South Island Breastfeeding Report
Regional activities to protect, promote and support breastfeeding

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Executive summary

The protection, promotion and support of breastfeeding has been identified as fundamental to achieving optimum health in New Zealand. The Ministry of Health recommends infants are exclusively breastfed for their first six months of life and continue to be breastfed, along with the introduction of appropriate complementary foods, up to one year of age or beyond (Ministry of Health, 2012).

According to the Well Child Tamariki Ora (WCTO) Quality Improvement Framework, the three indicators related to exclusive or fully breastfeeding rates are not often achieved. Māori, Pasifika and those who are disadvantaged either socially or economically have disproportionately lower breastfeeding rates than other groups (National Breastfeeding Advisory Committee of New Zealand, 2009). Therefore, inequitable breastfeeding outcomes exist in New Zealand.

The influences on breastfeeding rates are complex and multi-factorial. Measures to improve breastfeeding rates require an integrated and collaborative approach from families, communities, services and government.

The findings of this regional stocktake indicate that district health boards and communities continue to invest a significant amount of effort and time into breastfeeding activities. However, the availability and accessibility of breastfeeding support services varies across the region, especially at a community/primary care level.

Several opportunities for improvement have been identified as a result of this stocktake, such as development of an accurate, accessible and comprehensive national breastfeeding support services database, improved access and availability to community-based breastfeeding support services and improved understanding of Māori and Pasifika experiences of breastfeeding in order to reduce the inequitable outcomes for these groups.

Acknowledgements

The South Island WCTO quality improvement steering group would like to acknowledge everyone who contributed to the development of this report including the five South Island district health boards (DHB), Canterbury Community and Public Health, Central Lakes Breastfeeding Charitable Trust, WellSouth Primary Health Network, Southern DHB Public Health South, the Canterbury Baby Friendly Hospital Initiative coordinator, Plunket, DHB Maternity Quality and Safety programme coordinators, DHB Child Health portfolio managers and the New Zealand Breastfeeding Alliance.

We appreciate your time and efforts in completing this South Island breastfeeding stocktake in order to inform our understanding at a local level and identify a regional direction to improve breastfeeding outcomes.
Table of Contents

Executive summary ........................................................................................................................................... 2
1. Purpose .......................................................................................................................................................... 4
2. Background ...................................................................................................................................................... 4
3. Process ............................................................................................................................................................. 5
  4.1. Goal 1: To provide breastfeeding (BF) services that contribute to the protection, promotion and support of breastfeeding ................................................................................................................ 6
  4.2. Goal 2: To provide breastfeeding (BF) education and resources that contribute to the protection, promotion and support of breastfeeding ...................................................................................... 7
  4.3. Goal 3: To facilitate and support collaboration for population outcomes: systems, services and feedback ........................................................................................................................................... 9
  4.4. Goal 4: To comply with and achieve BFHI accreditation in accordance with the UNICEF/WHO criteria ........................................................................................................................................ 11
  4.5. Goal 5: To build a competent and capable workforce ................................................................................ 11
5. Identified gaps and challenges ......................................................................................................................... 12
6. Regional and local opportunities for improvement ........................................................................................ 13
7. References ....................................................................................................................................................... 14
1. Purpose

The South Island breastfeeding stocktake was undertaken to provide an overview of South Island primary and secondary care activities that aim to promote, protect and support breastfeeding. It is expected that this stocktake will be used to:

- identify the ways in which breastfeeding is supported at an organisational and community level across the region
- acknowledge current activities and how they support exclusive and fully breastfeeding rates
- Identify regional breastfeeding service gaps and challenges
- Identify opportunities for improving breastfeeding rates across the region

2. Background

The WCTO programme aims to support and promote the healthy development of children and their families/whānau from birth to five years. The WCTO Quality Improvement Framework identifies quality improvement indicators to audit health system performance and drive improvement in the delivery of WCTO services. This is a national project funded by the Ministry of Health for approximately two and a half years. The regional implementation WCTO Quality Improvement Framework includes the following key deliverables:

- All children in New Zealand (0-5 years) have equitable access to the WCTO programme
- Coordinate WCTO quality improvement activity across the South Island
- Support the use of quality improvement tools
- Build regional connections and inform sharing opportunities to support regional quality improvements

The WCTO Quality Improvement Framework supports each level of the sector to achieve family-centred, high-quality, equitable and effective child health services that deliver the best possible health outcomes for all New Zealand children and their families. The most recent WCTO quality improvement indicator data ([https://nsfl.health.govt.nz/dhb-planning-package/well-child-tamariki-ora-quality-improvement-framework](https://nsfl.health.govt.nz/dhb-planning-package/well-child-tamariki-ora-quality-improvement-framework)) indicates that despite local and regional improvements in the three breastfeeding indicators below, further improvements can still be made.

- Indicator 4: Infants are exclusively or fully breastfed at two weeks
- Indicator 5: Infants are exclusively or fully breastfed at discharge from LMC
- Indicator 6: Infants are exclusively or fully breastfed at three months

New Zealand has a relatively high rate of exclusive breastfeeding initiation. According to the New Zealand Breastfeeding Alliance 81.3 percent of babies in New Zealand are exclusively breastfed on discharge from a Baby-Friendly Hospital Initiative (BFHI) accredited maternity facility (New Zealand Breastfeeding Alliance Report, December 2016/7). However, there remains a significant drop-off in breastfeeding nationally in the first six months.

Māori and Pasifika populations experience inequitable breastfeeding outcomes in comparison to other population groups (Thornley, Waa and Ball, 2007). Nationally, breastfeeding rates for Māori initially start at a similar rate as the total population but decline more quickly than the total population, at three and six months of age (Ministry of Health, 2012).
Breastfeeding is a priority area due to the wide-reaching physical, social and emotional benefits. Therefore, women and their whānau/family need access to accurate and evidence-based information to enable them to make confident and informed decisions about breastfeeding. This includes their ability to live and work in environments that support their decisions. Collectively, improvements can still be made to address breastfeeding outcomes especially in terms of sustaining high rates of exclusive breastfeeding, across all population groups.

3. Process

A draft stocktake template was developed and feedback requested from relevant stakeholders across the South Island. Once finalised, the template was populated with information by DHB and local representatives involved with breastfeeding activities. These included PHOs, WCTO providers, DHBs and national organisations.

The information gathered has been analysed using thematic analysis to identify five key goals:

- Goal 1: To provide breastfeeding services that contribute to the protection, promotion and support of breastfeeding.
- Goal 2: To provide breastfeeding (BF) education and resources that contribute to the protection, promotion and support of breastfeeding.
- Goal 3: To facilitate and support collaboration for population outcomes: systems, services and feedback.
- Goal 4: To comply with and achieve BFHI accreditation in accordance with the UNICEF/WHO criteria.
- Goal 5: To build a competent and capable workforce.

The stocktake has highlighted regional challenges and/or gaps and identified opportunities for improvement. As a result, despite a diverse and large amount of breastfeeding activity across the South Island, variation is evident with services or activities that could be strengthened to improve breastfeeding rates across all population groups.

The findings of the stocktake are based on individual or organisational feedback, therefore not necessarily reflective of all breastfeeding activities across the South Island. Rather, this stocktake captures the perspectives of those who kindly provided feedback about a service, resource or guideline.
4. Findings

4.1. Goal 1: To provide breastfeeding (BF) services that contribute to the protection, promotion and support of breastfeeding

The table below highlights the provision of breastfeeding support services available in primary and secondary care for each district.

<table>
<thead>
<tr>
<th>DHB</th>
<th>Lactation consultant (LC) availability</th>
<th>Peer support services</th>
<th>Community services</th>
</tr>
</thead>
</table>
| Nelson Marlborough | • Nelson Bays PHO provides LC service  
• Marlborough Plunket funds LC service four hours per week  
• Inpatient LC available in Nelson and Wairau  
• Community LCs available in Nelson, Wairau and Motueka | • Mum4Mum programme available in Nelson-Tasman  
• Community Plunket groups | • La Leche League  
• Plunket  
• Te Piki Oranga  
• BF network  
• Motueka maternity service drop-in BF group |
| Canterbury    | • LC services available daily at Christchurch Women’s Hospital (CWH) maternity inpatient service  
• LC service provided in neonatal unit at CWH  
• Community-based LC service (free one-on-one clinic and home visits) funded by DHB, delivered by Rural Canterbury PHO  
• Private LC service available in community | • Mother-to-mother BF support service funded by DHB, delivered by Rural Canterbury PHO and Te Puawaiunga Ki Otago Trust. Provides free community-based peer support. Currently 93 trained BF peer support counsellors. | • La Leche League  
• St Georges BF clinic  
• Te Mahuri BF groups for parents < 24 years  
• CWH BF classes  
• Community and Public Health contributes to Ashburton BF network – bi-monthly meetings  
• Canterbury BF network meets six weeks |
| West Coast    | • Lactation consultant available 24/7 for support and care across the West Coast.  
• Inpatient BF services available in McBrearty and Kawatiri maternity | • Mum4Mum service provides one-on-one support on the maternity ward  
• Approx. 15 peer support counsellors trained each year through West Coast PHO – counsellors visit McBrearty maternity during the week | • West Coast PHO BF advocacy service provides Greymouth and Westland families with LC support  
• BABES in Arms BF and parenting support groups in Westport and Reefton |
| South Canterbury | • LC service available Monday to Friday 1.0 FTE for one on one support within the hospital and community. | • Breastfeeding peer counsellor programme offered by Plunket- 46 trained peer counsellors. Support groups are offered in 6 different localities across the district. | • BF peer counsellor programme accredits venues/businesses as meeting the BF Friendly criteria  
• Breastfeeding Welcome Here programme supports BF and is accredited by the DHB. |
| Southern      | • Inpatient LC services available  
• Limited community LC services available  
• Private LC services available in Dunedin and Central Otago. | • BF peer support Mum4Mums programme offered in Otago and Southland. Coverage varies across the district.  
• Peer counsellor available in Queenstown, provided by Plunket  
• HeathPathways | • Drop-in BF clinics in Oamaru, Invercargill, Dunedin, Queenstown, Wanaka and Arrowtown  
• Central Lakes BF Charitable Trust advocates for BF community support. La Leche League. Otago BF network  
• Central Otago and Wakatipu BF network supports the mother-baby-dad as part of a family friendly community. |
### 4.2. Goal 2: To provide breastfeeding (BF) education and resources that contribute to the protection, promotion and support of breastfeeding

<table>
<thead>
<tr>
<th>DHB</th>
<th>Inpatient resources</th>
<th>Community-based resources</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nelson Marlborough</strong></td>
<td>- BF support drop-in at Motueka maternity unit&lt;br&gt;- DHB policy on infant feeding and appropriate facilities for BF in the workplace</td>
<td>- HealthPathways&lt;br&gt;- DHB and PHO website&lt;br&gt;- Tasman BF café – La Leche League</td>
<td>- BF classes included in Pregnancy and Parenting Education (PPE) programme&lt;br&gt;- Free BF education available for LMCs and nurses&lt;br&gt;- BF study day for Plunket</td>
</tr>
<tr>
<td><strong>Canterbury</strong></td>
<td>- BF information booklet&lt;br&gt;- Kiriata Māmā TV programming screened across DHB maternity services – includes BF content</td>
<td>- Tongue tie release pathway and service&lt;br&gt;- Community BF advocacy services (Te Puawaitanga Ki Otautahi Trust)&lt;br&gt;- Community BF support services information on HealthOne&lt;br&gt;- Canterbury BF website (CanBreastFeed) and Facebook BF pages&lt;br&gt;- Canterbury BF advocacy service provides information about support groups&lt;br&gt;- BF friendly places, events and activities promoted on social media&lt;br&gt;- Community and Public Health (CPH) advocates for BF friendly workplaces&lt;br&gt;- BF resources distributed through Community Health Information Centre&lt;br&gt;- St Georges maternity BF clinic – LC run</td>
<td>- PPE programme facilitated by LCs&lt;br&gt;- BF advocacy service includes targeted education for Māori to improve awareness and action&lt;br&gt;- Primary care education available for clinicians, BF support people, Māori and Pasifika providers&lt;br&gt;- Referral pathway education&lt;br&gt;- Information for secondary care clinicians about services available&lt;br&gt;- Whānau Mai programme – PPE for Maori whānau, includes BF content</td>
</tr>
<tr>
<td><strong>West Coast</strong></td>
<td>- Data collection – feeding status is collected on discharge&lt;br&gt;- Mama Aroha talk cards available in all rooms&lt;br&gt;- DHB policy on breastfeeding (for patients) and Staff Breastfeeding Procedure (for employees)</td>
<td>- Breast pump loan service available to all women following discharge from McBrearty ward&lt;br&gt;- Support services included in HealthPathways&lt;br&gt;- Canterbury CPH contributed information for the West Coast BF Handbook on <em>Nutrition for Breastfeeding Mothers</em>&lt;br&gt;- Canterbury CPH provided information during a recent cyclone regarding BF in emergencies for the West Coast community</td>
<td>- West Coast PHO and BF advocacy service provide two-hour BF session at each PPE class, co-facilitated with Plunket&lt;br&gt;- West Coast PHO offers ‘BF Truth and Myth’ evening session with Parent’s Centre&lt;br&gt;- PPE provided by Plunket – including BF curriculum approved by NZBA (and meets BFHI standards)</td>
</tr>
</tbody>
</table>
### South Canterbury
- Data collection- feeding status collected on discharge
- DHB policy related to Code of employment practice on infant feeding and appropriate facilities for BF in the workplace
- BF handbook given to every woman accessing maternity care or BF
- Canterbury CPH provided Early Childhood Education (ECE) healthy eating and oral health policy template e.g. encourage BF
- Resources produced by CPH for ECE and WCTO staff, including Tooth Tips and drink from a cup resource, include BF advice
- BF Action Group coordinated the Latch On in World Breastfeeding week
- Plunket coordinate a DHB Breast pump loan service, available to all women following discharge from SCDHB
- Well Child Tamariki Ora (WCTO) nurses support the maintenance of BF at the core and additional WCTO checks
- BF Action Group supply resources to WCTO, Arowhenua Whanau Services and La Leche League
- Tongue tie release pathway and service available via CDHB
- PPE provided by Plunket in Waimate
- DHB BF Action Group provide education and resources for local health workers and consumers.
- PPE provided by SCDHB for all women and whanau
- DHB monthly (2hours) BF education for all women and whanau
- DHB one on one BF education
- Education provided by BFAG twice year

### Southern
- Peer BF support volunteers provide inpatient support (Queen Mary maternity, The Breast Room Dunedin) to ensure women have knowledge of community based support prior to discharge.
- Data collection- maternity facilities collect BF data including ethnicity
- BF friendly pharmacies in Otago and Southland – WellSouth accredits pharmacies every two years
- BF ultimate refuel place (BURP) app developed by DHB and WellSouth to identify breastfeeding friendly places in Otago and Southland
- FeedSafe app provides advice on drinking alcohol and breastfeeding safely
- WCTO nurses support BF at the core and additional WCTO checks
- WCTO books feature important public health messages on the cover, including a BF message – contact details for support services also included
- Public Health South develops and distributes resources promoting BF (stickers and cushions printed with BF logo to signify BF friendly venues; a gazebo, BF chair and promotional materials for dedicated BF areas at expos and outdoor events)
- Pregnancy Help in Dunedin provides information (including BF apps) when bassinets are collected
- Mama Aroha cards offered to BF peer support groups, including rural groups
- Public Health South provides Ministry of Health BF and infant feeding publications and BF books for local libraries
- Primary care education programme available in Otago and Southland
- WellSouth provides antenatal BF education in Dunedin
- Dunedin Breastfeeding Network
- PPE provided by Plunket, including BF curriculum approved by NZBA
- Central Lakes BF Charitable Trust provides BF education for staff and local health professionals
- Nga Kete Matauranga Pounamu Trust offer drop-in, home and phone consultations to women and whanau.
- Free BF education offered to LMCs, core midwives, NICU nurses and other staff
4.3. Goal 3: To facilitate and support collaboration for population outcomes: systems, services and feedback

The breastfeeding activities, services and systems identified in this stocktake reflect a collaborative approach to support positive breastfeeding outcomes. They also highlight the wider context within which breastfeeding exists, including the environment, policy, advocacy and education. Key areas related to this goal have been identified and grouped under each South Island DHB.

**Canterbury DHB Human Pasteurised Milk Bank**
Christchurch Women's Hospital's Neonatal Unit (NICU) opened New Zealand’s first Human Pasteurised Donor Milk Bank in February 2014. The donor milk, gifted by mothers and pasteurised for use, contains over 200 components that are important for growth and health for an infant. The Human Milk Bank is located on the same floor as the Neonatal Unit with its own storage freezers and staff who undertake the pasteurising of the milk and administrative tasks. Donor milk is also available on the maternity ward and there is a community pasteurised donor milk bank.

**West Coast DHB Breastfeeding data collection**
West Coast DHB has been recording breastfeeding data since 2015. This data captures the ethnicity of mother and baby, and the feeding status on discharge; i.e. exclusive/fully/partial/artificial. Exclusive breastfeeding rates have significantly improved since July 2015, when data collection started.

**South Canterbury Breast Feeding Action Group**
This is a multidisciplinary team that work together to improve BF rates with a focus on equity particularly for Maori. Data is collated and shared regularly such as monthly, quarterly and annually for learning purposes and action planning. This ensures an overview of health promotion activities and informs future planning.

**Southern DHB Breastfeeding friendly workplaces**
The Pregnancy and Parenting Education curriculum includes information about supporting workplaces to understand and comply with the Code of employment practice on infant feeding, including breastfeeding in the workplace – a guide for employers. The Plunket workforce has access to appropriate breastfeeding facilities. Southern DHB have recently updated the ‘Breastfeeding-friendly environments in Southern DHB Facilities’ policy to support breastfeeding in Southern DHB facilities including: providing a support environment for women who want to breastfeed. This policy ensures that Southern DHB fulfil its obligation to section 69Y of the Employment Relations Act 2000 which will offer improved support for breastfeeding employees.

**Southern DHB also support other workplaces to understand and comply with the Code of employment practice**
On infant feeding, including breastfeeding in the workplace – a guide for employers includes: All employers that are registered with the BURP breastfeeding app in the Southern district receive the ‘Breastfeeding in the workplace- a guide for employers’ publication and the need to comply with the legislation is discussed with the manager/venue owner.

In addition, support is provided to employers of individual women returning to work or through the WorkWell programme. Canterbury breastfeeding advocacy services includes breastfeeding friendly workplaces and early childhood centres advocacy and support.
Consumer feedback
The Maternity Quality and Safety programme and Southern Māori Health Directorate are leading an initiative to gather consumer feedback about the experience of breastfeeding to improve outcomes for Māori whānau and the wider community.

Sudden Unexpected Death in Infancy (SUDI) prevention
Southern DHB’s Pepi-Pod® programme includes breastfeeding messages and promotion of safe sleep devices. It is facilitated by the Southern DHB Pepi-Pod® coordination team and distributors.

Data collection
Postgraduate students on placement at Public Health South have interviewed women to identify the barriers and enablers for breastfeeding in Dunedin. Findings from this research have been utilised by the Dunedin BF Network to inform their practice and implement or advocate for change.

Collaboration
Three breastfeeding networks in Southern district (Dunedin, Southland and Central Otago/Lakes District) meet regularly to discuss breastfeeding issues and plan/implement activities to promote, support and protect breastfeeding. This enables a collaborative approach to promote breastfeeding. The Dunedin Breastfeeding Network is working with the Dunedin City Council Community and Arts Committee to advocate for improved breastfeeding support.

World Breastfeeding Week is celebrated annually with activities planned and implemented by the breastfeeding networks across the Southern district.

The newly formed Central Lakes Breastfeeding Charitable Trust seeks to advocate for improved breastfeeding support in the community.
4.4. Goal 4: To comply with and achieve BFHI accreditation in accordance with the UNICEF/WHO criteria

New Zealand Breastfeeding Alliance (NZBA) is responsible for the monitoring and accreditation of Baby Friendly Hospital Initiative (BFHI) standards. All five South Island DHBs are achieving at least 75 percent exclusive breastfeeding rates on discharge and currently the national average is 80.5 percent.

Breastfeeding best practice is represented by The Ten Steps to Successful Breastfeeding (The Ten Steps), which were first published in Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services - a joint WHO/UNICEF Statement in 1989. Compliance with The Ten Steps can be challenging with regards to staff education and rooming-in for some maternity facilities.

All South Island maternity facilities are compliant with the principles of the WHO International Code of Marketing of Breastmilk Substitutes and World Health Assembly resolutions.

The Ten Steps and BFHI and Baby Friendly Community Initiative process has been reviewed. This involved consultation with the Ministry of Health and across the sector to ensure relevancy and effectiveness. The NZBA reiterates the function of BFHI as a quality improvement initiative rather than a compliance action. Recommendations identified in this review include:

- electronic tool to complete audit
- BFHI by DHB
- cost savings
- measurement of facilities levels of BF support
- changes to the auditing of small maternity facilities.

According to BFHI Step Ten, all mothers should be given appropriate information on breastfeeding support prior to leaving the maternity facility. NZBA acknowledges that further emphasis needs to be placed on addressing the inequitable breastfeeding outcomes for Māori. Suggestions include: utilising Te Ropu Whakaruruhau advisory group to identify Māori aspirations for breastfeeding, monitoring Māori breastfeeding data and providing a navigator role for Māori resources, education packages and research.

4.5. Goal 5: To build a competent and capable workforce

According to BFHI requirements, at least 80 percent of staff should receive breastfeeding training to support women in their facilities. Each DHB/facility is responsible for providing training and maintaining staff education.

**Education**

**Canterbury:**

- Canterbury DHB provides breastfeeding education to lead maternity carers free of charge.
- A Plunket nurse, who is also a lactation consultant, provides education and support for other staff members.
- Plunket nurses and health workers have an annual breastfeeding update.
- All new staff complete an online education package.
- All Pregnancy and Parenting Education facilitators are assessed on BFHI compliance as part of their appraisal.
- Plunket has regular professional development sessions on breastfeeding and newsletter updates.
Southern:

- Southern DHB offers an education programme for the primary care workforce (GPs, practice nurses) called *New Beginnings* to improve breastfeeding knowledge and support. This initiative is facilitated by the Southern DHB maternity quality and safety programme and the WellSouth breastfeeding peer support programme.
- Public Health South is developing a professional development breastfeeding seminar to provide health workers in the Southern district with improved knowledge related to the WHO *Code of Marketing of Breastmilk substitutes*. Presentations will include the *Health Workers’ Code* by the Ministry of Health.

West Coast:

- West Coast PHO and the breastfeeding advocacy service host a breastfeeding interest group that meets quarterly.

5. Identified gaps and challenges

The South Island is a geographically large area with a number of remote rural areas, which impacts on accessibility and availability of breastfeeding services. It is apparent that the availability and accessibility of breastfeeding services varies across the region, especially at a community/primary care level.

The gaps and/or challenges outlined below were received directly from stocktake participants. As previously stated, this report encapsulates individual or organisational feedback and may not necessarily represent all breastfeeding activities, systems or services in the South Island.

The following gaps and/or challenges have been identified:

- PPE sessions delivered on the West Coast include a breastfeeding component as part of the breastfeeding advocacy role. However, specific breastfeeding classes are not offered in Buller district.
- Southern DHB requires breastfeeding data collection that captures ethnicity and geographical data to address inequity.
- There are limited community-based lactation consultant services available and coverage is variable across the Southern district.
- There are workforce sustainability challenges in the Southern district with peer support services, due to time and travel commitments for volunteers.
- A gap was identified in Maniototo and Teviot Valley area whereby peer support services are unavailable.
- There is currently no specific breastfeeding education available in Central Otago.
- Lactation consultant coverage varies across Southern district and is largely dependent on local expertise.
- Perceived or actual lack of coordination of breastfeeding support and services across the Southern district.
6. Regional and local opportunities for improvement

The goal to increase the proportion of infants exclusively breastfed to six months and the proportion of infants partially breastfed beyond six months continues to be supported across the South Island. This regional breastfeeding stocktake indicates that despite considerable activities and services supporting breastfeeding in any setting, improvements can still be made. A list of recommendations or opportunities for improvement have been identified from the stocktake as well as in the literature.

- Develop an accurate, accessible and comprehensive national database of breastfeeding support services.

- Ensure equitable access to lactation consultant and/or other community based services – free-of-charge and designed to meet the needs of the community, in particular Māori and Pasifika populations. NMDHB plan to increase its lactation consultant service to reduce barriers for Māori whanau to access breastfeeding support services. Funding allocated to train a Māori nurse to become a lactation consultant.

- Better understand the experience of breastfeeding support services for Māori and Pasifika women and whānau to address the disproportionate breastfeeding rates of these groups, particularly around duration of breastfeeding.

- Recognise the wider context in which breastfeeding exists, including links between improved mental and physical health associated with breastfeeding.

- Improve health professionals’ knowledge regarding the availability of community breastfeeding support services and understanding of referral pathways.

- Ensure appropriate facilities for breastfeeding in the workplace.

- Support other workplaces to understand and comply with the Code of employment practice on infant feeding, including breastfeeding in the workplace – a guide for employers. More information and face-to-face discussion with the community to assist women returning to work.

- Strengthen data collection and reporting – ability to align breastfeeding data collection with the implementation of the National Maternity Record and WCTO Quality Improvement data.

- Provide support for local breastfeeding networks/coordinators on breastfeeding data – who collects it and what is collected.

- Improve distribution of relevant, evidence-based breastfeeding research/information to the breastfeeding sector.

- Streamline the BFHI accreditation process for the workforce and facilities.

- Better understand the links between improved mental and physical health outcomes and long-term breastfeeding rates.

- Inform the South Island WCTO quality improvement steering group of a regional project to build on existing initiatives and/or support the improvement of regional breastfeeding rates.
7. References


New Zealand Breastfeeding Alliance, annual report 2016/17.

Thornley, L., Anaru W and Ball, J. (2007). Prepared by Quigley and Watts Ltd for the Ministry of Health. *Comprehensive plan to inform the design of a national breastfeeding promotion campaign*