



**Otago District Health Board**

**2009-2010 Breastfeeding Action Plan**

## **National Strategic Plan of Action for Breastfeeding 2008-2012**

The National Strategic Plan of Action for Breastfeeding (the Plan) is the advice of the National Breastfeeding Advisory Committee to the Director-General of Health. It is the strategic framework with the aim of improving breastfeeding rates in New Zealand; it sets the context of existing work and emerging programmes, and establishes the health sector as the leader in the protection, promotion and support of breastfeeding in this country. The Plan centres on four key settings:

- Government
- Family and community
- Health Services
- Workplace, childcare and early childhood education.

Under each of these settings, the Plan proposes outcomes and objectives that describe what need to be done. The challenge for agencies, groups and communities is to work to achieve cultural change to support breastfeeding in NZ.

## **National Breastfeeding Promotion Campaign**

The government has funded the Ministry of Health to develop a national breastfeeding promotion campaign to improve breastfeeding rates and duration, especially for high-need groups, including Māori and Pacific peoples who have lower rates of breastfeeding than the non-Māori and non-Pacific population. Breastfeeding is a priority in the Ministry of Health's Healthy Eating-Healthy Action (HEHA) Strategy and its associated implementation plan. The plan recommends that the campaign takes a comprehensive approach and uses a range of strategies and messages to improve support for mothers, and to promote and encourage supportive environments for breastfeeding.

The overall goal of the campaign is to increase the proportion of infants being exclusively breastfed to six months and the proportion of infants partially breastfed beyond 6 months. This is consistent with WHO breastfeeding recommendations and aligns with health target eight of the ten health targets set by the Ministry; improve nutrition, increase physical activity and reduce obesity. One of the two indicators for this target is increasing the proportion of infants who are exclusively and fully breastfed at:

- six weeks to 74% or greater
- three months to 57% or greater
- six months to 27% or greater.

The campaign has identified three settings as areas of intervention; health system, family/whānau, and communities including workplaces.<sup>1</sup> Specific outcomes and actions have been identified - within each intervention area. Māori and Pacific peoples have been

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<sup>1</sup> Government has a role in creating policy, regulation and legislation that protects, promotes and supports breastfeeding through integration of breastfeeding into all health and development policies (Innocenti Declaration 2005). Government is the most influential provider of funding and resources to support breastfeeding in New Zealand, and can give effect to international agreements and conventions on breastfeeding.

identified as the key priority groups for the campaign, although it is also envisaged that generic elements of the campaign will reach high-need groups of all ethnicities.

To successfully support and promote breastfeeding, it is crucial that breastfeeding needs are identified and addressed at a district/regional level, and work is linked to the Ministry's national breastfeeding promotion campaign and the national strategic plan of action.

## **Otago's Breastfeeding Action Plan 2009/ 10**

Otago Ministry Approved Plan Version 2: 2008/2009 (MAP 2) identified actions under three headings:

- **Promote breastfeeding** – ODHB policy development, international breastfeeding-friendly signage, Baby Friendly Initiative, opportunities arising with Nutrition Fund and profile raising with World Breastfeeding Awareness Week.
- **Protect breastfeeding** – Raise awareness and compliance with International Code of marketing of Breast-milk Substitutes in NZ (the Code), breaches of the Code, data monitoring of breastfeeding rates
- **Support breastfeeding** – workforce development, advocating for the establishment of a Breastfeeding Peer Counselling Programme and making available resources for breastfeeding promotion to Otago's breastfeeding workforce

### Supporting and advocating for the Baby Friendly Hospital Initiative.

Otago DHB has a role in supporting and advocating for all maternity facilities in the DHB catchment area to be accredited as Baby Friendly under the Baby Friendly Hospital Initiative (BFHI). BFHI actively protects, promotes, encourages and supports breastfeeding through education of health care workers in maternity services. Hospitals accredited as BFHI demonstrate they meet the WHO/UNICEF criteria as baby friendly.

### Supporting and advocating for Baby Friendly Community Services

Otago DHB has a role in supporting and advocating for services in the community to be working towards accreditation under the Baby Friendly Community Services (BFCI). BFCI extends the principles and standards of BFHI to health services in the community. BFCI actively protects, promotes, encourages and supports breastfeeding through education of health care workers in the community leading to accreditation against BFCI standards, set for New Zealand and based on the WHO/UNICEF documents, including adhering to the Code in New Zealand<sup>2</sup>.

### Facilitating and co-ordinating a district/regional infant feeding health promotion strategy

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Otago DHB also has a role in facilitating and co-ordinating an infant feeding health promotion strategy in the DHB as a workplace and in its district. This includes breastfeeding health promotion, ante-natal education, community collaboration/action and engagement. Key community settings include other workplaces, early childhood education services (childcare), recreational areas, other public places, marae, churches and shopping centres.

## 2009-2010 Otago Breastfeeding Action Plan

<p>Executive summary</p>	<p>Breastfeeding is a health priority as its long term benefits include a reduction in the risk of chronic diseases such as obesity, type 2 diabetes and cardiovascular diseases. Otago's breastfeeding rates vary by ethnicity and geography and are impacted by a range of social and service barriers, with the Otago DHB's adverse financial situation affecting the health sector's ability to resolve the latter.</p> <p>The Otago Breastfeeding Action Plan 2009-10 is being developed to address the specific needs of our region, to support, and gives strength to, the national campaign, and to continue the progress made with the Otago Breastfeeding Action Plan 2008-09. The HEAT tool and Whanau ora tool will be considered and applied throughout breastfeeding planning to ensure the needs of Māori and Pacific people are met. Implementation of the Plan will be led by the Otago HEHA Manager with the support of the Dunedin Breastfeeding Network Group.</p>
<p>Introduction and context</p>	<p>Breastfeeding features as one of the priorities of the Healthy Eating Healthy Action <i>Oranga Kai Oranga Pumau</i> strategy, as it contributes toward five of the 13 priorities identified in the New Zealand Health Strategy (2000):</p> <ul style="list-style-type: none"> <li>• improving nutrition</li> <li>• reducing obesity</li> <li>• reducing the incidence and impact of cancer</li> <li>• reducing the incidence and impact of CVD</li> <li>• reducing the incidence and impact of diabetes</li> </ul> <p>Women's Health Action published a report (2005) on the increased likelihood of illness in formula-fed babies. Their research stated that children who are not exclusively breastfed for six months are more at risk of suffering certain illnesses and adverse medical conditions. The babies are:</p> <ul style="list-style-type: none"> <li>• around 250% more likely to be hospitalised for respiratory infections like asthma and pneumonia</li> <li>• twice as likely to suffer from diarrhoea during infancy</li> <li>• about 60% more likely to suffer from recurrent ear infections</li> <li>• about 40% more likely to develop Type 1 diabetes</li> <li>• about 30% more likely to suffer from leukaemia</li> <li>• about 25% more likely to become overweight or obese</li> </ul> <p>In addition to the above, in infants who are introduced to solids before they are physiologically ready</p>

there is an increased risk of food intolerance, eczema and diarrhoea.

The following table (data from Plunket) shows the percentage of babies fully and exclusively breastfed in Otago to be 73% at 6 weeks and 36% at 6 months:

	6 weeks (%)			3 months (%)			6 months (%)		
	Exclusive & Fully	Partial	Artificial	Exclusive & Fully	Partial	Artificial	Exclusive & Fully	Partial	Artificial
Māori	73	9	18	51	13	36	27	22	51
Pacific	43	7	50	74	11	16	40	35	25
Asian	84	17	0	67	26	6	44	39	17
Other	73	9	18	61	11	29	36	27	37
<b>All</b>	<b>73</b>	<b>9</b>	<b>18</b>	<b>60</b>	<b>11</b>	<b>29</b>	<b>36</b>	<b>27</b>	<b>38</b>

\*\* The actual assessment age at "3 months" Plunket visits varies by a number of weeks and we instead focus on the 6 weeks and 6 month assessment points.

This has increased since 2007, when the reported rates in Otago were 69% at 6 weeks and 30% at 6 months, and we have achieved the national target for 27% of babies to be exclusively or fully breastfed at 6 months. However, we are still slightly below the national target of 74% at 6 weeks.

#### Issues in developing action plan

There are five maternity hospital services in Otago:

- Queen Mary Maternity Centre (QMMC) in Dunedin
- Charlotte Jean Maternity in Alexandra
- Oamaru Maternity Facility
- Clutha Health First in Balclutha
- Ranfurly Maternity Service in Maniatoto Hospital

QMMC is a tertiary-level maternity facility, while the other four are primary-level facilities. All but Ranfurly are currently Baby Friendly Hospital Initiative (BFHI) accredited. The 2007 New Zealand Breastfeeding Association (NZBA) report recommends that Ranfurly's maternity care unit should be included in the Baby Friendly Community Initiative (BFCl) rather than the BFHI.

The implementation of BFHI has led to improvements in breastfeeding rates: 87.4% of infants in QMMC are breastfeeding on discharge which is up from 86% in 2007, and regional rates for exclusive and full breastfeeding have increased from 69% at 6 weeks and 30% at 6 months. The fall-off rate after discharge is still steep and this is primarily a result of challenges experienced when returning to the community. These barriers fall under two main categories: *societal barriers*, and *service barriers*.

Societal barriers include:

- a family background of not breastfeeding which may present issues for the level of support the mother has regarding duration and exclusivity of breastfeeding
- women who return to work face additional challenges maintaining breastfeeding, with flexibility (and not only in terms of paid work commitments) being an important determinant of duration
- social norms often endorse a bottle feeding culture and can render mothers uncomfortable about feeding in public, e.g. the use of bottles in imagery related to babies, and disapproval from strangers when feeding in public
- maternal characteristics such as age, ethnicity and socioeconomic status have an impact on initiation and duration of breastfeeding

Service barriers include

- ante-natal education is a determinant of future breastfeeding success, although there may be barriers for some women to attend classes such as rurality, age, ethnicity (i.e. Māori mums are less-likely to attend ante-natal classes which are not provided by Māori organisations)
- there is a need for enhanced lactation support in the community in order to extend the duration of breastfeeding, and to improve Māori breastfeeding rates

The reduction in breastfeeding rates once women are discharged from a maternity facility coincides with a decrease in contact time specifically dedicated to breastfeeding. Step 10 of the BFHI's ten steps to successful breastfeeding states: 'Mothers should be referred to community breastfeeding support on discharge' but in reality few mothers are able to access breastfeeding support when they need it:

- LMCs provide support during the first four to six weeks, followed by Well Child providers (Plunket, Arai te Uru Whare Hauora and Otago Pacific Peoples Health Trust). General Practice primary care services have little or no contact with pregnant and breastfeeding women
- According to a recent report undertaken by NZBA there are at least five Lactation Consultants (LCs) in Otago. This is difficult to confirm but we are known to have 1.4 FTE based at Queen Mary hospital, 1 independent LC in Alexandra, one LC-in-training in Oamaru, and one breastfeeding specialist (previously an LC) based with Plunket
- La Leche League New Zealand provides telephone breastfeeding counselling as well as monthly breastfeeding support group meetings. This is provided by trained volunteers.

Goals and objectives	<p><u>Goal:</u> To increase the proportion and duration of breastfeeding in Otago.</p> <p><u>Objectives:</u> To increase rates of full and exclusive breastfeeding to 76% at six weeks and 40% at six months. To increase rates of full and exclusive breastfeeding in Māori women to 74% at 6 weeks and 30% at six months</p> <p>Māori and Pacific women will be prioritied where possible. Work will also be undertaken, with the Ministry of Health, to improve breastfeeding data collection and management.</p>
Responsible	See below
Relationships (who involved)	The members of the Otago Breastfeeding Network Group include Arai te Uru Whare Hauora, La Leche League, Plunket, Public Health South, Otago Pacific People’s Health Trust, Otago District Health Board, Early Childhood Education (ECE) services, Catholic Social Services, and Family Smart. Otago Southern Region PHO, rural women’s networks and other Maori health providers have also been involved.
Resources	<p>Funding and other resources available to support this plan include:</p> <ul style="list-style-type: none"> <li>• Funds (through CFA schedule A8, 08/09 and 09/10 funding)</li> <li>• Otago HEHA Manager</li> <li>• FTE from members of the Dunedin Breastfeeding Network Group</li> </ul>

Action	Deliverable	Timeframe	Responsible	Resource
Promote Breastfeeding	Continue to support Otago's maternity facilities to meet and/or maintain the re-accreditation requirements of the Baby Friendly initiative.	As required	All	FTE
	Support grant processes whereby community groups or organisations (e.g. marae, churches, ECCs, workplaces) can apply for grants to promote and support breastfeeding within their setting.	Ongoing	Otago HEHA Manager	Funds
	Support grant processes whereby Otago's breastfeeding workforce can apply for funding support for professional development.	Ongoing	Otago HEHA Manager	Funds
	Support World Breastfeeding Week and Big Latch On in Dunedin.	August 2009	Queen Mary Lactation Consultants, Dunedin Breastfeeding Network, Otago HEHA Manager	FTE
	Use opportunities that arise through the Māori Community Action Project (MCAP) engagement with Māori to encourage breastfeeding promotion in community settings.	July 2010	MCAP Project Coordinator	FTE
	Provide funding for the training of Administrators in Otago through La Leche League's Peer Counsellor Programme, and ongoing support package (PCP; administrators must be voluntary or supported by their current employer to carry this out).	September 2009	La Leche League Otago HEHA Manager	Funds
Protect Breastfeeding	Assess advertisements for breast-milk substitutes for any breaches of the International Code of Marketing of Breast-milk Substitutes in New Zealand (the Code) and follow through as necessary.	Ongoing	Dunedin Breastfeeding Network	FTE
	Raise awareness of, and compliance with, the Code in	July 2010	Dunedin	FTE

	Otago's formula retailers (i.e. supermarkets and pharmacies).		Breastfeeding Network	
Support Breastfeeding	Representation on the Dunedin Breastfeeding Network is maintained with Otago DHB, Plunket, Public Health South, Arai te Uru Whare Hauora, Otago Pacific People's Health Trust, Family Start, La Leche League and Catholic Social Services.	Ongoing	Dunedin Breastfeeding Network	FTE
	Establish grant processes whereby organisations who actively support breastfeeding can apply for grants for breastfeeding resources (e.g. breast pumps, DVDs, books etc.).	Immediate	Otago HEHA Manager	Funds
	Organised professional development opportunities in Otago.	Ongoing	Otago HEHA Manager	Funds
	Connect with Primary Health Organisations in Otago and promote Services to Improve Access (SIA) funding as a means to employ a PCP Administrator in each Otago PHO.	October 2009	Otago HEHA Manager	FTE