

PURPOSE:

BRHS is committed to Protecting, Encouraging, supporting and promoting Breastfeeding

STATEMENT:

Bairnsdale Regional Health Service (BRHS) endorses the World Health Organization (WHO) recommendation that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while breastfeeding continues for up to 2 years and beyond.

BRHS is committed to creating a health care environment that promotes, supports and encourages breastfeeding as the optimal way for a woman to feed her baby. BRHS recognises the important health benefits now known to exist for both the mother and her child.

The Baby Friendly Health Initiative (BFHI) was developed jointly by the WHO and UNICEF in 1991. The initiative is a global effort for improving infant health by supporting mothers to breastfeed their babies. It is this initiative that guides the BRHS breastfeeding policy. To assist mothers and infants in achieving successful breastfeeding, all staff receive appropriate education and training on the Ten Steps to Successful Breastfeeding and BRHS breastfeeding policy as outlined in step 1 of the 10 steps.

BRHS recognises that all mothers have the right to receive clear and impartial information to enable them to make a fully informed choice as to how they feed their baby. BRHS staff will respect the woman's choice in her method of infant feeding. BRHS acknowledges that the "Ten Steps" are beneficial for all mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice – regardless of feeding method.

Mothers should be supported to feed their infants in all areas of the hospital. Staff attending mothers in other areas of the hospital should be aware of and have access to the breastfeeding policy. Signs should be displayed throughout the hospital informing all staff and parents that breastfeeding is welcome. BRHS will support staff members who are breastfeeding to continue to do so.

BRHS has a lactation support room available on Rotamah ward for staff members wishing to return to work while continuing to breastfeed. These staff members will be offered flexible lactation breaks and are assured support from BRHS management to enable them to continue to breastfeed on return to work.

POLICY:

BRHS is dedicated to supporting the BFHI where breastfeeding is the norm and practices known to promote the health and wellbeing of all babies and their mothers are followed.

The health benefits of breastfeeding for mothers and babies and the potential health risks of formula feeding are discussed with all mothers so that they can make an informed choice about how they will feed their baby. Their decision is then respected and supported.

To enable BRHS health care staff to foster an environment where more women choose to breastfeed their babies, confident in the knowledge that they will be given support and information to enable them to continue breastfeeding:

- All staff involved with the care of breastfeeding women must adhere to this policy in order to avoid giving conflicting advice. Staff provide culturally sensitive care in response to women's beliefs, customs or ethnicity at all times.
- The attending midwife must inform the General Practitioner Obstetrician (GPO) if there are concerns regarding the baby's health.
- Parents who choose to feed their babies formula, or who are required to supplement with or switch to infant formula, should be given individual support and instruction on how to prepare formula feeds correctly and to ensure that they know how to feed their baby safely during the postnatal period. No group instruction on the preparation of artificial feeds will be given in the antenatal or postnatal periods.

BRHS recognises and endorses the:

- National Health and Medical Research Councils (NHMRC) dietary guidelines for children and adolescents incorporating the infant feeding guidelines for health workers.
- World Health Organisation (WHO), International Code of Marketing of Breast Milk Substitutes and Marketing in Australia of Infant formulas: Manufacturers and Importers Agreement (MAIF Agreement).
- WHO and United Nations Children's Fund (UNICEF) Baby Friendly Hospital Initiative.
- WHO and UNICEF's Global Strategy for infant and Young Child feeding.

By endorsing the International Code of Marketing on breast milk substitutes and subsequent relevant Health Assembly resolutions BRHS will:

Pay fair market price for all formula and associated infant feeding equipment that it uses. BRHS will not accept or distribute free or heavily discounted formula.

Not allow representatives of companies that distribute or market products within the scope of the code open access to staff or birthing women (both antenatal and postnatal) at BRHS.

Not receive free gifts, non-scientific literature, materials or equipment, money or support for in-service education / events from these companies. Information to health workers must be scientific and factual.

Not advertise breast milk substitutes, feeding bottles, teats or dummies in any part of the hospital.

Not accept pictures of infants or other pictures idealising artificial feeding on the labels of the products. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

Keep formula products out of sight from pregnant woman and mothers

BRHS ensures that women will be given consistent accurate advice, and that there is careful scrutiny of any research which involves mothers and babies for potential implications on infant feeding or interference with the full implementation of the policy. The organisation actively practices the following Ten Steps of Breastfeeding:

STEP 1:

Have a written breast feeding policy that is routinely communicated to all health care staff and parents

- This policy is to be communicated to all health care staff that have any contact with pregnant women and mothers. All staff will have access to this policy.
- All new staff will be orientated to the location of the policy as soon as their employment begins.
- This policy will be explained to all pregnant women with the aim of ensuring that they understand the standard of information and care expected from BRHS.
- Mother friendly labour and birthing practices are fostered as this is known to help mother's psychological and physical health and enhance the babies start in life, including breastfeeding. Please see Attachment C for further information
- All mothers are to have access to the BRHS Breastfeeding Policy
- Breastfeeding employees at BRHS are to be supported to continue to breastfeed on returning to work, by having access to a private area with facilities where they can feed their baby, express milk and store breast milk.

STEP 2:

Train all health care staff in the skills necessary to implement this policy.

- Midwives have the primary responsibility for supporting breastfeeding women and for helping them to overcome related problems.
- All staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their scope of practice.
- Maternity staff will assist mothers who have chosen to formula feed to learn the skills needed to do so including in the reconstitution of infant formula and suitable cleaning/sterilisation techniques.
- All ancillary staff will be orientated to the policy and receive training that enables them to refer breastfeeding queries appropriately. (Please see **Attachment A** for further information.)

STEP 3:

Inform all pregnant women about the benefits and management of breastfeeding.

Staff involved with the provision of antenatal care should ensure that all pregnant women are informed of the benefits of breastfeeding for both mothers and babies and the potential health risks of formula feeding. All pregnant women should be given an opportunity to discuss infant feeding on an individual basis with a midwife as early in her pregnancy as practicable.

- The physiological basis of breastfeeding will be clearly and simply explained to all pregnant women, together with good management practices which have been proven to protect breastfeeding and reduce common problems.
- BRHS aims to give women confidence in their ability to breastfeed by including breastfeeding education in antenatal midwifery appointments as well as antenatal classes.

STEP 4:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after birth for as long as they want, regardless of their feeding method. Skin-to-skin contact should be maintained for at least an hour or until after the first feed.

- Skin-to-skin contact should not be interrupted by staff wanting to carry out routine procedures.
- If skin-to-skin contact is interrupted for a clinical indication or maternal choice it should be re-initiated as soon as mother and baby are able.
- All mothers are to be encouraged to offer the first breastfeed when mother and baby are ready. A midwife is to give assistance if needed.
- Promote baby-led attachment. The pattern of instinctive behaviours by the baby to get to the breast is to be encouraged by staff. This form of attachment is only successful when the mother and baby are healthy and allowed sufficient skin-to-skin contact. The baby must be allowed to go through its pre-feeding rituals of licking, smelling, touching and mouthing the breast before attaching.
- In case of caesarean section births- mothers and babies are to remain together whenever possible only being interrupted for medical reasons (A medically indicated procedure may include resuscitation or stabilisation procedures for sick and/or preterm infants. Otherwise further evidence must be available to demonstrate why the mother's or baby's condition prevented immediate or undisturbed skin to skin contact.)

STEP 5

Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.

All breastfeeding mothers should be offered further help with breastfeeding as needed. Including providing practical, emotional and motivational support .A midwife should be available to assist a mother at all breastfeeds during her stay.

- Midwives must ensure mothers are offered the support necessary to acquire the skills and recognise the indicators of correct positioning and attachment.
- All breastfeeding mothers should be coached on how to express their milk by hand and by pump. Information outlining the process are to be provided for women to use as reference (A consumer pamphlet on "Breastfeeding and your baby and/or expressing breast milk" is available)
- When a mother and her baby are separated for medical reasons, it is the responsibility of the midwife to encourage and help the mother to express milk as soon as possible after birth.
- Mothers who continue to be separated from their babies should be encouraged to express 6-8 times per 24 hours to promote milk production or maintain an established supply. The use of lactation aids such as an electric pump may be considered when assessing the mother's needs. (Consumer pamphlet for parents on expressing breastmilk for their baby is available)

- When direct breast contact can be offered to the baby, midwifery assistance must be available.
- Before discharge, all breastfeeding mothers will receive information, both verbally and in writing, about how to recognise:
 - The signs which indicate that their baby is receiving sufficient milk and what to do if they suspect this is not the case.
 - How to recognise signs that breastfeeding is not progressing normally (e.g.: sore nipples, suspected mastitis) and how to manage common difficulties

STEP 6:

Give newborn infants no food or fluids other than breast milk, unless medically indicated.

- No water or artificial feed should be given to a breastfed baby unless medically indicated or fully informed parental choice. The decision to offer supplementary feeds for clinical reasons should be made by an appropriately trained Midwife or Doctor. Reasons for supplementation should be discussed with parents and recorded in the baby's notes. Written consent is required from either parent.
- Every effort should be made to encourage the mother to express breast milk to be given to the baby for supplementation via cup or syringe. This proactive approach may reduce the need to offer formula supplements.
- All mothers should be encouraged to breastfeed exclusively for at least six months and continue to breastfeed for the first year of life or longer.

STEP 7: Rooming In

Enable mothers and their infants to remain together and practice rooming in .

- A mother will normally be the primary carer for her baby. If a mother makes an informed decision to be separated from her baby for more than 1 hour it must be documented.
- Separation of mother and baby will normally only occur where the health of either mother or baby is of concern.
- Well babies should stay their mothers 24 hours a day. Mothers recovering from caesarean section should be given appropriate support to care for their babies 24 hours a day.
- All mothers will be given verbal and written information about co-sleeping/bed-sharing. (BRHS co-sleeping /bed sharing consumer pamphlet for parents is available)

STEP 8:

Encourage breast feeding on demand.

- Mothers should be supported to practise to demand feeding their babies (for as long as the baby wants if sucking effectively) as part of nurturing care, unless there is a clinical indication to do otherwise. The routines of hospital should not interfere with this principle.
- Midwives will support mothers to recognise their infants feeding cues and the importance of responding to them so that they have an awareness of normal feeding patterns (including cluster feeding and growth spurts). This will include the importance night time feeding as part of demand feeding.

STEP 9

Give no artificial teats or dummies (also called pacifiers or soothers) to breast feeding infants.

- Midwives and other health care staff should not recommend the use of artificial teats and dummies during the establishment of breastfeeding a healthy term baby. Parents wishing to use them should be advised of the possible detrimental effects such use may have on breastfeeding to allow them to make informed choice. A record of such discussion and the parents' decision should be recorded in the baby's clinical pathway.
- Nipple shields are not recommended for attachment unless all other avenues have been exhausted. A midwife must discuss the pros and cons of using a nipple shield prior to use and give the mother written information about this.

STEP 10:

Foster the establishment of breastfeeding support and refer mothers on discharge from the hospital.

- BRHS supports cooperation between health care professionals and voluntary support groups whilst recognising that health care facilities have their own responsibility to promote breastfeeding.
- Mothers are given verbal and written information Plans for discharge regarding referrals and support services prior to going home from hospital that includes:
 - Domiciliary care from BRHS midwives
 - BRHS Lactation Support Clinic
 - Australian Breastfeeding Association (ABA) and help line 1800 686 2 686 mum 2 mum.
 - Maternal and Child Health Nurse Services.
 - Local lactation consultants.
 - GPO services
 - Culturally and linguistically diverse breastfeeding support information is available on-line from the Australian Breastfeeding Association and The Royal Womens' Hospital Vic and is to be made available to culturally and linguistically diverse women and their families.
 - Parents Resource Guide - Contact phone numbers
 - Useful websites

Mothers who choose Formula Feeding:

Staff should be aware of and refer to the powdered infant formula policy so that mothers receive the care and information required to feed their babies formula.

EVALUATION:

All staff members who give breastfeeding advice to mothers and families have completed the necessary education and maintain the standards set down within the Baby Friendly Health Initiative accreditation requirements. This is to be reviewed and documented by hospital clinical management.

All women are provided the opportunity to breastfeed or provide breast milk for their infants. Data is to be collected according to the Baby Friendly Health Initiative accreditation requirements.

Title: Breast Feeding
Document type: Operational Policy

Improving breastfeeding rates by promoting awareness of the "The Ten Steps to Successful Breastfeeding".

Implementation, monitoring and evaluation of this policy by hospital Clinical Management.

KEY WORDS:

Breastfeeding, Baby friendly, BFHI, Ten Steps, lactation

ASSOCIATED DOCUMENTATION:

[Records Management Policy](#)

National Health and Medical Research Councils (NHMRC) Dietary Guidelines for children and adolescents, incorporating the infant feeding guidelines for health workers: NHMRC 2013 World Health Organisation (WHO), International Code of Marketing of Breast Milk Substitutes and Marketing in Australia of Infant formulas: Manufacturers and Importers Agreement (MAIF Agreement) 1981 .2017 update: frequently asked questions Geneva WHO 2017 WHO, United Nations Children's Fund (UNICEF) Baby- Friendly Hospital Initiative. Revised, updated and expanded for integrated care. Geneva: World Health Organisation, 2018. WHO and UNICEF's, Global Strategy for infant and Young Child feeding. Geneva: World Health Organisation, 2003.

Australian National Breastfeeding Strategy: Australian Government Department of Health 2010-2015 (2018 & beyond draft for public consultation awaiting final release 2019)

KEY LEGISLATION, ACTS and STANDARDS:

Standard 12 – Provision of Care

REFERENCES:

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Australian Breastfeeding Association, Consumer information sheets: www.breastfeeding.asn.au 2016 -2019

The Global Criteria for Baby Friendly Hospitals in Australia: Handbook for Maternity Facilities – Criteria for Assessing Implementation of the Ten Steps to Successful Breastfeeding: Australian College of Midwives, 2016

The Royal Women's' Hospital, A-Z fact sheets: Breastfeeding your baby Booklet 2017), Expressing breastmilk (June 2018) your pregnant, so let's talk about feeding your baby 2019:

<https://www.thewomens.org.au/health-information/fact-sheets/>, access as needed.

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Women's and Newborns Health Network. Baby Friendly Health Initiative – Hospital Breastfeeding Policy: Government of Western Australia Department of Health 2017

Safe Infant Sleeping Policy and Framework – Women's and Newborns Health Network 2013: Department of Health, Western Australia; Health Networks Branch, Department of Health, Western Australia; 2013

Breastfeeding and Co-sleeping: Australian Breastfeeding Association, www.breastfeeding.asn.au Aug 2017

Breastfeeding and You: A handbook for antenatal educators, second edition Dr Jane Svensson 2015

Title: Breast Feeding
Document type: Operational Policy

NSW Health: Breastfeeding in New South Wales Sept 2018
 UNICEF and World health organisation implementation guidance 2018: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby friendly Hospital initiative 2018
 Breastfeeding policy directive Government of South Australia Sept 2018
 BFHI Handbook for Maternity Facilities: Australian College of Midwives 2016. Baby Friendly Health Initiative, Australia updated 2016 incorporating the revised WHO&UNICEF Global standards for BFHI. Version 3

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ATTACHMENT A

Requirements for breast feeding education for each group of staff for the 3 year period prior to reassessment of the facility

Group 1: Staff who assist mothers with breastfeeding, or provide education in relation to breastfeeding, must have a further 8 hours of relevant breastfeeding education over the 3 years between assessments, including a reorientation on the policy.

Groups 2: Staff who may provide general breastfeeding but do not assist mothers with breastfeeding.

Group 3: Staff who have contact with pregnant women and mothers who completed appropriate initial education as above must have a refresher /update of their requirements and re orientation on the policy.

New staff must be educated in accordance with BFHI Handbook* recommendations for their work group.

* BHFI Australia – Handbook for Maternity Facilities Updated 2016 incorporating the revised World Health Organisation (WHO) UNICEF Global standard for BFHI version 3 (28/10/16)

ATTACHMENT B

Acceptable Medical reasons for Supplementation with Powdered Infant Formula

Almost all mothers can breastfeed successfully, which includes initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and continuing breastfeeding (along with giving appropriate complementary foods) up to 2 years of age or beyond. Exclusive breastfeeding in the first six months of life is particularly beneficial for mothers and infants.

Positive effects of breastfeeding on the health of infants and mothers are observed in all settings. Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infection, *Haemophilus influenza*, meningitis and urinary tract infection. It also protects against chronic conditions in the future such as type-1 diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life. Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer. Nevertheless, a small number of health conditions of the infant or the mother may justify recommending that she does not breastfeed temporarily or permanently. These conditions, which concern very few mothers and their infants, are listed below together with some health conditions of the mother that, although serious, are not medical reasons for using breast-milk substitutes. Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

Infant Conditions

Infants who should not receive breast milk or any other milk except specialised formula

- Classic galactosemia: a special galactose-free formula is needed;
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed;
- Phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period

- very low birth weight infants (those born weighing less than 1500g);
- very preterm infants, i.e. those born less than 32 weeks gestational age;
- newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those who are ill and those whose mothers are diabetic) if their blood sugar fails to respond to optimal breastfeeding or breast milk feeding. (Refer to: Neonatal Hypoglycaemia guidelines)

Maternal Conditions

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Mothers who may need to avoid breastfeeding

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS).

The most appropriate infant feeding option for an HIV-infected mother depends on her and her infant's individual circumstances, including her health status, but should take consideration of the health services available and the counselling and support she is likely to receive. When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

Mothers who may need to avoid breastfeeding temporarily

1. Severe illness that prevents a mother from caring for her infant, for example sepsis;
2. Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved;
3. Certain Maternal medication for example:
 - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available
 - radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
 - excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided;
 - Cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

Mothers who can continue breastfeeding, although health problems may be of concern

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter
- Hepatitis C: Mothers who are Hepatitis C positive should be advised to cease breastfeeding if they have damaged/bleeding nipples because of the risk of transmission. Breastfeeding can resume once the nipples have healed
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines
- Substance use: maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies; Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

Mothers should be encouraged not to use these substances and given opportunities and support to abstain. Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

Addendum for Australia

The list above was developed by the World Health Organization for global use. There are some situations and more recent recommendations which are not included above, but are listed below that are considered by BFHI to be acceptable medical reasons for the use of breastmilk substitutes in Australia.

Primary Inadequate Breastmilk Supply

- Breast surgery: Women who have had breast surgery such as breast reduction with nipple relocation may find it necessary to use a breastmilk substitute to supplement their baby's intake and ensure adequate nutrition.
- Bilateral breast hypoplasia: Every attempt should be made to stimulate an adequate milk supply, but if unsuccessful, the baby may need a breastmilk substitute to supplement intake and ensure adequate nutrition.

HIV Infection

The World Health Organization (WHO) have released updated guidelines; Guidelines on HIV and Infant Feeding, 2010, Principles and recommendations for infant feeding in the context of HIV and a summary of Evidence, Geneva WHO; 2010. If a decision is made to use replacement feeding it must be acceptable, feasible, affordable, sustainable and safe (AFASS). An individual decision should be made in consultation with each mother, taking into account her circumstances and viral load.

Hepatitis B Under the current Hepatitis B recommended prophylaxis, breastfeeding is not a risk factor for mother-to-child transmission¹².

References

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10. Breastfeeding and Maternal tuberculosis. Geneva, World Health Organization, 1998 (Update No. 23).
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ATTACHMENT C

Mother-friendly labour and birthing practices

BRHS foster mother-friendly labour and birthing practices, it is known that these practices are helpful for the mothers' psychological and physical health and enhance the babies' start in life, including breastfeeding. These practices includes each of the following points:

- Women are encouraged to have a support person of their choice with them throughout labour and birth.
- There is support for practices that can help with comfort and non-pharmacological pain relief during labour. Including water birth and water immersion for pain relief
- Women are encouraged to move about as they need to during labour, and to assume birthing positions of their choice, unless a restriction is medically indicated.
- Invasive procedures are not used routinely, unless specifically required for a complication. Invasive procedures include rupture of the membranes, episiotomy, acceleration or induction of labour, instrumental delivery, or caesarean birth. If these are required for a medical reason, the reason is explained to the mother.

NB. All personnel are aware that care involving restrictions on drinking and eating light foods, and invasive procedures during labour and birth may impact on the mother's condition and on the establishment of exclusive breastfeeding.