National Council of
Women of New Zealand
Te Kaunihera
Wahine O Aotearoa

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Submission to the New Zealand Breastfeeding Association on the Establishment of a National Breastfeeding Committee for New Zealand

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 34 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members.

Due to the timing for this submission NCWNZ was not able to ask for input from all Branches, Responses therefore come from members of the Health Standing Committee, some Branches and a few interested parties.

Questions

1. Do you agree with the proposed name? If not then what would you suggest?
There was general agreement about retaining the proposed name although "Authority" tends to indicate a controlling body, as in Land Transport Safety Authority or Ports Authorities, rather than a user-friendly body. 'Authority' also suggests real power that in today's society seldom carries enough real weight. Either lack of funds, or sidestepping of accountability can make nonsense of the best of plans.

Throughout this document NCWNZ will refer to the New Zealand Breastfeeding Authority as NZBA.

Members agreed that the name should be clear and concise and a name which conveys its role. It is important that the name signifies authority, knowledge, and commitment.

Some suggested alternatives are, 'NZ Breastfeeding', 'NZ Breastfeeding Association', or a variant of 'National Breastfeeding Authority of Aotearoa, New Zealand'.

2. What degree of influence/power should the NZBA have?
It was agreed that the word 'power' is inappropriate and the use of 'influence' only be accepted. This organisation should not dictate but rather be a source of influence. Influence to encourage breastfeeding is very important, but this can only ever be a recommendation.

NZBA should be an advocate for breastfeeding. They should also disseminate information and work collaboratively with all agencies and community organisations in promoting breastfeeding.

There must also be an educative role. Mothers can only be encouraged to breastfeed. The final decision must always be theirs.

NZBA must have wide ranging influence to ensure:

- that anatomy and physiology; technique; understanding and the process of breastfeeding is included in GP, Obstetrics and Gynaecological, Pharmacy, Nursing and Midwifery programmes.
- that all departments and hospitals are surveyed by Baby Friendly Hospital Initiatives (BFHI) assessors.

- that although longer stays in hospital may be costly, this time may be better used to assist with the establishment of breastfeeding providing that the staff are competent in this area.
- that new building codes for public buildings incorporate provisions to ensure pleasant places are available for breastfeeding mothers.
- that communication with other ministries to achieve NZBA objectives is continued.
- that there is oversight of all those with contracts to support breastfeeding.
- that standards are met.
- that sufficient funding is available for adequate support and implementation.
- that all stakeholders are involved in ongoing education.
- that workplace practice allows for breastfeeding mothers.
- that there is there is sufficient quality information in the market place to counter/reduce the sale of pacifiers and breast milk substitutes.
- that there is a reduction of "gifts" of breast milk substitutes to maternity facilities;

3. Will the objectives enable the NZBA to fulfil its mission?

This would appear to be a comprehensive list of objectives, well thought out, but still relying very heavily on objective 5, to "achieve funding"

Open communication must be maintained with the providers and community organisations promoting, protecting and supporting breast-feeding.

Bi-annual meetings of stakeholders are important to maintain the same level of knowledge, education and support in all areas and to lobby for funding to be continuous.

Some members expressed concern that in setting up an organisation such as this, that funding ends up largely in administrative costs and that action plans are deferred until further funding permits. How the organisation performs in the future will depend on how determined members are to establish and sustain objectives.

4. Are there any other relevant documents you would recommend?

Members had nothing to add here, however, NCWNZ has contributed to many documents on this topic and watch the "Baby Friendly Hospital" initiative with interest. Members, when submitting to the latter were mindful that some mothers are unable to breastfeed and must not be chastised and made feel guilty should this be the case.

5. Will this framework ensure long-term sustainability and continued funding of breastfeeding work in Aotearoa New Zealand?

The members were of the opinion that the framework would ensure long-term sustainability. The members recommended that care be taken with choosing appointees to ensure it is staffed by committed and enthusiastic people and that it is adequately and continuously funded.

It is acknowledged that funding is always short in the health system, but that Hospitals and DHB's must be encouraged to support the Baby Friendly Hospital Initiatives. The rights of the child must be safeguarded.

Concern was expressed that the stakeholders, as indicated in the proposed framework flowchart, were seen as being those to gain. It is acknowledged that there must be accountability of the NZBA to the stakeholders, i.e. the people of New Zealand, but that the consumers must be the ones to benefit in terms of a better and healthier start in life. It was felt that a disproportionate amount of the funding was likely to be used to support the C.E.O. and above, rather than being used to provide services and facilities for those working at the consumer end of the flowchart.

Most of the funding would be dependent on Government. Sustainability of the work that is already being carried out in this area by Plunket, which is only partially government funded; La Leche, which is a voluntary organisation; and in more recent times, Midwives and Health groups which all encourage breastfeeding to the best of their ability will require continued education and encouragement.

6. How can this structure ensure that there will be consumer participation at every level?
There must be wide consultation and appointments from the communities and by NZBA not becoming too bureaucratic.

Every effort must be made to ensure that women, preferably those who have had children, are represented at each level and cover the various ethnic groups. Governmental and non-governmental representation is also important. Government appointments must be transparent. Professionals must also be included.

Cost effectiveness must not overtake consumer interest. It is perceived that there is a problem with the structure. It would appear that consumers must be dealt with rather than consulted. Maybe the arrows between initiatives and consumers should be two-way. Consumer participation is most important. The consumer must be listened to. At every level there should be representatives appointed from user groups.

The document doesn't state how consumers will be involved. Breastfeeding mothers are already involved with their babies. However, New Zealand needs health professionals well educated in lactation issues who can protect the women.

7. How can the funding and participation be widened to include other ministries in addition to the Ministry of Health?
NCWNZ believes that in setting up the NZBA funding levels must be set to make provision for working with other ministries, particularly Ministries of Labour, Employment, Housing, Women's Affairs, Maori Affairs, Education and WINZ. These Ministries should also be encouraged to consider their role together with NZBA when budgets are being considered. It is important to acknowledge that what happens in these other sectors may influence women in making the decision to breastfeed or not.

8. How many membership groups should comprise the NZBA?
It was felt that this question should be considered in terms of the minimum number needed to work constructively together. Many groups could be represented by one or two spokespersons having the communication skills to report/negotiate at top levels, and report back to lower levels.

There must be membership from not just Government agencies but from all sectors working on promoting the "WHO Code".

There should be a reasonable representation of lactation consultants, nurses and midwives with international certificates, as they are the experts in breastfeeding problems.

Other health professionals should include representatives from Midwives, Paediatricians, Obstetricians, GP's, Plunket, La Leche and Whanau Ora Maternity Services and NGO's such as NCWNZ. Those representing other organisations should preferably be women who have reared children and/or family members who have supported them.
As Maori and Pacific Island women appear to have a greater problem with breastfeeding they should have significant representation on NZBA

What proportion of members should each sector have and what is your rationale for this?
As long as all sectors and ethnic groups are represented numbers are a less important matter. It may take time to show the most effective number needed to give good representation at each level.

9. Is this nomination process transparent and fair?
In general members agreed that this is a fair and transparent process as long as the eventual membership is representative of the whole population, ethnically and geographically.

Those stakeholders who are not able to be present at the18/9/03 meeting still need to be considered. 'Brainstorming' regarding other possible participants should be undertaken after consideration of events at that meeting.

Representatives are definitely required who have the time and expertise to make a worthwhile contribution.

The suggested nomination process incorporating those groups already involved should provide good coverage to start with. It is accepted that some areas are implementing requirements better than others therefore it is essential to use what information is available from these providers to help others. The essential aim must be to fully discuss number of funders, providers and organisations listed on page 16 and to get all these people to see where the fragmentation of delivery services needs streamlining so as to focus on the avowed aim - promotion of maternity care and promoting breastfeeding.

10. Are there any other roles, responsibilities or qualities required that have not been identified?
Members assume that marketing will include the use of television to get their message across to the public in a manner similar to that which was used recently, about breastfeeding in the workplace.

Some members were concerned that there was no definition given regarding the role of the C.E.O.

11. How will the proposed development of the New Zealand Breastfeeding Authority support and enhance the work of your organisation and its members to promote, protect and support breastfeeding?
NCWNZ has, over a number of years, put forward remits supporting the importance of good, antenatal and maternity facilities for mothers and babies.

In 1991 NCWNZ urged, "the Minister of Health to ensure that Area Health Boards take practical steps to provide services which will help and encourage all mothers to establish breastfeeding as their first choice."

NCWNZ, as part of their educational role, can assist in spreading among members and the public, the message of promotion, protection and support of breastfeeding. NZBA can help with this in providing quality information for us to work with. Some of our members are already representatives of various professional and voluntary groups listed in you consultation document.

Other comments

Members believe that the plan in the accompanying document - "Breastfeeding - A Guide to Action" is sensible in its format. However, the consultation document is somehow sounds more hypothetical than practical in the way it is presented. It also does not address who, and how many people are on the existing NZBA. This would have been a good opportunity to communicate a more positive start to the proposal.

NCWNZ believe that a strong commitment from Government and a transparent process, which takes the work of the New Zealand Breastfeeding Authority, (NZBA) seriously, is overdue.

NCWNZ acknowledge that breastfeeding figures are not good for New Zealand, especially three months and after. Maori and Pacific Island people still have a long way to go. We all need to be working together to promote breastfeeding. However, there needs to be action from NZBA and this action must be communicated to the public in such a way that women are encouraged to breastfeed as a matter of informed choice, and not coercion.

The action plan is excellent and NCWNZ supports the proposal to establish a New Zealand Breastfeeding 'Authority'.

For some women breastfeeding isn't a possible option, despite the best of intentions and desires.

Women choosing not to breastfeed must be respected as this may be for social, cultural, financial/employment or family reasons. These reasons also need to be acknowledged and in some cases managed on their behalf, hence the need to liaise with other ministries.

There must be more focus on information and support being given to mothers. Their stays in hospital are far too short. Breastfeeding is frequently not established. Milk is not even starting to come. Our two Maternity surveys showed that this definitely was the case especially with first time mothers. There is very little support in the communities. Midwives often do not have the skills. Handover to Plunket is often too late so mothers have given up before six weeks. More lactation consultants need to be trained to support mothers once they leave hospital. There also needs to be more public education about the requirements of planned early discharge.

Experience of many members would indicate that the average general practitioner does not appear to have sufficient knowledge of breastfeeding and associated difficulties to give education and advice to clients. They also need encouragement to use trained experts, e.g. lactation consultants and to refer clients on.

Breastfeeding in many country communities can often be dealt with within families, i.e. support from older women, as a follow up to care provided by the midwife or Plunket Nurse. Where this support is available it can be invaluable, but this form of support appears to be diminishing. Some young mothers are reluctant to accept help from neighbours so the unpaid but critical support from older members cannot be taken for granted. All available services should be there for all mothers.

It must also be remembered that while breast milk should be, and from a healthy mother is perhaps the best for a baby, where mothers are addicted to alcohol, cigarettes, drugs, etc, or suffer from communicable diseases like TB, HIV/AIDS it may not be.

In the end it must be the decision of the mother to breastfeed for the right reasons and not to fulfil an organisation's goals and objectives.

We thank you for this opportunity to comment on, “A Consultation Document for the Establishment of a National Breastfeeding Committee for New Zealand” and look forward to receiving a copy of the Summary of Submissions.

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