



Nelson Marlborough District Breastfeeding Action Plan 2008-2012

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A key action of the HEHA strategy is to develop policies and campaigns that promote and support breastfeeding with a particular emphasis on Māori and Pacific peoples who have lower rates of breastfeeding than the European population.

To successfully support and promote breastfeeding, it is crucial that breastfeeding needs are identified and addressed at a district/regional level, and work is linked to the Ministry of Health's national breastfeeding promotion campaign and the national plan. The Ministry requires DHBs to develop a breastfeeding action plan appropriate to the needs of Māori and Pacific peoples in their Ministry Approved Plans (MAP 2) for activities being undertaken (and also planned) in their regions.

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Executive Summary

The Nelson Marlborough District Breastfeeding Action Plan has been developed to provide direction to the Nelson Marlborough District Health Board and key stakeholders in Nelson Marlborough to improve the initiation and duration rates of breastfeeding.

Breastfeeding as babies first food is a priority in the Ministry of Health's Healthy Eating Healthy Action Strategy, with a particular emphasis on Maori, Pacific and low-income women and their families/whanau.

Breastfeeding is a strand of the Nelson Marlborough Nutrition and Physical Activity Programme through the action area: A Healthy Childhood, with the aim to increase overall breastfeeding rates and reduce the disparity between Maori, Pacific and low-income breastfeeding rates and the rest of the population.

The health and wider wellbeing benefits of breastfeeding for mother and baby are well documented and breastfeeding provides a good foundation for health through infancy and early childhood. There is also evidence about the longer term protective effect breastfeeding has on obesity, diabetes and other lifestyle conditions.

Improving breastfeeding rates addresses 6 of the priorities of the New Zealand Health Strategy; improving nutrition, reducing obesity, reducing the incidence and impact of cancer, reducing the incidence and impact of cardiovascular disease, reducing the incidence and impact of diabetes and ensuring access to appropriate child health care services including well child and family health care.

The aim of the breastfeeding action plan is to build on work presently being undertaken in Nelson Marlborough. Using the framework of the National Strategic Plan of Action for Breastfeeding it provides a multi faceted approach across three different settings, health services, family and community, workplaces and the early childhood education sector. There will be links with and benefit from actions undertaken in the government setting of the national plan.

Using an evidence based approach the action plan recommends ongoing training for health professionals both hospital and community based, development of peer support and family/whanau support programmes, consistent education for pregnant women and their families/whanau and proactive support both antenatally and postnatally for women with higher needs. It also addresses the need for a supportive community and workplace environment to support breastfeeding in the longer term.

The action plan will address the disparity in breastfeeding rates for Maori, Pacific and low-income women by taking a whanau ora/family centred approach and encouraging participation through all stages of programme development.

Implementation of the action plan will require commitment from all levels within the NMDHB, engagement with the primary health sector, NGO's and community.

Introduction

Rationale

Breastfeeding has a major public health role in promoting health, both in the short and long term for both baby and mother.

Although New Zealand rates of breastfeeding at birth are consistent with other OECD countries, rates are low at six weeks, especially among Maori and Pacific women. Exclusive breastfeeding prevalence drops sharply in the first six weeks after birth then continues to decline as partial and artificial feeding becomes more common.¹ Breastfeeding in Nelson Marlborough shows similar trends to the rest of New Zealand. There is a significant drop in breastfeeding rates between discharge and 6 weeks, breastfeeding rates in the district at 6 weeks were 72% in 2006/07. The MoH target for 2010 is 90%. Rates continue to drop at 3 months and 6 months but less dramatically than in the early days and weeks. Breastfeeding appears higher in Nelson/Tasman than Marlborough and breastfeeding rates for Maori are lower than those for other groups. Breastfeeding rates in remote rural areas appear lower than in the rest of the district.²

Breastfeeding is a normal, natural way to feed infants, and is part of laying the foundations for a healthy life from infancy and childhood. A substantial body of evidence shows that breastfeeding contributes positively to nutrition, health and wider wellbeing for babies, mothers and whanau/families. For instance, breastfed infants have increased resistance to illnesses, better cognitive development and reduced risk of a range of conditions including diabetes and obesity. Benefits to mothers include protection against post partum haemorrhaging, and breast and ovarian cancer.¹ Conversely, bottle fed infants have reduced resistance to illness, slower cognitive development and increased risk of a range of conditions. Women who do not breastfeed lose the protective benefit breastfeeding offers against ovarian and breast cancer and are at higher risk of postpartum haemorrhage.

In Nelson Marlborough actions to improve breastfeeding rates have been aligned with an evidence based approach:

- NMDHB maternity services achieved Baby Friendly Hospital (BFH) accreditation, Nelson and Golden Bay in 2005 and Wairau in 2006.
- In 2007 NMDHB introduced a policy supporting breastfeeding in the Workplace for all staff (appendix 2).
- Breastfeeding Support Networks are active in Nelson and Marlborough. These are working to support BFHI, baby friendly cafes in the community, promotion around World Breastfeeding Week and baby friendly workplaces.
- NMDHB Nutrition and Physical Activity programme funded breastfeeding training for community health professionals in Marlborough and Nelson/Tasman is participating in the pilot of the BFCI.

The action plan will expand the work of the Nutrition and Physical Activity (NPA) Programme of the Nelson Marlborough District Health Board in particular Action Area 1: A Healthy Childhood.

The plan complements health promotion initiatives already undertaken by Breastfeeding Support Networks in Nelson and Marlborough and initiatives contracted by the Ministry of Health (MoH) through the Public Health Services of the NMDHB. It also supports the MoH Healthy Eating Healthy Action (HEHA) strategic implementation plan outcome 5, to promote breastfeeding to New Zealand women and their families particularly Maori and Pacific women.

Goals

These are the National goals which Nelson Marlborough have chosen to adopt in the development of this action plan.

1. To increase the proportion of infants exclusively/fully breastfed at 6 weeks to 74% or greater, at 3 months to 57% or greater and at 6 months to 27% or greater.³
2. To increase the proportion of infants partially breastfed beyond 6 months to 20% or greater. (BFCI Targets)

Nelson Marlborough Plunket Exclusive/Fully Breastfeeding Rates 2006/07

2006/07 Plunket Data	Nel/Tas Other	Nel/Tas Maori	Marl Other	Marlb Maori	Nelson Marl All	New Zealand	National Goals 07/08	MoH targets 2010
6 weeks	76%	62%	70%	58%	72%	65%	74%>	90%
3months	67%	50%	62%	47%	59%	54%	57%>	70%
6 months	30%	19%	31%	17%	29%	26%	27%>	27%
12 months (partial)	40%	45%	39%	28%	39%	37%	20%>	

Source: Plunket 2007

Note: These figures are not exact timeframes 6 weeks (4-6 wks) 3 months(10-16wks) 6 months(16wks-8 months) 12 months(12-14 months).

Maori compared to 'other' show markedly lower breastfeeding rates in both Marlborough and Nelson/Tasman. Pacific rates are difficult to interpret due to low numbers.

The table above excludes mothers not attending Plunket ie those receiving services through rural infant welfare services and Tamariki Ora service providers.

Objectives

1. To reduce inequalities through improved access to supportive breastfeeding services for Maori, Pacific and low-income women indicated by a reduced disparity in breastfeeding statistics between Maori, Pacific and others by 2012.
2. To enhance the multidisciplinary approach to increasing initiation and duration of breastfeeding in Nelson Marlborough by a demonstrated seamless service delivery between health services and community by 2012.

3. To build capacity by ensuring training is provided to all health professionals and community support staff who work with pregnant women and young children through 2008-2010.

4. All pregnant and breastfeeding women have access to high quality, consistent & culturally responsive information and support from health professionals and community support providers through antenatal and postnatal periods.

5. To promote supportive environments for breastfeeding women by 2012 onwards by an increase in baby friendly workplaces and community settings.

Development of Plan

The plan has been developed using a settings approach supporting the National Action Plan for Breastfeeding:

- Health Services,
- Family and Community
- Workplaces, Childcare and Early Childhood education.

Within each of these settings issues have been identified using previous work undertaken in 2007 by the NMDHB:

- *Breastfeeding in Nelson Marlborough* Marion van Oeveren 2007.
- *Mothers' Perspectives: Determinants of Infants Feeding Practices in Nelson Marlborough Rural and Urban Communities* Nicola Callendar 2007.
- Work with Maori women by Marewa Glover.

These issues have been addressed with actions and set over the short, medium and long term timeframes. The eight action areas have been identified under each of the settings:

- Supporting and advocating for the Baby Friendly Hospital Initiative
- Supporting and advocating for Baby Friendly Community services
- Facilitating and co-ordinating a district/regional infant feeding health promotion strategy.
- Workforce development and training
- Peer support programmes
- Strategy and policy alignment
- Service alignment
- Data collection

The actions have been developed using guidance from the *Draft National Strategic Plan of Action for Breastfeeding* National Breastfeeding Advisory Committee (NZ) 2008, the *Comprehensive Plan to inform the design of national breastfeeding promotion campaign* prepared for the MoH by Quigley and Watts 2007, *Improving the Nutrition of Pregnant Women and Breastfeeding Mothers and Children in Low Income Households* March 2008 National Institute for Clinical Excellence (NICE UK) 2008, and feedback from key stakeholders involved in the original work undertaken by the NMDHB through involvement in workshops in Nelson Motueka and Blenheim. Key stakeholders were each asked to bring with them consumers of services to provide a broader range of views. Due to changes within work roles since previous work was undertaken by NMDHB in 2007, new stakeholders were involved. Workshop participants were asked for input into and feedback on the draft action plan and sought ongoing input into the implementation of the plan.

Implementation

There is strong commitment within the District from health and community services for action to increase breastfeeding rates. The action plan supports the aims of the Nelson Marlborough District Health Board (NMDHB) maternity services to provide high quality care to women. It provides direction for enhancing breastfeeding initiation and duration based on best evidence practice to all women and with a particular focus on Maori, Pacific and low-income women and their families/whanau. The plan recognises the importance of a multidisciplinary team of health professionals and community to achieve the goals of this action plan. It will require rethinking the way we do some things and recognition of the value of community in supporting its most vulnerable citizens.

Time frames for Action Plan

Short term 2008-2010

Medium term 2010-2012

Long term 2012 onwards

Capacity Issues

The action plan acknowledges the workforce issues for maternity services in providing a comprehensive package of care for women, in particular Maori, Pacific and low-income women and their families/whanau, where the need for a more intensive input is required. Compounding these issues there appears to be an increasing birth rate in Nelson Marlborough, an increase from 1522 registered births in 2003 to 1718 registered births in 2007 (source NZHIS 2008), with Nelson recording a 22% increase in births over 2007 (www.stats.govt.nz). This trend appears to be continuing in 2008.

Given capacity limitations, services should target Maori, Pacific and low-income women and their babies who would experience the greatest health gain from increased exclusive/fully breastfeeding.

Identification of these women will be a critical component of the programme and needs to be done as early as possible, preferably at booking in time while recognising that at risk women often don't book in for maternity services until later in their pregnancy. This may need to be part of a media campaign to focus on early pregnancy antenatal care.

Emerging issues for LMC's and Well Child Providers, aside from capacity within the context of an increasing birth rate, are the increasingly complex social problems they are encountering particularly with migrant communities and seasonal workers. This is a particular problem in Marlborough. Issues with translation are complex with birth and breastfeeding. These concerns are time intensive for practitioners and outside the scope of this plan but do require attention because of their effect on service delivery.

Births at NMDHB Hospitals 2003-2007.

Ethnicity	2003	2004	2005	2006	2007	Total over 5 yrs
European	1183	1243	1137	1227	1277	6067
Maori	166	172	141	151	173	803
Other	56	32	49	53	69	259
Pacific	20	22	21	20	29	112
Total per year	1425	1469	1348	1451	1548	7241

Source NMDHB 2008

Total Births registered by domicile in Nelson Marlborough

Year	2003	2004	2005	2006	2007	Total over 5 years
Births	1522	1623	1514	1569	1718	7946

Source NZHIS 2008

Reducing Inequalities

The action plan serves as a guideline for an evidence based approach to reducing disparity and improving the health and wellbeing of families/whanau in the Nelson Marlborough district.

Breastfeeding provides a tangible way to reduce health inequalities through health benefits to mother and child, including:

- Breastfeeding reduces economic inequalities because breastfeeding is low cost.

- Reducing infant mortality rates especially contributing to lowering Maori Sudden Unexpected Death in Infancy (SUDI).
- Reducing preventable infections and unnecessary paediatric admissions in infancy (that occurs through formula use).
- Breastfeeding is a protective factor in children's life outcomes and general wellbeing.
- Low maternal education and poverty before the age of five are key risks for poorer childhood outcomes. These can be identified in the antenatal period and addressed with proactive services.⁴

Services need to be proactive to Maori, Pacific and low-income families who are less likely to attend antenatal classes and postnatal services.

Nelson Marlborough District Health Board is in the process of consultation and development of The Maori Health and Disability Strategic Framework, this has a 30 year vision with the intention 'that actions developed today will have a positive impact on those children born this year, when they are adults'⁵. This fits with a goals and objectives of the breastfeeding action plan and the immediate and long term benefits of breastfeeding for mother, baby and whanau.

The action plan has been assessed using the HEAT tool (appendix 3).

New Zealand Health Strategy

Contributes to 6 of the population health objectives:

Improving nutrition

Reducing obesity

Reducing the incidence and impact of cancer

Reducing the incidence and impact of cardiovascular disease

Reducing the incidence and impact of diabetes

Ensuring access to appropriate child health care services including well child and family health care⁶

Guiding documents

Breastfeeding in Nelson Marlborough Marion van Oeveren 2007

Mothers' Perspectives: Determinants of Infants Feeding Practices in Nelson Marlborough Rural and Urban Communities Nicola Callendar 2007

Nutrition and Physical Activity Strategic Plan 2008-2012. NMDHB

Healthy Eating Healthy Action Implementation Plan MoH

Influences that affect Maori women breastfeeding. Marewa Glover

Comprehensive Plan to inform the design of national breastfeeding promotion campaign prepared for the MoH by Quigley and Watts 2007

Draft National Strategic Plan of Action for Breastfeeding.(2008) National Breastfeeding Advisory Committee of NZ.

Improving the Nutrition of Pregnant Women and Breastfeeding Mothers and Children in Low Income Households. National Institute for Clinical Excellence (NICE UK) 2008.

Infant Care Practices Amongst Maori Pacificans and Pakeha:Implications for Maternity and Well Child Services in New Zealand.(2005) Abel S., Sitaleki A., Tipene Leach D. et al.

He Korowai Oranga.(2002) King. A., Turia. T., Ministry of Health. NZ.

NMDHB Strategic Plan 2002-2012

Links with

The New Zealand Cancer Control Strategy Action Plan 2005-2010.

Public Health Programmes: sexual health reducing teen pregnancy, social determinants of health, nutrition and physical activity, Well Child programmes.

La Leche League Peer Counselling Programme.

UNICEF Baby Friendly Hospital Initiative Ten Steps and Seven Point Plan for Baby Friendly Community Services Initiative(appendix 4).

Evaluation

Evaluation of elements of the breastfeeding programme will be undertaken through the Nelson Marlborough Nutrition and Physical Activity programme by the Auckland School of Population Health.

Re-accreditation of Baby Friendly Hospital Initiative and accreditation for Baby Friendly Community Services will be through New Zealand Breastfeeding Authority.

Evaluation needs to be linked to goals and objectives rather than individual action areas as the multifaceted approach is the key to being effective in achieving these objectives and goals.

With more complete data collection an accurate picture of breastfeeding in Nelson Marlborough will be obtained with the other Well Child provider rates combining with the Plunket rates.

A sustained increase in the initiation and duration rates for breastfeeding across the region and a reduced disparity in the rates between Maori and others would be a positive outcome for the investment required.

Implementation Plan for Breastfeeding in Nelson Marlborough

Each location needs to consider the best combination of interventions to address the needs of their communities, those decisions should be made by local practitioners and the community it serves (appendix 5).

Health Services

Perceived issues from Community Consultation:

Increasing birth rate in Nelson Marlborough, 22% increase in Nelson in 2007. (www.stats.govt.nz) This appearing to be continuing.

Poor breastfeeding data available to use as baseline.

Small numbers of Maori (150-170 births per year) and Pacific (20-30 births per year) make ethnicity rate calculations unreliable (DHB data over 5 yrs).

Lower breastfeeding rates in Maori, Pacific and low-income groups.

Workload issues and recruitment and retention of midwives particularly in Marlborough.

LMC and Well Child priorities, breastfeeding is one of many things they have to discuss with mothers and if there is a problem it can take more time than is available.

Support for mothers in the first 6 weeks.

Inconsistent and conflicting advice to mothers.

Lack of cultural support/understanding.

Lack of support to establish breastfeeding.

Drop in breastfeeding rates by 6 weeks (still in care of Lead Maternity Carers (LMC's).

Availability and cost of breast pumps.

Handover at 6 weeks between Plunket and LMC's to identify mothers and families that need more intensive care.

Actions

Supporting and Advocating for BFHI

1. NMDHB to maintain whole of hospital accreditation for BFHI at Wairau, Nelson and Golden Bay Hospitals.
2. Improve the cultural competence of all mainstream health practitioners.
3. Maori, Pacific and low income women to be offered one on one breastfeeding education and peer support antenatally and in the early postnatal period via Peer Counseling support.
4. Promote access to breastfeeding supplies for Maori, Pacific and low income women eg breast pumps, Well Child Services Booklet.

Supporting and Advocating for BFC Services

5. Provide contact details to all women about health service and voluntary support organisations providing ongoing support for breastfeeding women.
6. Investigate initiatives to improve participation for Maori, Pacific and low-income women in antenatal services.
7. Investigate and develop links to commonly used websites including NMDHB website for women to access high quality breastfeeding information.

District Infant Feeding Health Promotion Strategy

8. Link with national media campaign to promote breast milk as babies first food as part of the Nutrition and Physical Activity programme social marketing campaign key messages.
9. Ensure links to national campaigns by using same imagery and logo while localising strap lines.
10. Distribute up to date guidelines for health professionals on recommendations regarding expressed milk, introducing solids, vitamin supplements (folic acid, Vit C and D), using the MoH and BFH guidelines for healthy eating for mothers and toddlers.

Peer Support Programmes

11. Promote awareness among health professionals particularly midwives and Well Child providers of the value peer counselling programmes bring to breastfeeding women.
12. Encourage DHB and primary health providers to promote peer counselling programmes and encourage access to these services with a focus inclusive of Maori, Pacific and low-income women.

Workforce Development and Training

13. NMDHB investigate scholarship/sponsorship for a Maori student in 2009 midwifery course through CPIT/NMIT.
14. Provide training on determinants of health for primary health care workers and strategies for addressing these focused on making access to antenatal services appealing to Maori, Pacific and low-income women.

15. Liaise with Nursing and Midwifery Councils for recognition of determinants training for allocation of professional development points.
16. Provide in-service training for LMCs and Well Child providers on practical advice for women on how to eat healthily during pregnancy.
17. Link to nationally developed online breastfeeding education training for health professionals.

Strategy and Policy Development

18. Work in partnership with Maori providers and community when developing breastfeeding programmes and services.
19. Investigate, with Te Hotu Manawa Maori (THMM), including breastfeeding education into the nutrition training programme offered for Maori community health workers.

Service Alignment

20. Establish a breastfeeding co-ordination position to facilitate implementation of the primary and public health aspects of the action plan.
21. Develop a tailored antenatal education package combined with proactive postnatal support in hospital and community for higher risk mothers and babies.

Data Collection

22. Include breastfeeding data collection into all Public Health (rural infant welfare nurse) and Well Child provider contracts.
23. Ensure ethnicity data is collected with breastfeeding data.
24. Negotiate with Plunket to add rural infant welfare and Maori Well Child Provider breastfeeding figures into the regional data.

Action Plan Tables: Health Services

* see appendix 7 of list of well child providers in Nelson Marlborough

Supporting and Advocating for the Baby Friendly Hospital Initiative							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1	3,4	1. NMDHB to maintain whole of hospital accreditation for BFHI at Wairau, Nelson and Golden Bay Hospitals.	Accreditation achieved in 2008 Nelson, Golden Bay & 2009 for Wairau. Compliance with the code. Breastfeeding in-service is included in H/S training framework H/S attend breastfeeding clinic with LC	2008 - ongoing	NMDHB/ maternity services	Maternity services, LCs, mother to mother grps NZBA, LMC's, Maternity services, Bounty company, PHS, All secondary staff.	
1&2	1,3, 4	2. Improve the cultural competence of all mainstream health practitioners.	Mainstream services provide a supportive environment for all clients.	2008 - ongoing	NMDHB/Organizational Development	Maori health providers, well child providers* Migrant Centre Pacific grps ESOL, DHB	
1	1,4	3. Maori, Pacific and low income women to be offered one on one breastfeeding education and peer support antenatally and in the early postnatal period via Peer Counseling support.	Increased availability of antenatal services for low income, Maori and Pacific women. One on one support available.	2009- ongoing	NMDHB/NPA, La Leche League NZ	Antenatal providers Parents Centre MHPs Pacific groups LMCs Family Start, Breastfeeding support networks	\$10,000
1&2	1	4. Promote access to breastfeeding supplies for Maori, Pacific and low income women eg breast pumps, Well Child Services Booklet.	Barriers to access because of costs are addressed.	2009	NMDHB/PHS	Well Child Providers LMCs Service groups	Include as part of NMDHB/ PHS and NPA communication strategy
Supporting and Advocating for BFCI Services							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	2,4	5. Provide contact details to all women about health services and voluntary support organisations providing ongoing support for breastfeeding women.	All women know about support services available in the community.	2008 - ongoing	NMDHB/NPA/ PHS	La Leche LMCs, Well child providers, PHOs, Parents Centre, FOUND, MDC	Well Child booklet – Public Health

						database	
1	1	6. Investigate initiatives to improve participation for Maori, Pacific and low-income women in antenatal services.	Incentives investigated and implemented if appropriate.	2009	NMDHB/PHS	Maori HP, Victory Community Health Health, PHOs, churches,	
1&2	4	7. Investigate and develop links to commonly used websites including NMDHB website for women to access high quality breastfeeding information.	Links developed and hits monitored.	2010	NMDHB/NPA and PHS	IT staff, LC's, PHO, LMCs, Plunket, Huggies, Well Child	

District Infant Feeding Health Promotion Strategy

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	1,4,5	8. Link with national media campaign to promote breast milk as babies first food as part of the Nutrition and Physical Activity programme social marketing campaign key messages.	Local campaign is promoted and linked to national campaign.	2008 - ongoing	NMDHB/NPA/PHS	MoH. Plunket, LMC's, Maori health providers, Pacific grp, Migrant Centre	NPA social marketing and communications strategy
1&2	1,4,5	9. Ensure links to national campaigns by using same imagery and logo while localising strap lines.	Links made to national campaign.	2008 - ongoing	NMDHB/NPA/PHS	MoH	NPA social marketing and communications strategy
1&2	4	10. Distribute up to date guidelines for health professionals on recommendations regarding expressed milk, introducing solids, vitamin supplements(folic acid, Vit C and D), using the MoH and BFH guidelines for healthy eating for mothers and toddlers.	Guidelines distributed and information provided to clients is consistent	2008 - ongoing	PHO/Community Nutrition Service	Well Child/Tamariki Ora providers, MoH, LCs, PHS Dietitians.	

Peer Counseling Programmes (appendix for definitions and roles)

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	2,3	11. Promote awareness among health professionals particularly midwives and Well Child providers of the value peer counselling programmes bring to breastfeeding women.	Health professionals are aware of and utilising peer counseling programme.	2009 - ongoing	La Leche League NZ	Well child providers, LMCs, LCs, BABES in Arms	
1&2	1,4	12. Encourage DHB and Primary Health Provider staff to promote peer counselling programmes and encourage access to these services with a focus inclusive of Maori, Pacific and low-income women.	As above	2009 - ongoing	Peer counseling provider	LMCs, LCs, Well child providers	

Workforce Development and Training

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	1	13. NMDHB investigates scholarship/sponsorship for a Maori student in 2009 midwifery course through CPIT/NMIT.	Increase in number of Maori midwives in the District.	2008	NMDHB/Maori Directorate	Education Providers	
1&2	1	14. Provide training on determinants of health for primary health care workers and strategies for addressing these focused on making access to antenatal services appealing to Maori, Pacific and low-income women.	Training provided to primary health care workers	2008 - ongoing	PHO	Primary health care workers	
	3	15. Liaise with Nursing and Midwifery Councils for recognition of determinants training for allocation of professional development points.	Training recognised in professional development		NMDHB / Nursing and Midwifery Service Development Team / Midwifery Educator	Nursing Council Midwifery Council, NZBA	
1	1,4	16. Provide inservice training for LMCs and Well Child providers on practical advice for women on how to eat healthily during pregnancy.	Training provided to LMCs and Well Child Providers	2008-ongoing	PHO/ Community Nutrition Service	Dietitians, LMCs Well Child Providers, DHB PHS	
1&2	1,3 4	17. Link to nationally developed online breastfeeding education training for health professionals.	BFHI and BFCI breastfeeding training will be available online for self directed learning for all staff.	2009	NMDHB / Nursing and Midwifery Service Development Team / Midwifery Educator	Hospital and community health professionals	

Strategy and Policy Development

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	1	18. Work in partnership with Maori providers and community when developing breastfeeding programmes and services.	Maori providers and community participate in programme development.	2008-ongoing	NMDHB/NPA	MHPs, Iwi, PHOs, Tamariki Ora providers, breastfeeding networks	
1&2	1	19. Investigate, with Te Hotu Manawa Maori	THMM to consider breastfeeding	2009	NMDHB/NPA	THMM	

		(THMM), including breastfeeding education into the nutrition training programme offered for Maori community health workers.	component in their training.				
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Service Alignment

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	1-5	20. Establish a breastfeeding co-ordination position to facilitate implementation of the primary and public health aspects of the action plan.	Position established within PHS	2009	NMDHB/NPA	PHS, LMCs, LCs, Well Child providers, La Leche League, mother to mother grps, PHO	\$64,254 contribution from NPA
1	1	21. Develop a tailored antenatal education package combined with proactive postnatal support in hospital and community for higher risk mothers and babies.	Antenatal education is linked to postnatal support for higher risk mothers and babies.	2009	NMDHB/ Breastfeeding co-ordinator	Parents Centre, antenatal providers, Baby Talk, Maori providers, LMCs, LCs	

Data Collection

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	2	22. Include breastfeeding data collection into all Public Health (rural infant welfare nurse) and Well Child provider contracts.	Data is collected by all providers to be collated with Plunket data.	2009	NMDHB/P&F MoH for Well Child providers	PHOs, PHS, Well Child Providers, Plunket	
1&2	1,2	23. Ensure ethnicity data is collected with breastfeeding data.	Ethnicity data is collected consistently.	2008	NMDHB/P&F	PHOs, PHS, Well Child Providers, Plunket	
1&2	1,2	24. Negotiate with Plunket to add rural infant welfare and Maori Well Child provider breastfeeding figures into the regional data	Nelson Marlborough has accurate data on breastfeeding rates that is distributed yearly for use by stakeholders.	2009	NMDHB/ Breastfeeding co-ordinator	PHOs, PHS, Well Child Providers, Plunket	

Family and Community

Perceived issues from Community Consultation:

A lack of appropriate antenatal programmes for young mums, Maori and Pacific mothers to be.

Bottle feeding is seen as the norm.

Workforce issues for Maori and Pacific in the community within health services and community.

Need for expert early intervention for Maori women when problems arise.

Access to breastfeeding support for rural women, when having problems.

Practices with access to and using infant formula samples and advertising using company logos on gifts etc.

Access issues for /Maori/Pacific and low-income families to primary health services.

Support to families wider than just addressing the issue of breastfeeding, support with household, routines, managing on a budget, and combining work with breastfeeding.

Breakdown in breastfeeding norm within the whanau.

Attitudes and lack of acceptance in wider community discourages mothers from breastfeeding.

Actions

Supporting and Advocating for BFC Services

25. PHS Health Promoters to support a community based infrastructure of support with liaison and co-ordination between, NMDHB, PHO, Tu Healthy co-ordinator in NPA, Maori Health Providers (MHP's), Well Child Providers, community groups and other stakeholders.
26. Work with all antenatal service providers to ensure each antenatal programme contains interactive breastfeeding sessions.
27. Involve Maori and Pacific groups in promoting breastfeeding in their local communities.
28. Dependant on outcome of evaluation, to extend Marlborough pilot "Baby Talk" antenatal programme to Nelson for Maori, Pacific and low-income young pregnant women.
29. Investigate sustainable solutions for the provision of community based breastfeeding support services for breastfeeding women in the urban and rural areas of Nelson Marlborough.
30. Support the organisations involved in the pilot BFCI in Nelson to progress the work already underway to becoming baby friendly.
31. Kimi Hauora Wairau and Nelson Bays PHO's to implement BFCI across the district. (Timing dependant on results of pilot areas and work currently being undertaken by the MoH to set breastfeeding training standards and training requirements)
Progression based on MoH delivery of additional resources.

District Infant Feeding Health Promotion Strategy

32. Broaden the Baby Friendly cafes programme to include a wide range of premises in Nelson Marlborough.
33. Work with the national breastfeeding campaign to promote acceptance of breastfeeding in community settings eg churches, recreational areas, marae, shopping centres across the district.
34. Incorporate World Breastfeeding Week into local campaigns to promote breastfeeding using international themes.
35. Work with Men's Health Groups to address fathers supporting breastfeeding and how this can be part of the campaign.

Workforce Development and Training

36. Ensure ongoing NMDHB training for staff (BFHI requirements) is made available for community health professionals (BFCI) and community workers free of charge.
37. Co-ordinator to manage the sustainability of the peer counseling programme in partnership with community groups and providers.

38. Increase awareness of the International Code of Marketing Breast-milk Substitutes for primary health services.

Peer Support Programmes (appendix for definitions and roles)

39. Support the training of a Peer Counselor Programme(PCP) Administrators in Nelson and Marlborough.

Strategy and Policy Development

40. Refer to health services and workplace settings.

Service Alignment

41. Coordinator to support innovative approaches to supporting mothers on discharge and through the establishment phase of breastfeeding, with a focus on Maori, Pacific and low-income.

Action Plan Tables: Family and Community

Supporting and Advocating for BFCI Services							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	1	25. PHS Health Promoters to support a community based infrastructure of support with liaison and co-ordination between, NMDHB, PHO, Tu Healthy co-ordinator in NPA, Maori Health Providers (MHPs), Well Child Providers community groups and other stakeholders.	Breastfeeding Support Networks are community based and driven with regular district wide contact.	2010	NMDHB/ Breastfeeding co-ordinator	Breastfeeding networks in Nelson, Marl and Motueka, MHPs, Parents Centre, community groups, mother to mother groups	
1	1	26. Work with all antenatal service providers to ensure each antenatal programme contains interactive breastfeeding sessions.	Breastfeeding session incorporated into all antenatal programmes.	2009	NMDHB/ Breastfeeding co-ordinator	Antenatal providers Peer counselor programme	
1&2	1	27. Involve Maori and Pacific groups in promoting breastfeeding in their local communities.	Maori and Pacific participate in breastfeeding promotion.	2008-2010	NMDHB/NPA	MHPs, Iwi groups, Well Child Providers, PHOs Pacific groups. Migrant Centres,	
1	1	28. Dependent on outcome of evaluation, to extend Marlborough pilot "Baby Talk" antenatal programme to Nelson for Maori, Pacific and low-income young pregnant women.	Pilot is extended to Nelson if appropriate.	2009	NMDHB/NPA	Baby Talk provider, primary health providers, LMCs, Maori health providers, churches, Pacific grps,	\$4,000
1&2	1,2, 4,5	29. Investigate sustainable solutions for the provision of community based breastfeeding support services for breastfeeding women in the urban and rural areas of Nelson Marlborough.	Lactation services are accessible for women with breastfeeding problems. Yr 1-Investigate Yr 2- Potential \$ based on scope of the evaluation	2008	NMDHB/NPA	LCs, community grps, Well Child Providers	
2	4,5	30. Support the organisations involved in the pilot BFCI in Nelson to progress the work already underway to becoming baby friendly.	Organisations involved in BFCI pilot are accredited with BFC.	2008-2009	NMDHB/NPA	Pilot organisations, NZBA	
2	1-5	31. Kimi Hauora Wairau and Nelson Bays	BFCI services are rolled out	? 2010-	PHOs	Community health	

		PHO's to implement BFCI services across the district (Progression based on MoH delivery of additional resources)	across the district.	2012		services, NZBA	
District Infant Feeding Health Promotion Strategy							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	5	32. Broaden the Baby Friendly cafes programme to include a wide range of premises in Nelson Marlborough.	Increase in number of baby friendly premises in Nelson Marlborough.	2008 - ongoing	NMDHB/ Breastfeeding co-ordinator	Cafes, restaurants, Breastfeeding Networks, PANT, Kanohi, PHOs	
1&2	5	33. Work with the national breastfeeding campaign to promote acceptance of breastfeeding in community settings eg churches, recreational areas, marae, shopping centres across the district.	National campaign is supported with a local emphasis.	2008-2012	NMDHB/NPA	Community groups, churches, marae, shopping centres, PANT, Kanohi, PHOs	NPA social marketing and communication strategy
1&2	5	34. Incorporate World Breastfeeding Week into local campaigns to promote breastfeeding using international themes.	Breastfeeding Week promotions reinforce national and local campaigns.	2008-ongoing	NMDHB/ Breastfeeding co-ordinator	Breastfeeding Support Networks, PANT, Kanohi, PHOs	
1&2	5	35. Work with Men's Health Groups to address fathers supporting breastfeeding and how this can be part of the local campaign.	Fathers participate in local breastfeeding campaigns	2009-2010	NMDHB/ Breastfeeding co-ordinator	Men's Health Group, Breastfeeding Support Networks, PANT, Kanohi, mother to mother groups, Maori Health providers	
Workforce Development and Training							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	2,34	36. Ensure ongoing NMDHB training for staff (BFHI requirements) is made available for community health professionals (BFCI) and community workers free of charge. (Progression based on the MOH delivery of additional resources)	Training is accessed by community health professionals	2009 - ongoing	NMDHB / Midwifery Educator/ L&D	Hospital and community health professionals and community workers	
2	2	37. Co-ordinator to manage the sustainability of the peer counselling programme in partnership with community	Ongoing recruitment and training of new peer counsellors is maintained.	2009 - ongoing	NMDHB/ Breastfeeding co-ordinator	Community groups, Well Child Providers, MHPs, LMCs, LCs	

		groups and providers.					
2	4	38. Increase awareness of the International Code of Marketing Breast-milk Substitutes for primary health services.	Primary health are compliant with Code	2009	PHO	Primary health staff Well Child Providers	

Peer Counseling Programmes (appendix for definitions and roles)

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
2	1-4	39. Support the training of a Peer Counsellor Programme(PCP) Administrators in Nelson and Marlborough.	Peer counsellor administrators are trained for Nelson and Marlborough Peer counsellors are recruited onto the programme and linked to antenatal and postnatal services.	2008	Breastfeeding co-ordinator	La Leche League PCP, Community groups, Well child providers, LMCs, LCs,	See action 3

Service Alignment

Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1	1	40. Coordinator to support innovative approaches to supporting mothers on discharge and through the establishment phase of breastfeeding, with a focus on Maori, Pacific and low-income.	Programmes developed improve support for breastfeeding mothers.	2008-ongoing	Breast feeding coordinator	Community groups Maori Health Providers Well Child Providers	

Workplace, Childcare and Early Childhood Education

Perceived issues from Community Consultation:

Returning to work results in a fall off in breastfeeding rates

Low-income, Maori and Pacific are often in work where not eligible for paid parental leave

Breastfeeding not in early childhood training curriculum

Actions

Supporting and Advocating for BFC Services

41. Include Early Childhood Education Centres in Baby Friendly Community initiatives as they are developed (Progression based on MoH delivery of additional resources).

District Infant Feeding Health Promotion Strategy

42. Scope working with Dept of Labour (Doll) to develop a campaign to promote breastfeeding in the workplace with an emphasis on workplaces that employ predominantly women.

Workforce Development and Training

43. Encourage the provision of breastfeeding information in the workplace.

Strategy and Policy Development

44. Work with agencies involved with Talking Heads to implement Baby Friendly policies within the workplace, including breastfeeding friendly services.
45. Advocate through the submission process to councils to ensure planning for Baby Friendly facilities are included in town planning and new developments.
46. Investigate the inclusion of Baby Friendly workplaces as part of NMDHB provider contracts.
47. Work with Early Childhood Education Centres to develop Baby Friendly facilities for staff and clients.

Data Collection

48. Develop a database as workplaces and Early Childhood Education Centres adopt Baby Friendly policies.

Action Plan Tables: Workplace, Childcare and Early Childhood Education

Supporting and Advocating for BFC Services							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	5	41. Include Early Childhood Education Centres in Baby Friendly Community Initiative as they are developed. (Progression based on MoH delivery of additional resources)	Relevant aspects of BFCI are linked to ECE Centres	? 2012	PHO	ECEs, DHB/PHS, Te Kohango Reo	
District Infant Feeding Health Promotion Strategy							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	5	42. Scope working with Dept of Labour (DoL) to develop a campaign to promote breastfeeding in the workplace with an emphasis on workplaces that employ predominantly women.	There is an increased use of DoL 'Breastfeeding in the Workplace' guidelines.	2009 - ongoing	Breastfeeding co-ordinator	Workplaces, Dept of Labour, Women's Health Action	
Workforce Development and Training							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	4,5	43. Encourage the provision of breastfeeding information in the workplace.	Breastfeeding information is readily available in workplaces and identifies links to support services	2008 - Ongoing	Dept Labour	Workplaces, PHS, Dept of Labour	
Strategy and Policy Development							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	5	44. Work with agencies involved with Talking Heads to implement Baby Friendly policies within the workplace, including breastfeeding friendly services.	Agencies with a focus on families have implemented Baby Friendly policies.	2008-2010	NMDHB/PHS	Charter signatories to Talking Heads	
1&2	5	45. Advocate through the submission process to councils to ensure planning	Advocacy results in improved community services for	2008 - ongoing	NMDHB/ Breastfeeding	Nelson City Council, Tasman District	

		for Baby Friendly facilities are included in town planning and new developments.	breastfeeding mothers. Councils adopt guidelines for Baby Friendly facilities		co-ordinator	Council, Marlborough District Council Breastfeeding Networks	
1&2	5	46. Investigate the inclusion of Baby Friendly workplaces as part of NMDHB provider contracts.	Contracts with NMDHB include Baby Friendly guidelines	2008	NMDHB/ Planning & Funding with support from Breastfeeding co-ordinator	NMDHB contracted services	
1&2	5	47. Work with Early Childhood Education Centres to develop Baby Friendly facilities for staff and clients.	ECE's provide facilities for staff and clients.	2010-2012	NMDHB/ Breastfeeding co-ordinator	ECE centres, community	
Data Collection							
Goal	Obj	Action	Outcome	Timeframe	Lead Agency	Linkages	Resource
1&2	5	48. Develop a database as workplaces and Early Childhood Education Centres adopt Baby Friendly policies.	Database developed	2009	NMDHB/ Breastfeeding co-ordinator	Workplaces, MSD, WINZ, councils, ECE centres, FOUND database	

Implementation Plan Time Frame

Short term 2008-2010

Establish a breastfeeding co-ordination position to facilitate implementation of the primary and public health aspects of the action plan. Focused on:

- Establishing working groups with Maori, Pacific and low-income group input
 - Identifying/addressing barriers to implementation
eg capacity issues, workforce development

- System development
 - Improving data collection
 - Identifying high risk clients
 - Guidelines to standardise advice and management
 - Referral pathways

- Training
 - Health professionals
 - Maintenance BFHI Nelson, Golden Bay, Wairau
 - Engage with provider to support PCP programme

- Build relationships with PHO, community organisations
- Provide supervision for PCP Administrators
- Work with Department of Labour and workplaces to provide supportive environments to mothers at work
- Liaise with Healthy Communities Co-ordinator and Talking Heads

Medium Term 2010-2012

- support implementation of BFC services
- support sustainability of peer counselling programme
- work with NPA programme supporting development of mother to mother groups
- work with Planning & Funding Division with provider contracts and provide advice and support to providers

Medium to Long Term 2010 – 2012 onwards

- continue work with P&F Division with provider contracts and provide advisory to providers
- work with ECE centres

Appendix 1

Benefits of Breastfeeding

The benefits of breastfeeding for babies and mothers have been thoroughly researched and documented.

Breastfeeding is best **for babies** as it:

- Meets all their nutritional needs in the first 6 months of life
- Boosts the immune system
- Provides protection against numerous diseases and allergies
- Helps the development of eyesight
- Reduces the likelihood of later diseases and health risks, including obesity, diabetes, heart disease and some childhood cancers
- Reduces the risk of Sudden Unexpected Death in Infancy
- Enhances cognitive development and protects against ear infections which, if repeated, can lead to hearing loss and lower levels of educational achievement

Breastfeeding is best **for mothers** because it:

- Enables quicker recovery from pregnancy and childbirth
- Helps protect women against breast and ovarian cancers, rheumatoid arthritis, osteoporosis
- Reduces health care costs
- Is convenient and, unlike formula, requires no preparation
- Is free (Australian figures suggest formula costs up to \$A1200 per year)

Breastfeeding is best for **communities and governments** because the above health benefits reduce overall healthcare costs⁸. For example:

- In the US in 1997 it was estimated that infant diarrhoea in non breastfed infants cost \$US291.3 million, with overall extra healthcare costs relating to illness amongst non-breastfed infants of more than \$US1 billion per year.
- UK research in 1995 estimated the hospitalisation costs for formula fed babies suffering from diarrhoea at around £41.5 million per year.
- It has been estimated that Australia would save \$A11.75 million in healthcare costs by increasing the breastfeeding rate at 3 months from 60% to 80%.
- Australian figures suggest the healthcare costs of a formula fed baby are around twice the rate of a breastfed baby.

Appendix 2 Nelson Marlborough District Health Board Breastfeeding Policy

NELSON-MARLBOROUGH DISTRICT HEALTH BOARD		HR/01/055
POLICY BREASTFEEDING IN THE WORKPLACE		
Purpose	<p>The purpose of this policy is:</p> <ul style="list-style-type: none"> to ensure that Nelson Marlborough District Health Board (NMDHB), as a EEO employer, supports its employees to successfully breastfeed and continue to breastfeed after returning to work. to reflect role modelling to the community as a whole and in particular to other employers. 	
Scope	This policy applies to all NMDHB employees and contracted staff.	
Definitions	<p>Breastfeeding In the context of this policy breastfeeding means breastfeeding an infant or expressing breast milk to be fed to an infant at a later stage.</p>	
Policy statement	<p>Nelson Marlborough District Health Board recognises the importance of breastfeeding for mother and infant and undertakes to support a breastfeeding workplace environment that acknowledges a person's practice while respecting their cultural perspectives, needs and beliefs.</p> <p>This policy should be read and implemented in accordance with the NMDHB <i>Treaty of Waitangi</i> and <i>He Oranga Maori Best Practice</i> policies.</p>	
Process	<ul style="list-style-type: none"> Employees who choose to breastfeed will negotiate specific requirements with their direct supervisor/manager on their return to work from parental leave or on commencement of work. Timing and frequency of breaks will be negotiated directly with the supervisor/manager (for example, 2x 30-minute breaks, 3x 20-minute breaks or 1x 60-minute break in an 8-hour shift). 	
Breastfeeding areas	<p>Appropriate rooms (see <i>Appendix 1</i>) will be provided where the breastfeeding woman can:</p> <ul style="list-style-type: none"> breastfeed her visiting infant express breast milk to be stored for later use. 	
Other procedures	<ul style="list-style-type: none"> The need for flexibility for the employee to take breaks from the work area for breastfeeding or expressing to provide breast milk for her child is recognised and encouraged. Breastfeeding policy information will be promoted. 	
References	<ul style="list-style-type: none"> <i>Information for Employers on Breastfeeding-Friendly Workplaces</i> Judith Galtry and Marcia Annandale. <i>Breastfeeding Support Guide for Employers</i> (downloaded on 2/10/06 from: http://www.womens-health.org.nz/breastfeed/workplace.htm#employers) <p>NMDHB policies:</p> <ul style="list-style-type: none"> <i>Treaty of Waitangi</i> <i>He Oranga Maori Best Practice</i>. 	

Issue Number	1	This is a Controlled Document. The electronic version of this document is the most up-to-date and prevails over any printed version. Printed versions of this document are valid for the day of printing only. This document is for internal use only and may not be relied upon by third parties for any purpose whatsoever.	Author	Marlborough Breastfeeding Network
Date Approved	20/07/2007		File name	Breastfeeding in the workplace.doc
Date Review	20/07/2009		Page	1 of 2

NELSON-MARLBOROUGH DISTRICT HEALTH BOARD		HR/01/055
APPENDIX ONE BREASTFEEDING AREAS		
Facilities provided	<ul style="list-style-type: none"> The breastfeeding room/area contains a chair for nursing mothers that is comfortable and has arms for support, a small low table, and a changing table. This room will be made available as a private area for breastfeeding or expressing milk. There will be an area where employees can store their breast pumps. The room is located in an area where a crying infant will not be disruptive to other employees. The room has accessible electrical outlets for electric breast pump use and a sink close by for handwashing and for rinsing out of storage containers. A specified refrigerator will be available for safe storage of breast milk. The clearly identified refrigerator is to be used for no other purpose other than to store breastmilk. 	
Responsibilities	<ul style="list-style-type: none"> Breastfeeding women will provide their own containers and all the milk stored in the refrigerator will be clearly labelled with name and date. It is each mother's responsibility to remove their breast milk from the refrigerator at the end of each shift. Maintenance and cleaning of the refrigerator is the responsibility of staff in the area. Soiled nappies will be wrapped in a plastic bag and disposed of in a white plastic bag in the room, removed daily by cleaning staff. 	
Locations	Nelson campus	The Lactation Consultants' room, situated in the Nelson Maternity Unit, where milk can be stored in the fridge provided.
	Blenheim campus	A room is available in Ward One with access to the fridge for breast milk storage.
	Motueka Community Hospital	Staff room is available with a suitable chair and fridge for breast milk storage.
	Golden Bay Community Hospital	Three areas are available for staff at Golden Bay: the Mothers' Lounge, the Meeting Room or the Well Child Room in the Annex. A breast milk fridge is available in the Annex for breast milk storage.
	Murchison Community Hospital	Staff room is available, with fridge for breast milk storage.

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Date Review	20/07/2009		Page	2 of 2

Appendix 3

Addressing Inequalities with the District Breastfeeding Action Plan.

The Ministry of Health HEAT tool has been developed to address inequalities in health. The HEAT tool sits as a key enabling framework beside He Korowai: The Maori Health Strategy and the Pacific and Disability Action Plan in the National Breastfeeding Promotion Campaign Intervention Logic.

1. *What health issue is the District Breastfeeding Action Plan trying to address?*

Breastfeeding rates below World Health Organisation and Ministry of Health targets.

2. *What inequalities exist in this health area?*

Breastfeeding rates are lower for Maori and Pacific groups as shown in the table below. Plunket data identifies low-income groups also have lower breastfeeding rates particularly in Marlborough.

Nelson Marlborough Plunket Exclusive/Fully Breastfeeding Rates 2006/07

2006/07 Plunket Data	Nel/Tas Other	Nel/Tas Maori	Marl Other	Marlb Maori	Nelson Marl All	New Zealand	National Goals 07/08	MoH targets 2010
6 weeks	76%	62%	70%	58%	72%	65%	74%>	90%
3months	67%	50%	62%	47%	59%	54%	57%>	70%
6 months	30%	19%	31%	17%	29%	26%	27%>	27%
12 months (partial)	40%	45%	39%	28%	39%	37%	20%>	

Source: Plunket 2007

Note: These figures are not exact timeframes 6 weeks (4-6 wks) 3 months(10-16wks) 6 months(16wks-8 months) 12 months(12-14 months).

3. *Who is the most advantaged?*

Non-Maori, non-Pacific and higher income groups.

4. *How did the inequality occur?*

- Maori- interruption to a breastfeeding culture, difficulty establishing breastfeeding in the first 6 weeks, poor or insufficient professional support, perception of inadequate milk supply, returning to work.

- Pacific – need to return to work for financial reasons, influence of family members, lack of training/guidance on breastfeeding, early introduction of complementary foods.
- Low-income – returning to work through financial necessity, often don't meet criteria for paid parental leave, associated with lower academic achievement and poorer health outcomes.

5. *What are the determinants of this inequality?*

Income, housing, education, ethnicity, loss of whanau and cultural support.

6. *How will you address the Treaty of Waitangi?*

Participation of Maori in consultation and development of the District Breastfeeding Plan. The plan provides specific actions with a focus on Maori and reducing barriers to breastfeeding. The breastfeeding targets for Maori are equal to the targets for non-Maori.

7. *Where/how will you intervene to tackle this issue?*

At community, workplaces and health service levels. The plan identifies strategic service alignment which is intended to address the issue across the structural, intermediary pathways, health and disability services and impact intervention areas in Ministry of Health model 2002.

8. *How could this breastfeeding action plan affect health inequalities?*

Reduce the disparity in breastfeeding rates between different groups. There is also evidence of the protective effect that breastfeeding has on obesity, diabetes and other lifestyle conditions (which are more prevalent in Maori, Pacific and low-income groups).

9. *Who will benefit most?*

There will be benefits across the population through the broad actions aimed at the Nelson Marlborough region reaching the breastfeeding targets. There are also more specific actions aimed at reducing disparities and increasing the benefits for Maori, Pacific and low-income groups.

10. *What might the unintended consequences be?*

Transferring inequalities to groups with formula feeding babies.

11. *What will you do to make sure it does reduce inequalities and how will you know if inequalities have been reduced?*

- The data collection actions (when developed) will provide data to identify progress in different groups.
- NPA Programme evaluation through the Auckland School of Population Health.
- Reaccreditation for BFHI and accreditation for BFCI is achieved and maintained across the Nelson Marlborough region.

Appendix 4

Baby Friendly Hospital Ten steps to successful breastfeeding

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Seven Point Plan for Baby Friendly Community Services

The Baby Friendly Community Initiative works toward a vision where breastfeeding is the cultural norm in society. It is based on a seven point plan for the protection, promotion and support of breastfeeding in the community, whereby agencies and providers will:

1. Have a written breastfeeding policy that routinely is communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration among health services, and between health services and the local community.

Appendix 5

Key Components of effective breastfeeding support

Practical and problem-solving breastfeeding-specific professional support is viewed as a highly beneficial intervention by practitioners to increase breastfeeding rates among all women.⁷

- Practice baby friendly guidelines including; unrestricted feeding from birth, unrestricted mother to mother contact from birth onward, unrestricted skin to skin care from birth onwards, avoiding supplementary food unless medically indicated, regular drainage/continued breastfeeding for mastitis, maintaining milk supply.
- Professional support is essential from the first feed and throughout the first few weeks until successful feeding is established. Such support should be breastfeeding specific and additional to normal care.
- Continued support for up to 28 days is seen as crucial for breastfeeding support offered by midwives and to ensure continuity of support between midwives, lactation consultants and community health workers.
- Appropriate training of all health professionals is essential to ensure consistency of messages and approach at all times, across disciplines and sectors. Training should be delivered in multidisciplinary and multisectoral groups to achieve this.
- Standardised training of health professionals in breastfeeding support should be provided.
- Effective communication is essential between health care disciplines and hospital and community sectors to achieve timely continuity of care.
- The focus of education should be on prevention strategies such as positioning and attachment rather than potential problems that may put some women off breastfeeding.
- Grandparents, partners and other family members should be included in breastfeeding education sessions so they know what they can do to support women who are breastfeeding.
- Provide breastfeeding information and support for women in the third trimester that focuses on how to breastfeed effectively, covering feeding position and attaching baby to the breast.

Appendix 6

Enablers to Breastfeeding

- Appropriate, accessible programmes that encourage family/whanau support for breastfeeding
- Ante-natal education about breastfeeding that covers the importance of breastfeeding, the risks of not breastfeeding and common problems and how to overcome them.
- Provision of information and services in the language of the woman and her family, and the provision of translation services where required.
- Accurate education for health professionals about breastfeeding covering the importance of breastfeeding and the risks of not breastfeeding, common problems and how to support mothers and families to overcome them.
- Hospital and health professional support for breastfeeding mothers, particularly consistent, ongoing advice and support.
- Training for health professionals to address psycho-social as well as physiological aspects of breastfeeding.
- Hospital and maternity facility environments that support and encourage breastfeeding, including the use of the Baby Friendly Hospital Initiative.
- Peer support programmes using trained counsellors.
- Parental leave policy with universal eligibility that supports and encourages women to take a period of leave following childbirth and supports exclusive breastfeeding for the recommended 6 months.
- Workplaces that support breastfeeding to continue to breastfeed at work.
- Childcare centres adopting breastfeeding friendly practices such as the provision of a suitable space, appropriate storage for expressed milk, and encouraging staff to breastfeed their own babies.
- Breastfeeding is seen as normal and natural and once established, is cheap, easy and convenient.
- Knowledge of what to expect, how to breastfeed, and access to hands off, practical help with latching and general problem solving the early stages of breastfeeding
- Household help is an important enabler of breastfeeding. Support from partners, family and close friends are particularly important.
- Cultural norms, role models, encouragement from others and learning from watching others can all help enable breastfeeding.
- Supportive workplaces and education settings help women combine breastfeeding with paid work or study.

Barriers to Breastfeeding

Social and environmental barriers

- Partner and/or family beliefs that prefer artificial feeding (including the perception that artificial feeding enhances the father's opportunities to bond with the infant).
- Lack of family and broad social support, including the perception of breastfeeding as inconvenient, and attitudes that makes breastfeeding embarrassing or uncomfortable for the woman.
- Community or societal expectations about the acceptable duration of breastfeeding.
- Insufficient knowledge about the normal course of breastfeeding, including common problems and the solutions.
- A culture that supports artificial feeding through the promotion of images and language that portrays bottle-feeding as normal.

- Returning to work, by choice or through financial necessity, coupled with limited or absent workplace support for breastfeeding mothers.
- Inappropriate or lack of facilities to enable mothers to breastfeed wherever they may be.
- Societal attitudes about breastfeeding being inappropriate in public.
- Cultural beliefs and practices that limit breastfeeding duration and/or include early introduction of complementary foods, particularly among Maori and Pacific families.
- Media portrayal of artificial feeding as normal and commercial promotion of formula through free or discounted formula and advertising.
- The desire to return to social and sporting activities, and to 'get my body back'.
- Lower academic achievement and lower socioeconomic status.

Clinical Barriers

- Lack of access to antenatal education and postnatal support and information services, and/or prompt referral to specialist breastfeeding services.
- Perceived clinical issue, particularly insufficient milk, pain and exhaustion.
- Use of formula within the first month.
- The communication of negative or ambivalent attitudes to breastfeeding by health professionals to women and families, and inappropriate advice, for example standard recommendations on supplementary feeding with formula or advice that formula is a safe substitute for breast-milk.
- Lack of routine follow-up care and home visits for mothers.
- Twins and higher-order multiples.
- Premature and/or low birth weight infants.
- Infants who are separated from their mothers (most commonly unwell infants who are in intensive or special care units).
- Mothers who have had breast surgery that prevents or limits breastfeeding.
- Poor initiation of breastfeeding.
- Poor attachment at the breast.
- Disruptive hospital policies and procedures including, but not limited to, inappropriate interruption of breastfeeding, and early discharge in some populations.
- Low awareness among health professionals of the common problems around breastfeeding, and the solutions.¹⁰

Source: National Strategic Plan of Action for Breastfeeding 2008.

Barriers for Pacific Island women¹¹

- Single Pacific women often delayed care until they told their families of the pregnancy.
- Difficulty in finding out about maternity practitioner options.
- The need to return to work for financial reasons.
- The strong influence of family members, for antenatal and postnatal advice.
- Lack of training/guidance on breastfeeding.

- Protocols in hospitals not allowing their partner to stay overnight particularly on first night baby is born.

Barriers for Maori women⁹

- Interruption to a breastfeeding culture.
- Difficulty establishing breastfeeding in first 6 weeks.
- Poor or insufficient professional support.
- Perception of inadequate milk supply.
- Returning to work.

Appendix 7

Well Child/Tamariki Ora Providers in Nelson Marlborough

- Plunket regional
- Maataa Waka Marlborough
- Te Amo Health Motueka
- Te Korowai Trust Nelson
- Te Awhina Marae
- Public Health Services: Rural Infant Welfare Nurses regional
- General Practitioners regional

Appendix 8

Peer Counselling programmes

Peer support is seen as a highly beneficial intervention that has the potential to achieve significant increases in the initiation and duration rates of breastfeeding.⁷

Need to develop clear definitions of peer counselling and requirements for training, supervision and ongoing support.

Factors that may enhance peer counselling schemes include:

- Training should include communication skills so they are confident to approach women and offer support.
- Provide ongoing support and training for peer counsellors to maintain knowledge and enthusiasm.
- Consistency of care/information with professional support.
- Should be recruited from within the community to enhance acceptability.
- Peer counselling should be delivered in non-clinical informal community settings for example community centres, breastfeeding rooms where women meet, eg Victory Health Centre, Riversdale House, Marae to increase accessibility for hard to reach families with easy walking access or good public transport links.
- Crèche facilities for older children may encourage attendance.
- Peer counselling should be offered proactively rather than simply relying on women to attend.
- Antenatal contact by peer counsellors may encourage more utilisation of peer counselling postnatally.
- Combining antenatal care with postnatal support groups can facilitate contact between mothers and peer counsellors.
- Maybe part of wider community support initiatives eg via Migrant Centre programmes, Parenting courses.
- Develop support networks with midwives, lactation consultants and primary care for peer counsellors to maintain knowledge and interest and to ensure issues outside the scope of peer counseling are dealt with appropriately.

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Dieticians

Midwives/Lactation consultants

Community members

Nelson Marlborough District Health Board

Primary Health Organizations

Plunket

La Leche League

Maori Health Organizations

Other Non Government Organizations

-
- Discussions with Nelson Marlborough branch of Royal College of Midwives
 - Wellbeing Works Limited

The Nelson Marlborough Breastfeeding Action Plan was signed off by the following agencies:

Nelson Bays PHO

Kimi Hauora Wairau PHO

Maataa Waka

NMDHB - Public Health Unit

NMDHB – Planning and Funding

NMDHB – Learning and Development

NMDHB – Maternity Services

NMDHB - Midwifery Educator (Nursing and Midwifery Service Development Team)

Marlborough Breastfeeding Support Network

Nelson Breastfeeding Support Network