthcare facilities are assessed and accredited. A 'baby friendly' facility is one where mother's informed choice of feeding is encouraged, respected and supported.

5. Policy principles

The Baby Friendly Health Initiative – hospital breastfeeding policy principles reflect the key elements of the 'Ten Steps to Successful Breastfeeding'. This policy should be implemented at all hospitals with maternity facilities in WA.

5.1 Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff

1. The WA Health Baby Friendly Health Initiative – hospital breastfeeding policy is to be communicated to all health care staff in contact with pregnant women and mothers. All staff will be able to access a copy of the WA Health Baby Friendly Health Initiative – hospital breastfeeding policy or information flyer from the Women's and Newborns' Health Network website.
2. All new staff will be orientated on how to locate the WA Health Baby Friendly Health Initiative – hospital breastfeeding policy and provided with a copy of the information flyer at orientation.
3. The information flyer should be displayed in all areas throughout the hospital.

5.2 Step 2: Train all health care staff in the skills necessary to implement this policy

1. Health professionals have a responsibility to support breastfeeding women and assist and educate them to overcome related breastfeeding problems.
2. All professional and support staff who have contact with pregnant women and mothers will be trained in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of commencing their contract.
3. All clerical and ancillary staff will be orientated to the policy and receive training to enable them to refer breastfeeding queries appropriately.
4. The responsibility for providing training lies with designated personnel who will record training attendance.
5. Written curricula clearly covering all ten steps to successful breastfeeding will be available for staff training.

5.3 Step 3: Inform all pregnant women about the benefits and management of breastfeeding



1. It is the responsibility of professional staff to ensure that all pregnant women are aware of the benefits of breastfeeding and the potential health risks of formula feeding.
2. All pregnant women should be given the opportunity to discuss infant feeding on a one-to-one basis with a health professional. Such discussion should not be solely attempted during a group parenting class.
3. The physiological basis of breastfeeding should be clearly and simply explained to all pregnant women, together with evidence-based management practices, which have proven to protect breastfeeding and reduce common problems. The aim should be to give women confidence in their ability to breastfeed.
4. All materials and teaching should reflect WHO/UNICEF baby friendly best practice standards.

5.4 Step 4: Place babies 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

1. All mothers are encouraged to hold their babies with skin to skin contact as soon as possible after birth in an unhurried environment, regardless of their intended feeding method.
2. In the case of caesarean section births mothers and babies should remain together whenever possible, only being interrupted for medical reasons.
3. If skin to skin contact is interrupted for clinical reasons, it should be commenced/resumed as soon as mother and baby are able.
4. All women are encouraged to offer the first breastfeed when the mother and baby are ready. Help from a midwife will be available if needed.

5.5 Step 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants

1. All breastfeeding mothers will be offered further assistance with breastfeeding during their hospital stay if required. The transfer of care for mothers and babies to community child health nurses will follow standard procedure in the form of written communication to ensure a seamless transition.
2. Midwives and health professionals should ensure that mothers are offered the support necessary to acquire the skills of positioning their baby to ensure effective attachment for successful breastfeeding. They should be able to explain the necessary technique to the mother, thereby helping her acquire this skill for herself.
3. All breastfeeding mothers will be shown how to hand express their milk. Information outlining the process will be provided for women to use for reference. Attached is a link to a consumer pamphlet on breastfeeding and breast care for parents. <http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0159.pdf>
4. It is the responsibility of those health professionals caring for both mother and baby to ensure the mother is given help and encouragement to express milk and maintain lactation during periods of separation from her baby. Attached is a link to a consumer pamphlet for parents on expressing breast milk for their baby. <http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0454.pdf>



5. Mothers who are separated from their babies are encouraged to express milk at least six to eight times in a 24 hour period. They are shown how to express by hand and pump.

5.6 Step 6: Give newborn infants no food or drink other than breast milk, unless medically indicated

1. For the first six months, breastfed babies should receive no water or formula except in cases of medical indication or fully informed parental choice. In hospital no water or formula will be given to a breastfed baby unless prescribed by a medical practitioner.
2. Every effort will be made to encourage mothers to express breast milk, for supplementation, if extra fluids or calories are required.
3. Parents must be consulted if formula is recommended and the reasons discussed in full. Any formula prescribed must be recorded in the baby's hospital notes or health record along with the reason for supplementation and accompanied by a consent signed by the parent.
4. Parents who request formula should be made aware of the possible health implications and the negative effect such action may have on breastfeeding to enable them to make a fully informed choice. This discussion should be recorded in the health records/ consent form. Attached is a link to a consumer pamphlet for parents on formula feeding.
<http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0277.pdf>
5. All mothers should be encouraged to breastfeed exclusively for at least six months and continue breastfeeding for at least the first year of life. All weaning information should reflect this ideal.
6. Data on infant feeding showing prevalence of both exclusive and partial breastfeeding should be collected during their hospital stay and on discharge and transferred to community child health staff.

5.7 Step 7: Practice rooming-in, allow mothers and infants to remain together 24 hours a day

1. Mothers will assume primary responsibility for the care of their babies.
2. Separation of mother and baby while in hospital will occur only when the health of either the mother or her baby prevents care being offered in the postnatal areas.
3. If the facility has a well baby area/ treatment room it should not be used to routinely care for babies.
4. Babies should not be routinely separated from their mothers at night. This applies to babies who are formula fed as well as those babies who are breastfed. Mothers who have delivered by caesarean section should be given appropriate care but the policy of keeping mother and baby together will apply.
5. Mothers will be encouraged to continue to keep their babies near them when they are at home, so they can learn how to interpret their baby's needs and feeding cues.
6. All mothers will be given appropriate information about co-sleeping/bed-sharing with their baby that is consistent with the Operational Directive (OD 0139/08) on co-sleeping / bed-sharing in WA Health hospitals and health services. Attached



is a link to a consumer pamphlet for parents on co-sleeping/bed/sharing.
<http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0489.pdf>

5.8 Step 8: Encourage breastfeeding on demand

1. Feeding according to need is encouraged for all babies unless clinically contraindicated. Hospital procedures should not interfere with this principle.
2. Mothers should be encouraged to continue to practise baby-led feeding throughout the time they are breastfeeding. The importance of night-time feeding for milk production should be explained to mothers.

5.9 Step 9: Give no artificial teats or dummies to breastfeeding infants

1. Artificial teats or dummies are not recommended for healthy term babies during the establishment of breastfeeding. Parents wishing to use them should be advised of the possible detrimental effects on breastfeeding to allow them to make a fully informed choice. The information given and the parents' decision should be documented in the appropriate health record.
2. Nipple shields will not be recommended without full assessment by an experienced midwife or lactation consultant. Any mother using a nipple shield must have its use fully explained. A mother should be given information to assess when the baby is able to feed without the shield.

5.10 Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge

1. All facilities support cooperation between health professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
2. All breastfeeding mothers will be provided with contact details of health professionals who can support them with breastfeeding, including community midwives, community child health nurses, certified lactation consultants and Australian Breastfeeding Association counsellors.
3. Telephone numbers (or other means of contact) for community child health nurses, voluntary breastfeeding counsellors and support groups will be issued to all mothers and be routinely displayed in all areas relevant to maternity and child health. A National 24 hour toll-free breastfeeding helpline has been established by the Federal Government. The hotline is run by the Australian Breastfeeding Association (ABA) and provides trained counsellors to assist and support parents with issues on breastfeeding. The hotline number is 1800 686 2 686 (otherwise know as 1800 mum 2 mum).
4. Contact details of professional and voluntary support should be regularly updated by hospital staff to ensure correct information is given to mothers.
5. Representatives from breastfeeding support groups will be invited to continue further development of the breastfeeding policy through involvement in appropriate meetings.
6. Culturally and linguistically diverse breastfeeding support information is available on-line from the ABA and should be made available to culturally and linguistically diverse women and their families. Attached is the link to breastfeeding support information from ABA. <http://www.breastfeeding.asn.au/bfinfo/index.html>



6. Outcome/Performance measure/s

- 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 will be reviewed and documented by hospital clinical management. Attached is a link to information on BFHI Australia accreditation.
http://www.bfhi.org.au/text/bfhi_assesment.html
- All women are provided with the opportunity to breastfeed or provide breast milk for their infants. Data will be collected according to the Baby Friendly Health Initiative accreditation requirements. Attached is a link to information on BFHI Australia accreditation requirements.
http://www.bfhi.org.au/text/bfhi_assesment.html
- Improved breastfeeding rates by promoting awareness of “The Ten Steps to Successful Breastfeeding”.
- Implementation, monitoring and evaluation of this policy by hospital clinical management.

7. Australian breastfeeding reports

The following reports support the principles contained within the Baby Friendly Health Initiative - Hospital Breastfeeding Policy:

Marketing in Australia of Infant Formulas (1992)

[http://www.health.gov.au/internet/main/publishing.nsf/Content/7DB73D6678B4EEEACA256F190003F748/\\$File/maif-agreement.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/7DB73D6678B4EEEACA256F190003F748/$File/maif-agreement.pdf)

Dietary Guidelines for Children and Adolescents in Australia. Canberra (2003)

http://www.nhmrc.gov.au/publications/synopses/_files/n34.pdf

The Best Start report on the inquiry into the Health Benefits of Breastfeeding. Canberra (2007)

<http://www.aph.gov.au/house/committee/haa/breastfeeding/report/fullreport.pdf>

Improving Maternity Services: A Policy Framework. Objective 5.2.

http://www.healthnetworks.health.wa.gov.au/womensandnewborns/docs/Improving_Maternity_Choices-A_Policy_Framework.pdf

8. Reference

WHO/UNICEF. (2006) Protecting, Promoting and Supporting Breastfeeding: The special role of maternity services. Geneva.



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