



New Zealand Nurses Organisation

Feedback to the National Breastfeeding Advisory Committee

on the

National Strategic Plan of Action for Breastfeeding

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Inquiries to: Marilyn Head
New Zealand Nurses Organisation
PO Box 2128, Wellington
Phone: 04 499 9533
DDI: 04 494 6372
Email: marilynh@nzno.org.nz

1. OPENING COMMENTS

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to contribute to the National Strategic Plan of Action for Breastfeeding (NSPB) and commends the National Breastfeeding Advisory Committee (NBAC) for this comprehensive strategic plan.
2. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 40 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.
3. NZNO has consulted its staff and members in the preparation of this submission in particular our Professional Nursing Advisors and relevant Colleges and Sections such as Women's Health, Nurses for Young People Aotearoa, Te Runanga, and Pasifika.
4. Many of our members who work in Plunket, midwifery and other primary and secondary healthcare settings, have expressed concern at the falling rates of breastfeeding and agree with NBAC that a comprehensive approach is needed to address the diverse barriers to breastfeeding.
5. NZNO believes that, with one exception, the NSPB achieves this admirably by aligning the efforts of agencies, groups and communities to ensure delivery of a consistent, enabling message and supporting programmes to re-establish the normalcy of breastfeeding in the home, hospital, workplace and community.
6. The exception is not adequately including or reflecting the critical role of fathers and partners in successful breastfeeding. The one reference specific to fathers in the NSPB is a negative one about possible adverse support for breastfeeding, though "having a partner who supports breastfeeding" is acknowledged in Setting Two. Considerable research indicates that partners' involvement and support has a positive effect on breastfeeding and even, that the partner's attitude to breastfeeding is more important than the mothers (Pudney, Pers. Comm., 2008; Minchin, 1989).
7. It is important that the NSPB acknowledges and reflects changed social attitudes where men, as biological or step fathers, and women partners, want and are taking

equal responsibility for the welfare of children, especially in the critical area of breastfeeding.

8. The NSPB accurately describes the challenges to breastfeeding in different sectors and communities, sets clear goals, and identifies and prioritises realistic actions. Such a co-ordinated strategy which focuses on unity and the efficient use of resources is very useful to all sectors and is likely to prove successful as long as concerted actions follow. NZNO notes, for example, that the Employment Relations (Breaks and Infant Feeding) Amendment Bill currently before the Transport and Industrial Relations Select Committee has the potential to give legislative strength to conditions of employment to support breastfeeding.
9. NZNO suggests that the environmental impact of breastfeeding could be addressed in more detail. Though the health benefits of breastfeeding are well documented, less has been written about the environmental costs of not breastfeeding. Resources and energy used to heat water, wash and sterilise bottles, manufacture, contain and transport formula, bottles and teats have no place in the zero carbon economy to which New Zealand aspires¹.
10. NZNO also suggests that stronger collaboration with leading Unions and Employers is necessary to disseminate information about supporting breastfeeding in the workplace and the benefits of doing so. The NZ Business Roundtable, for example, is committed to a “fair society” and includes in its objectives that its interests are “closely aligned with the community at large” yet this is an area they are unlikely to have considered closely. Collaboration would clarify potential problems and solutions, and could spearhead the fundamental change in attitude needed.

¹ *That that environmental aspect of breastfeeding is not understood is evident from the “mother as cow” image in the Mothers Against Genetic Engineering (MAdGE) campaign in 2003* <http://collections.tepapa.govt.nz/objectdetails.aspx?oid=699250&coltype=history®no=gh01490>

¹ *This environmentally conscious (though ill-informed) group of mothers clearly saw no irony in protesting against genetically engineered fruit and vegetables for adults, whilst remaining silent about the use of formulas from different mammals and vegetables (cows milk, goats milk and soy milk) for infants, artificial feeding of infants which Minchin accurately describes as “the largest uncontrolled in-vivo GE experiment in human history” (Minchin, 1989.)*

2. PURPOSE, STRUCTURE AND PRIORITY AREAS

11. NZNO believes the priority areas for action in the short term are appropriate and well interlinked. We are particularly pleased that actions will be led and coordinated by the Ministry of Health (MoH) to ensure the equitable and consistent delivery of services and messages. The MoH is the only agency with the resources and national responsibility to lead collaboration between health, employment, and education agencies, health professionals and community organisations.
12. *Health services*: NZNO wholeheartedly supports Baby Friendly Hospital initiatives but also suggests that District Health Boards (DHBs) need also to be aware of being Baby and Breastfeeding Friendly employers. Many DHBs do not have even crèche facilities for their staff. Nurses and midwives are at the frontline of delivering professional support for breastfeeding and would be able to do so more effectively if they were encouraged to breastfeed themselves by having facilities and breaks provided.
13. NZNO notes that members of its Pasifika Section are adamant that the plummeting figures for Pacific peoples' breastfeeding are almost exclusively due to lack of opportunity in the workplace. They point out that most Pacific mothers want to breastfeed but because they need to return to work soon after giving birth, they find it almost impossible to do so. In this way, those already disadvantaged economically, cannot help but compromise their children's health and are forced to use meagre resources on expensive formulas.
14. The cycle is continued since poor health is a significant factor in educational underachievement. In this context, it is worth noting the work of New Zealand speech therapist Frances Broad who, investigating the sudden explosion of children in the 1960's needing remedial reading, established a connection between poor jaw development, slow articulation and poor reading skills. The sucking action required by breastfeeding which develops the jaw and facial muscles, and the hand-eye co-ordination and binocular vision assisted by breastfeeding on each side, indicate that breastfeeding has a significant effect on educational potential (Head, 2004).
15. NZNO strongly supports the continued advisory role of NBAC.

3. SETTINGS OUTCOMES AND OBJECTIVES

16. NZNO supports the guiding principles set out in Section 2.1 and the settings in part 2.
17. *Government*: NZNO shares NBAC's concerns regarding lack of compliance with and monitoring of standards set by the revised Code of Marketing of Breastmilk Substitutes, *The Code in New Zealand* (Ministry of health 2007) and is pleased to see its inclusion in the objectives, albeit medium rather than short-term.
18. NZNO supports the emphasis given to accurate, complete New Zealand data collection and research, and establishing a monitoring framework to assess the effectiveness of the NSPB. Accurate data informs good decision-making and planning.
19. Outcome 1.4: Regulatory Framework does not refer specifically to employment legislation and this is a serious omission. NZNO recommends the addition of clause 1.4 (d) The Ministry of Health considers options to support breastfeeding when developing and implementing legislation or regulations affecting employment and industrial relations.
20. *Family and community*: NZNO suggests the addition of "Support from communities where breastfeeding is embedded" to the areas which can positively influence breastfeeding. The 'decision' to breastfeed is one that arises because breastfeeding is not commonly encountered - stereotypical images of women do not include breastfeeding mothers. Resolutions and information are important but, as with diet and exercise, the evidence is that human behaviour is more strongly influenced by the social and cultural environment (NZNO, 2006)
21. "Normalising" breastfeeding is also a factor in supporting those partners who want their child to be breast fed but who face resistance from mothers under pressure to conform to a social image which excludes lactation.
22. NZNO strongly supports the National Breastfeeding Campaign and is *delighted* that breastfeeding is to be included in the health curriculum.
23. DHBs and primary health providers should be encouraged not only to establish a focal point for breastfeeding support but to lead by example in providing appropriate facilities for breastfeeding for both public and their own workers.

24. *Health services*: NZNO shares NBAC's concerns over the current shortage of skilled practitioners in midwifery, lactation support and the provision of Well Child Tamariki Ora services. However, even in critical care and neo-natal units, many hospitals have effective, supportive programmes to help mothers breastfeed in difficult circumstances, and the value of that experience and commitment of nurses and midwives, and community support, should be affirmed.
25. NZNO notes that there are situations where nursing as well as breastfeeding support skills are needed and training needs to reflect that.
26. Collaboration with community-based support groups such as La Leche League will be beneficial in using resources efficiently and avoiding duplication or contradictory information. But community groups should not and cannot be responsible for specialist professional healthcare, and need to be properly resourced so that they can contribute to educational programmes and provide ante and post natal support without being unduly burdened.
27. NZNO supports capacity building in the work force but suggests that 3.1(f), the education, training, support and resources for health workers to provide consistent, accurate advice and support to breastfeeding women generally should be brought forward to a medium term objective, so that lactation consultants can deal with the minority of women who require special help. Women have been breastfeeding for a million years; the last idea that should be conveyed is that it requires specialist intervention. Consistent baseline training for of all those who come into contact with nursing mothers is critical in preventing problems and ensuring a successful start.
28. For those women in special circumstances, for example those who have severe breastfeeding problems, sick or premature children, several young children, multiple births, or are adopting, practical assistance as well as information is necessary. Many people are not aware that assistance, such as home help, is available in some of these circumstances.
29. Te Runanga o Aotearoa and the Pasifika section of NZNO commends the objectives and processes identified for increasing breastfeeding in Maori and Pacific communities, specifically using Maori and Pacific providers and groups to deliver breastfeeding information and support.

30. *The workplace, childcare and early childhood education* This is an excellent section which sets out the challenges clearly and precisely. NZNO believes this is a critical part of the breastfeeding strategy and that actions need to match the strength of the words. We strongly support both outcomes, and are pleased to see that priority is given to developing a coordinated policy framework.
31. Employment is arguably the biggest barrier to breastfeeding in the current environment. Without realistic mandated allowances for the extension of paid parental leave, facilities and breaks to enable breastfeeding, efforts to achieve the cultural change NBAC has identified as necessary are doomed to failure. However, the proven short and long-term health, environmental, social, educational and economic benefits of breastfeeding are such that investment in supporting breastfeeding for the first two years of life are more than cost-effective. NZNO believes that current legislation around parental leave, paid work and breastfeeding is inadequate and not reflective of existing work/family mores.
32. Education of both families and employers is a key component and NZNO recommends that 4.2(d) – “developing and disseminating information to other government agencies on being a breastfeeding-friendly workplace” should be amended to include developing a relationship with Unions and Employers for the same purpose.

4. WHAT WORKS TO PROTECT, PROMOTE AND SUPPORT BREASTFEEDING?

33. The importance of breastfeeding and the risks of artificial milk are well described and could be extended to show how breastfeeding can contribute to the reduction of common stress factors for parents. Having sick children and/or financial problems are highly stressful to parents and can contribute to the breakdown of normal parental relationships. Breastfeeding protects infant health, costs nothing and encourages the sort of “attachment parenting” that is less likely to lead to violence against children, which is a concern in New Zealand today. (See for example, Plunket maori clinical educator Sharon Morunga’s poignant korero to “all the children we have lost” quoted in NZNO’s Journal *Kai Tiaki Nursing*, June 2007 p.16)

34. NZNO also acknowledges that breastfeeding is just one of a suite of parenting decisions and actions which are affected by many factors and recommends that education be based holistically around *parenting* in general. Similarly, education in the wider community needs to encompass and recognise the societal benefits of breastfeeding so that support for breastfeeding is correctly seen as an investment in the physical and mental health of families rather than a cost.
35. A working mother who is given time to express or feed her baby in congenial surroundings will be more productive than one who is stressed with a sick baby and/or money problems. Similarly, partners whose employment conditions enable them to take equal responsibility for childrearing. Considering the small percentage of time that breastfeeding takes over a whole working life, the extreme vulnerability of a new born child in its first few years of life and the prevalence of working mothers, it surely makes sound social and economic sense to accommodate their needs?
36. Growing acceptance of the need for shared responsibility for parenting has resulted in some attitudes and practises that can be detrimental to breastfeeding support. Anecdotal evidence (a recent example is a panel discussion on National Radio Thursday December 1st, Jim Mora) suggests that women are encouraged to express or supplement so partners can bottlefeed in order to 'share' feeding. What is often shared is exhaustion, role confusion, unnecessary supplementation and the consequent risks to breastfeeding success. NZNO suggests that education should include practical means by which parents can support each other in complementary roles without breastfeeding being unnecessarily compromised. This should not be taken as lack of support for women expressing or for the real contribution that partners make where infants need to be feed by someone other than the mother. Rather, it affirms the essential role of women which can no more be replaced than childbirth: it is a fundamental characteristic of all mammals.
37. NZNO agrees that appropriate community environments are necessary to encourage breastfeeding and notes that members have recommended the whanau room at Dunedin hospital as a good example. The room is well situated close to the front entrance, and is well-designed and inviting.
38. In that regard, NZNO draws your attention to the impending publication of research conducted by Jillian Lamb, a Colposcopy Nurse at Canterbury DHB's (*Comparing*

the persistence and recurrence rates of cervical intraepithelial neoplasia (CIN) in women who attended at Christchurch women's Hospital (CWH) colposcopy clinic who are smokers or non-smokers). Lamb's thesis makes the point that unwelcoming, clinical environments may be a significant deterrent to Pacific and Maori women uptake of services.

39. NZNO notes the need for legislative support for actions around breastfeeding in line with the international conventions listed all of which NZNO supports.

CONCLUSION

40. NZNO congratulates the NBAC for the NSPB which coordinates fragmented breastfeeding promotion and support into a coherent coordinated national plan of action.

41. NZNO recommends that you:

- **Note** our enthusiastic support for NSPB
- **Include** more reference to the partners to reflect their equal parenting role
- **Add** environmental factors to the list of benefits of breastfeeding
- **Note** our support for the MoH as lead agency in coordinating policy
- **Note** our support for the continued guidance of NBAC
- **Note** our support for ensuring compliance with the *Code in New Zealand* (Moh, 2007)
- **Note** our support for collecting accurate national breastfeeding statistics, investing in research and establishing a monitoring framework
- **Note** that health agencies should lead good employer practice by providing breastfeeding facilities and breaks for their staff.
- **Note** that the difficulties of combining employment and breastfeeding presents one of the biggest barriers, especially to Pacific and lower income families
- **Add** the following clause 1.4 (d) The Ministry of Health considers options to support breastfeeding when developing and implementing legislation or

regulations affecting employment and industrial relations. Note our support for a National Breastfeeding Campaign

- **Note** the need for increased education of employers and workers
- **Note** our enthusiastic support for inclusion of breastfeeding in the health curriculum
- **Note** our support for using maori and pacific providers to deliver breastfeeding information and support to their respective communities.
- **Add** that breastfeeding can reduce common stress factors and thus contributes to the mental and physical health of children and parents
- **Note** NZNO 's support of the international conventions listed in section 4.1.

Marilyn Head

NZ Nurses Organisation

PO Box 2128, Wellington

Phone: 04 499 9533

DDI: 04 494 6372

Email: marilynhead@nzno.org.nz

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