



CLINICAL PRACTICE GUIDELINE

Breastfeeding: General overview

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

BFHI Step 1 – have a written breastfeeding policy that is routinely communicated to all healthcare staff.

Aims

- To ensure ALL staff are aware of and adhere to the WNHS Baby Friendly Health Initiative-hospital breastfeeding policy (2018)
- To ensure all staff providing care to new mothers have the necessary understanding and resources to implement the WNHS breastfeeding guidelines.

Background

The WNHS newborn feeding guidelines endorse the Innocenti Declaration and address the principles and practices that enable implementation of each of the Ten Steps to Successful Breastfeeding as recommended by the WHO and Baby Friendly Health Initiative(BFHI).

Innocenti declaration

“As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets and they should develop indicators such as the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In doing so they should reinforce all actions that **protect, promote and support** breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services and prevention

and treatment of common and maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.” It was developed by 32 Governments and 10 UN agencies on 1 August 1990.

The WHO international code of marketing breastmilk substitutes¹

The code is not a regulation, but essentially a set of recommendations to governments on their own responsibilities and those of the relevant workers in public affairs, in the operation of the health care system and in overseeing of the substitute industry, so that breastfeeding is not undermined. It contains 11 articles.

WNHS protects breastfeeding by addressing implementation of the WHO International Code. The policy includes each of the following points:

- Adherence by the facility and its personnel to the relevant provisions of the WHO International Code and subsequent World Health Assembly (WHA) resolutions.
- All promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats is prohibited.
- The facility is not permitted to receive or distribute free and subsidised (low cost) products within the scope of the WHO International Code.
- The distribution to parents of take home samples and supplies of infant formula, bottles and teats is not permitted.
- There are restrictions on access to the facility and staff by representatives from companies in relation to marketing or distributing infant formula products or equipment used for artificial feeding.
- There is no direct or indirect contact of these representatives with pregnant women or mothers and their families.
- The facility does not accept free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies if there is any association with artificial feeding or potential promotion of brand/product recognition in relation to infant feeding.
- There is careful scrutiny at the institutional level of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy.

Health professionals and the WHO International Code²

The code directly impinges on those health professionals in contact with breastfeeding mothers.

- As responsible health professionals.
- As employees of healthcare institutions which may, knowingly or otherwise, bend to influences from the industry.
- As educators of parents, particularly mothers.

- As receivers of education towards and in their professional roles.
- As members of professional organisations in a position to react to aspects of the healthcare and education systems.
- As informed members of the public.

The above principles are in keeping with the Australian National Breastfeeding Strategy 2010-2015. The strategy recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding.

The WNHS BFHI [Breastfeeding policy](#) is accessible to all staff who provide care to mothers and babies, patients and visitors. The WNHS Breastfeeding policy is available via the WNHS website in all areas of KEMH.

Staff are supported to continue to breastfeed after returning to work – refer to NMHS [Employee Breastfeeding Policy](#)

References

1. World Health Organisation. Code of Marketing of Breast Milk Substitutes,. Proceedings of the 34th World Health Assembly, WHO; Geneva1981.
2. World Health Organisation. Protecting, Promoting and Supporting Breastfeeding. WHO, UNICEF; Geneva,1989.

Other resources

1. Abe SK, Jung J, Rahman M, Haruyama R, Kita M, Koyama M et al. Hospitals with a written breastfeeding policy statement and implementation of the steps of breastfeeding: A systematic review [protocol]. PROSPERO. 2016:CRD42016038143.
2. Gavine A, MacGillivray S, Renfrew MJ, Siebelt L, Haggi H, McFadden A. Education and training of healthcare staff in the knowledge, attitudes and skills needed to work effectively with breastfeeding women: a systematic review. Int Breastfeed J. 2016;12:6. doi 10.1186/s13006-016-0097-2.
3. Balogun OO, Dagvadorj A, Yourkavitch J, da Silva Lopez K, Suto M, Takemoto Y, et al. Health facility staff training for improving breastfeeding outcome: a systematic review for step 2 of the Baby-friendly Hospital Initiative. Breastfeed Med. 2017;20 September [epub ahead of print] PubMed PMID: 28930480.
4. R. Mannel, P.J. Martens, M. Walker (Eds.). Core Curriculum for Lactation Consultant Practice. 3rd Edition 2012.

Related WNHS policies, procedures and guidelines

NMHS: [Employee Breastfeeding Policy](#)

WNHS: BFHI [Breastfeeding policy](#)

KEMH: Clinical Guidelines: Obstetrics & Gynaecology: Newborn Feeding

Useful resources (including related forms)

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