



Breastfeeding

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

1. The aim of the *Australian National Breastfeeding Strategy: 2019 and beyond* to “build a society in which systems and settings support and value breastfeeding as the normal way to feed infants and young children”¹ is supported.
2. It is the role and scope of practice of midwives and nurses (including, but not limited to maternal, child and family health nurses, nurses in general practice, and nurses in paediatric settings) to protect, support and advocate for a positive breastfeeding culture.
3. Promoting, protecting and supporting breastfeeding is a primary health care initiative with demonstrated short and long-term health benefits for infants, parents, families and communities.
4. Midwives and nurses have a duty of care to provide evidence-based information, and respectful support to all breastfeeding parents, partners and caregivers regardless of feeding choice.
5. Midwives and nurses working with families should maintain evidence-based and current knowledge on breastfeeding, and when medically indicated or the family’s preference, the use of donor breastmilk and breastmilk banking, and use of breastmilk substitutes.
6. Maternity and early parenting services should employ midwives and/or nurses who have knowledge, expertise, skills and competence in breastfeeding management in addition to minimum staffing ratios to protect and promote initiation, establishment and increased duration of breastfeeding.^{2, 3}
7. Breastfeeding parents and infants should have timely access to professional and expert breastfeeding assistance regardless of geographical location or social disadvantage.⁴
8. All maternity and early childhood community health settings should implement the Baby Friendly Health Initiative (BFHI)⁵ with funding made available to achieve this. In accordance with the BFHI steps, policies should be in place that:
 - a. facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth;
 - b. support mothers to initiate and maintain breastfeeding and manage common difficulties;
 - c. support caregivers to recognise and respond to their infants’ cues for feeding;
 - d. support staff to undertake continuing professional development to increase skills, knowledge and competence to provide comprehensive breastfeeding care;
 - e. enable mothers and their infants to remain together 24 hours a day;
 - f. do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated;
 - g. incorporate culturally safe breastfeeding counselling at every stage of care from the antenatal to postnatal periods including, but not limited, to the importance and management of breastfeeding; risks of feeding bottles, teats and pacifiers; and discharge supports available for ongoing care;
 - h. recognise the importance of non-breastfeeding parents and caregivers with regard to the breastfeeding dyad and provide care inclusive of these supports;



ANMF Policy

- i. comply fully with the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly (WHA) resolutions (collectively known as The Code).^{5 6}
9. To support a positive breastfeeding culture, The Code, should be fully adopted. The community needs protection, in the form of regulation and legislation, from imprudent and biased marketing of breastmilk substitutes. The Code recognises that there is a legitimate market for infant formula where infants do not breastfeed but also seeks to ensure that infant formula is not marketed or distributed as an optimal preference to breastfeeding.
10. 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.
11. All health care facilities should have a written breastfeeding policy that is routinely communicated to all staff. This policy should:
 - a. promote, protect and support breastfeeding as the normal infant feeding method across all wards/units regardless of the area of practice;
 - b. provide guidelines for breastfeeding management, and the care of breastfeeding parents receiving treatment in a non-maternity setting; and
 - c. include contingencies for breastfeeding infants and children.
12. The rights of parents to breastfeed, and infants to be breastfed, are protected and supported in workplaces. Workplaces should be sufficiently flexible to permit working parents to choose breastfeeding as an option, and actively encourage breastfeeding by:
 - a. the promotion of a positive attitude towards breastfeeding in the workplace;
 - b. the development of a 'breastfeeding and workplace' policy;
 - c. providing flexible working hours and other family friendly working conditions;
 - d. providing lactation breaks in addition to any other rest period and meal break;
 - e. permitting flexibility of times of usual breaks and/or lactation breaks as required for expressing or breastfeeding;
 - f. permitting employees who have experienced difficulties with the transition from home-based breastfeeding to the workplace to have access to the free Australian Breastfeeding Association's Helpline Service during work time;
 - g. providing a clean, private (lockable) area which is safe from hazardous waste and chemicals, with comfortable seating, easy access to bathroom facilities, and access to a power supply;
 - h. providing facilities for washing hands and equipment, and for storage of equipment;
 - i. providing refrigeration facilities for storage of breast milk;
 - j. providing readily available information regarding parental leave and policies relating to breastfeeding in the workplace;
 - k. displaying and distributing information, where appropriate, to inform employees who are pregnant or considering pregnancy.⁷



ANMF Policy

13. Midwives, nurses, health facilities and governments must continue to participate and invest in breastfeeding research, national data collection and continuous improvement activities to protect, promote and support increasing the rates of initiation and duration of breastfeeding.

Endorsed June 1998

Reviewed and re-endorsed September 2000

Reviewed and re-endorsed November 2004

Reviewed and re-endorsed December 2007

Reviewed and re-endorsed June 2011

Reviewed and re-endorsed February 2015

Reviewed and re-endorsed November 2017

Reviewed and re-endorsed February 2021

References

1. COAG Health Council (2019). *Australian national breastfeeding strategy: 2019 and beyond*, p 10. Available at <http://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20FINAL%20.pdf>
2. Ibid
3. McFadden, A., Gavine, A., Renfrew, M.J. et al. (2017). *Support for healthy breastfeeding mothers with healthy term babies*. Cochrane database of systematic reviews, Issue 2. Art. No: CD001141. DOI: 10.1002/14651858.CD001141.pub5. Available at <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001141.pub5/full>
4. Op cit. COAG Health Council (2019).
5. Ibid, p 40.
6. BFHI Australia (2020). *Baby friendly health initiative: Improving healthcare for babies, their mothers and families*. Available at <https://bfhi.org.au/>
7. Australian Breastfeeding Association (2020). *Breastfeeding friendly workplace*. Available at <https://www.breastfeeding.asn.au/workplace>