



Promoting breastfeeding

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Breastfeeding should be encouraged due to the real and measurable benefits to mothers and their babies.
2. All parents have a right to make an informed choice about infant feeding, and to receive accurate evidence based information. The decision to breastfeed can be affected by a variety of factors, including: health care facility practices; social attitudes; lack of facilities that support women to breastfeed in public; paid maternity leave; and the absence of workplace policies that facilitate working mothers to continue to breastfeed.
3. All health care facilities must have a written breastfeeding policy which promotes breastfeeding as the optimal method of infant feeding. The policy should be communicated to all staff and persons for whom they provide care.
4. Promotion of the benefits of breastfeeding and education to facilitate breastfeeding should commence antenatally.
5. Breastfeeding should be initiated as soon as possible after birth. Midwifery staffing should be available to ensure that skin to skin contact and assistance with breastfeeding is available at birth. Rooming-in, and exclusive breastfeeding are practices that encourage the establishment of breastfeeding, and in turn lead to measurable benefits to mothers and their babies. If a baby is unwell mothers should be supported to establish and maintain lactation, including the provision of opportunities for close physical contact.
6. Support and information should be readily available to women and their partners who, for a variety of reasons, may be unable to initiate or sustain breastfeeding.
7. Maternal and child health services must be adequately staffed by maternal and child health nurses and lactation consultants who have the appropriate knowledge and expertise to promote breastfeeding.
8. Breastfeeding women should have access to lactation consultants who are registered nurses or registered midwives to provide information and support for breastfeeding in public and private hospitals and community health centres.
9. Community facilities where professional and expert breastfeeding assistance is available, should be widely accessible and provided in a timely manner.
10. Workplaces should be sufficiently flexible to permit working mothers to choose breastfeeding as an option, and actively encourage breastfeeding by:
 - the promotion of a positive attitude towards breastfeeding in the workplace;
 - the development of a 'breastfeeding and workplace' policy;
 - flexible working hours and other family friendly working conditions;
 - providing lactation breaks in addition to any other rest period and meal break;



- flexibility of times of usual breaks and/or lactation breaks as required for expressing or breastfeeding;
 - a clean, private (lockable) area which is safe from hazardous waste and chemicals, with comfortable seating and access to a power supply;
 - facilities for washing hands and equipment, and for storage of equipment;
 - refrigeration facilities for storage of breast milk;
 - readily available information regarding parental leave and policies relating to breastfeeding in the workplace;
 - information displayed and distributed where appropriate to inform employees who are pregnant or considering pregnancy.
11. All maternity services in Australia are provided with, and comply with, the World Health Assembly (WHA) Resolution 47.5 (Infant and Nutrition).¹
 12. The World Health Assembly's International Code of Marketing of Breast Milk Substitutes (the WHO Code)² is endorsed. The aim of the Code is the safe and adequate nutrition of infants by protecting and promoting breastfeeding, and by ensuring that when breast milk substitutes are necessary, they are properly used with adequate information. The WHO Code recognises that there is a legitimate market for infant formula when mothers do not breastfeed, but seeks to ensure that infant formula is not marketed or distributed as a preference to breastfeeding.
 13. The WHO Code is supplemented at a national level by the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement³. This Agreement is also endorsed by the ANMF.
 14. The commercial promotion of breast milk substitutes by the supply of free or low cost samples is not supported and should not be visible to clients attending any health care facility in Australia.

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References

1. This resolution requests that health departments cease accepting free and subsidised samples and supplies of breast milk substitutes by formula manufacturers in any part of the health care system, and that strategies are implemented to end this practice (adopted by consensus, Geneva, May 1994)
2. *International Code of Marketing of Breast-milk Substitutes*. Frequently Asked Questions. Updated Version 2008. WHO. Available at: http://apps.who.int/iris/bitstream/10665/43947/1/9789241594295_eng.pdf?ua=1
3. Department of Health and Ageing. 2003. *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement*. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-brfeed-maif_agreement.htm