



WNHS PROCEDURE

Breastfeeding

Scope (Staff) All staff

Scope (Area) All areas

Summary This procedure provides process details to ensure WNHS meets the requirements of Baby Friendly Health Initiative (BFHI) accreditation and actively supports women in promoting, supporting and encouraging breastfeeding.

Approval Clinical Governance Committee

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Version 5.0

Review Date 30 November 2022

NSQHS Standards Clinical Governance (Std 1).
Partnering with Consumers (Std 2)
Preventing and Controlling Healthcare-Associated Infection (Std 3)
Communicating for Safety (Std 6)

ISD Number 1785

Status FINAL

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1. Aim

This procedure provides process details to ensure WNHS meets the requirements of Baby Friendly Health Initiative (BFHI) accreditation and actively supports women in promoting, supporting and encouraging breastfeeding.

2. Risk

Non-compliance with this procedure will breach the recognised global standard supported by the World Health Organisation (WHO) and United Children's Fund (UCF) and may impact on the accreditation of WNHS as a Baby Friendly Health Initiative (BFHI) organisation. Further, non-compliance with this procedure may impact quality of patient care.



3. Procedure for Ten Steps to Successful Breastfeeding

Step 1a: Have a written infant feeding policy that is routinely communicated to staff and parents

1. The [WNHS Breastfeeding Policy](#) is to be communicated to all health care staff in contact with pregnant women and mothers. All staff are to be able to access a copy of the WNHS Breastfeeding Policy or [consumer information flyer](#) from the Women and Newborn Health Service website.
2. All new staff are to be orientated on how to locate the WNHS Breastfeeding Policy and provided with a copy of the information flyer at orientation.
3. The consumer information flyer is to be displayed in all areas throughout the hospital.

Step 1b. Comply fully with the International Code of Marketing of Breastmilk Substitutes and Relevant World Health Assembly Resolutions

1. Breast milk substitutes should not be sold nor promoted on the premises. All bottles and teats used in WNHS must be purchased through normal procurement channels and not provided free or subsidised.
2. The display of information and distribution of materials promoting breast milk substitute or breast milk substitute feeding, bottles, teats or dummies is not permissible in this facility.
3. The acceptance of gifts, non-scientific literature, money, or support for in-service, infant feeding related education or events is not permitted from breast milk substitute manufacturing companies. Materials such as calendars and stationery or equipment displaying manufacturer's logos are also prohibited.
4. No literature provided by manufacturers of breast milk substitute is permitted to be distributed to families.
5. Educational materials for distribution to women or families must be approved by hospital management.
6. WNHS staff may not give samples of breast milk substitute, bottles and teats to the general public.
7. WNHS must restrict access to the facility and its staff, to representatives from companies which distribute or market products within the scope of the WHO Code, nor must they have access to women and their families.
8. Any research being undertaken in WNHS that involves mothers and babies must be carefully scrutinised for potential implications on infant feeding, or interference with the full implementation of the policy.

Step 1c: Establish ongoing monitoring and data-management systems

1. WNHS has a commitment to ensure ongoing monitoring of early initiation of breastfeeding and exclusive breastfeeding rates via Stork.
2. Mandatory breastfeeding education of staff will be recorded in Tableau.



3. Quality Improvement activities are undertaken if targets are not met, to determine a plan and undertake recommendations to improve compliance.
4. WNHS clinical personnel meet every 6 months to review implementation of the data management system.

Step 2: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

1. WNHS 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 are to be trained in breastfeeding management consistent with BFHI standards, at a level appropriate to their professional group. New staff are to receive training within six months of commencing their contract.
3. All clerical and ancillary staff are to 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 are to record training attendance.
5. Written curriculum clearly covering all ten steps to successful breastfeeding is to be available for staff training.

Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families

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 breast milk substitute feeding.
2. All pregnant women are to be given the opportunity to discuss infant feeding on a one-to-one basis with a health professional. Such discussion is not to be solely attempted during a group parenting class.
3. The physiological basis of breastfeeding is to be clearly and simply explained to all pregnant women, together with evidence-based practical skills which have proven to protect breastfeeding and reduce common problems. The information should include possible breastfeeding challenges and how to overcome them. The aim is to give women confidence in their ability to breastfeed.
4. All materials and teaching are to reflect WHO/UNICEF baby friendly best practice standards and be provided in a variety of written and electronic formats. All information will be provided in a sensitive manner considering the social and cultural context of the family and available in languages



Step 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

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. Skin to skin contact should be uninterrupted until after the first breastfeed or for at least an hour if baby feeds sooner.
3. In the case of caesarean section births mothers and babies are to remain together whenever possible, only being interrupted for medical reasons.
4. If skin to skin contact is interrupted for clinical reasons, it is to be commenced/resumed as soon as mother and baby are able.
5. Mothers should be helped to understand how to recognise when their baby is ready to feed and support their baby to attach to their breast and feed.

Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties

1. All breastfeeding mothers are to be offered assistance with breastfeeding during their hospital stay as required. The transfer of care for mothers and babies to both midwives providing care in the community and child health nurses is to follow standard procedure in the form of written communication to ensure a seamless transition of care.
2. Midwives and other health professionals are to ensure that mothers are offered the practical support necessary to acquire the skills of positioning their baby to ensure effective attachment for successful breastfeeding. They are to be able to demonstrate and explain the necessary technique to the mother, thereby helping her attain this skill for herself. In addition, mothers are to be provided with education and support in how to manage common breastfeeding challenges.
3. All breastfeeding mothers are to be shown how to hand express their milk. Information outlining the process is to be provided for women to use as a reference. Consumer information on breastfeeding and breast care is available for parents in the [Pregnancy Birth and Your Baby](#) resource.
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. Consumer information for parents on expressing breast milk for their baby is available in the [Pregnancy Birth and Your Baby](#) resource.
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.



Step 6: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated

1. All mothers are to be encouraged to breastfeed exclusively for at least six months and continue breastfeeding for at least the first year of life. All weaning information is to reflect this ideal
2. For the first six months, breastfed babies should receive no other fluids, except in cases of medical indication or fully informed parental choice. In hospital no breast milk substitute is to be given to a breastfed baby unless prescribed by a medical practitioner.
3. Every effort is to be made to encourage mothers to express breast milk, for supplementation, if extra fluids or calories are required.
4. Parents must be consulted if breast milk substitute is recommended and the reasons discussed in full. Any breast milk substitute 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.
5. Parents who request breast milk substitute are to be made aware of the possible health implications and the negative effect breast milk substitutes may have on breastfeeding, to enable them to make a fully informed choice. This discussion is to be recorded in the health records/consent form. A consumer pamphlet for parents on breast milk substitute feeding is available.
6. WNHS monitors and audits the use of formula and collects data on infant feeding showing prevalence of both exclusive and partial breastfeeding during the hospital stay and on discharge and transfer to community child health staff.

Step 7: Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day

1. WNHS mothers are to assume primary responsibility for the care of their babies by practising rooming in throughout the day and night. This close proximity will facilitate the establishment of breastfeeding.
2. Separation of mother and baby while in hospital is to occur only when the health of either the mother or her baby prevents care being offered in the postnatal areas. The time, duration and the reason of all separations are to be documented.
3. If the facility has a well-baby area/treatment room it is not to be used to routinely care for babies.
4. Babies are not to be routinely separated from their mothers at night. This applies to babies who are fed with breast milk substitute as well as those babies who are breastfed. Mothers who have delivered by caesarean section are to be given appropriate care but the policy of keeping mother and baby together is to apply.
5. Mothers are to 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 are to be given appropriate information about safe infant sleeping that is consistent with the [WA Health MP 0106/19 Safe Infant Sleeping Policy](#). A [consumer pamphlet guiding parents and carers on optimal safe infant sleeping practices](#) is available.

Step 8: Support mothers to recognise and respond to their infants' cues for feeding

1. Responsive Feeding is supported at KEMH and OPH regardless of whether mothers are breastfeeding or not, unless clinically contraindicated. No restrictions are placed on the frequency or length of babies breastfeeds and mothers of well term infants are not advised to feed at set times or for a specific time.
2. Mothers are educated to recognise their baby's cues to feed and encouraged to continue with responsive breastfeeding. The importance of night-time feeding for milk production is to be explained to mothers.

Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers

1. There should be no promotion of feeding bottles, teats and pacifiers in any part of the WNHS.
2. If expressed breast milk or other supplementary feeds are medically indicated mothers are guided with the use of alternative feeding methods. Bottles, teats and dummies are not recommended for healthy term babies during the establishment of breastfeeding. Parents wishing to use them are to be advised early that pacifier use may reduce maternal milk production and long term bottle and teat use may lead to breastfeeding difficulties.
3. Nipple shields are not to be recommended without full assessment by an experienced midwife or lactation consultant. A mother using a nipple shield must be guided in application, breastfeeding with a nipple shield and provided follow up care.

Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care

1. WNHS staff will foster 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 are to be provided with contact details of health professionals who can support them with breastfeeding, including community midwives, community child health nurses, 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 are to 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 686 268 (otherwise known as 1800 mum 2 mum).



4. Contact details of professional and voluntary support are to be regularly updated by hospital staff to ensure correct information is given to mothers.
5. Representatives from breastfeeding support groups are to 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 [Australian Breastfeeding Association](#) and is to be made available to culturally and linguistically diverse women and their families.
7. The [Breastfeeding Centre of WA \(BFCWA\)](#) provides individual support for the breastfeeding dyad/family via telephone support, outpatient appointments, telehealth and an array of online information for women.
8. The [Pregnancy, Birth and Your Baby](#) resource also includes useful contact details and is to be provided to all women booking at WNHS

4. Compliance and Evaluation

- All staff members who give breastfeeding advice to mothers and families will have completed the necessary education and maintain the standards set down within the [Baby Friendly Health Initiative accreditation requirements](#). Compliance is to be monitored by managers via Tableau.
- All women are provided with the opportunity to breastfeed or provide breast milk for their infants. Data related to breastfeeding rates is to be collected via Stork according to the [Baby Friendly Health Initiative accreditation requirements](#).
- Improved breastfeeding rates by promoting awareness of the [Ten Steps to Successful Breastfeeding](#).
- Implementation, monitoring and evaluation of this policy by health service management.

5. Document Control

Version	Amendment(s)	TRIM Ref	Published Date
1.0	Published version		19/05/2010
2.0	Three yearly review		January 2014
3.0	Three yearly review		February 2017
3.1	Reviewed following rescindment of WA Health Policy		June 2018
4.0	Three yearly review		October 2019
5.0	Three yearly review, update to new template, separate procedural aspects into supporting document, minor updates in line with Ten Steps to Successful Breastfeeding	D/22/184296	November 2022



Related policies, procedures and guidelines

[WNHS Breastfeeding Policy](#)

[WNHS Obstetrics and Gynaecology Clinical Guideline: Newborn Feeding and Maternal Lactation](#)

[WNHS Department of Nursing and Midwifery Education and Research Procedure: Baby Friendly Health Initiative \(BFHI\): Professional Development Requirements for Staff](#)

[NMHS Policy: Employee Breastfeeding Policy](#)

References

[Marketing Infant Formula in Australia](#)

[Infant Feeding Guidelines: Information for health workers \(2012\)](#)

[Australian National Breastfeeding Strategy 2019 and Beyond](#)

[World Health Organization: Protecting, promoting and supporting breast-feeding: the special role of maternity services](#)

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

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