SA Health

Policy

Breastfeeding Policy

Version 2.0

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Government of South Australia

SA Health

1. Name of policy

Breastfeeding Policy.

2. Policy statement

SA Health is committed to implementing a statewide approach across the SA Health system to protect, promote and support breastfeeding. This policy directive aims to increase the number of infants exclusively breastfed to around six months and to advise women to continue breastfeeding with appropriate complementary foods until 12 months of age and beyond for as long as the mother and child desire (National Health and Medical Research Council (NHMRC) *Infant Feeding Guidelines* 2012)[1].

It is recognised that a statewide policy directive on breastfeeding will reduce duplication and variation of information across Local Health Networks, clarify the responsibilities of SA Health employees in protecting, promoting and supporting breastfeeding, and reduce consumer confusion by consistent policy and practices.

3. Applicability

The Breastfeeding Policy provides relevant breastfeeding information to assist all SA Health employees (permanent, temporary, casual and volunteers) within the Department for Health and Wellbeing, each Local Health Network and SA Ambulance Service with local implementation of the Breastfeeding Policy.

As the statewide provider of public health policy and practice, SA Health has a responsibility to promote breastfeeding at a population level. It is the responsibility of SA Health to promote, support and enable women to breastfeed through best-practice support suited to their needs throughout their contact with the health system and to ensure access to specialised advice when, and if required.

Breastfeeding is an important population health measure. There is compelling evidence that breastfeeding is protective against a wide range of short and longer term health problems in infants and mothers. As reported in the World Health Organization (WHO) '*Long–term Effects of Breastfeeding*' Review (2013)[2] and the (NHMRC) '*Infant Feeding Guidelines'* (2012)[1], low rates of breastfeeding, particularly with regard to duration and exclusivity, put large numbers of infants and mothers at increased risk of being overweight/obese and experiencing ill health. These health risks, together with the environmental impacts of formula feeding, can result in considerable costs to individuals, the health system, government and society.

4. Policy principles

SA Health's supportive consistent approach to breastfeeding needs to be adopted to ensure mothers receive a high standard of care and support regardless of and sensitive to an individual's cultural background, age or whether it is their first or subsequent child. Some women experience challenges when trying to establish and/or maintain breastfeeding and report inconsistent advice from health professionals, which add to the difficulty and confusion. The Breastfeeding Policy is underpinned by the following principles:

- We contribute to improving the health and wellbeing of women and infants by providing a framework for action to increase the protection, promotion and support of breastfeeding within the South Australian health care system.
- We will act to support and contribute to improved breastfeeding practices within the South Australian population.
- We clarify roles and responsibilities to assist in a coordinated effort and a consistent approach across the South Australian health care system.

SA Health supports and aligns this Policy and practices with that of the Australian National Breastfeeding Strategy 2019 and beyond[3].

5. Policy requirements

SA Health organisations uphold the principles of the Baby Friendly Health Initiative (BFHI)

All SA Health organisations providing services to pregnant women, mothers, children, families and carers will protect and promote breastfeeding by striving to achieve and sustain the BFHI Global Ten Steps to Successful Breastfeeding (see Appendix 1: BFHI Ten Steps to Successful Breastfeeding). All SA Health employees will undertake training to ensure information and advice provided is consistent and evidence-informed (see Appendix 2: Baby Friendly Health Initiative (BFHI Staff Competency).

This Policy informs all sites where Mothers and babies attend, not just sites providing maternity services or BFHI 'accredited' sites (however this quality assurance measure demonstrates the facilities commitment to offer the highest standard of care).

In concordance with this, SA Health organisations follow the Australian National Breastfeeding Strategy objectives. The Strategy is available on the Council of Australian Governments (COAG) Health Council website[3].

SA Health organisations provide a breastfeeding supportive environment.

SA Health services will provide a welcoming physical environment for breastfeeding women by providing comfortable seating, private areas where possible and signage that clearly indicates that breastfeeding is welcome.

SA Health services will also support breastfeeding women admitted as inpatients to any facility to continue breastfeeding and support them to maintain milk supply by providing appropriate suggestions and equipment in a timely manner. This includes supporting breastfeeding mothers of inpatient babies/children to continue breastfeeding.

It is also noted that Australian Breastfeeding Association (ABA)'s Breastfeeding Welcome Here Program[5] was developed to improve community acceptability of breastfeeding in public through the promotion of breastfeeding friendly premises.

Support employees in the workforce who are breastfeeding

Returning to work is often cited as a reason for ceasing breastfeeding, as indicated by research which shows a greater number of full-time working women have stopped breastfeeding by six months compared to part-time or non-working women. The research also found that employers who support their breastfeeding employees are rewarded by higher morale, less absenteeism and increased income due to fewer days off work by parents to care for their sick infants[6].

SA Health supports employees to combine employment and breastfeeding, supported by the *SA Health Flexible Workplaces Policy Guideline: 2018 Combining Work and Breastfeeding* (Section 3.8).

SA Health employees who are breastfeeding shall be provided with the facilities and support necessary to enable them to combine the continuation of breastfeeding with their employment, unless it can be established it is not practicable to do so[7].

SA Health Managers must ensure that employees who breastfeed are supported and treated with dignity and respect in the workplace.

SA Health facilities may choose to register with the ABA, or to become an accredited 'Breastfeeding Friendly Workplace'[8].

Research

Research involving mothers and babies is carefully scrutinised through governance structures to identify potential implications on infant feeding or interference with full implementation of this Policy, and considers measures that can be taken to ensure continuity of the aims of this Policy.

SA Health organisations adhere to the relevant provisions of the WHO International Code of Marketing of Breast-milk Substitutes[9,10], the World Health Assembly resolutions[11,12] and the Marketing in Australia of Infant Formula Agreement[13].

SA Health units charged with the responsibility of providing advice and support to breastfeeding families will ensure the below list is adhered to, which incorporates the WHO International Code of Marketing of Breast-milk Substitutes (WHO International Code):

- There is no promotion of infant formula feeding, or of materials which promote this, including feeding bottles, teats and infant formula.
- The facility does not receive or distribute free and subsidised (low cost) products within the scope of the WHO International Code (i.e. breastmilk substitutes, infant formula, bottles, teats, dummies / pacifiers).
- Parents are not given samples or supplies of infant formula, bottles or teats to take home.
- Sample bags which are distributed to pregnant women, new parents or their families are free of promotion or advertisements of formula feeding bottles, teats and dummies, and will not contain samples or redeemable vouchers for these products. Sample bags will not contain information which contradicts exclusive breastfeeding for around 6 months as the norm, which normalises formula feeding, or recommends scheduled feeding.
- Representatives from companies which market or distribute infant formula products or equipment used for formula feeding are restricted in their access to the facility and staff. Access can be allowed via a designated contact person as necessary.
- Representatives from companies which market or distribute infant formula products or equipment used for formula feeding do not have any contact through or in SA Health facilities with pregnant women, mothers, or families.
- Free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events are not accepted from companies if there is any association with formula feeding, or if there is potential promotion or product recognition of formula feeding brands or products.
- Products within the scope of the WHO International Code, which are required for use in the facility are to be purchased through government tender processes, or brought in by parents for feeding their own infants.
- Health workers will not accept samples of products, except for professional evaluation or research at the institution level.
- All Artificial Formula products will be of a high quality and take account of the climate and storage conditions of where they are used.

Consistent communication to protect, promote and support breastfeeding across the SA Health care system in relation to conditions that may affect breastfeeding

It is acknowledged that there are numerous often complex determinants, which affect breastfeeding and it is known that many women who stop breastfeeding, or do so before they wanted to, often do so due to preventable or manageable problems.

Women's breastfeeding decisions are influenced by their family, friends, personal skills and intent, health professionals, media, legislation, workplace breastfeeding policies and community attitudes. Additionally, breastfeeding women are supported or hindered by the wider environment in which they

live and work. Women require timely support to manage any breastfeeding challenges they may encounter and to support this, all women will be advised about what breastfeeding support is available to them in their community including SA Health services such as the Children and Family Health Service, community support such as ABA and private services available to them. Where a breastfeeding issue is identified SA Health employees will support women through timely referral and provide clinical handover to the receiving service as part of the SA Health continuum.

SA Health employees providing advice and support to breastfeeding women should align their advice regarding the temporary and permanent cessation of breastfeeding with the information included in the relevant SA Perinatal Practice Guideline(PPG).

It is recommended that those women and/or their infant with the following conditions follow medical advice when considering breastfeeding;

- **Breast abscess:** breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started.
- **Hepatitis B:** Give hepatitis B immunoglobulin ideally within 12 hours of birth and certainly within 48 hours.
- The hepatitis vaccination should be given at the same time as the immunoglobulin, in the opposite thigh. Breastfeeding (and the use of EBM) can commence immediately after birth and does not need to be delayed until vaccine or immunoglobulin is received.

  If a mother is NOT hepatitis B surface antigen positive, the vaccine should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours and must be given within 7 days.
- **Hepatitis C:** Breastfeeding is recommended as there is no evidence of association between breastfeeding and transmission of hepatitis C.
- **Tuberculosis:** Mother and baby should be managed according to National Tuberculosis Guidelines.
- **HIV infection:** In Australia HIV infection in the mother is a definite and clear contraindication to breastfeeding, please refer to the HIV in Pregnancy PPG that includes the following recommendations::
  - Breast feeding (and expressed breast milk feeding) should be actively discouraged;
  - Consider lactation suppression with Cabergoline (Dostinex®) 1 mg oral stat dose.

  Also visit the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for further information.
- **Substance use:** mothers should be encouraged not to use the below listed substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risk and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.
  - nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants have been demonstrated to have harmful effects on breastfed babies;
  - alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

  Further information available in Appendix 3: Guidelines for supplementary feeding for healthy, term, and breastfed infants.

Breastfeeding Support for Priority Groups

SA Health acknowledges the need to identify opportunities to support breastfeeding among priority groups. Priority groups include; Aboriginal families, young parents, culturally and linguistically diverse families and refugee families.

Results of the 2010 Australian National Infant Feeding Survey[15] confirmed that lower rates of breastfeeding initiation, earlier than recommended introduction of other milk and foods, and earlier cessation of breastfeeding were associated with mothers/carers being:

- younger (particularly those aged 24 or younger);
- with year 11 or lower education level;
- lower income;
- daily smokers; and
- obese.

Infants of Aboriginal mothers/carers were consistently less likely than infants of non-Indigenous mothers/carers to be either exclusively or predominantly breastfed, or currently receiving breast milk.

Aboriginal Health Impact Statement

The health and wellbeing of Aboriginal people has been, and continues to be negatively impacted by past government policies such as dispossession and the forced removal of children from families, which have broken down Aboriginal social structures, which has affected rates of breastfed Aboriginal infants.

There is a need to protect, promote and support breastfeeding Aboriginal women in a culturally respectful manner, acknowledging the importance of kinship relationships, especially in child rearing. A coordinated effort supporting Aboriginal women and young children spanning the antenatal period, postnatal period and transitioning into early childhood primary care services are essential.

Providing culturally appropriate information and support to the woman alongside all appropriate family members must be provided at all stages of this continuum and is key to improving the initiation and duration of breastfeeding. A holistic approach to care that also addresses the social health issues impacting on the family, throughout the pregnancy is also indicated.

Evidence from the SA Aboriginal Family Study, Murdoch Children's Research Institute (2011-2013) highlighted that the Aboriginal Family Birthing Program, where antenatal and postnatal care is provided by Aboriginal Maternal Infant Care workers in partnership with hospital-based midwives are more often breastfed to 12 weeks postpartum than women attending standard models of public antenatal care. In acknowledgment of these findings, SA Health recommends that where possible Aboriginal women are cared for and supported by Aboriginal Health Workers[16,17].

The reduction in the duration of breastfeeding rates may also reflect a range of pressures on Aboriginal families. One of the reasons indicated by Aboriginal women for not continuing breastfeeding was a lack of access to appropriate support services when required. Aboriginal women reported an increase number of stressful events and social health issues during pregnancy[18].

Support for younger parents (particularly those aged 24 or younger)

Younger mothers generally require more support to maintain satisfactory breastfeeding levels.

However, evidence obtained through the literature review for the Australian Dietary Guidelines[19] found that intensive support may increase the rate of initiation of breastfeeding by adolescent mothers.

Linking young mothers into peer support groups is recommended.

Support for culturally and linguistically diverse families and refugee families

SA Health staff will support culturally and linguistically diverse families and refugee families by engaging interpreters and providing multi-cultural resources as available and as appropriate to support mothers establish and maintain breastfeeding.

6. Mandatory related documents

Under this policy, all employees of SA Health must comply with:

- SA Health's Flexible Workplaces Policy Guideline 2018

7. Supporting documents

- SA Perinatal Practice Guidelines; found www.sahealth.sa.gov.au/perinatal
  - Breastfeeding
  - Cleft Lip and Palate in the Neonatal Period
  - Hepatitis B in Pregnancy
  - Hepatitis C in Pregnancy
  - Infants of Women with Drug Dependence
  - Neonatal Hypoglycaemia
- Health Direct - Medicines and breastfeeding
- SA Aboriginal Family Study 2011 -2013
- Nutrition for Pregnancy and Breastfeeding
- Australian Breastfeeding Association
- Baby Friendly Hospital Initiative (BFHI) Australia
- The Australian Parenting Website
- South Australian Breastfeeding Support Services
- South Australian Population Health Survey
- Women's and Children's Health Network – Children and Family Health Service
- World Health Organisation (WHO) – Breastfeeding

8. Definitions

There are internationally recommended terms defining breastfeeding practices which are used to guide breastfeeding data collection and reporting (WHO 2008)[20].

- **Artificial feeding** means baby being fed fully or predominantly with breastmilk substitutes, including artificial 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.
- **Ever breastfed** means that the infant has been breastfed or received expressed breast milk or colostrum, at least once.
- **Exclusive breastfeeding** requires that the infant receive only breast milk (including expressed milk) and medicines (i.e. 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 breastmilk and medicines the infant may receive water, or water-based drinks, tea or fruit juice (which are not recommended for babies) but no non-human milk or formula.

- **Protection** means breastfeeding protection includes legislative and regulatory environments, including work place agreements and baby friendly initiatives that enable women to breastfeed in comfort anytime, anywhere.
- **Promotion** means breastfeeding promotion includes, but is not limited to, education and social marketing. Promotion can be directed to individuals, identified groups and/or whole populations. Promotion cannot be delivered in isolation from protection and support.
- **Samples and Supplies** means for BFHI purposes, samples/supplies refer to free or subsidised (low cost) products within the scope of the WHO International Code. BFHI facilities may not accept or distribute such samples or supplies. Samples are single or small quantities of a product provided without cost, but not including products purchased by the facility and provided to mothers for immediate use within the facility. Supplies are quantities of a product provided for use over an extended period.
- **Support** means breastfeeding support refers to any action taken to support mothers to initiate, establish and maintain breastfeeding. This includes training provided to health professionals and voluntary counsellors as well as targeted peer education program within identified communities.
- **Supplementary feeding** means a breastfed baby has been given one or more fluid feeds, including infant formula. For the purposes of BFHI data collection and for calculating exclusive breastfeeding rates, feedings of expressed breastmilk are not considered a supplementary feeding. See also the definition of complementary feeding.

9. Compliance

The SA Health-wide compliance indicators for this policy are set out below. These indicators are required to be met across all SA Health services and Attached Offices.

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Risk, Compliance and Audit Domain.

Indicator	Description
Monitoring	• The Department for Health and Wellbeing will monitor breastfeeding related indicators as part of a specific annual South Australian Population Health Survey. • Compliance will be monitored by the LHNs reviewing breastfeeding data and each SA Health organisation will be able to provide evidence of staff education records as per the BFHI Guidelines.
Definitions	• Breastfeeding definitions in key documents and procedures will be consistent across all SA Health organisations.
Resources	• Breastfeeding will be promoted by a variety of resources made available to anyone seeking this information.
Collaboration	• Collaboration of sharing information about breastfeeding rates and issues through an ongoing SA Health breastfeeding strategy, progressing towards reaching the National Breastfeeding Strategy targets. (COAG Health Council)[3].

10. Document ownership

Policy owner: Michele McKinnon as Domain Custodian for the SA Child Adolescent Health Community of Practice and SA Maternal Neonatal & Gynaecology Community of Practice.

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11. Document history

Version	Date approved	Approved by	Amendment notes
2.0	27/05/2021	Policy Domain Custodian – Clinical Governance Safety & Quality	Reviewed
1.0	17/09/2018	SA Policy Committee	Original version

12. Appendices

1. Baby Friendly Health Initiative Ten Steps to Successful Breastfeeding
2. Baby Friendly Health initiative Staff Competency
3. Guidelines for supplementary feeding for healthy, term, breastfed infants

Appendix 1: Baby Friendly Health Initiative Ten Steps to Successful Breastfeeding

The **'Ten Steps to Successful Breastfeeding'** are integral to Baby Friendly Health Initiative (BFHI) accreditation and are considered the minimum standard in protecting promoting and supporting breastfeeding[21]. As such it is the expectation of SA Health that all organisations, as applicable, develop local specific procedures and adhere to the principles of BFHI as an effective means of supporting and protecting breastfeeding at an organisational level.

For further information about achieving accreditation see Maternity facility criteria for accreditation and Community Facility criteria for accreditation.

	Hospitals Support Mothers to Breastfeed by…	Because…
1. Hospital Policies	• Making breastfeeding care standard practice • Not promoting infant formula, bottles or teats • Keeping track of support for breastfeeding	Hospital policies help make sure that all mothers and babies receive the best care
2. Staff Competency	• Educating staff on supporting mothers to breastfeed • Assessing staff knowledge and skills	Well-educated staff provide the best support for breastfeeding
3. Antenatal Care	• Discussing the importance of breastfeeding for babies and mothers • Preparing women on how to feed their baby	Most women are able to breastfeed with the right support
4. Care Right After Birth	• Encouraging skin-to-skin contact between mother and baby • Allowing babies to find the breast and breastfeed soon after birth	Mother and baby skin-to-skin helps breastfeeding get off to a good start
5. Support Mothers with Breastfeeding	• Checking positioning, attachment and suckling • Giving practical breastfeeding support • Helping mothers with common breastfeeding problems	Breastfeeding is natural, but most mothers need help at first
6. Not Supplementing	• Giving only breastmilk unless there are medical reasons • When a supplement is needed, donor human milk from a milk bank is first choice, infant formula is second choice • Helping mothers who want to formula feed do so safely	Giving babies infant formula in the hospital makes it hard to get breastfeeding going
7. Rooming-In	• Letting mothers and babies stay together day and night • Making sure that mothers of sick babies can stay near their baby	Mothers need to be near their babies to notice and respond to feeding cues
8. Responsive Feeding	• Helping mothers know when their baby is ready for a feed • Not limit on how often baby breastfeeds	Breastfeeding babies whenever they are ready helps everybody
9. Bottles, Teats, and Pacifiers	• Counselling mothers about the use and risks of feeding bottles and pacifiers/dummies	Bottles and dummies make it harder to get breastfeeding going
10. Discharge	• Referring mothers to community resources for breastfeeding support • Working with communities to improve breastfeeding support • support services	Learning to breastfeed takes time and support is needed

Maternity facility criteria for accreditation

Families must receive quality and unbiased information about infant feeding. Facilities providing maternity and newborn services have a responsibility to promote breastfeeding, but they must also respect the mother's preferences and provide her with the information required to make an informed decision about the best feeding option for her and her baby in her particular circumstances. The facility has an obligation to support mothers to successfully feed their newborn infants in the manner they choose.

The following covers only those activities that are specifically pertinent to the protection, promotion and support of breastfeeding in facilities providing maternity and newborn services. The care of small, sick and/or preterm newborn infants cannot be separated from that of full-term infants, as they both occur in the same facilities, often attended by the same personnel. As such, the care for these newborn infants in neonatal intensive care units or in regular maternity or newborn wards is now included in the scope of BFHI implementation[22].

Critical Management Procedures

1. a) Have a written infant feeding policy that is routinely communicated to staff and parents.
   b) Comply fully with the WHO International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
   c) Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key Clinical Practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognise and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Full Accreditation

While each of the Ten Steps contributes to improving the support for breastfeeding, optimal impact on breastfeeding practices, and thereby on maternal and child well-being, is only achieved when all Ten Steps are implemented as a package.

Once all standards are fully met, accreditation is awarded

Re-Accreditation

Re-accreditation occurs every 3 years. Exceptional facilities are able over time to achieve the prestigious Silver or Gold Award

Community facility criteria for accreditation

The below 7 Point Plan is the framework to which community facilities are assessed and incorporates the 2018 revised version of the Ten Steps to Successful Breastfeeding[21]. The 7 Point Plan is now separated into Critical Management Procedures, which provide an enabling environment for sustainable implementation within a facility, and Key Clinical Practices, which delineate the care that each mother and baby should receive[23].

The Key Clinical Practices are evidence-based interventions to support mothers to successfully establish breastfeeding.

Critical Management Procedures

The Critical Management Procedures are designed to ensure that the necessary policies, guidelines and processes are in place to allow health-care providers to implement the Baby Friendly standards effectively. The following points from the 7 Point Plan need to be met in order to successfully complete the critical management procedures:

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Educate all staff in the knowledge and skills necessary to implement the breastfeeding policy.

Key Clinical Practices

The Key Clinical Practices are designed to confirm that the policies and procedures have been implemented, and that the staff have been educated appropriately and are providing a high standard of care for pregnant women, mothers and babies. Evidence will be gathered during interviews with mothers to determine if the Baby Friendly standards are being implemented effectively. The following points need to be met in order to successfully complete the key clinical practices:

3. Inform women and their families about breastfeeding being the biologically normal way to feed a baby and about the risks associated with not breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding for six months.
5. Encourage sustained breastfeeding beyond six months with appropriate introduction of complimentary foods.
6. Provide a supportive atmosphere for breastfeeding families, and for all users of the service.
7. Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to promote, protect and support breastfeeding.

Full Accreditation

Once community facilities are assessed and successfully pass all 7 Points they will receive the prestigious Baby Friendly Accreditation recognising excellence in the care of mothers, babies and their families.

If during the assessment a facility does not quite meet all the standards for each of the 7 Points, a copy of the assessment report and scoring booklet will be provided to the facility with a letter detailing the recommendations and the expected time frame for implementation to achieve accreditation. Once the due date for the recommendations is reached, a partial reassessment will occur, either by document review and/or by return visit to the facility. Only the criteria not achieved previously will be assessed during the partial reassessment.

Initial accreditation typically lasts for three years. Although no formal assessment will take place during this time, facilities must continue to collect infant feeding statistics and audit their implementation of the standards. Facilities will submit their bi- annual data to the Baby Friendly Health Initiative team as evidence that the standards are being maintained along with their Annual Interim Report.

Re-Accreditation

Re-assessment will take place every 3 years to ensure that all the standards from each of the 7 Points are being maintained and to explore how the service is building on the good work it has already done.

Preparations for re-accreditation are the same process as for initial accreditation. Ensuring that a three-year action plan for BFHI requirements is developed and implemented on a rolling schedule will mean less stress and work in the lead up to re-accreditation.

Re-assessment will consist of interviews with mothers, staff and managers to establish how the standards are being maintained. Internal audit results and outcomes such as breastfeeding initiation, continuation; exclusive breastfeeding and supplementation rates (where applicable) will be reviewed.

Appendix 2: Baby Friendly Health Initiative (BFHI) Staff Competency

SA Health organisations charged with the responsibility of providing advice and support to breastfeeding women will ensure the provision of appropriate and consistent information, advice and education, which will enable pregnant women, mothers and families to make an informed decision about infant and young child feeding. (see Appendix 1: BFHI Ten Steps to Successful Breastfeeding).

It is expected SA Health employees will undertake initial and ongoing learning appropriate to their service role (Group, 1, 2 or 3). Managers will be responsible for ensuring that staff complete training appropriate to their needs and maintain records of completion[22].

Group 1

As defined in the BFHI Guidelines, this includes employees such as midwives, some nurses and Aboriginal Health Workers who provide direct breastfeeding advice and assistance as part of their role. These employees are required to undertake detailed initial training.

The Group 1 eLearning program was developed to contribute towards meeting the Step 2 educational requirements for BFHI hospital and community accreditation. It provides theoretical breastfeeding education for employees who assist or provide education to mothers.

The education can be accessed at Baby Friendly.

Group 2

All employees who may provide breastfeeding advice but do not assist mothers with breastfeeding, for example;

- most medical staff (within maternity facilities)
- some physiotherapists
- speech pathologists
- dietitians
- Aboriginal Health Workers
- Registered Nurses who care for postnatal mothers and their babies when midwives are not available (e.g. in small facilities).

Group 3

All employees who have contact with pregnant women and mothers, but do not give breastfeeding assistance and advice as part of their role. This could include:

- administrative employees
- perioperative and recovery room staff (unless assigned to another group by an individual facility)
- other allied health employees
- domestic employees
- volunteers
- students
- Interpreters.

Although Group 2 and 3 employees require less detailed knowledge and training, it is still essential that employees undertake training according to their requirements and as appropriate as indicated by BFHI Guidelines, which includes the BFHI Ten Steps to Successful Breastfeeding in Hospitals and BFHI Seven Point Plan in community services.

Appendix 3: Guidelines for supplementary feeding for healthy, term, breastfed infants

Almost all mothers can breastfeed successfully, that is, early initiation of breastfeeding, exclusive breastfeeding for the first 6 months, and continuation of breastfeeding along with appropriate complementary foods for up to 2 years or beyond. Exclusive breastfeeding in the first six months of life is particularly beneficial for mothers and infants.

The positive effects of breastfeeding on the health of infants and mothers are observed in all settings. Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infections, Haemophilus influenza, meningitis and urinary tract infection. It also protects against chronic conditions in the future such as type 1 diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol, and with lower prevalence of type 2 diabetes, overweight and obesity during adolescence and adult life. Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer[24].

There are, however, a number of situations in which supplementation may be appropriate/ necessary. In each situation, a decision must be made as to whether the clinical benefits outweigh the potential negative consequences of such feedings[25].

Infant Indications:

a. Hypoglycaemia, documented by laboratory blood glucose measurement, (not through bedside screening methods), which is unresponsive to appropriate frequent breastfeeding or measures such as the application of a glucose gel inside the infant's cheek.
b. Clinical or laboratory evidence of significant dehydration (e.g. high sodium level, poor feeding, lethargy, etc.).
c. Significant weight loss, which may indicate inadequate milk transfer or low milk production. A thorough evaluation of infant feeding is required before automatically ordering supplementation. It should also be noted that excess newborn weight loss is correlated with positive maternal intrapartum fluid balance (received through intravenous fluids) and may not be directly indicative of breastfeeding success or failure.
d. Delayed or inadequate bowel movements (e.g. fewer than 4 stools on day 4 after birth, or continued meconium stools on day 5) which may indicate inadequate breastfeeding. Newborns with more bowel movements during the first 5 days following birth have less initial weight loss, earlier transition to yellow stools, and earlier return to birth weight.
e. Hyperbilirubinemia associated with poor breastmilk intake despite appropriate intervention and marked by ongoing weight loss and limited stooling.
f. Macronutrient supplementation is indicated (e.g. for the rare infant with inborn errors of metabolism).

Maternal Indications:

a. Delayed secretory activation (72-120 hours) with signs of inadequate intake by the infant.
b. Primary glandular insufficiency, as evidenced by abnormal breast shape, poor breast growth during pregnancy, and minimal indications of secretory activation.
c. Breast pathology or prior breast surgery resulting in poor milk production.
d. Certain maternal medications (e.g. chemotherapy, psychotherapeutic drugs, anti-epileptic drugs, long-lasting radio-active compounds)
e. Intolerable pain during feedings unrelieved by interventions.
f. Severe illness that prevents a mother caring for her infant (e.g. sepsis).

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