

 <b>Swan Hill District Health</b>	<b>Baby Friendly Health Initiative (BFHI) Ten Steps to Successful Breastfeeding Protocol</b>
<b>Scope</b>	All Staff
<b>Responsible Dept</b>	Midwifery
<b>Initial Authorisation</b>	BFHI Working group (Health Promotion)
<b>Final Authorisation</b>	Director – Clinical Care

## Purpose/Statement

Swan Hill District Health (SHDH) endorses the World Health Organization (WHO) recommendation that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while breastfeeding continues for up to 2 years and beyond. SHDH recognises the important health benefits for both the mother and her breastfed child.

The Baby Friendly Health Initiative (BFHI) was developed jointly by the WHO and UNICEF in 1991. The initiative is a global effort for improving infant health by supporting mothers to breastfeed their babies. It is this initiative that guides the SHDH breastfeeding policy. To assist mothers and infants in achieving successful breastfeeding, all staff receive appropriate education and training on the Ten Steps to Successful Breastfeeding and SHDH Breastfeeding Policy as outlined in step 1 of the 10 steps.

SHDH recognises that all mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed their baby. SHDH staff will respect the woman's choice in her method of infant feeding. SHDH acknowledges that the "Ten Steps" are beneficial for all mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice – regardless of feeding method.

In line with Baby Friendly Health Initiative (BFHI), all personnel are expected to be familiar with, and adhere to this protocol and the key aligned documents listed, in order to avoid giving conflicting advice.

## Guideline/Outcome

### 1. Purpose and Scope

- To become accredited under the Baby Friendly Health Initiative
- To standardise information sharing, provide consistent advice and promote practices conducive to successful breastfeeding.
- To promote "Ten Steps to Successful Breastfeeding" as developed by the BFHI
- To enable SHDH staff to foster an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to continue breastfeeding
- To provide the community, community groups and health professionals with a protocol on breastfeeding.

### 2. Application

**By endorsing the International Code of Marketing on breast milk substitutes and subsequent relevant Health Assembly resolutions SHDH will:**

Pay fair market price for all formula and associated infant feeding equipment that it uses. SHDH will not accept or distribute free or heavily discounted formula.

Not allow representatives of companies that distribute or market products within the scope of the code open access to staff or birthing women (both antenatal and postnatal) at SHDH.

Prompt Doc No: SHDH0157845 v3.0	Page 1 of 8	Last Reviewed: 05/11/2020
First Issued: 06/10/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023
Version Changed: 05/11/2020		

Not receive free gifts, non-scientific literature, materials or equipment, money or support for in-service education and/or events from these companies. Information to health workers must be scientific and factual.

Not advertise breast milk substitutes, feeding bottles, teats or dummies in any part of the hospital.

Not accept pictures of infants or other pictures idealising artificial feeding on the labels of the products. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

Keep formula products out of sight from pregnant woman and mothers.

SHDH ensures that women will be given consistent accurate advice, and that there is careful scrutiny of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy.

The organisation actively practices the following Ten Steps of Breastfeeding:

### **Step 1:**

#### **Have a written breastfeeding policy that is routinely communicated to all health care staff and parents**

- This policy is to be communicated to all health care staff that have any contact with pregnant women and mothers. All staff will have access to this policy.
- All new staff will be orientated to the location of the policy at their Orientation Day.
- This policy will be explained to all pregnant women with the aim of ensuring that they understand the standard of information and care expected from SHDH
- [Mother friendly labour and birthing practices](#) are fostered as this is known to help mother's psychological and physical health and enhance the babies start in life, including breastfeeding.
- All mothers are to have access to the [BFHI Ten Steps to Successful Breastfeeding Summary](#) and [Information Sheet](#) which states how to access SHDH's Breastfeeding Policy
- Breastfeeding employees at SHDH are to be supported to continue to breastfeed on returning to work, by having access to a private area with facilities where they can feed their baby, express milk and store breast milk.

### **STEP 2:**

#### **[Train all health care staff](#) in the skills necessary to implement this policy.**

- All staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their scope of practice.
- Midwives have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- Midwives will assist mothers who have chosen to formula feed to learn the skills needed to do so including in the reconstitution of infant formula and suitable cleaning/sterilisation techniques
- All ancillary staff will be orientated to the policy and receive training that enables them to refer breastfeeding queries appropriately.

### **STEP 3:**

#### **Inform all pregnant women about the benefits and management of breastfeeding.**

Staff involved with the provision of antenatal care should ensure that all pregnant women are informed of the benefits of breastfeeding for both mothers and babies and the potential health risks of formula feeding. All pregnant women should be given an opportunity to discuss infant feeding on an individual basis with a midwife as early in her pregnancy as practicable.

- Advantages of breastfeeding discussed (nutrition, bonding, protective factors, health benefits for mum, environmental aspects)
- The physiological basis of breastfeeding will be clearly and simply explained to all pregnant women, together with good management practices (the first feed, positioning and attachment,

Prompt Doc No: SHDH0157845 v3.0	Page 2 of 8	Last Reviewed: 05/11/2020
First Issued: 06/10/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023
Version Changed: 05/11/2020		

nipple and breast care, rooming in, demand feeding, establishing milk supply) which have been proven to protect breastfeeding and reduce common problems.

- SHDH aims to give women confidence in their ability to breastfeed by including breastfeeding education in antenatal midwifery appointments as well as antenatal classes.
- Medications used during Pregnancy, Labour and Birth and how they can affect baby's breastfeeding behaviour, mother's milk supply and how medications can enter the breastmilk discussed.

#### **STEP 4:**

**Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.**

All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth for as long as they want, regardless of their feeding method. Skin-to-skin contact should be maintained for at least an hour or until after the first feed.

- Skin-to-skin contact should not be interrupted by staff wanting to carry out routine procedures.
- If skin-to-skin contact is interrupted for a clinical indication or maternal choice it should be reinitiated as soon as mother and baby are able.
- All mothers are to be encouraged to offer the first breastfeed when mother and baby are ready. A midwife is to give assistance if needed.
- Promote baby-led attachment. The pattern of instinctive behaviours by the baby to get to the breast is to be encouraged by staff. This form of attachment is only successful when the mother and baby are healthy and allowed sufficient skin-to-skin contact. The baby must be allowed to go through its pre-feeding rituals of licking, smelling, touching and mouthing the breast before attaching.
- In case of caesarean section births- mothers and babies are to remain together whenever possible only being interrupted for medical reasons (A medically indicated procedure may include resuscitation or stabilisation procedures for sick and/or preterm infants. Otherwise further evidence must be available to demonstrate why the mother's or baby's condition prevented immediate or undisturbed skin to skin contact.)
- Skin-to-skin contact will be encouraged and supported throughout the woman's stay in hospital and beyond.

#### **STEP 5**

**Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.**

All breastfeeding mothers should be offered further help with breastfeeding as needed. Including providing practical, emotional and motivational support. A midwife should be available to assist a mother at all breastfeeds during her stay.

- Midwives must ensure mothers are offered the support necessary to acquire the skills and recognise the indicators of correct positioning and attachment.
- All breastfeeding mothers should be coached on [how to express](#) their milk by hand and by pump. Information outlining the process is to be provided for women to use as reference.
- When a mother and her baby are separated for medical reasons, it is the responsibility of the midwife to encourage and help the mother to express milk as soon as possible after birth.
- Mothers who continue to be separated from their babies should be encouraged to express 6-8 times per 24 hours to promote milk production or maintain an established supply. The use of lactation aids such as an electric pump may be considered when assessing the mother's needs.

When direct breast contact can be offered to the baby, midwifery assistance must be available.

- Before discharge, all breastfeeding mothers will receive information, both verbally and in writing, about how to recognise:
  - The signs which indicate that their baby is receiving sufficient milk and what to do if they suspect this is not the case.
  - How to recognise signs that breastfeeding is not progressing normally (e.g.: sore nipples, suspected mastitis) and how to manage common difficulties.

Prompt Doc No: SHDH0157845 v3.0	Page 3 of 8	Last Reviewed: 05/11/2020
First Issued: 06/10/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023
Version Changed: 05/11/2020		

## STEP 6:

### **Give newborn infants no food or fluids other than breast milk, unless medically indicated.**

- No water or artificial feed should be given to a breastfed baby unless medically indicated or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained Midwife or Doctor. Reasons for supplementation should be discussed with parents and recorded in the baby's notes. Written consent is required from either parent.
- If increased fluid intake is medically indicated, every effort should be made to encourage the mother to express breast milk to be given to the baby for supplementation via cup or syringe. This proactive approach may reduce the need to offer formula supplements.
- All mothers should be encouraged to breastfeed exclusively for at least six months and continue to breastfeed for the first year of life or longer.

## STEP 7: Rooming In

### **Enable mothers and their infants to remain together and practice rooming in.**

- A mother will normally be the primary carer for her baby. If a mother makes an informed decision to be separated from her baby for more than 1 hour it must be documented.
- Separation of mother and baby will normally only occur where the health of either mother or baby is of concern.
- Well babies should stay their mothers 24 hours a day. Mothers recovering from caesarean section should be given appropriate support to care for their babies 24 hours a day.
- All mothers will be given information about [safe-sleeping](#).

## STEP 8:

### **Encourage breast feeding on demand.**

- Mothers should be supported to practise to demand feeding their babies (for as long as the baby wants if sucking effectively) as part of nurturing care, unless there is a clinical indication to do otherwise. The routines of hospital should not interfere with this principle.
- Midwives will support mothers to recognise their infants feeding cues and the importance of responding to them so that they have an awareness of normal feeding patterns (including cluster feeding and growth spurts). This will include the importance of night time feeding as part of demand feeding.

## STEP 9

### **Give no artificial teats or dummies (also called pacifiers or soothers) to breast feeding infants.**

- Midwives and other health care staff will not recommend the use of artificial teats and dummies during the establishment of breastfeeding a healthy term baby. Parents wishing to use them will be advised of the possible detrimental effects such use may have on breastfeeding to allow them to make informed choice. This includes potential suck confusion, harder to recognise feeding cues, babies tend to feed less often, can reduce the time at the breast and therefore decrease milk supply. A record of such discussion and the parents' decision should be recorded in the baby's clinical pathway.
- Nipple shields are not recommended for attachment unless all other avenues have been exhausted. A midwife must discuss the pros and cons of using a nipple shield prior to use.

## STEP 10:

### **Foster the establishment of breastfeeding support and refer mothers on discharge from the hospital.**

- SHDH supports cooperation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
- Mothers are given verbal and written information regarding referrals and support services prior to going home from hospital that includes:
  - Midwifery Unit SHDH (support up to 6 weeks of age) 5033 9269
  - Breastfeeding Support Service *Health Promotion* 5033 9337
  - Maternal and Child Health Nurse Services Swan Hill 5032 0300 24 hour telephone service 13 22 29

Prompt Doc No: SHDH0157845 v3.0	Page 4 of 8	Last Reviewed: 05/11/2020
First Issued: 06/10/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023
Version Changed: 05/11/2020		

- Mallee District Aboriginal Service Swan Hill 5032 8600
- Australian Breastfeeding Association (ABA) and help line 1800 686 2 686 mum 2 mum.
- Culturally and linguistically diverse breastfeeding support information is available on-line from the Australian Breastfeeding Association and The Royal Women's Hospital Vic and is to be made available to culturally and linguistically diverse women and their families.

### Mothers who choose Formula Feeding:

Staff should be aware of and refer to the Supplemental feeding of new born babies and Acceptable Medical Reasons for the Use of Infant Formula Guidelines Protocol so that mothers receive the care and information required to feed their babies formula.

### Evaluation:

- All staff members who give breastfeeding advice to mothers and families have completed the necessary education and maintain the standards set down within the Baby Friendly Health Initiative accreditation requirements. This is to be reviewed and documented by hospital clinical management.
- All women are provided the opportunity to breastfeed or provide breast milk for their infants.
- Data is to be collected according to the Baby Friendly Health Initiative accreditation requirements.
- Improving breastfeeding rates by promoting awareness of the "The Ten Steps to Successful Breastfeeding".
- Implementation, monitoring and evaluation of this policy by hospital Clinical Management.

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### Key Aligned Documents

[Breastfeeding at Work Protocol](#)

[Breastfeeding Policy](#)

[Supplemental feeding of new born babies and Acceptable Medical Reasons for the Use of Infant Formula Guidelines Protocol](#)

[The Healthy Term Newborn Protocol](#)

[BFHI Ten Steps to Successful Breastfeeding Summary](#)

[Mother-friendly labour and birthing practices](#)

[BFHI Education](#)

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### Key Legislation, Acts & Standards

National Safety and Quality Health Service Standards – Standard 3 - Preventing and Controlling Healthcare Associated Infections

National Safety and Quality Health Service Standards – Standard 2 – Partnering with Consumers

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### Definition

**BFHI** Baby Friendly Health Initiative

**BF** Breastfeeding

**EBM** Expressed Breast Milk

**SHDH** Swan Hill District Health

**WHO** World Health Organisation

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### References

Albury Wodonga Health, BFHI hospital breastfeeding policy: Albury Wodonga Health 2016

Australian Breastfeeding Association, Consumer information sheets: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) 2016 - 2019

Bairnsdale Regional Health Service Breastfeeding Operational Policy (accessed via Prompt 24<sup>th</sup> Feb 2020)

Bendigo Health BFHI 10 Steps to Successful Breastfeeding Guideline (accessed via Prompt 24<sup>th</sup> Feb 2020)

BFHI Handbook for Maternity Facilities: Australian College of Midwives 2016. Baby Friendly Health Initiative, Australia updated 2016 incorporating the revised WHO&UNICEF Global standards for BFHI. Version 3

Breastfeeding and Co-sleeping: Australian Breastfeeding Association, [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) Aug 2017

Prompt Doc No: SHDH0157845 v3.0	Page 5 of 8	Last Reviewed: 05/11/2020
First Issued: 06/10/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023
Version Changed: 05/11/2020		

Breastfeeding and You: A handbook for antenatal educators, second edition Dr Jane Svensson  
 Department of Health, Western Australia; Health Networks Branch, Department of Health, Western  
 Australia; 2013  
 Safe Infant Sleeping Policy and Framework – Women’s and Newborns Health Network 2013  
 The Global Criteria for Baby Friendly Hospitals in Australia: Handbook for Maternity Facilities – Criteria  
 for Assessing Implementation of the Ten Steps to Successful Breastfeeding: Australian College of  
 Midwives, 2016  
 The Royal Women’s Hospital, A-Z fact sheets: Breastfeeding your baby Booklet 2017), Expressing  
 breastmilk (June 2018) your pregnant, so let’s talk about feeding your baby 2019:  
<https://www.thewomens.org.au/health-information/fact-sheets/>, access as needed.  
 The Royal Women’s Hospital, Breastfeeding the Healthy Term Baby policy: RWH2017  
 WHO, UNICEF Baby -Friendly Health Initiative revised, updated and expanded for integrated care  
 Geneva: World Health Organisation, 2009.  
 Women’s and Newborns Health Network. Baby Friendly Health Initiative – Hospital Breastfeeding  
 Policy: Government of Western Australia Department of Health 2017

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**Author / Contributors**

<b>Name</b>	<b>Position</b>	<b>Review Dates</b>
Tennille Harrison	Health Promotion Officer	Sept 20
BFHI Working Party		Sept 20

## Mother-friendly labour and birthing practices

SHDH foster mother-friendly labour and birthing processes. It is known that these practices are helpful for the mothers' psychological and physical health and enhance the babies' start in life, including breastfeeding. These practices include each of the following points:

- Women are encouraged to have a support person of their choice with them throughout labour and birth.
- There is support for practices that can help with comfort and non-pharmacological pain relief during labour.
- Women are encouraged to move about as they need to during labour, and to assume birthing positions of their choice, unless a restriction is medically indicated.
- Invasive procedures are not used routinely, unless specifically required for a complication. Invasive procedures include rupture of the membranes, episiotomy, acceleration or induction of labour, instrumental delivery, or caesarean birth. If these are required for a medical reason, the reason is explained to the mother.

NB. All personnel are aware that care involving restrictions on drinking and eating light foods, and invasive procedures during labour and birth may impact on the mother's condition and on the establishment of exclusive breastfeeding.

Prompt Doc No: SHDH0157845 v3.0		
First Issued: 06/10/2020	Page 7 of 8	Last Reviewed: 05/11/2020
Version Changed: 05/11/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023

## BFHI Education

Requirements for breastfeeding education for each group of staff for initial assessment and for the 3 year period prior to reassessment of the facility.

**Group 1:** Those who assist mothers with breastfeeding, or provide information sharing relation to breastfeeding. Eg. Lactation consultants, midwives, nurses who work permanently or on a casual basis in the maternity unit. Group 1 personnel must have a minimum of 20 hours of education which covers the BFHI curriculum.

**Group 2:** Those who may provide general breastfeeding advice but do not assist mothers with breastfeeding. Eg. Obstetricians, paediatricians, other medical personnel, speech pathologists, physiotherapists and dieticians who advise or provide care related to infant feeding or lactation to mothers and/or their babies. Group 2 personnel must have a minimum of 2 hours of education.

**Group 3:** Those who have contact with pregnant women and mothers but do not assist mothers with breastfeeding and do not provide infant feeding advice as part of their role. Eg. Ward clerks, relevant domestic personnel, auxiliary volunteers, some physiotherapists, and perioperative and recovery room personnel. No time is specified by Group 3 personnel but it is usually around 1 hour.

Refer to BFHI Handbook for Maternity Facilities for full details on curriculum requirements under Step 2 *Train all health care staff in the skills necessary to implement this policy*, page 15-19.

Prompt Doc No: SHDH0157845 v3.0		
First Issued: 06/10/2020	Page 8 of 8	Last Reviewed: 05/11/2020
Version Changed: 05/11/2020	UNCONTROLLED WHEN DOWNLOADED	Review By: 05/11/2023