



BFHI Handbook

Community Facilities



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Introduction

The Baby Friendly Health Initiative (BFHI) is a joint World Health Organization (WHO) and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the wellbeing of all mothers and infants are promoted. The Ten Steps to Successful Breastfeeding are the global criteria against which maternity hospitals are assessed and accredited.

The role of the BFHI in Australia is to protect, promote and support breastfeeding. It does this by providing a framework for Baby Friendly facilities to operate within based on the Ten Steps to Successful Breastfeeding. In community facilities, this framework is known as the 7 Point Plan. Implemented in 3 stages, the standards within the 7 Point Plan ensure all mothers and babies receive appropriate support and contemporary information in both the antenatal and postnatal period, regarding infant feeding.

BFHI accreditation, which occurs every 3 years, ensures regular independent assessment, and provides community health facilities with the framework and support to continuously improve. It ensures that mothers themselves are heard when it comes to their experience of their care. It draws attention to areas of excellence and can improve staff morale.

BFHI accreditation, with its focus on education and training, also aids recruitment and retention of staff through increased professional development opportunities and increased job satisfaction.

Why Choose BFHI?

Baby Friendly accreditation is a quality assurance measure that demonstrates a facility's commitment to offer the highest standard of maternity care to mothers and babies. Attaining accreditation signifies that the facility is committed to evidence-based, best-practice maternity care and ensuring that every mother is supported with her informed choice of infant feeding during her transition to motherhood.

In a Baby Friendly facility, a mother's informed choice of infant feeding is encouraged, respected and supported. The 3-stage framework which incorporates the 7 Point Plan are beneficial for ALL mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice - regardless of feeding method.

In a Baby Friendly accredited facility, breastfeeding is encouraged, supported and promoted. Breastfeeding mothers are given consistent, accurate information and support. In many cases the duration of breastfeeding is extended. Breastfed babies are not given breastmilk substitutes (infant formula), dummies or teats unless medically indicated, or it is the parents informed choice.

In a Baby Friendly facility, mothers who choose to artificially feed their babies, or who are required to supplement with or switch to infant formula, are given individual support and information to help them correctly prepare feeds and to ensure that they know how to feed their babies safely.

Achieving BFHI Accreditation

Stage 1: Policies and Planning

Point 1: Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.

Stage 2: Staff Education

Point 2: Educate all staff in the knowledge and skills necessary to implement the breastfeeding policy.

Stage 3: Parents' Experiences

Point 3: Inform women and their families about breastfeeding being the biologically normal way to feed a baby, and about the risks associated with not breastfeeding.

Point 4: Support mothers to establish and maintain exclusive breastfeeding for six months.

Point 5: Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

Point 6: Provide a supportive atmosphere for breastfeeding families, and for all users of the child health service.

Point 7: Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to protect, promote and support breastfeeding.

Full Accreditation

Once all standards are fully met, accreditation is awarded.

Re-accreditation

Re-accreditation occurs every 3 years. Exceptional facilities are able over time to achieve the prestigious Silver or Gold Accreditation

Stage 1: Policies and Planning

Stage 1 of the Baby Friendly assessment procedure is designed to ensure that the necessary policies, guidelines and processes are in place to allow health-care providers to implement the Baby Friendly standards effectively.

The following steps need to be met in order to successfully complete Stage 1:

Point 1: Have a written breastfeeding policy that is routinely communicated to all staff and volunteers

The Community Health Service (CHS) has a written breastfeeding policy that addresses the principles and practices that enable implementation of the 7 *Point* Plan for the protection, promotion and support of breastfeeding. The 7 Points on their own do not meet the requirements of a policy and are also incomplete as a summary of the policy.

Development of the policy, and its subsequent review, should be multidisciplinary, with representation from consumers, local breastfeeding support groups, physicians, nursing and midwifery staff and management.

The policy:

- Has detailed protocols/procedures to support the policy, and the policy includes formal reference to the protocols/procedures which are evidence based and effective.
- In full, this is accessible to mothers/parents and their families, and a summary is visibly posted in each area of the CHS which mothers, infants and/or young children access, with a note that the full policy may be viewed on request.
- Supports staff to continue to breastfeeding when they return to work.
- Indicates a process for monitoring breastfeeding duration rates and initiatives to promote breastfeeding.
- Is reviewed on a regular basis and updated at least every 3 years.
- Includes reference of a system to ensure continuity of care between external services through effective communication between health care staff.

The CHS protects breastfeeding by adhering to the relevant provisions of the World Health Organization (WHO) International Code of Marketing of Breast-milk Substitutes (the "WHO Code") and subsequent World Health Assembly (WHA) resolutions.

The policy:

- prohibits all promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats
- does not permit the CHS to receive free and subsidised (low cost) products within the scope of the Code
- does not permit the distribution of samples and supplies of infant formula to parents
- addresses restrictions on access to the CHS and staff by representatives from companies which distribute or market products within the scope of the Code
- prohibits direct or indirect contact of these representatives with pregnant women or mothers and their families
- does not allow the CHS to accept free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies
- ensures that instruction on preparation and feeding of infant formula is given individually and only to parents who need it; there is no group instruction
- supports careful scrutiny at the institutional level of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy

The Head of Service is able to:

- confirm that the CHS has a written policy/procedure and practices to enable and support staff to continue breastfeeding after returning to work
- identify relevant provisions of the WHO Code implementation in their breastfeeding policy
- confirms that the CHS does not provide free or low-cost infant formula including special formula or other supplies

Observations in the CHS:

- Indicate the policy summary is displayed in languages most commonly understood by mothers, families and staff.¹ The full policy can be reviewed on request.

Out of all selected staff interviewed who were breastfeeding at least 80% were able to confirm that they were supported to continue breastfeed their baby on return to work.

All staff and volunteers who support families where mothers are breastfeeding:

- receive orientation and continuing education about the breastfeeding policy and protocols
- are able to locate and refer to the breastfeeding policy and protocols

¹ “Languages most commonly understood” means each language used by 10% or more of mothers who use the services.

Stage 2: Staff Education

Stage 2 of the Baby Friendly assessment procedure is designed to assess the level of knowledge and skills of the facility staff who are providing care for pregnant women, mothers and babies. The level of knowledge overall must be satisfactory if the Baby Friendly standards are to be implemented effectively.

The following steps need to be met in order to successfully complete Stage 2:

Point 2: Train all health care staff in the skills necessary to implement this policy

Facilities must be able to provide proof that all personnel who have contact with pregnant women, mothers and infants in the facility have received orientation to, and education on the 'policies for BFHI' outlined in Stage 1, and have the skills necessary to implement these policies.

Personnel¹ are divided into three groups, based on what they do in their role in the facility rather than on their position title. Allocation to the various groups can be determined by the facility, but needs to meet the following criteria:

Group 1: Those who assist mothers with breastfeeding, or provide education in relation to breastfeeding, in any part of the maternity unit, antenatal clinic and/or neonatal nurseries. For example, lactation consultants, midwives (antenatal, delivery suite, postnatal and domiciliary), registered or enrolled nurses who work permanently or on a casual basis in the maternity unit and/or neonatal nurseries, and paediatric unit personnel who frequently assist mothers with breastfeeding or breast expression.

Group 2: Those who may provide general breastfeeding advice but do not assist mothers with breastfeeding. For example, obstetricians, paediatricians, other medical personnel, most paediatric unit personnel (unless they frequently assist mothers with breastfeeding or breast expression), speech pathologists, physiotherapists and dieticians who advise or provide care related to infant feeding or lactation to mothers and/or their babies.

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. For example, ward clerks, relevant domestic/hotel personnel, auxiliary volunteers, some physiotherapists, perioperative and recovery room personnel (unless they assist with skin-to-skin contact and the first breastfeed in which case they are considered to be Group 1).

Group 1 BFHI Education Requirements

- **First assessment: All group 1 personnel at the facility**
- **Reassessment: All group 1 personnel who commenced work since the last assessment**
- **Reassessment: All group 1 personnel working at the facility at the time of the last assessment**

Group 1 personnel must have a minimum of 20 hours of education which covers the BFHI curriculum. Up to 12 hours of the 20 hours can be by RPL.

The education must include:

- at least 8 hours theoretical education in the previous 3 years; and
- at least 3 hours relevant supervised clinical experience (see below).

The content delivery of the 20 hours is flexible: there must be a minimum of 8 hours theoretical education covering the BFHI curriculum (see below); the balance can be further theoretical education or

¹ Personnel refers to all persons engaged in relevant activities, not just those who the facility defines as "staff".

supervised clinical experience in the BFHI skills relevant to the area of work. The education program may include various delivery options such as face-to-face education (e.g. study days); orientation session, online education or self-directed learning that has been validated by the facility.

Supervised Clinical Experience

Supervision should be by someone who is experienced and knowledgeable about evidence-based, contemporary breastfeeding practices consistent with BFHI standards.

The supervised clinical experience must be documented and can be acquired in a single session or cumulatively through direct or indirect supervised experience during a normal working day or simulated activities. It may include observation and or assisting with a particular practice e.g. breast expression, assisting with a breastfeed, discussing breastfeeding with a pregnant woman (antenatal clinic or booking-in), facilitation of skin to skin contact at birth and early initiation of breastfeeding, or support provided to a mother who is artificially feeding her baby. This definition is based on the WHO 20-hour course: Breastfeeding Promotion and Support in a Baby Friendly Hospital.

Recognition of Prior Learning (RPL)

RPL (up to 12 hours) can include theoretical education in breastfeeding and supervised clinical experience in breastfeeding skills. RPL can be granted for breastfeeding education/supervised clinical experience acquired from any source in the 10-year period prior to the BFHI assessment.

Each group 1 member who needs to use RPL as a component of their 20 hours education is required to have a personal record of their prior learning. This record should show completed breastfeeding education programs or sessions and supervised clinical experience, including the number of hours for each item listed. Before assessment, the facility must review the personal record and record the number of RPL hours (up to 12) in the facility personnel education database.

Those personnel, who can show evidence of being a currently certified International Board of Certified Lactation Consultants (IBCLC) or a current Australian Breastfeeding Association (ABA) counsellor with a Cert IV in Breastfeeding Education, may be deemed to have 12 hours RPL.

Relevant BFHI education from another facility can be credited towards the required education if it was documented and was within the last 3 years.

Refer to section "Facility Personnel Education Database" earlier in this step for further requirements.

Group 1 education requirements for reassessment (at facility at time of last assessment)

For reassessment, group 1 personnel who were working at the facility at the time of the last assessment must have a further 8 hours of relevant BFHI education, including a re-orientation to the 'policies for BFHI'. It is recommended the education is spread over the 3 years.

Education may include: participation in relevant breastfeeding sessions or workshops, face-to-face or online; self-directed learning that has been validated by the facility; reporting on breastfeeding research and articles; conducting breastfeeding education sessions for personnel; repeat or update of original education, etc. It is not a requirement for these personnel to complete supervised clinical experience for reassessment.

BFHI Education Curriculum Group 1 Personnel

There is a curriculum for BFHI education for group 1 personnel which covers:

- The policy and implementation of the Seven Point Plan.
- The CHS and health worker responsibilities under the WHO Code and subsequent WHA resolutions.
- The CHS breastfeeding protocols to support the breastfeeding policy.
- Policy on 'welcoming breastfeeding' in the CHS.
- Acceptable Medical Reasons for the use of Breastmilk Substitutes (see Appendix 2).
- How to assist a mother to breastfeed her baby using a hands off approach with emphasis on the empowerment of the mother.
- Reasons why exclusive breastfeeding for six months is recommended.
- Breastfeeding management concerning challenges that may occur:
- Sore nipples, blocked ducts, mastitis, overfull breasts, oversupply/fast flow/overactive letdown, thrush/infection, delayed letdown, insufficient breastmilk supply, dummy use.
- How to support a mother who is considering feeding her baby infant formula to make a fully informed decision, including the risks of infant formula.
- How to educate mothers who are not breastfeeding about safe and hygienic preparation, storage and use of infant formula.
- How to support mothers to continue breastfeeding with the appropriate introduction of complementary foods.
- How to support mothers to successfully combine breastfeeding with returning to work.
- How to support a mother to hand express her breastmilk.
- Education on storage and use of expressed breastmilk.
- Education on the appropriate use of lactation aids:
- Breast pumps, supplementary feeding systems ('supply lines'), nipple shields, cup feeding.
- Referral pathways to support mothers requiring assistance with breastfeeding.
- How to support a mother to recognise her baby is breastfeeding well.

Group 2 BFHI Education Requirements

- **First assessment: All group 2 personnel at the facility's first assessment**
- **Reassessment: All group 2 personnel who commenced work since the last assessment**
- **Reassessment: All group 2 personnel working at the facility at the time of the last assessment**

Group 2 personnel must have a minimum of 2 hours of education. The delivery of the 2 hours is flexible. It may be face-to-face sessions individually or group, online sessions, a series of short handouts, or a combination of these. Relevant BFHI education from another facility can be credited towards the required education if it was documented and was within the last 3 years.

Refer to section "Facility Personnel Education Database" earlier in this step for further requirements.

Group 2 BFHI education requirements for reassessment (at facility at time of last assessment)

For reassessment, Group 2 personnel who were working at the facility at the time of the last assessment must have had a refresher on the above requirements. No time is specified.

BFHI Education Curriculum Group 2 Personnel

There is a curriculum for BFHI education for group 2 personnel which covers:

- The policy and implementation of the Seven Point Plan.
- The CHS and health worker responsibilities under the WHO Code and subsequent WHA resolutions.
- The CHS breastfeeding protocols to support the breastfeeding policy.
- Policy on 'welcoming breastfeeding' in the CHS.
- Acceptable Medical Reasons for the use of Breastmilk Substitutes (see Appendix 2).
- Reasons why exclusive breastfeeding for six months is recommended.
- How to support a mother who is considering feeding her baby infant formula to make a fully informed decision, including the risks of infant formula.

Referral pathways to support mothers requiring assistance with breastfeeding.

Appropriate professional information and support for mothers for on infant feeding.

Group 3 BFHI Education Requirements

- **First assessment: all group 3 personnel at the facility's first assessment**
- **Reassessment: all group 3 personnel who commenced work since the last assessment**
- **Reassessment: All group 3 personnel working at the facility at the time of the last assessment**

No time is specified for group 3 education, but it is usually around one hour and can be delivered face-to-face individually or in a group. Refer to section "Facility Personnel Education Database" earlier in this step for further requirements.

Group 3 BFHI education requirements for reassessment (at facility at time of last assessment)

For reassessment, group 3 personnel who were working at the facility at the time of the last assessment must have a refresher on the above requirements. No time is specified.

BFHI Education Curriculum Group 3 Personnel

There is a curriculum for the group 3 BFHI education which briefly covers:

- The policy and implementation of the Seven Point Plan.
- The CHS and health worker responsibilities under the WHO Code and subsequent WHA resolutions.
- Policy on 'welcoming breastfeeding' in the CHS.
- Referral pathways to support mothers requiring assistance with breastfeeding.
- Appropriate professional information and support for mothers for on infant feeding.

Facility Personnel Education Database Facility Records

The CHS maintains electronic or hard copy central records which show the number of hours of education completed by each person who has contact with pregnant women, mothers and infants. For BFHI purposes, this is referred to as the facility personnel education database.

Completion of Education and Documentation

For all groups, completion of education must be documented in the facility personnel education database. For groups 1 & 2, relevant BFHI education from another facility can be credited towards the required education if it was documented and was within the last 3 years.

At assessment, the facility personnel education database must indicate that at least 80% of personnel from each group have completed the relevant education requirements.

Education requirements for new personnel, casual personnel, students, locums and others who assist mothers with breastfeeding

There is an education schedule for new and casual/agency personnel whose role may involve educating, advising or assisting mothers with breastfeeding.

It is recognised that orientation for new short-term personnel, students or locums may be less comprehensive than orientation for other new personnel. For example, a brief orientation might be reading a suitable handout and answering a short questionnaire.

New personnel

New personnel from groups 1, 2 and 3 should be scheduled for appropriate education as per relevant group within 6 months of commencing and complete the education within 12 months. Relevant BFHI education from another facility. Recognised prior learning (RPL) if applicable – see below for definition - can be credited towards the education required.

Orientation

The education schedule includes orientation to 'policies for BFHI' and protocols at commencement of their first shift/placement/visit. Orientation should include:

- a review of the 'policies for BFHI'
- being shown where the full policy and protocols can be accessed
- being made aware of their role in implementing it
- being made aware that they are required to work within the facility's policies and protocols

Casual/agency personnel

If the maternity unit uses casual or agency personnel on a regular basis, it is important to ensure that support for mothers is consistent with the policies and protocols, and that BFHI standards are maintained. Casual or agency personnel who have worked on a regular basis (20 shifts or more over a period of 6 months in the maternity unit, antenatal clinic and/or neonatal nurseries) are considered the same as new personnel (above) and are required to complete the applicable education for their group.

The facility personnel education database must indicate that at least 80% of new and casual/agency personnel have completed the education requirements.

Stage 3: Parents' Experiences

Stage 3 of the Baby Friendly assessment procedure is designed to confirm that the policies and procedures have been implemented, and that the staff have been educated appropriately and are providing a high standard of care for pregnant women, mothers and babies. Evidence will be gathered during interviews with mothers to determine if the Baby Friendly standards are being implemented effectively.

The following steps need to be met in order to successfully complete Stage 3:

Point 3: Inform women and their families about breastfeeding being the biologically normal way to feed a baby and about the risks associated with not breastfeeding

This point applies to:

- CHS offering antenatal clinics, antenatal education programs, co-location or outreach services,
- CHS with no antenatal services, but may have contact with pregnant women during postnatal home or clinic visits, breastfeeding clinics, day stay and residential services.

Where the CHS provides an antenatal service:

Antenatal Education Covers

- why breastfeeding is important,
- the risks associated with not breastfeeding,
- the importance of early uninterrupted skin-to-skin contact in the first hour after a vaginal or caesarean birth (encouraging mothers to recognise when their babies are ready to breastfeed, offering help if needed),
- why 24-hour rooming-in (staying close to baby) is important,
- why exclusive breastfeeding for the first six months is recommended, and that breastfeeding continues to be important after six months when other foods are introduced,
- once at home, having baby near for 6 – 12 months (rooming in) to enable mother to respond to and feed her baby according to need,
- why bottle teats and dummies are not recommended while breastfeeding is being established,
- risks of using supplements while breastfeeding in the first six months,
- indications that a baby is adequately hydrated,
- basic breastfeeding and lactation management, including positioning and attachment, feeding cues and frequency of feeding,
- maintaining and increasing breastmilk supply,
- breastfeeding support groups and services in the community.

Staff Interviews

The antenatal educator:

- reports that all pregnant women using the CHS are provided with breastfeeding information and are asked about their breastfeeding knowledge and previous experience with infant feeding,
- confirms that all pregnant women who did not breastfeed a previous child, or had problems with breastfeeding, are offered antenatal counselling for breastfeeding, and can describe how this counselling is facilitated.
- can outline how breastfeeding education is provided to pregnant women and who provides it. (A written description of the minimum content of the antenatal breastfeeding education is

available to assessors)

- can outline how staff and mothers can access breastfeeding support groups in the local area, including mother to mother peer support groups
- can outline how mothers are informed about them.

Out of the randomly selected staff from Groups 1 and 2, at least 80% can describe two issues that should be discussed with a pregnant woman or mother if she indicates that she is considering feeding her baby with infant formula.

Pregnant Women Interviews

Assessors are required to interview eligible women, even if the facility does not have an antenatal clinic. A pregnant woman is eligible to be interviewed during the assessment if she meets both the following criteria:

- she is in the third trimester (28+ weeks) - women with earlier gestation may be included if breastfeeding education has been completed; and
- she has attended the facility (or satellite) at least twice - attendances can include booking-in, clinic visits and classes.

At least 70% of the pregnant women interviewed:

- have been given the opportunity to discuss breastfeeding with a staff member,
- were asked about their breastfeeding knowledge and previous experience with infant feeding,
- were offered continuing support for breastfeeding by the staff, especially if they had experienced previous breastfeeding difficulties or have not breastfed a previous child,
- were provided with information on breastfeeding support groups available in the local area,
- had not received any group education on the use of infant formula from staff at the CHS,
- had not seen displayed, or been given, any materials which picture or promote artificial feeding or a proprietary product that is within the scope of the WHO Code.

Out of the same pregnant women interviewed, at least 70% can state at least two of the following:

- breastfed babies are healthier than formula fed babies,
- breast-milk (including the role of colostrum and donor milk) is much better for the baby than infant formula,
- breastfeeding helps mothers and babies' bond/feel closer to baby,
- there are health advantages for the mother who is breastfeeding,
- the importance of exclusive breastfeeding for six months and continued breastfeeding after six months when other foods are introduced,
- breastfeeding can continue when working outside the home.

The same pregnant women can describe at least three of the following breastfeeding management topics:

- the importance of early undisturbed skin-to-skin contact,
- how to recognise the baby's innate sequence of feeding behaviours before the first feed,
- how to position and attach the baby for feeding,
- why breastfeeding on demand is important,
- why 24-hour rooming in (staying close to baby) is important,
- how frequent feeding helps ensure enough breastmilk,
- how to know if your baby is getting enough breastmilk,
- feeding cues other than crying,
- why bottles, teats and dummies are not recommended while breastfeeding is being established,
- the risks of supplementation while breastfeeding in the first six months.

Where the CHS provides a postnatal service only:

Out of the randomly selected staff from **Group 1**, 80% were able to adequately describe information to offer breastfeeding mothers who are pregnant to support them to continue to breastfeed through pregnancy if they wish to.

Observations

- All educational materials (including DVD's, posters, booklets and handouts) or sample bags available and/or distributed to women are free of promotion for artificial feeding bottles, teats or dummies and do not contain samples of infant formula, infants foods or drinks, teats, bottles or dummies, or redeemable vouchers for these products.
- written information is provided at the appropriate literacy level, and in languages commonly understood by pregnant women and mothers using the CHS
- informational materials displayed or available or guidance provided to women using the CHS comply with the WHO Code and subsequent WHA resolutions

Point 4: Support mothers to establish and maintain exclusive breastfeeding for six months

All mothers must be provided with appropriate support and information to breastfeed their babies exclusively for six months.

For BFHI assessment purposes a mother will need to have had at least 2 visits/contacts to the CHS to be included in the interviews.

The CHS must provide evidence of the following infant feeding statistics from those mothers enrolled/ registered in the CHS:

- If initial assessment – statistics are required for the most recent 3 months prior to assessment
- If re-assessment – statistics are required for the most recent 12 months prior to assessment

At registration/ enrolment/ or first contact

- % exclusively breastfeeding
- % fully breastfeeding (exclusive + predominant)
- % breastmilk + infant formula (supplementary breastfeeding)
- % infant formula only (artificial feeding)

At 4 months¹

- % exclusively breastfeeding
- % fully breastfeeding (exclusive + predominant)
- % breastmilk + infant formula (supplementary breastfeeding)
- % infant formula only (artificial feeding)

To 6 months

- % exclusively breastfeeding
- % fully breastfeeding (exclusive + predominant)
- % breastmilk + infant formula (supplementary breastfeeding)
- % infant formula only (artificial feeding)

At 12 months

- % Age appropriate breastfeeding (see definition in Appendix 1)

At 18 – 24 months

- % Age appropriate breastfeeding (see definition in Appendix 1)

¹ Data is collected at 4 months in line with The Headline Indicators for Children's Health, Development and Wellbeing (Children's Headline Indicators). These are a set of 19 indicators endorsed by the Australian Health Ministers' Conference, Community and Disability Services Ministers' Conference and the Australian Education, Early Childhood Development and Youth Affairs Senior Officials Committee. Headline Indicator for Breastfeeding is "Proportion of infants exclusively breastfed at 4 months of age".

Assessment Coordinator

- can provide evidence of ongoing data collection on breastfeeding duration (to establish breastfeeding trends over time)
- can report on any action plans for improving breastfeeding rates including any strategies for addressing any drop-in statistics and/or practice issues
- can outline the education and support provided to a mother not breastfeeding on how to safely feed her baby with infant formula
- can describe how staff support mothers to access breastfeeding support groups in the local area

Breastfeeding Mothers

At least 80% confirm that they have been given information on the following topics:

- why exclusive breastfeeding for six months is recommended,
- baby's feeding cues other than crying
- the importance of keeping their baby near (room sharing for 6 to 12 months - see definition in Appendix 1)
- how to recognise whether their baby is getting enough milk
- why using teats or dummies while breastfeeding is being established is not recommended
- the effects on breastfeeding of formula or solids before 6 months

Out of these same mothers at least 80% confirm that assistance was provided by staff of the CHS for the following if required:

- positioning and attachment of their babies for breastfeeding,
- management of the care of their breasts if they become uncomfortably full and the baby is asleep or separated from them

Those planning time away from their baby or returning to work, 80% confirm they were offered information or assistance as required about the following:

- how to maintain lactation
- how to express their breastmilk
- how to store, transport and feed their expressed breastmilk

Non-Breastfeeding Mothers

Out of the mothers who are not breastfeeding, or have ceased breastfeeding, 80% confirm:

- that individual education and support was provided about the safe preparation and giving of infant formula feeds
- they were educated on the signs that their baby was adequately hydrated

Out of the same mothers at least 80% were able to correctly describe at least three of the important skills required for the safe preparation, storage and feeding of infant formula

- how to clean bottles and teats
- how to correctly boil, cool water and measure a scoop of powdered infant formula
- what to do with the remains of an unfinished feed
- how long reconstituted infant formula can be stored in the fridge
- how to test infant formula for correct temperature
- risks associated with using a microwave oven to warm bottles of formula
- how to position the baby for bottle feeding and the risks of prop feeding

Facility Staff

Group 1

Out of the randomly selected staff from Group 1, at least 80% can:

- explain why exclusive breastfeeding is recommended for the first six months with continued breastfeeding with the introduction of complementary foods for 2 years and beyond
- explain the importance of keeping baby near (room sharing for the first 6 to 12 months) including at home and in the residential service

- demonstrate how they show mothers to position and attach their babies for breastfeeding using hands off techniques (see definition in Appendix 1)
- describe the information given to mothers to ensure that they are able to recognise if their baby is attached and breastfeeding well
- describe feeding cues other than crying
- describe the information given to mothers about how often and long they should feed their babies
- report they provide information to mothers about how to hand express breastmilk and can demonstrate an acceptable technique for this if required
- describe the information provided to a mother on how to increase her breastmilk supply
- correctly answer 6 out of 8 breast health/management questions concerning challenges that may occur:
 - sore nipples
 - blocked ducts
 - mastitis
 - overfull breasts
 - oversupply/fast flow
 - delayed/overactive letdown
 - insufficient breastmilk supply
 - dummy use
- explain the relevance of night feeds and breastfeeding
- provide correct information for storage, use and transport of expressed breastmilk including the risks associated with microwave oven use
- describe how they would provide information to a mother on the appropriate use of two of the following lactation aids:
 - Breast pumps
 - Supplementary feeding systems ('supply lines')
 - Nipple shields
 - Cup feeding

Out of the same randomly selected staff from Group 1, at least 80% can:

- state three ways in which a supplementary feed of infant formula can negatively affect the breastfeeding baby and mother
- describe how a mother not breastfeeding is assisted to safely prepare infant formula and feed her baby
- describe the information/support provided to help mothers planning to return to work to continue breastfeeding and maintain their breastmilk supply
- describe at least three of the Acceptable Medical Reasons for use of Breastmilk Substitutes for breastfeeding babies in the first 6 months (see Appendix 2).

Breastfeeding Clinic/Residential/Day Service Coordinator

The staff member can:

- explain the importance of keeping baby near (room sharing for the first 6 to 12 months) including at home and in the residential service
- describe the information that staff provide to breastfeeding mothers about the appropriate use of dummies
- describe how a mother not breastfeeding is assisted to safely prepare infant formula and feed her baby
- describe at least three of the Acceptable Medical Reasons for use of Breastmilk Substitutes for breastfeeding babies in the first 6 months (see Appendix 2).

Group 2

Out of the randomly selected staff at least 80%:

- can confirm the recommended duration for exclusive breastfeeding.

- describe at least three of the Acceptable Medical Reasons for use of Breastmilk Substitutes for breastfeeding babies in the first 6 months (see Appendix 2).

Observations

- infant formula and equipment for artificial feeding are stored discretely, out of sight
- adequate space and necessary equipment provided for giving individual demonstrations of infant formula preparation, out of sight from breastfeeding mothers
- a review of all records confirm that all infant formula and other supplies are purchased by the CHS at a wholesale price through a pharmaceutical distributor, by government tender or similar contract, or brought in by parents for feeding their own infants¹.

¹ The service using ready-to-feed infant formula should be particularly vigilant regarding the purchase price as these products are commonly sold to maternity facilities at a subsidised price.

Point 5: Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods

A partnership approach is used by staff when engaging with mothers and their families, which focuses on building relationships and acknowledging strengths.

The **Head of Service** reports that mothers and their families registered with the CHS, who do not regularly access or use the CHS, have access to information via community services or peer support groups, websites, printed information or publications.

Out of the randomly selected staff from **Group 1** at least 80% can adequately outline the guidance they provide on the following:

- contraception compatible with breastfeeding including LAM and/ or refer appropriately
- appropriate introduction of complementary foods

Out of the randomly selected interviewed **mothers who are breastfeeding**, at least 80% confirm that they have been provided with information on the following:

- introduction of appropriate complementary foods
- how to maintain their breastmilk supply
- how to manage breastfeeding challenges, including how to care for their breasts

Point 6: Provide a supportive atmosphere for breastfeeding families, and for all users of the service

All staff of the CHS recognise and support breastfeeding as the biologically normal way to feed an infant. The CHS supports and welcomes breastfeeding in all areas. A clean, pleasant, comfortable area is provided for breastfeeding and, where space allows, a private area is provided on request.

The **Head of Service** confirms:

- breastfeeding is supported and welcomed in all areas of the CHS and affiliated sites and that a private area is available on request, where space allows
- signs indicating that breastfeeding is welcome are posted in public areas of the CHS and affiliated sites
- the facility does not accept gifts, materials, sponsorship or support for infant feeding related education or events from companies which distribute or market products within the scope of the WHO Code

Out of the randomly selected staff from **Groups 1, 2 and 3**, and the **Antenatal/ Postnatal Educator, Breastfeeding Clinic/ Day Service/ Residential Service Coordinator** at least 80% can:

- explain the service policy regarding supporting and welcoming breastfeeding and describe how they make mothers feel welcome and supported to breastfeed

Out of the **all mothers interviewed**, 80% confirm they:

- felt supported and welcome to breastfeed their babies while attending the CHS and, if requested, privacy was facilitated (where space allows),
- have not seen used, displayed, or been given any materials in the CHS which picture or promote artificial feeding or a proprietary product that is within the scope of the Code including toddler milk,
- have not received any free sample(s) of infant formula or other breastmilk substitutes, inappropriate for age foods, products or promotional items including coupons and/or redeemable vouchers for same.

Observations in the CHS confirm:

- a clean, pleasant, comfortable area for breastfeeding, including a private area if space allows
- signage indicates that breastfeeding is supported and welcomed in all areas of the CHS
- no materials or literature produced by a company which markets or distributes products covered by the scope of the WHO Code are used, displayed or distributed
- all educational materials (including DVD's, posters, booklets and handouts) or sample bags available and/or distributed to women are free of promotion for artificial feeding bottles, teats or dummies and do not contain samples of infant formula, infants foods or drinks, teats, bottles or dummies, or redeemable vouchers for these products.

Point 7: Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to promote, protect and support breastfeeding

The **Head of Service** can describe a process for the transition from hospital, birthing centre or midwife to the CHS that ensures a continuum of care including the following:

- evidence of intake processes from external services to the CHS
- a system of follow-up for all mothers after they are discharged from external services (e.g. early postnatal or lactation clinic check-up, home visit, clinic visit, telephone call, referral to a mother support group)
- collaboration between the CHS and the local community to promote/support breastfeeding e.g. (general practitioners, obstetricians, paediatricians, midwives, public and private practice lactation consultants, dieticians, pharmacists, breastfeeding support groups, schools, businesses, local government and the media) in promoting breastfeeding and making them aware of community breastfeeding resources.

Out of the randomly selected staff interviewed from **Group 2, 3**, and the **Antenatal/Postnatal Educator**, at least 80% can identify the appropriate professional within the CHS to contact for assistance with breastfeeding information.

Out of the randomly selected **mothers who are breastfeeding** at least 80% can confirm that:

- they are aware of and know how to access breastfeeding support services available in the community as follows:
 - Australian Breastfeeding Association (ABA) for information and peer support
 - breastfeeding clinics
 - lactation consultants
 - 24 hr breastfeeding support help line
 - any other appropriate breastfeeding support service
- they were offered and/or were given written information and contact details of these breastfeeding support services.

Out of the randomly selected staff from **Group 1** and the **Breastfeeding Clinic/Day Service/Residential Service Coordinator**, at least 80%:

- were able to identify an appropriate referral pathway to support mothers who require assistance with breastfeeding,
- can explain the community based breastfeeding supports in their local area, i.e. breastfeeding clinic, Australian Breastfeeding Association, lactation consultants, mothers' groups.

Out of the randomly selected staff from **Group 2** at least 80%:

- can explain sources of breastfeeding support in the community such as Australian Breastfeeding Association, lactation consultants and mothers' groups.

Appendix 1: Definitions and Glossary

Breastfeeding Definitions¹

Breastmilk

Human milk and colostrum (including expressed breastmilk and breastmilk from a donor or donor milk bank).

Breastmilk substitute

Any milk (other than breastmilk), or food-based fluid used in infant feeding as a replacement for breastmilk, whether or not it is suitable for that purpose (commonly includes infant formula, cow's milk, and other milks fed to infants).

Complementary feeding (partial breastfeeding)

The infant receives both breastmilk and any other fluid or food, including infant formula.

Complementary foods

Any nutrient-containing foods or liquids (other than breastmilk) given to infants receiving breastmilk. Also commonly known as weaning or family foods.

Exclusive breastfeeding

The infant has received only breastmilk from his/her mother or a wet nurse, or expressed breastmilk, and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Predominant breastfeeding

The infant's predominant source of nourishment has been breastmilk. However, the infant may also have received water and water-based drinks (sweetened and flavoured water, teas, infusions etc.); fruit juice; oral rehydration salts solution; drop and syrup forms of vitamins, minerals and medicines; and ritual fluids (in limited quantities). With the exception of fruit juice and sugar-water, no food-based fluid (such as infant formula or non-human milk) is allowed under this definition.

Full breastfeeding

This definition includes both exclusive breastfeeding and predominant breastfeeding.

Partial breastfeeding

See complementary feeding.

Breastfeeding

The infant is receiving breastmilk, either directly from the breast or expressed. This definition may include exclusive, predominant and complementary breastfeeding.

Artificial feeding

Infant being fed fully or predominantly with infant formula, and receiving no breastmilk.

Supplementary feeding

See complementary feeding.

¹ Definitions from Australian Institute of Health and Welfare (2011) 2010 Australian National Infant Feeding Survey: indicator results.

Glossary

Antenatal Services

Antenatal care, antenatal education, antenatal clinics.

Community Health Service (CHS)

A CHS is any service that offers health care to pregnant women, mothers, babies and families. This may include (but is not limited to) child and family health centres, community health centres, general practice, pharmacies, private lactation clinics, early childhood and parenting centres.

Co-location service

Where a CHS is providing services, but does not own the building and therefore is co-locating with another service or business. Or where the CHS owns the building or venue and other services or businesses co-locate within it. For BFHI accreditation purposes, the CHS being assessed will only be held responsible for materials produced, displayed and distributed by them, however where compliance with the WHO Code is in question, evidence of negotiation with the co-locating service or business is required.

Donor Milk

Expressed breastmilk, not from the biological mother. This milk may be from human donor milk banks.

EBM

Expressed breastmilk. Generally from the infant's mother, but may be from a donor or donor milk bank.

Hands-off Techniques

Supporting a mother to breastfeed without the staff member touching the mother or baby. Close observation and support with verbal and visual cues are used by the staff member to empower the mother to correctly position and attach her baby for breastfeeding. It is recognised that individual care takes priority and these techniques are not applicable to every situation.

Head of Service

The most senior clinician in the CHS who can confirm breastfeeding practises and clinical protocols.

Human Milk Banks

Privately-run or hospital-based service that collects and processes donor human milk.

IBCLC

International Board Certified Lactation Consultant.

Informed decision making

The act of making a decision based on sound, unbiased evidence and information and the weighing up of all relevant options. CHS have the responsibility to ensure that parents are given the opportunity to make informed decisions by adopting a partnership approach to their care, and providing up-to-date, relevant, accurate information in a non-coercive manner.

Lactation Aids

These assist a mother to continue to breastfeed in challenging circumstances. Lactation aids include supplementary feeding systems ('supply lines'), cup feeding, finger feeding, syringe feeding, nipple shields and breast pumps. In some cases, lactation aids may be used as an alternative to providing complementary feeds of infant formula, where needed and appropriate.

LAM

Lactational Amenorrhea Method is a drug-free contraception method that relies on the woman's observations of her body throughout her menstrual cycle and is compatible with breastfeeding.

Mothers who are breastfeeding (Breastfeeding Mothers)

Mothers who are breastfeeding their babies, or expressing their milk for their baby.

Outreach Service

A service offered at an external venue.

Peer support

In Australia, for BFHI purposes, this is defined as breastfeeding support provided by other mothers who are currently breastfeeding or who have done so in the past. These mothers have completed specific training to become a breastfeeding counsellor and may provide support individually face to face or over phone or email, or in a group setting at mother-to-mother support groups. Support includes psycho-emotional support, encouragement, education about breast-feeding, and help with solving problems.

Referral Pathway

A recognised process with clear referral criteria that the health professional uses to access another level of support for the client and the health professional. Referral includes an appropriate referral follow up for the mother to support the agreed partnership plan with the health professional.

Room sharing

When infants sleep in the parent's room for the first 6-12 months. For information and recommendations regarding safe sleeping and room sharing for infants, see <http://www.sidsandkids.org/wp-content/uploads/LongB2012LR.pdf>

Separation from baby

For BFHI Community purposes, separation is where a baby's access to breastfeeding is interrupted. Reasons for this interruption or separation can include illness in the mother or infant, returning to work, or spending time away from baby. It may also include the short-term use of medication that is contraindicated whilst breastfeeding.

Skin-to-skin contact

The baby is naked (or wears only a nappy) and is prone on the mother's naked chest. Mother and baby may then be covered for warmth and privacy in a way that does not restrict their interaction or inhibit the baby's innate feeding behaviours.

Residential or Day Stay Parenting Services

A service that provides early parenting support, including breastfeeding.

Supervised Clinical Experience

This assists the practitioner to reflect on and learn from their experience and to build competency. For BFHI purposes, the practitioner should be supervised by someone with a high level of skills and experience in evidenced based, contemporary breastfeeding practices consistent with BFHI standards. The supervised clinical experience may be acquired in a single session or cumulatively during normal working day activities. It may include observation and/or assisting with a particular practice e.g. assisting with a breastfeed, teaching hand expression, assisting with breastfeeding challenges, discussing breastfeeding with pregnant woman, and support provided to a mother who is not breastfeeding. Currently certified IBCLC's and current Australian Breastfeeding Association Counsellors are exempt from the requirement of 'clinical supervision'.

Tandem Breastfeeding

Breastfeeding two infants or children of different ages.

WHO Code

World Health Organization (WHO) *International Code of the Marketing of Breast Milk Substitutes*. For BFHI purposes, the WHO Code includes the subsequent revisions (resolutions) introduced by the World Health Assembly (WHA).

Appendix 2: Acceptable Medical Reasons for Use of Breastmilk Substitutes

Almost all mothers can breastfeed successfully, that is initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and the continuation of breastfeeding (along with giving appropriate complementary foods) up to 2 years of age or beyond. Exclusive breastfeeding in the first six months of life is particularly beneficial for mothers and infants.

The positive effects of breastfeeding on the health of infants and mothers are observed in all settings. Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infection, Haemophilus influenza, meningitis and urinary tract infection¹. It also protects against chronic conditions in the future such as type-1 diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life.² Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer.³

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

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

Infant Conditions

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

- Classic galactosemia: a special galactose-free formula is needed.
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Phenylketonuria: a special phenylalanine-free formula is needed though some breastfeeding is possible, under careful monitoring.

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

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

Maternal Conditions

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

Mothers with the following condition may need to avoid breastfeeding

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

The most appropriate infant feeding option for a HIV-infected mother depends on the individual circumstances of mother and baby, including the mother's health status, but should also take into consideration the health services available and the counselling and support the mother is likely to receive. When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

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

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

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

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started⁸.
- Hepatitis B: infants should be given hepatitis B vaccine within the first 48 hours or as soon as possible thereafter⁹
- Hepatitis C.
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition⁸.
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines¹⁰.
- Substance use¹¹: Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.
- nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants have been demonstrated to have harmful effects on breastfed babies.
- alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

Addendum for Australia

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

Primary Inadequate Breastmilk Supply

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

HIV Infection

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

Hepatitis B

Under the current Hepatitis B recommended prophylaxis, breastfeeding is not a risk factor for mother-to-child transmission⁴².

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Appendix 3: Summary of Code Compliance Standards

This appendix outlines how the World Health Organization *International Code of Marketing of Breast-milk Substitutes* (“WHO Code”) and subsequent World Health Assembly (WHA) resolutions, and how these are incorporated into BFHI standards for both hospital and community, the *Ten Steps to Successful Breastfeeding* and the *7 Point Plan*.

Aim of the WHO Code

The aim of the *WHO Code* is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, including infant formula, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Scope of the WHO Code

The *WHO Code* applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Point 1 / Step 1

The facility protects breastfeeding by adhering to the relevant provisions of the *WHO Code* and subsequent WHA resolutions. The breastfeeding and infant feeding policy:

- prohibits all promotion of artificial feeding and materials which promote the use of infant formula, feeding bottles and teats
- does not permit the facility to receive free and subsidised (low cost) products within the scope of the Code
- does not permit the distribution of samples and supplies of infant formula to parents
- addresses restrictions on access to the facility and staff by representatives from companies which distribute or market products within the scope of the *WHO Code*
- prohibits direct or indirect contact of these representatives with pregnant women or mothers and their families
- does not allow the facility to accept free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from these companies
- ensures that instruction on preparation and feeding of infant formula is given individually and only to parents who need to use it; there is no group instruction
- supports careful scrutiny at the institutional level of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy.

Point 2 / Step 2

For Groups 1 and 2, education must include health worker responsibilities under the *WHO Code*.

Point 3 / Step 3

The antenatal or postnatal services comply with BFHI standards and the *WHO Code* and do not promote or distribute infant formula or bottles and teats. All educational materials, handouts or sample bags available and/or distributed to antenatal women are free of promotion of artificial feeding.

At least 70% of pregnant women who are in their third trimester and have attended at least two antenatal visits:

- confirm they have not seen displayed in the facility or been given any materials which picture or promote artificial feeding or a proprietary product that is within the scope of the *WHO Code*
- confirm that they have not received from the facility any group education on artificial feeding.

Point 4 & 6 / Step 6

Artificial feeding education and written materials are provided to individual mothers as needed - there is no group education on artificial feeding. No materials or literature produced by a company which markets or distributes products covered by the scope of the *WHO Code* are used, displayed or distributed to parents. No materials or literature which picture or refer to a proprietary product that is within the scope of the Code are used, displayed or distributed.

Of all mothers:

- at least 80% confirm they have not seen used or displayed in the facility or been given any materials which picture or promote artificial feeding or a proprietary product within the scope of the *WHO Code*.
- 100% confirm that they have not been given any free samples or supplies of infant formula, bottles or teats to take home (excluding babies with documented medical needs).

Observations and review of materials confirm that:

- breastmilk substitutes and equipment for artificial feeding in clinical areas are stored discretely and are not openly on display
- the facility has an adequate space and necessary equipment for giving individual demonstrations of how to prepare formula away from breastfeeding mothers
- all handouts or sample bags distributed to new parents are free of promotion of artificial feeding or inappropriate breastfeeding practices and do not contain samples of infant formula, foods or drinks or redeemable vouchers for these products.

The facility and its staff do not accept or distribute to mothers free or subsidised (low cost) samples or supplies of breastmilk substitutes⁶. A review of records and receipts indicate that any breastmilk substitutes, including special formula and other supplies, are purchased by the facility for at least the wholesale price, or by government tender, or brought in by parents for feeding their own infants.

Point 4 & 6 / Step 9

The facility and its staff do not accept or distribute to mothers free or low cost teats, bottles or dummies. A review of records and receipts indicate that these products are purchased by the facility for at least the wholesale price, or by government tender, or brought in by parents for use by their own infants.

All educational materials, handouts or sample bags available and/or distributed to new parents are made available for the assessors to review and are free of promotion of bottles, teats or dummies and do not contain samples of, or redeemable vouchers for these products.

Dummies, bottles and teats are not displayed in a promotional way in the hospital shop or kiosk and are not included in baby gift packs for sale in the facility.

⁶ Services using ready-to-use liquid infant formula should be particularly vigilant regarding the purchase price as these products are commonly sold to maternity facilities at a subsidised price.