



The Baby friendly initiative's impact in New Zealand

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Biography

Julie Stufkens RD, MNZM, Executive Officer NZBA, Christchurch, New Zealand

Place of Work: New Zealand Breastfeeding Authority (NZBA)

Focal activities:

Development and administration of the Baby Friendly Initiative (BFI) for New Zealand (BFHI & BFCI). A Registered Dietitian she was awarded the Medal of the New Zealand Order of Merit (MNZM) in 2009 for services to dietetics and paediatric nutrition.

Objective

To demonstrate the effect the implementation of the Baby Friendly Initiative has had on practice and breastfeeding rates in maternity facilities and community health services in New Zealand

Abstract

It is ten years since the Baby Friendly Initiative (BFI) was launched in New Zealand by the New Zealand Breastfeeding Authority (NZBA). A number of important factors have contributed to the success of the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI).

Thirty stakeholder groups formed NZBA in 1999 and have worked collaboratively to develop and administer BFI. Our criteria are based on WHO/UNICEF standards and incorporate important aspects of our culture and legislation.

The Ministry of Health (MOH) supported the BFI programme. NZBA conducted baseline assessments of maternity and community services prior to the commencement of BFHI and BFCI. The MOH provided guidelines to the District Health Boards (DHBs) in maternity service contracts and by 2007 expected all maternity facilities to achieve accreditation. With their continued support, BFCI was developed and piloted in community health groupings throughout the country with 17 health services being accredited in 2009. The services were assessed on compliance to the Seven Point Plan and the International Code using our BFCI documents.

NZBA has worked to provide support for the services through the provision of education standards, workshops, education resources, a website (www.babyfriendly.org.nz), and preassessment visits.



Results

Of the 76 maternity facilities 92% have achieved BFHI accreditation and over 60% of these facilities have been reaccredited; some for a third time. Reassessment is performed every three years. The exclusive breastfeeding rate at discharge has risen nationwide to an average of 82.5% compared with the 55.6% from the baseline audit conducted in 2001. The positive impact of BFHI on our community groups has already been confirmed by surveys of mothers, and feedback from health workers. Mothers report a significant improvement in feeding support and the workers felt more informed and confident to assist and advise mothers.

Conclusions

Our experience supports the international findings that successfully implementing the Baby Friendly Hospital program improves standards of care for mothers and their babies, increases exclusive breastfeeding rates at discharge, and ongoing support in the community by trained health workers will enhance breastfeeding outcomes in the long term.