

# Public Health Association of New Zealand

## Policy on Breastfeeding

Revised version adopted by PHA AGM 27 June 2002

### The Public Health Association notes that:

1. Ministry of Health breastfeeding targets set for 2000 (to increase full breastfeeding at three months to 75% and to increase full or partial breastfeeding at six months to 70% (PHC, 1994)) have not been met.
2. Breastfeeding rates in New Zealand have remained static for some years, whilst there is a noticeable decline in breastfeeding rates from the time of discharge from maternity hospital to breastfeeding rates at six weeks (Essex et al, 1995).
3. Breastfeeding duration rates amongst population groups with identified higher needs are lower than those of the general population, in particular, Maori breastfeeding rates at six weeks, three months and six months (MoH 2001, Plunket 2001).
4. Increased breastfeeding rates could contribute to the following priority population health objectives of the New Zealand Health Strategy (MoH, 2000): improving nutrition; reducing obesity; reducing the incidence and impact of cancer; reducing the incidence and impact of cardiovascular disease; reducing the impact and incidence of diabetes; and improving oral health.
5. New Zealand has no national breastfeeding strategy.
6. There is poor implementation of the WHO International Code on the Marketing of Breast Milk Substitutes. The New Zealand Infant Formula Marketers' Association (NZIFMA) Code of Practice, adopted on a voluntary basis, does not include the marketing of follow-on formula, feeding bottles or teats, and applies only to NZIFMA members.
7. New Zealand has not achieved any of the 1995 operational targets of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (WHO/UNICEF 1990).
8. New Zealand has no maternity facilities accredited as Baby Friendly in accordance with the WHO/UNICEF Baby Friendly Hospital Initiative (WHO/UNICEF, 1991, 1992).
9. There is no consistent education about breastfeeding for health professionals.
10. Breastfeeding provides economic and social benefits to the family, the healthcare system, the employer and the nation (Riordan, 1997).
11. Breast milk is the most ecologically sound way to nurture infants and is the ultimate natural renewable resource (WABA 1997).

### The Public Health Association affirms the following principles:

1. Breastfeeding provides a unique biological and emotional basis for the health of both mother and child (WHO, 1981), viz:
  - a. Breast milk is the best and most complete form of nutrition for infants, thereby contributing to their healthy growth and development
  - b. Breastfeeding reduces the incidence and severity of infectious and non-infectious diseases, thereby lowering infant mortality and morbidity
  - c. Breastfeeding promotes attachment behaviour between mother and child
  - d. Breastfeeding improves maternal health by reducing the risk of post-partum blood loss, anaemia, breast and ovarian cancer, and by increasing the spacing between pregnancies.
2. Ideally all infants should be fed exclusively on breast milk from birth to six months of age and thereafter children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years or beyond (WHO/UNICEF, 1990; WHO, 2001). For a small number of infants exclusive breastfeeding from birth is not possible.

3. Te Tiriti o Waitangi provides the framework upon which the Crown has agreed to actively protect the wellbeing of Maori. In concert with this view, Maori therefore have a fundamental right to retain and reclaim the skills necessary to successfully breastfeed their children.
4. The key concepts of the Whare Tapa Wha framework, namely: tinana, wairua, hinengaro and whanau, provide a sound foundation upon which the support of breastfeeding practices in Maori communities can be legitimately placed.
5. Those populations identified with higher needs must develop specifically designed breastfeeding interventions and culturally appropriate strategies for their respective communities.
6. All women deserve to have access to professional, community and social support for breastfeeding within their primary cultures, and should receive the necessary information, education and encouragement to enable them to have the breastfeeding experience they desire.
7. Breastfeeding is both a public health and a personal health measure; therefore a comprehensive, multi-sectoral approach is needed to ensure that all women who want to breastfeed are enabled to do so.

**The Public Health Association believes that the following steps should be taken:**

1. In accordance Innocenti Declaration (WHO/UNICEF, 1990):

The Ministry of Health

- a) Appoint and fund a national breastfeeding coordinator and a multi-sectoral breastfeeding committee (their first priority being the development of a national breastfeeding strategy)
- b) Provide ongoing support for the implementation of the Baby Friendly Hospital Initiative in all maternity facilities
- c) Give effect to the principles and aim of the WHO Code of Marketing of Breast Milk Substitutes and subsequent relevant World Health Assembly Resolutions

The Government:

- d) comply with and therefore ratify the International Labour Organisation (ILO) Maternity Protection Convention no183 and Recommendation no191 (ILO 2000). Working women should be enabled to breastfeed by measures such as further improvements to paid parental leave, paid breastfeeding breaks, and facilities at workplaces for breastfeeding or expressing and storing breast milk.

2. The Ministry of Health commit more funding to breastfeeding advocacy, promotion and support programmes and initiatives, including:

Removing barriers of cost or access to mothers and infants who would benefit from specialist breastfeeding services.

Support for community-based, voluntary, mother-to-mother breastfeeding support groups.

A multi-sectoral approach to the promotion of breastfeeding, including programmes to create a positive social environment for breastfeeding among all cultures.

3. The Ministry of Health ensure ongoing routine national collection of breastfeeding data from all providers, using the standard MoH definitions of breastfeeding, in order to determine the effectiveness or otherwise of strategies.
4. The Ministry of Health adopt the WHO Expert Consultation recommendation on the optimal duration of exclusive breastfeeding for six months, with the introduction of complementary foods and continued breastfeeding thereafter (WHO, 2001). This is a population-based recommendation. (The PHA recognises that some mothers will be unable to, or choose not to, follow this recommendation. These mothers should also be supported to optimise their infants' nutrition (WHO, 2002)

5. District Health Boards include breastfeeding strategies as a priority in their Strategic Plans and implement programmes aimed specifically at population groups in which breastfeeding rates are below the national norm.
6. Every health professional who works with pregnant women and breastfeeding mothers should be fully conversant with the management of the normal course of breastfeeding.

## Review

This policy document will be reviewed in 2004 and thereafter every three years.

## Adopted by the PHA AGM, June 27 2002

## References

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## Companion paper on breastfeeding, 2002

### The Public Health Association could undertake the following actions:

1. To promote the above breastfeeding strategies with policy makers and programme funders, in particular by:
  - a. affirming the PHA's support for breastfeeding to health providers, District Health Boards and the Ministry of Health
  - b. advocating for the full adoption of the Innocenti Declaration and the WHO Code
  - c. advocating for the adoption of the WHO Expert Consultation recommendation on the optimal duration of exclusive breastfeeding.

2. To raise the profile of breastfeeding issues in public debates through the media and other forums.
3. To encourage all PHA members to give recognition to the role that breastfeeding can play in improving the health of New Zealand babies and their mothers.
4. To collaborate with other appropriate non-governmental organisations (NGOs) to support the aims and objectives of this policy.