

Breastfeeding Policy Directive

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ABORIGINAL IMPACT STATEMENT:

The impact of protecting, promoting and supporting breastfeeding, concerning Aboriginal and Torres Strait Islander consumers has been embedded within this SA Health Policy Directive; see 3.7.1 p 8.

The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islanders, or both Aboriginal and Torres Strait Islander. This is done because the people indigenous to South Australia are Aboriginal and we respect that many Aboriginal people prefer the term 'Aboriginal'. We also acknowledge and respect that many Aboriginal South Australians prefer to be known by their specific language group(s).

Breastfeeding Policy Directive

1. 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)).

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.

Rationale

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) and the (NHMRC) '*Infant Feeding Guidelines*' (2012), 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.

Some women experience difficulties when trying to establish and/or maintain breastfeeding and report inconsistent advice from health professionals, which add to the difficulty and confusion. A supportive consistent approach 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.

This Policy Directive:

- Contributes 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;
- Will act to support and contribute to improved breastfeeding practices within the South Australian population.
- Clarifies 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 2010 – 2015, currently under review and to be updated with the Australian National Breastfeeding Strategy; 2017 and Beyond. Once the National Strategy has been finalised, this SA Health Policy will be reviewed to ensure compliance

2. Roles and Responsibilities

2.1 Scope

The Breastfeeding Policy Directive applies to the entire SA Health care system, including all SA Health employees (permanent, temporary and casual), volunteers, students on placement or work experience, contractors, title holders and Governing Council members (referred to hereafter as 'SA Health employees').

- 2.1.1 The Chief Executive for the Department for Health and Wellbeing is responsible for the:
- development of SA Health strategies that promote, protect and support breastfeeding;
 - promotion of breastfeeding through policies, programs, initiatives and information to the public.
- 2.1.2 The Chief Executive Officers and Local Health Networks (WCHN, SALHN, NALHN, CALHN, and CHSALHN and SAAS) are responsible for the:
- development of operational policies and procedures that promote, protect and support breastfeeding, including identification of risks of artificial feeding;
 - implementation and compliance with this Policy Directive and its principles;
 - compliance with related reporting requirements as required.
- 2.1.3 Executive Directors, Directors, Managers, Supervisors and Human Resources Departments are responsible for the:
- promotion and compliance with the SA Health Breastfeeding Policy Directive principles;
 - ensuring that staff and volunteers undertake learning appropriate to their service role;
 - ensuring appropriate support and supervision is provided, so that SA Health employees feel they have the knowledge and skills to protect, promote and support breastfeeding.
- 2.1.4 All SA Health employees are responsible for:
- undertaking learning appropriate to their role;
 - protection, promotion, and support of breastfeeding as appropriate to their role;
 - modelling of best practice by promoting and communicating the benefits of breastfeeding and the risks of not breastfeeding to pregnant women, mothers, families, carers, health workers and the community;
 - compliance with legislation that protects breastfeeding in public and be supportive of parents who do so. (Amendments to the Commonwealth *Sex Discrimination Act 1984* were passed in 2011, establishing breastfeeding as separate grounds of discrimination).

2.2 Out of Scope

- Information in relation to infant artificial feeding or the breastmilk bank (*refer to Expressed Breastmilk (EBM) clinical procedure as per LHN procedures*). SA Health acknowledges the significant health benefits of human milk for premature babies in improving health outcomes (and reducing the risk of complications) in situations where the mother is unable to provide her own breast milk for the premature infant.
- Information in regards to management of EBM should be sought regarding site specific procedures.
- Mother-friendly labour and birthing practice procedures are the responsibility of individual SA Health sites to develop.
- Individual SA Health sites are responsible for the development of policies/standards of care and/or practices to support the care of mothers who are artificially feeding (their baby).

3. Policy Requirements

3.1 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 principles and thus ensuring employees undertake training to ensure information and advice provided is consistent and evidence-informed.
(see appendix 2: *Principles of the Baby Friendly Health Initiative* (BFHI))

3.2 SA Health organisations provide inpatients and visitors to the organisation with 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 continue breastfeeding and support them to maintain milk supply. 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](#) was developed to improve community acceptability of breastfeeding in public through the promotion of breastfeeding friendly premises.

3.3 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 (Cardenas and Major 2005).

SA Health supports employees to combine employment and breastfeeding, supporting the SA Health Flexible Workplaces Policy Guideline; 2017 Combining Work and Breastfeeding; found at www.sahealth.sa.gov.au

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. (SA Modern Public Sector Enterprise Agreement:Salaried 2017 p12)

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'.

3.4 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.

3.5 SA Health organisations adhere to the relevant provisions of the WHO International Code of Marketing of Breastmilk Substitutes, the World Health Assembly resolutions and the Marketing in Australia of Infant Formula Agreement.

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 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.

3.6 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.

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 Guidelines; found www.sahealth.sa.gov.au/perinata1

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:** if a mother is hepatitis B surface antigen positive these infants should be given hepatitis B immunoglobulin after physiological stabilisation and preferably within 24 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. See website: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home
- **HIV Infection:** The World Health Organization (WHO) have released updated guidelines; Guidelines on HIV and Infant Feeding, 2010, Principles and recommendations for infant feeding in the context of HIV and a summary of Evidence, Geneva WHO; 2010. If a decision is made to use replacement feeding it must be acceptable, feasible, affordable, sustainable and safe (AFASS). An individual decision should be made in consultation with each mother, taking into account her circumstances and viral load.
- **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.

Please see Appendix 3: *WHO Acceptable Medical Reasons for Use of Breastmilk Substitutes*.

3.7 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 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.

3.7.1 Aboriginal Health Impact Statement

Past government policies such as dispossession and the forced removal of children from families, which have broken down Aboriginal social structures, have impacted on rates of breastfed Aboriginal infants.

To counteract this, the protection, promotion and support of breastfeeding Aboriginal women must be provided in a culturally respectful manner, acknowledging the importance of kinship relationships, especially in child rearing. Best practice breastfeeding support is preferably conducted in one-on-one sessions with peer support.

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.

3.7.2 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* found that intensive support may increase the rate of initiation of breastfeeding by adolescent mothers. Linking young mothers into peer support groups is recommended.

3.7.3 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.

4. Implementation & Monitoring

The Department for Health and Wellbeing and each Local Health Network and SA Ambulance Service will be responsible for implementing this Policy Directive. The Department for Health and Wellbeing will monitor breastfeeding related indicators as part of the South Australian Population Health Survey (formerly the South Australian Monitoring and Surveillance System). Compliance will be monitored by Local Health Networks by reviewing breastfeeding data:









- Health organisations are able to provide evidence of staff education records as per the BFHI Guidelines.
- Evidence of compliance and consistency across health organisations regarding the application of breastfeeding definitions in key documents and procedures.
- Evidence of the promotion of breastfeeding through availability of breastfeeding resources in health facilities.
- Collaboration of sharing information about breastfeeding rates and issues through an ongoing SA Health breastfeeding strategy, in particular breastfeeding rates on discharge home and at 3 and 6 months.

5. National Safety and Quality Health Service Standards

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note these National Standards above apply until 31 December 2018.

The National Standards below will be implemented from 1 January 2019.

							
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

Defining breastfeeding and protection, promotion and support

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

In the context of this document **Breastfeeding** or **'any' breastfeeding** includes all of the following definitions:

- **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 (including 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:** 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:** 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.
- **Support:** 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.

Artificial feeding

- Baby being fed fully or predominantly with breastmilk substitutes, including artificial formula.

7. Associated Policy Directives / Policy Guidelines and Resources

Policy Guidelines:

- [Flexible Workplaces Policy Guidelines](http://www.sahealth.sa.gov.au); found www.sahealth.sa.gov.au

Breastfeeding advice for clinicians in relation to specific conditions is provided through the SA Perinatal Practice Guidelines:

- [Psychotropic Medication during Pregnancy and Breastfeeding](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal
- [Management of cleft lip and palate in the neonatal period](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal
- [Hepatitis B in pregnancy](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal
- [Hepatitis C in pregnancy](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal
- [Infants of Drug Dependent Women](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal
- [Neonatal Hypoglycaemia](http://www.sahealth.sa.gov.au/perinatal); found www.sahealth.sa.gov.au/perinatal

Resources:

- [Infant Feeding Guidelines: Information for Health Workers \(NHMRC, 2012\)](https://www.nhmrc.gov.au/guidelines-publications/n56); found <https://www.nhmrc.gov.au/guidelines-publications/n56>
- [Australian Dietary Guidelines](http://www.eatforhealth.gov.au) and the [Australian Guide to Healthy Eating](http://www.eatforhealth.gov.au); found www.eatforhealth.gov.au
- [Australian Breastfeeding Association](http://www.breastfeeding.asn.au); found www.breastfeeding.asn.au
- [Journal of Business and Psychology, September 2005, Volume 20, Issue 1, pp 31–51:](#)
- *Combining Employment and Breastfeeding: Utilizing a Work-Family Conflict Framework to Understand Obstacles and Solutions*; Rebekah A. Cardenas and Debra A. Major; found <https://link.springer.com/article/10.1007/s10869-005-6982-0>
- [Raising Children Network](http://raisingchildren.net.au); found raisingchildren.net.au
- [SA Health Flexible Workplaces Policy Guideline; 2017 Combining Work and Breastfeeding](http://www.sahealth.sa.gov.au); found www.sahealth.sa.gov.au
- [SA Aboriginal Family Study 2011 -2013](http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=1009); found <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=1009>
- [Sex and Age Discrimination Legislation Amendment Act 2011](https://www.legislation.gov.au/Details/C2011A00040); found <https://www.legislation.gov.au/Details/C2011A00040>
- [Women's and Children's Health Network – Child and Youth Health](http://www.cyh.com); found www.cyh.com
- [World Health Organisation \(WHO\) - Breastfeeding](http://www.who.int/topics/breastfeeding); found www.who.int/topics/breastfeeding

8. Document Ownership & History

Document developed by: Child Adolescent Health Community of Practice and Maternal Neonatal & Gynaecology Community of Practice

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Does this policy replace another policy with a different title? **N**

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Appendix 1: BHFI 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, supporting and breastfeeding. 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.

BFHI — Ten steps to successful breastfeeding in hospitals:

1. *Have a written breastfeeding policy that is routinely communicated to all health staff.*
The written policy will address the 10 Steps to Successful Breastfeeding and the WHO 'Code of Marketing Breastmilk Substitutes. The policy will ensure a consistent approach by SA Health Staff to promote, protect and support women's breastfeeding.
2. *Train all health care staff in skills necessary to implement this policy.*
Training for SA Health staff is determined by their role, see (3.1) for details.
3. *Inform all pregnant women about the benefits and management of breastfeeding.*
All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health professional.
Pregnant women will be asked at their antenatal visits about their breastfeeding knowledge and previous experience with baby feeding, the discussion will include:
 - The value of skin to skin contact for all women and babies.
 - The importance of the role of keeping their baby close, responding to their babies needs for comfort, closeness and feeding after birth.
 - The value of breastfeeding as protection, comfort and food.
 - Getting breastfeeding off to a good start.
 - The benefits of breastfeeding for both mother and baby and the risks associated with not breastfeeding
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.*
All mothers and babies are encouraged to engage in skin to skin contact for at least an hour after birth, regardless of their preferred feeding method. This allows for the normal sequence of innate feeding behaviours and initiates breastfeeding when ready. Midwife assistance should be available.
5. *Show mothers how to breastfeed, and how to maintain lactation, even if they should be separated from their infants.*
Health professionals are to support breastfeeding women to acquire attachment skills and to recognise babies feeding cues, to encourage successful breastfeeding. Breastfeeding women are to be shown how to hand express their milk, how to store it and transport expressed breast milk (EBM).
6. *Give newborn infants of breastfeeding mothers no food or drink other than breastmilk, unless medically indicated.*
Exclusive breastfeeding from birth and for the first six months requires that the infant receive only breast milk (including expressed milk) and medicines (including oral rehydration solutions, vitamins and minerals) but no infant formula or non-human milk, unless acceptable medical indication.
7. *Practise rooming-in, allowing mothers and infants to remain together 24 hours a day.*
Rooming in will commence as soon as the woman is able to respond to her baby, preferably within one hour of birth. Separation of woman and baby is only to occur when the health of either the woman or the baby prevents care being offered in the postnatal areas.
8. *Encourage breastfeeding on demand.*
Feeding according to need is encouraged for all babies unless clinically contraindicated. Women are supported to practice baby-led feeding for the duration of breastfeeding and the benefits of demand feeding are promoted.
9. *Give no artificial teats or dummies to breastfeeding infants.*

Artificial teats or dummies are not recommended for healthy term babies during the establishment of breastfeeding. Potential consequences of the use of dummies or teats are explained to assist parents make an informed choice.

10. *Foster the establishment of breastfeeding support groups and refer mothers on discharge from the facility.*

Breastfeeding women and their families are to be offered information about where they can get local assistance with breastfeeding and/or support groups. These groups play an important supportive role in the continuation of breastfeeding they include; community midwives, Child and Family Health Services (CaFHS), certified lactation consultants, Australian Breastfeeding Association (ABA), breastfeeding clinics and family support. Culturally and linguistically diverse breastfeeding support information is available on line from the Australian Breastfeeding Association.

The '**Seven Point Plan for the protection, promotion and support of breastfeeding in community**' are integral to promoting, supporting and protecting breastfeeding. As such it is the expectation of SA Health that organisations develop local specific procedures and implementation plans in line with the principles of BFHI as an effective means of supporting and protecting breastfeeding at a community level.

Seven Point Plan for the protection, promotion and support of breastfeeding in community health services

1. Have a written breastfeeding policy that is routinely communicated to all health staff.
2. Educate all health care staff in skills necessary to implement this breastfeeding policy.
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 complementary foods.
6. Provide a supportive atmosphere for breastfeeding families, and for all users of the child health service.
7. Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to protect, promote and support breastfeeding.
(BFHI Australia, Standards for Implementation, BFHI in Community Services, 2013)

Appendix 2: Principles of the Baby Friendly Health Initiative (BFHI)

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: *BHFI Ten Steps to Successful Breastfeeding* and *Seven point plan for the protection, promotion and support of breastfeeding in community health services*).

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.

Group 1 employees (as outlined in the BFHI Guidelines) 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 (equivalent to at least twenty hours of study). The Group 1 eLearning program was developed to contribute towards meeting the Step 2 educational requirements for BFHI hospital and community accreditation. It provides the required minimum eight hours theoretical breastfeeding education for employees per year who assist or provide education to mothers. The education can be accessed at <https://babyfriendly.com.au/>

Group 2 employees includes 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

Group 3 employees includes 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: WHO Acceptable Medical Reasons for Use of Breastmilk Substitutes

Introduction

Almost all mothers can breastfeed successfully, that is initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and the continuation of breastfeeding (along with giving appropriate complementary foods) up to 2 years of age 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 infection, Haemophilus influenza, meningitis and urinary tract infection¹. 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.² Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer.³

Nevertheless, a small number of health conditions of the infant or the mother may justify recommending that she does not breastfeed temporarily or permanently⁴. These conditions, which concern very few mothers and their infants, are listed below together with some health conditions of the mother that, although serious, are not medical reasons for using breast-milk substitutes.

When the discontinuation of breastfeeding is being considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

Infant Conditions

Infants with the following conditions should not receive breast milk or any other milk except specialised formula:

- Classic galactosemia: a special galactose-free formula is needed.
- Phenylketonuria: a special phenylalanine-free formula is needed though some breastfeeding is possible, under careful monitoring.

Infants with the following conditions for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period:

- very low birth weight infants (those born weighing less than 1500g).
- very preterm infants, i.e. those born less than 32 weeks gestational age.
- newborn infants who are at risk of hypoglycaemia⁵ by virtue of impaired metabolic adaptation or increased glucose demand. This includes those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress as well as those who are ill and those whose mothers are diabetic if their blood sugar fails to respond to optimal breastfeeding or breast milk feeding.

Maternal Conditions

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers with the following condition may need to avoid breastfeeding

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS)⁶

The most appropriate infant feeding option for a HIV-infected mother depends on the individual circumstances of mother and baby, including the mother's health status, but should also take into

consideration the health services available and the counselling and support the mother is likely to receive. When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

Mothers with the following conditions may need to avoid breastfeeding temporarily:

- Severe illness that prevents a mother from caring for her infant, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.
- Maternal medication including:
 - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available⁷;
 - radioactive iodine-131 is better avoided given that safer alternatives are available. A mother can resume breastfeeding about two months after receiving this substance.
 - excessive use of topical iodine or iodophors e.g. povidone-iodine, especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided.
 - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

Mothers with the following conditions can continue breastfeeding, although health problems may be of concern:

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started⁸.
- Hepatitis B: infants should ideally be given hepatitis B vaccine within the first 24 hours or as soon as possible thereafter⁹
- Hepatitis C.
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition.
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines¹⁰.
- Substance use¹¹: Mothers should be encouraged not to use these 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 risks 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.

Addendum for Australia

The list above was developed by the World Health Organization for global use. There are some situations and more recent recommendations which are not included above, but are listed below that are considered by BFHI to be acceptable medical reasons for the use of breastmilk substitutes in Australia.

Primary Inadequate Breastmilk Supply

- Breast surgery: Women who have had breast surgery such as breast reduction with nipple relocation may find it necessary to use a breastmilk substitute to supplement their baby's intake and ensure adequate nutrition.
- Bilateral breast hypoplasia: Every attempt should be made to stimulate an adequate milk supply, but if unsuccessful, the baby may need a breastmilk substitute to supplement intake and ensure adequate nutrition.

HIV Infection

The World Health Organization (WHO) have released updated guidelines; Guidelines on HIV and Infant Feeding, 2010, Principles and recommendations for infant feeding in the context of HIV and a summary of Evidence, Geneva WHO; 2010. If a decision is made to use replacement feeding it must be acceptable, feasible, affordable, sustainable and safe (AFASS). An individual decision should be made in consultation with each mother, taking into account her circumstances and viral load.

Hepatitis B

Under the current Hepatitis B recommended prophylaxis, breastfeeding is not a risk factor for mother-to-child transmission¹².

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