BREASTFEEDING POLICY

AUTHORITATIVE SOURCE:
Clinical Board
Maternity Quality and Safety Forum

AUTHOR:
Baby Friendly Hospital Initiative (BFHI) Project Group

POLICY STATEMENT:
Tairawhiti District Health Board (TDH) promotes exclusive breastfeeding for nutritional, immunological, financial and psychological reasons. TDH recognises that it is the right of every mother to continue the breastfeeding relationship regardless of her infant’s age. This right will be respected when either mother or infant is receiving care in any facility of TDH. TDH will strive to increase the incidence and duration of exclusive breastfeeding by implementing the World Health Organisation (WHO) Ten Steps to Successful Breastfeeding, and the WHO International Code of Marketing Breast Milk Substitutes.

It is recognised that family/whanau members will influence the success or otherwise of the mothers breastfeeding experience. All steps will be taken to include the family/whanau in each stage of breastfeeding support by TDH staff.
TDH acknowledge the status of Te Tiriti O Waitangi in New Zealand/Aotearoa society, in order to achieve the best health outcomes and objectives of Iwi Maori.

SCOPE:
This policy applies to all TDH staff. A Lead Maternity Carer (LMC) who cares for a woman in the TDH maternity facility must support the maternity facility in implementing the Baby Friendly Hospitals Initiative (BFHI) and this policy.

DEFINITIONS:
Exclusive Breastfeeding – The infant has never, to the mother’s knowledge, had any water, formula or other liquids 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 solid food in the past 48 hours.
Artificial feeding – The baby 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.
THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. To have a written breastfeeding policy that is routinely communicated to all health care staff

2. To train all health care staff in the skills necessary to implement this policy

3. To inform all pregnant women about the benefits and management of breastfeeding

4. Initiate breastfeeding within a half hour of birth. This step is now interpreted as:
   *Place babies in 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.*

5. To show mothers how to breast feed and how to maintain lactation even if they should be separated from their infant

6. To give newborn infants no food or drink other than breastmilk, unless medically indicated

7. To practise rooming in to allow mothers and infants to remain together 24 hours a day

8. To encourage breastfeeding on demand

9. To give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

10. To foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

NGĀ TIKANGA TEKAU E ORA AI I TE KAI Ū

1. Me tuhi kaupapa here mō te kai ū, me rite hoki te whakamōhio atu ki ngā kaimahi hauora katoa.

2. Ki te whakaako i ngā kaimahi hauora katoa ki ngā tikanga e whakauru atu ai tēnei kaupapa here ki ā rātau mahi.

3. Ki te whakamōhio atu i ngā wāhine hapū ki ngā hua me ngā āhuatanga o te kai ū.

4. Ki te āwhina i ngā kōkā ki te whāngai waiū i roto i te hāwhe haora mai i te āwhangaitanga mai o te tamaiti. Āwhingia te pēpi i muri tonu i tona āwhangaitanga mo te kotahi haora, ara, me whakahau te kōkā ki te āwhanga tonu pēpi ki te kai ū.

5. Ki te whakaatu ki ngā kōkā me pēhea te whāngai i te waiū, ā, me pēhea hoki te whakarere tonu i te waiū ahakoa ka wehe atu i tana tamaiti.

6. Kia whāngaia te tamaiti hou ki te waiū anake, kaua ki ētahi kai,unu kē atu, ā, mā te tohutohu tākuta rawa e pērā.

7. Ki te noho tahi ngā tamariki ki ngā kōkā, pō te ao, ao te pō.

8. Ki te whakahau kia whāngaia te hia waiū.

9. Kia kore e whakaaetia kia ngotengotea te tami e te tamaiti kai ū.

10. Ki te āwhina i te whakarōpūtanga i te hunga kai ū hei kaupapa tautoko i a rātau, ā, me te tono atu hoki i ngā kōkā ki ngā rōpū nei inā puta ai rātau i te hōhipera.
POLICY: This policy upholds the WHO/UNICEF Ten Steps to Successful Breastfeeding and also includes standards of care for the non-breastfeeding mother and her baby.

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

TDH has a written breastfeeding policy that:
1.1 Is routinely communicated to all TDH staff members who have contact with breastfeeding women including new staff at the commencement of their employment. This policy protects, promotes and supports breastfeeding by addressing all Ten Steps to Successful Breastfeeding.
1.2 Has involved Maori women, midwives and kaumatua in its development and a summary is written in both English and Maori and displayed in all areas of TDH facilities accessed by mothers, babies and/or children.
1.3 Is implemented by all TDH staff with particular regard to the principles of protection, partnership and participation contained in the Tiriti O Waitangi upon which TDH and Maori health policy is based.
1.4 Has involved other maternity care providers in its development and the policy is distributed to all access agreement holders.
1.5 Has involved health professionals and community leaders in the policy development.
1.6 Prohibits the acceptance of free and low cost supplies of infant formula.
1.7 Is contained in the organisational policy manuals throughout maternal and child health areas, and is available on the TDH intranet for all staff to access.
1.8 Has a summary displayed in all areas of TDH facilities that care for mothers, babies and/or children, including outlying clinics.
1.9 Is evaluated and reviewed 3 yearly in consultation with professional, consumer, tangata whenua, other ethnic groups and other providers using the facility. Consumer satisfaction questionnaires are used to evaluate the effectiveness of the policy.

Step 2: To train all health care staff in the skills necessary to implement this policy

2.1 All health care staff who have contact with mothers and babies have a responsibility to protect, promote and support breastfeeding women and receive orientation to the breastfeeding policy on commencement of employment.
2.2 All health care staff working in maternal and child health will receive training on breastfeeding and lactation management, including breastfeeding for Maori women, within six months of employment.
2.3 The staff training covers the Ten Steps to Successful Breastfeeding and the TDH responsibilities under the WHO/UNICEF Code of marketing of breastmilk substitutes.
2.4 All midwives/nurses working directly with pregnant and/or breastfeeding women and/or infants/children will be offered a comprehensive breastfeeding education package (see appendix 3 for minimum BFHI staff education requirements)
2.5 The BFHI Coordinator will annually audit compliance of the minimal educational requirements of maternity unit staff.
2.6 Relevant medical, ancillary and support staff will receive breastfeeding education as per appendix 3.
2.7 TDH encourages and supports staff to further their lactation management education.
Step 3: To inform all pregnant women about the benefits and management of breastfeeding

3.1 All pregnant women who use TDH antenatal services are aware of TDH breastfeeding policy and the benefits and management of breastfeeding.

3.2 All LMC midwives are provided with information about the TDH breastfeeding policy and the benefits of breastfeeding and encouraged to share this information with their clients.

3.3 Breastfeeding information and discussion provided antenatally by TDH staff will be recorded in the antenatal records.

3.4 Women who use TDH antenatal services are encouraged to record in their birth plan their wishes regarding the care of their newborn baby immediately after birth and in the neonatal period.

3.5 No pregnant woman will receive any oral, audiovisual, written or visual promotion of artificial feeding. TDH staff will provide no group education on infant formula, bottles or teats.

3.6 All maternal/child health staff are familiar with the possible effects of medications and drugs used in labour and during the postnatal period, on breastfeeding. This information is also provided for LMC midwives to share with their clients.

3.7 All women attending antenatal services within TDH maternity facility will be informed of the possible effects of sedatives, analgesics and anaesthetics used in labour on the newborn infant and the initiation of breastfeeding.

3.8 All women who use the TDH maternity service are asked about their previous baby feeding experience and breastfeeding knowledge.

3.9 All women who have never breastfed or who have previously had breastfeeding difficulties are offered special support from experienced maternal/child health staff.

Step 4: Place babies in 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

4.1 TDH supports the above interpretation of Step 4 of the WHO Ten Steps to Successful Breastfeeding.

4.2 Education is provided for TDH staff and LMC midwives to inform them of the rationale for the above interpretation.

4.3 TDH staff and LMC midwives are encouraged to allow the new baby to seek the breast and initiate feeding without undue assistance.

4.4 TDH staff and new mothers are made aware of the importance of skin-to-skin contact and encourage this important practice throughout the stay in the unit and beyond.

4.5 TDH staff support and encourage early skin-to-skin (as described above) following caesarean section and this will continue on return to the ward.

4.6 If a caesarean section birth is carried out under general anaesthetic then baby will be placed in supervised skin-to-skin contact as soon as the mother is able to respond and maintained for at least an hour unless there is a medically justifiable reason.

Step 5: To show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infant

5.1 All mothers are educated about feeding cues and are offered assistance with breastfeeding when the baby indicates readiness or within 6 hours of birth.
5.2 All mothers are provided with practical information about breastfeeding, to enable them to demonstrate how to position and attach their babies for breastfeeding. This will include allowing the baby to self latch before providing assistance.

5.3 All mothers are provided with verbal and written information on how to hand express their milk and when this may be useful.

5.4 All mothers in the maternity facility receive care and education from experienced maternal/child health staff during their stay, including discharge preparation.

5.5 All women who have never breastfed or who have previously had breastfeeding difficulties are offered individualised support from experienced maternal/child health staff.

5.6 All mothers with babies in the neonatal unit, or with other reasons for separation, are assisted to establish and maintain lactation by frequent expression of milk. This should commence as soon as practical after the birth, and should occur within 6 hours at the most. The mother should be advised that she needs to express 6-8 times in a 24-hour period, including at night. Expressing interval periods should not exceed 6 hours. Hand expression is encouraged initially with pump use only when increased milk volume commences at around 36 hours.

5.7 All mothers will be given verbal and written information about safe storage, handling and re-heating of breastmilk.

**Step 6:** Give newborn infants no food or drink other than breastmilk unless medically indicated.

6.1 All maternal/child health staff are aware that a well, full-term infant*, whose mother has made a decision to breastfeed, should not be given any food or drink other than breastmilk, unless medically indicated (see appendix 4) or at the mother’s request, with her informed consent.

6.2 Well, full-term infants* only receive food or drink other than breastmilk, when this is medically indicated or at the mother’s request, with her informed consent (see appendix 5). The informed consent information given shall be signed by the staff member discussing and giving the information, and then filed in the woman’s clinical records.

6.3 All mothers who are intending to artificially feed their babies from birth are requested by their LMC to bring in their own formula, bottles and teats (see Formula Feeding Policy).

6.4 The maternity unit does not purchase formula milk.

6.5 All TDH facilities and health care providers refuse free or low cost supplies of breastmilk substitutes.

6.6 There is no promotion of breastmilk substitutes, food or drink for infants, other than breastmilk in any TDH facility.

*Full term = a baby born after 37 completed weeks pregnancy

**Step 7:** Practise rooming-in and allow mothers and infants to remain together 24 hours a day.

7.1 Mothers in the maternity unit are encouraged to remain together with their infants 24 hours a day. Exceptions can be made for performing some procedures or if separation is medically indicated for up to one hour.
7.2 Rooming-in commences immediately after all births unless baby’s condition requires resuscitation and/or care in NNU.
7.3 Women are advised that their baby should also sleep in the same room when they are at home. (see Safe Sleep policy)
7.4 Mothers and whanau will be given information about safe sleep for baby at home.

**Step 8: Encourage breastfeeding on demand**
8.1 All maternal/child health staff are aware of the importance of and actively encourage breastfeeding on demand (or baby-led feeding). If the baby is breastfeeding effectively, staff will place no restrictions on the frequency or length of feeds.
8.2 All mothers are advised how to recognise their baby’s feeding cues.
8.3 All mothers are given instruction on how to recognise if their baby is breastfeeding effectively.
8.4 All mothers are advised to breastfeed their baby whenever baby is hungry, and for as long as their baby wants to breastfeed.
8.5 All mothers are shown how to hand express for comfort when their breasts are overfull and their baby is unwilling or unable to breastfeed.

**Step 9: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants**
9.1 Maternal/child health staff will not recommend bottle feeds or pacifiers to a baby learning to breastfeed.
9.2 All breastfeeding mothers are informed as to why they should not give bottles, teats or pacifiers to their breastfeeding baby.
9.3 TDH facilities avoid inadvertent promotion of artificial teats or pacifiers by refusing free or low-cost items.
9.4 TDH facilities avoid inadvertent promotion of breastmilk substitutes, teats, bottles or pacifiers by refusing advertisements and/or gift packs containing these items.

**Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from TDH maternity facilities**
10.1 TDH will provide education to key family/whanau members so that they can support the breastfeeding mother at home.
10.2 TDH staff will encourage mothers to be seen by their LMC or postnatal midwife soon after discharge and will advise that help can be sought from the facility if required.
10.3 Breastfeeding mothers are provided with written and verbal contact information for breastfeeding support and community groups where possible and applicable and referred if desired.
10.4 TDH encourages and facilitates the formation of mother-to-mother or health worker-to-mother support groups, including those which meet Maori, Pacific peoples and other ethnic group needs.
10.5 TDH allows and encourages external providers to provide breastfeeding counselling and support within the maternity facilities.

**Compliance**
- The WHO/UNICEF *Ten Steps to Successful Breastfeeding* within the policy are upheld.
- Any consultation with other health professionals, health providers, iwi representatives, and consumers in developing or updating this policy is recorded.
• TDH facilities purchase breastmilk substitutes in accordance with the *WHO International Code of the Marketing of Breastmilk Substitutes* (1981).
• A written curriculum outlines any staff training in breastfeeding education and management.
• Any antenatal health education about breastfeeding, provided by maternal/child health staff, has a written outline.
• Any mother, who makes an informed choice not to breastfeed or for whom formula feeding is medically necessary, is provided with unbiased, accurate information by maternal/child health staff. Information regarding preparation and use of breastmilk substitutes is provided on an individual basis.
• Consumer satisfaction and policy audit questionnaires will provide an evaluation of maternal/child health staff efforts to support mothers in their breastfeeding experience, using the *Ten Steps to Successful Breastfeeding*.

**OUTCOME STANDARDS:**
Puawai Aroha/Gisborne Maternity Unit, achieved Baby Friendly Hospital status in April 2006, and will continue to furnish an annual report to NZBA with ongoing accreditation audit 4 yearly from 2012.

**RELATED STANDARDS AND PROCEDURES:**
• Formula feeding (2012) – Maternity Unit Policy
• Supplementation of the breastfed Infant (2012) - Maternity Unit Guideline
• The use of nipple shields (2012) – Maternity Unit Guideline
• Workforce Breastfeeding Policy (2012) TDH Clinical Policy
• Sterilising Breastfeeding Equipment (2011) – Maternity Unit Standard
• EBM and formula feed preparation and administration (2012) Maternity/NNU guideline
• Midland Regional Safe Sleeping for Infants Policy (2013) Maternity Unit Guideline

**ASSOCIATED DOCUMENTS:**
• Baby Friendly Hospital Initiative Documents for Aotearoa New Zealand (2011)
• Te Tiriti O Waitangi
• Ministry of Health (1999) Breastfeeding definitions for Monitoring the National Health Outcome Targets.
• With thanks to Taranaki District Health Board for sharing their Breastfeeding Policy with us.

**CONSULTATION FOR THE DEVELOPMENT OF THIS POLICY INCLUDED:**
Puawai Aroha Maternity Unit staff
All LMC Midwives
Maternity Services Committee
GPs via GP liaison group
Nurse Unit Managers
Clinical Nurse Leaders
Turanga Health Wellchild
Plunket
Hauora Maori TDH
Senior Dietician
HEHA Network
Hauiti Hauora
APPENDICES:
Appendix 2: Articles and Principles of the Treaty of Waitangi
Appendix 3: Mandatory Breastfeeding Education
Appendix 4: WHO Acceptable Medical Reasons for Supplementation
Appendix 5: Information sheet for mothers who request to supplement their breast fed baby

EVALUATION METHOD:
Internal & External Audit (see 1.10 and 2.6).

Head of Department Obstetrics
Nicki Dever
Clinical Care Manager

Date of Approval: June 2014
Next Review Date: June 2017
APPENDIX 1

OUTLINE OF WHO/UNICEF INTERNATIONAL CODE OF MARKETING ON BREASTMILK SUBSTITUTES

What is the code?
In May 1981, the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes, in the form of a recommendation, in the World Health Organisation Constitution. More than 60 countries agreed to take steps to implement this code. In 1983, the New Zealand Minister of Health adopted the code in its entirety through consensus and discussion rather than through legislation.

The aim of the code is to “contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.

Summary of main points:
1. No advertising of breastmilk substitutes in the health care system or to the public
2. No free samples of these products are to be supplied to the public
3. No promotion of these products in health care facilitates, including no free or subsidised supplies.
4. No infant formula or equipment manufacturing companies to directly advise mothers.
5. No gifts or personal samples are to be provided to health care workers, except for professional evaluation or research at the institutional level.
6. No words or pictures of babies, or other idealising images on the labels of infant formula.
7. Information on artificial feeding, including labels, should explain the benefits of breastfeeding and the costs.
8. Unsuitable products, (such as sweetened condensed milk or ordinary milk powder), should not be promoted for babies.
9. All products should be of a high quality and take account of the climatic and storage conditions of the countries where they are used.
10. The labels of other products must provide the information needed for appropriate use, so as not to discourage breastfeeding.

Promoting the aim of the WHO code
Health care workers should apply the aim of the WHO code when dealing with breastfeeding and formula feeding issues.

Their practice should:
- Protect, promote and support breastfeeding
- Ensure appropriate use of infant formula by giving adequate information.

References
APPENDIX 2

ARTICLES AND PRINCIPLES OF THE TREATY OF WAITANGI

The Minister of Health, in the New Zealand Health Strategy reaffirms the New Zealand Government’s commitment to fulfilling its obligations as a Treaty partner. The Government expects Maori to have an important role in implementing health strategies for Maori, and that the relationship between the Crown and Maori will be based upon respect, co-operation and trust. As a Treaty partner, the New Zealand Government recognises that the principles of the Treaty of Waitangi – partnership, participation and protection are important for appropriate health service delivery for Maori.

Article 1

KAWANATANGA – GOVERNORSHIP

Principle 1 – Protection

Means ensuring breastfeeding rates of Maori are improved to be at least the same level as non-Maori, and safeguarding Maori cultural concepts, values and practices.

- Knowledge of how people want to be treated
- Being informed as to different beliefs and being open to diverse viewpoints
- Making referrals to and involvement of different people
- Personal privacy
- Interpreter/advocator
- Breastfeeding was the cultural norm
- Mothers need protection from advertising of infant formula in the facility or by staff

Article 2

TINO RANGATIRATANGA

Principle 2 – Partnership

Means working together with iwi, hapu, whanau and Maori communities to develop strategies for improving the health status of Maori.

- Based on good faith
- Working together
- Consultation with Maori
- Involving whanau in decision making, and policies

Article 3

ORITETANGA

Principle 3 – Participation

Means involving Maori at all levels of the sector in planning, development and delivery of health services.

- Involvement of Maori with the development of BFHI documents for Aotearoa/New Zealand
- Treaty training an integral part of BFHI
- Consultation on the Breastfeeding policy with local Iwi, Maori midwives
- Encourage whanau support, involvement in mothers care.
- Mother to be involved in her own and infant’s care (informed decisions, informed consent): skin-to-skin, rooming-in, feeding decisions, follow-up support
- Cultural awareness, developing a culturally appropriate service
Appendix 3

Mandatory Staff Education.

All staff employed in the facility who have contact with mothers and/or babies are required to receive orientation and education on the implementation of the breastfeeding policy. There are four levels of education required.

Level One: Awareness

Staff employed in a non-clinical or limited clinical role e.g. cleaning, reception or general theatre staff.

One hour of education which must include:
- Orientation to the facility breastfeeding policy.
- The importance of breastfeeding.
- Ten steps to successful breastfeeding.
- The protection of breastfeeding which includes the International Code of Marketing of Breast-milk substitutes and subsequent relevant WHA resolutions.

Ongoing education of one hour annually and if employed over three years this must equate to three hours in the previous three years.

Level Two: Generalist

Staff who have a limited clinical role with the mother and baby e.g. obstetricians, paediatricians, registrars, house surgeons, junior doctors, dietitians.

Two hours of education which must include:
- Orientation to the breastfeeding policy.
- The importance of breastfeeding.
- Ten steps to successful breastfeeding
- The protection of breastfeeding which includes the International Code of Marketing of Breast-milk substitutes and subsequent relevant WHA resolutions.
- The effects of medications administered during labour and birth on the newborn and the initiation of breastfeeding.
- The importance of referral to a Level 3 or 4 staff member when a breastfeeding situation arises beyond their scope of practice.

Ongoing education of two hours annually and if employed over three years this must equate to six hours in the previous three years.
Level Three: Specialist

Clinical staff working in the maternity facility e.g midwives, nurses, childbirth educators and support staff who work in a clinical capacity.

21 hours education initially which must include:
- Orientation to the breastfeeding policy.
- The importance of breastfeeding.
- Ten steps to successful breastfeeding.
- The protection of breastfeeding which includes the International Code of Marketing of Breast-milk substitutes and subsequent relevant WHA resolutions.
- The artificial feeding policy and the care of the non-breastfeeding mother and her infant.
- The effects of medications administered during labour and birth on the newborn and the initiation of breastfeeding.
- One hour of breastfeeding for Maori women which incorporates the Treaty of Waitangi.
- Three hours of supervised clinical education as stipulated below.

Supervised one-on-one clinical tuition must include:
- All practical aspects of positioning, aligning and latching of baby for breastfeeding.
- The teaching of hand expressing breastmilk.
- Cup feeding technique.
- Safe and hygienic preparation, feeding and storage of breastmilk substitutes.

Ongoing education of four hours annually which includes one hour of supervised clinical tuition and 30mins breastfeeding for Maori women in the past three years.

Level Four: Expert

International Board Certified Lactation Consultant (IBCLC) or staff working towards this.

A level four staff member:
- Must receive orientation to the Breastfeeding policy and Artificial Feeding policy on employment.
- Attend a half hour session on Breastfeeding for Maori women every three years.
- Seek peer supervision or review to affirm clinical competency.

The facility must arrange or support appropriate ongoing annual education for this staff to ensure 75 Continuing Education Recognition Points (CERPs) can be earned over a five year period enabling recertification.
See BFHI Documents for Aotearoa New Zealand 2011 for further details.

APPENDIX 4

WHO Acceptable Medical Reasons for Supplementation

A few medical indications in a maternity service may require that individual infants be given fluids or food in addition to, or in place of, breastmilk.

It is assumed that severely ill babies, babies in need of surgery, and extremely low birth weight babies (less than 1,000 grams) will be in a special care unit. Their feeding will be individually decided, given their particular nutritional requirements and functional capabilities, though breastmilk is recommended whenever possible. These babies in special care are likely to include:

- Babies with very low birth weight or who are born premature, at less than 1500 grams or 32 weeks gestational age
- Babies with severe dysmaturity with potentially severe hypoglycaemia, or who require therapy for hypoglycaemia, and who do not improve through increased breastfeeding or by being given breastmilk.

For well babies there are very few indications for supplements. In order to assess whether a service is inappropriately using fluids or breastmilk substitutes, any babies receiving additional supplements must have been diagnosed as:

- Babies whose mothers have serious illnesses which precludes breastfeeding
- Babies with inborn errors of metabolism
- Clinically dehydrated babies
- Babies whose mothers are taking medication which is contraindicated when breastfeeding, and for which there is no safe alternative (see www.medsafe.govt.nz/Profs/PUarticles/lactation.htm for information on ‘Drug Safety in Lactation’)

When breastfeeding has to be temporarily delayed or interrupted, mothers should be helped to establish or maintain lactation, for example, by hand or manual pump expression of milk, in preparation for the time when breastfeeding may be begun or resumed.

For a full discussion of this and related issues see:

- WHO - HIV in Pregnancy.
APPENDIX 5

Information sheet for mothers who request to supplement their breast fed baby

- There are a number of reasons why you may feel that you want to supplement your baby with formula milk. However, most of them can be overcome with improved support and advice on breastfeeding technique.
- In the first few days putting your baby next to you, skin to skin, is usually enough to settle baby. This is an important first step if your baby seems unsettled and will not feed.
- Most of the problems experienced by breastfeeding mothers in the first few weeks (for example sore nipples, engorgement, mastitis) occur either because baby is not attached to the breast in the best way or because the baby is not being put to the breast often enough.
- Remember that baby's feeding patterns will vary enormously. Some babies will not want many feeds in the first day or two but feeds may then become quite frequent, particularly in the first few weeks. This is quite normal and if you feed baby whenever he/she seems hungry you will produce enough milk to meet his/her needs.
- Your breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs. Most babies will need no other food or drink until they are 6 months old.
- Breastmilk contains all of the food and water your baby needs. Giving other food or drink could be harmful and may also make him/her less interested in breastfeeding. If your baby does not breastfeed often enough, you may not make enough milk to meet his/her future needs.
- Breastmilk contains antibodies to protect your baby from infection. Sickness and diarrhoea (gastroenteritis, which may be very serious), chest infections, ear infections and urine infections are all more likely in formula fed babies. Some babies have even had very severe allergic reactions to formula milk (anaphylaxis)
- If you are requesting to give your baby a supplement of formula milk, it is important that you are aware of the potential consequences to this. If you do not feel that you have received sufficient advice or support from the staff in the maternity unit or from your Lead Maternity Carer (LMC), please ask to see another health professional for a discussion, advice and support to continue breastfeeding.

Giving your baby formula will:

- Increase his/her risk of infection
- Increase the risk of your baby developing allergies if you have a family history of allergies and possibly having a severe reaction.
- Possibly make it more difficult for your baby to latch onto your breast properly if he/she sucks on a teat
- Make successful long term breastfeeding less likely.

If you are very tired an alterative way may be to consider expressing some breast milk and a member of your whanau/family or a member of staff, can give this expressed milk to your baby by cup or spoon.
Try putting your baby close to you skin-to-skin and chest-to-chest first for a while, but if after reading this information you still choose to supplement your baby with formula milk, the staff will assist you to do this.

Name and NHI of mother:
Date:
Name and signature of staff member discussing the above: