



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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23 June 2000

S00.25

**Submission to the New Zealand Breast Feeding Authority on
The WHO/UNICEF Baby Friendly Hospital Initiative for Aotearoa New Zealand**

Introduction

NCWNZ is an umbrella organisation first established in 1896. It speaks on behalf of a wide cross-section of women in New Zealand. Our current membership includes women from 150 societies affiliated through 36 branches spread throughout the country, as well as 46 Nationally Organised Societies. NCWNZ has regarded health care as one of its priority areas and has developed a considerable body of policy in the area. Comments for this submission were received from members of the Health Standing Committee and branch member groups.

This submission follows the format of the submission documents.

1. Action Plan

Page 3: Definition of a Baby Friendly Hospital

In general, our members support the definition of "Baby Friendly Hospital (BFH). Some concern was expressed, however, that the word "unbiased" was used in the last sentence. The basis of this concern was that all staff should always support women whatever their informed choice may be.

Page 5: Statement of Intent.

There were concerns expressed by members who had experienced problems with the facility and the Lead Maternity Carer (LMC) differing in their views. It is usual for the rapport to be established between the mother and her LMC and, therefore, the facility view should be secondary. A further problem can be seen in the statement that the LMC practices related to the BHF will be assessed. The way this would be done and how often this could happen is not specified and frequent assessments of the LMCs and facilities would put even more pressure on an already busy work force.

Page 10: Goal 2

The New Zealand Breast Association will launch the BHF Initiative in Aotearoa New Zealand. While it is expected that a launch in August is necessary, it is hoped that these launches will target not only health professionals but also the groups that provide antenatal care and provide help to young mothers.

These seminars should have a wide audience and involvement from those opposed to breast feeding as well.

Page 13: 4.4 Outcomes.

It was felt that there would need to be more explanation of the complaints and appeals systems.

Part One - The Global Criteria for Aotearoa New Zealand.

Our members felt that the ten steps to breast feeding should identify positively the benefits for the baby. It was suggested that these benefits needed to be included in Steps III, IV, and V and should be worded in a positive way. Examples of women who found it difficult to breast feed and how traumatic it is when this happens were given. Help must be consistent and support for these women must be freely available. The philosophy needs to be more positive.





Page 3: Step Three

This step can be seen as taking away the choice from a woman who opts for having her baby in a hospital birthing facility. Many report that they were never given any information about baby formulæ.

Page 3: Step Four

While it is agreed by our members that it is optimal to have 80% of new mothers having skin contact with their baby and breast feeding initiated it is also recognised that for many reasons this may not be possible.

- a) The physical condition of the baby eg respiratory/cardio problems, prematurity and so on.
- b) The physical condition of the mother, eg, having had a general anæsthetic, pre-eclampsia and so on.

These conditions would be prevented in a level 3 hospital and the 80% may not be a realistic goal for these services.

Page 4: Step Six

Give new-born infants no food or drink other than breast milk unless medically indicated. Comments received expressed the opinion that this statement may not be realistic; in the case of jaundice, for example, and the midwife would be competent to make these decisions.

Page 5: Step Nine

Give no artificial teats or pacifiers (also called dummies or soothers) to breast feeding infants. Our members point out that this would not be the case in the Neo-Natal Intensive Care Unit when it is important that the baby does not cry and it is medically contra-indicated to give food/fluids. One member pointed out that there is an international review which is testing the premise that dummies prevent cot death although this would be at a later stage in the child's development.

Page 7: Annex to Global Criteria

We would suggest that the definition of "critically dehydrated babies" needs more clarification. In the reasons given for babies who may be precluded from breast feeding there should be an addition about breast surgery for :-

- a) Breast reduction,
- b) Breast augmentation, and some comment about Breast feeding is slow-to-establish after four days.

Other Comments

Part One

Members all felt that the main points were :-

- a) Appropriate, accurate and consistent advice from all staff was essential
- b) That provision must be made for mothers of babies in NICU to be closer to their babies and not be subjected to pressure to leave

Part Two

Hospital level implementation for Aotearoa New Zealand

In general our members agree that there must be consistent policies and protocols in hospitals but these are often not monitored, or agreed to by the staff. These policies must be consistent and adhered to so that women receive the same type of care within our birthing facilities.



Page 7: Breast Feeding Rates

All respondents expressed concern that the early discharge did not give enough time to establish breast feeding adequately. Young first-time mothers require more guidance, encouragement and support either in hospital or at home.

It is an acknowledged fact that the longer the stay in a facility, the more conflicting advice and information becomes.

Our group suggests a review of the early discharge as it simply is not possible to say that breast feeding is established at 48 hours for all women.

Measuring and reviewing breast feeding statistics should be done at the same time throughout the country and members suggest, with reservations, 48 hours.

Part Three

Hospital or Health Facility Self-Appraisal Questionnaire for Aotearoa New Zealand

Those members who commented on this section had used, or were involved with, maternity services in their region. All commentators agreed that the evaluation form was very helpful.

Specific Comments

Page 10: Step 10

Foster the establishment of breast feeding support groups and refer mothers to them on discharge from the health care facility.

It would be good to ask a question in this section about :-

- a) How many breast feeding mothers have support people at home
- b) Does the length of stay after the birth affect the length of time the baby is breast fed after discharge.
- c) It was also suggested that facilities should have access to statistics giving the length of time the baby was breast fed and the reasons for stopping as patterns would emerge and an evaluation could be done. Members agree that family members should be educated as much as possible before women and their babies leave the facility.

Part Four

External Assessor's Manual for Aotearoa New Zealand

General comments received were that assessors must be women and preferably mothers who still have young children.

With respect to sampling, it was felt that the method of selection must be carefully chosen. It must be open and transparent. The responses from non-breast feeding mothers should be taken into account because they would also help identify how resources can be used effectively. One comment suggested that there should be mention of single rooms for new breast feeding mothers to allow privacy and rest. This member also recommended that joint lunch rooms should be encouraged as socialisation is important.

Part Five

Assessment criteria summary sheets for Aotearoa New Zealand

Most of our members commenting on this section felt that the document was well set out and would be easy to complete. We received several comments about definitions as these do not match those given in Part Two, page 6. We think that all definitions must be consistent throughout all documents.

The definition of "bottle feeding" needs to be revisited as our members do not agree that breast milk via a bottle and formula in a bottle are the same.



Part Six

Facility assessment guide for scoring and summary sheets for Aotearoa New Zealand
No comments were received

Part Seven

Resources for Aotearoa New Zealand

No comments were received.

Part Eight

Key breast feeding policies for Aotearoa New Zealand

Members felt that this document explained the training and education resources well. It was also stated by many midwives that time constraints and expense made it difficult to undertake the International Certificate of Lactation Consultancy. They would welcome some means of making such study possible.

Many of our members are adamant that lactation services must be available as part of our Maternity Services and this was a comment stated strongly by many when NCWNZ reviewed Maternity Services in 1998.

General Comments

NCWNZ supports the principles of all the documents but feels that breast feeding must be promoted positively. Mothers who are not able to breast feed must not be made to feel that they are failures. We would suggest promotion of breast feeding initiatives and the encouragement to breast feed. But women should also be permitted the choice. Women must receive information on both breast milk and formula.

NCWNZ would like to acknowledge the opportunity to comment on these proposals and looks forward to seeing the final outcome of this important initiative.

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National President

Elizabeth Bang
Convener, Health Standing Committee