

## The WHO/UNICEF International Code of Marketing Breastmilk Substitutes

### Companies may not:

- Promote their products in hospitals, shops or to the general public.
- Give free samples to mothers or free or subsidised supplies to hospitals or maternity wards.
- Promote their products to health workers: any information provided by companies must contain only scientific and factual information.
- Promote foods or drinks for babies.
- Give misleading information.
- Have direct contact with mothers.

### What is covered:

- All breastmilk substitutes are covered by the Code. This means products that can be marketed in a way which suggests they could replace breastfeeding, even if that product is not suitable for purpose. They may include:
  - Infant formula
  - Follow-on formula
  - Infant milks, marketed as food for special medical purposes
  - Baby foods
  - Bottles /teats and related equipment.

Adapted from UNICEF UK Baby Friendly Initiative.  
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## The Baby Friendly Hospital Initiative

Supporting families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life.

## Ten Steps to Successful Breastfeeding

- Comply fully with the international Code of Marketing of Breastmilk Substitutes;
  - Have a written breastfeeding policy that is routinely communicated to staff and parents;
  - Establish ongoing monitoring and data-management systems.
- Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
- Discuss the importance and management of breastfeeding with pregnant women and their whānau/family.
- Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.
- Support mothers to initiate and maintain breastfeeding and manage common difficulties.
- Avoid giving breastfed newborns any food or fluids other than breastmilk, unless clinically indicated.
- Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
- Support mothers to recognise and respond to their infants' cues for feeding (responsive feeding).
- Discuss with mothers the use and risks of feeding bottles, teats and pacifiers.
- Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

## BFHI and Te Tiriti o Waitangi

The importance of whānau and other kinship ties is crucial. They are recognised as an integral part of the care of the pregnant and breastfeeding mother.

## Care of the Non-Breastfeeding Mother

Have a written Artificial Feeding Policy that ensures that mothers and babies receive appropriate care and information when breastfeeding is not being practised.

## New Zealand Ministry of Health Breastfeeding definitions

**Exclusive breastfeeding:** The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed\* medicines have been given from birth.

**Fully breastfeeding:** The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed\* medicines, in the past 48 hours.

**Partial breastfeeding:** The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

**Artificial feeding:** The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

\* Prescribed as per the Medicines Act, 1981.