

Baby Friendly Aotearoa

National Infant Feeding Data

at Discharge, 2020



New Zealand Ministry of Health

Breastfeeding Definitions

Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed* medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

* Prescribed as per the Medicines Act, 1981.

From Breastfeeding Definitions for Monitoring the National Health Outcome Targets in New Zealand, MOH. New Zealand, February 1999.



1. Introduction

The New Zealand Breastfeeding Alliance (NZBA) collects annual infant feeding data at discharge as part of its contract with the Ministry of Health. This data is used to inform the Baby Friendly Hospital Initiative (BFHI) accreditation process and is shared widely with the sector to help inform practices that protect, promote and support the initiation of breastfeeding.

2020 was the third year that maternity services have entered their data using the NZBA on-line data collection tool. The on-line tool allows services to easily self-monitor their infant feeding trends in real time. Thank-you to everyone for using the tool – it makes for a more effective process and timely reporting.

2. BFHI as a Quality Improvement Initiative

BFHI focuses on initiation of breastfeeding by establishing standards for service provision by maternity services which are measurable and can be monitored and evaluated. The standards are based on current evidence-based guidelines for best practice.

This report summarizes data at a DHB level for the 12 months January - December 2020.

Individual services within the DHBs can review their own data using the NZBA on-line tool where they record their raw data**.

Data percentages are collated by service, ethnicity and feeding type (per the New Zealand Ministry of Health Breastfeeding Definitions) and entered into the tool. To access this data, contact the BFHI Coordinator for the maternity service or email info@nzba.co.nz.

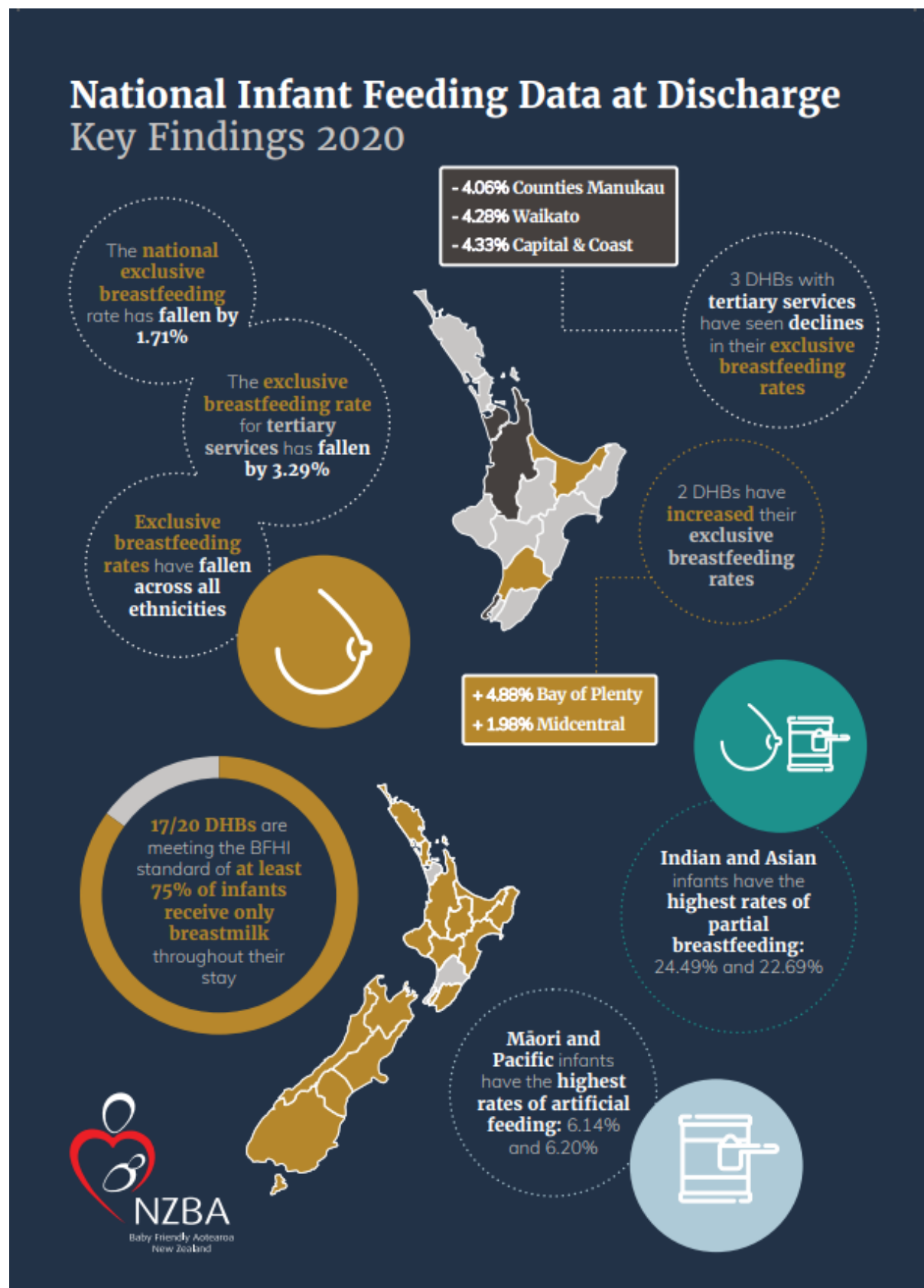
At both a DHB and service level, data is analysed from a maternity safety and quality perspective and compared with the Ministry of Health's breastfeeding performance measures/targets.

The recent publication of the [National Breastfeeding Strategy for New Zealand Aotearoa Rautaki Whakamana Whāngote](#) in 2020 confirms the importance of BFHI as a quality initiative to protect, promote and support breastfeeding and optimal infant feeding. The BFHI Programme is aligned to [Outcomes 4 and 6 of the Strategy](#).

** For more detail/support please contact NZBA on info@nzba.co.nz or 03 357 2072.

3. Infant Feeding on Discharge 2020

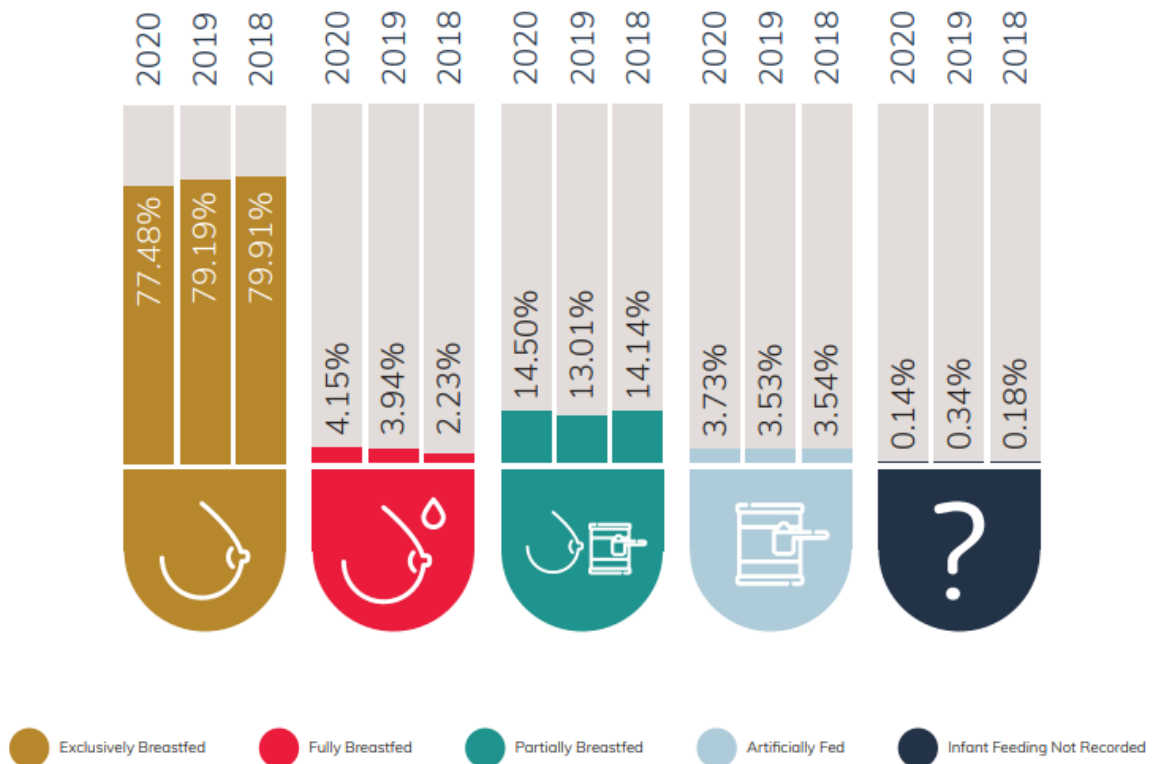
Infant feeding on discharge is presented in a series of infographics and tables. We highlight national trends over the last three years. Data is also presented by DHB, service type and ethnicity.



National Infant Feeding Data at Discharge 2018–2020

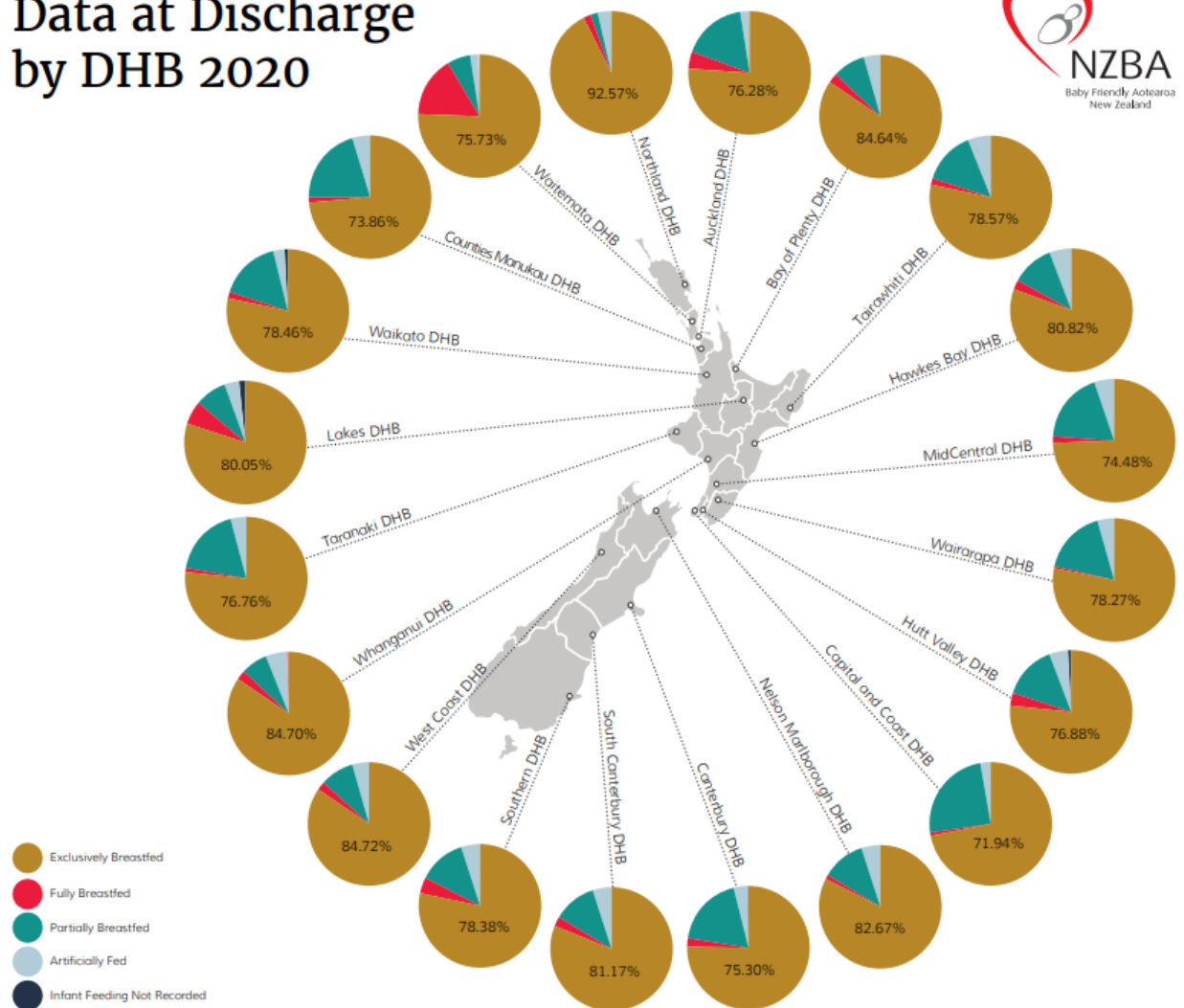


While the national exclusive breastfeeding rate at discharge remained relatively constant between 2017 and 2019, there has been a decline in 2020 to 77.48%. The rate of fully breastfed infants has been trending up over the last few years and is sitting at 4.15% in 2020. The rate of partially breastfed infants remains at similar levels to years past, 14.5% in 2020. The rate of artificial feeding has not changed significantly in the last few years, at 3.73% in 2020.



The exclusive breastfeeding rate for infants in New Zealand has fallen since 2019 by 1.71%. In the previous 3 years, exclusive breastfeeding rates had remained relatively steady at 79.1- 79.9%, but are now sitting at 77.48% in 2020.

National Infant Feeding Data at Discharge by DHB 2020





NZBA
Baby Friendly Aotearoa
New Zealand

National Infant Feeding Data at Discharge by DHB 2020

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially fed	Not Recorded
Northland DHB	92.57%	1.90%	2.18%	3.35%	0.00%
Waitemata DHB	75.73%	15.84%	5.97%	2.47%	0.00%
Auckland DHB	76.28%	4.45%	16.93%	2.34%	0.00%
Counties Manukau DHB	73.86%	1.31%	20.24%	4.59%	0.00%
Waikato DHB	78.46%	1.74%	16.04%	3.14%	0.64%
Bay of Plenty DHB	84.64%	2.51%	8.51%	4.34%	0.00%
Hawkes Bay DHB	80.82%	2.38%	11.00%	5.79%	0.00%
Tairāwhiti DHB	78.57%	1.50%	13.95%	5.98%	0.00%
Lakes DHB	80.05%	6.11%	8.37%	3.86%	1.61%
Midcentral DHB	74.48%	1.76%	18.63%	5.13%	0.00%
Whanganui DHB	84.70%	2.63%	6.96%	5.41%	0.46%
Taranaki DHB	76.76%	1.16%	17.99%	4.10%	0.00%
Wairarapa DHB	78.27%	0.49%	16.79%	4.44%	0.00%
Hutt Valley DHB	76.88%	3.23%	14.22%	5.08%	0.60%
Capital and Coast DHB	71.94%	1.01%	24.34%	2.70%	0.00%
Nelson Marlborough DHB	82.67%	0.95%	11.64%	4.74%	0.00%
West Coast DHB	84.72%	2.18%	8.73%	4.37%	0.00%
Canterbury DHB	75.30%	2.30%	18.75%	3.49%	0.16%
South Canterbury DHB	81.17%	2.51%	11.51%	4.81%	0.00%
Southern DHB	78.38%	4.17%	12.58%	4.87%	0.00%

At a DHB level, 17 out of 20 DHBs are meeting the BFHI standard of ***at least 75% of infants receive only breastmilk throughout their stay at the service***. This is a decline from last year when 19 of 20 services met this target. Individual services need to self-monitor their data on an annual basis to ensure that this standard is being met.

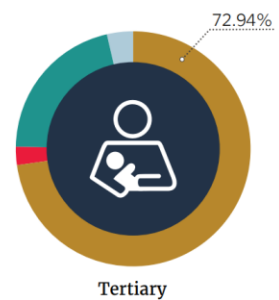
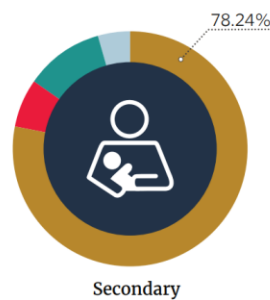
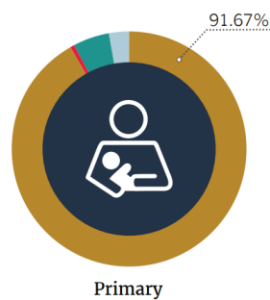
Two DHBs have increased their exclusive breastfeeding rates in the last year:

- Bay of Plenty DHB rate increased by 4.88%
- Midcentral DHB rate increased by 1.98%

The remaining 18 DHBs exclusive breastfeeding rates have remained constant or have fallen when compared with 2019 infant feeding data. The greatest fall in exclusive breastfeeding rates was seen at the Tairāwhiti, South Canterbury and Hawke's Bay DHBs at 5.79%, 5.13% and 4.68% respectively.

Of note, **three DHBs containing tertiary services had declines in exclusive breastfeeding rates** from 2019 to 2020 including Capital and Coast (4.33%), Waikato (4.28%) and Counties Manukau (4.06%).

National Infant Feeding Data by Facility Type 2020



National Infant Feeding Data by Facility Type 2020

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially fed
Primary service	91.67%	0.79%	4.77%	2.77%
Secondary service	78.24%	6.66%	10.84%	4.27%
Tertiary service	72.94%	2.57%	21.01%	3.48%

The **exclusive breastfeeding rate for primary services has increased by 0.69% to 91.67%** (compared with 90.98% in 2019). This rate for primary services has remained robust over the last few years.

The **exclusive breastfeeding rate for secondary services has fallen by 0.91% to 78.24%** (compared with 79.15% in 2019).

The **exclusive breastfeeding rate for tertiary services has fallen by 3.29% to 72.94%** (compared with 76.23% in 2019).

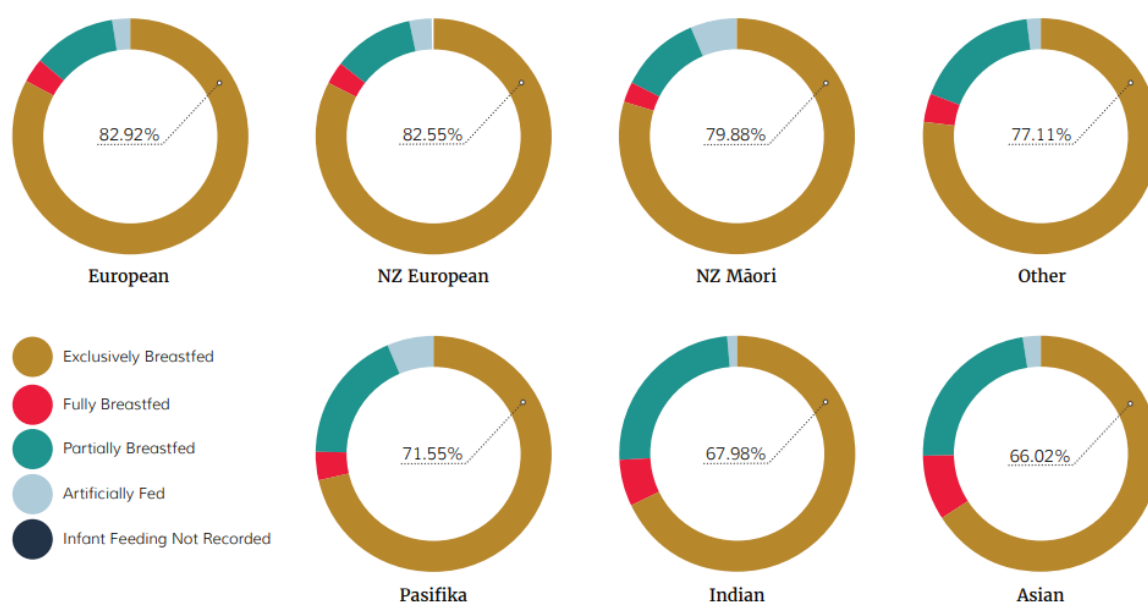
National Infant Feeding Data by Ethnicity 2020



The exclusive breastfeeding rate for Māori infants is slightly higher than the national average (79.88% compared with 77.48%). The artificial feeding rate for Māori infants has increased slightly from 5.88% to 6.14%.

The exclusive breastfeeding rate for Pacific infants has dropped by 2.68% over the last year to 71.55%. The artificial feeding rate remains high at 6.20%.

The rates of exclusive breastfeeding for Asian and Indian infants continue below the BFHI standard of 75% (66.02% and 67.98% respectively). The partial breastfeeding rate at discharge is 22.69% (Asian) and 24.49% (Indian), higher than the national average of 14.5%. However these ethnic groups continue to have the lowest artificial feeding rate at 2.41% (Asian) and 1.24% (Indian). This is encouraging data that shows on-going breastfeeding.



National Infant Feeding Data by Ethnicity 2020

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially fed
European	82.92%	3.42%	11.26%	2.40%
New Zealand European	82.55%	3.28%	11.04%	3.14%
NZ Māori	79.88%	2.73%	11.25%	6.14%
Other	77.11%	3.82%	17.31%	1.76%
Pacific Peoples	71.55%	3.86%	18.39%	6.20%
Indian	67.98%	6.29%	24.49%	1.24%
Asian	66.02%	8.88%	22.69%	2.41%

The **exclusive rate for New Zealand European infants has decreased** since 2019 at 82.55% (compared with 83.51%).

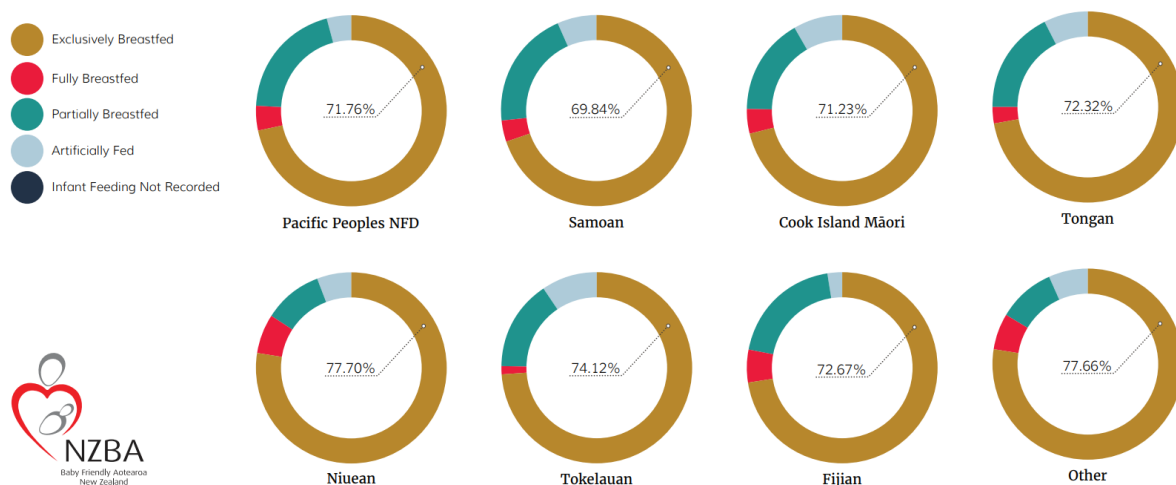
The **exclusive breastfeeding rate for Māori infants has decreased** by 1.8%. Concurrently, the partial breastfeeding rate for Māori infants has increased to 11.25% (compared with 9.54% in 2019). The artificial rate for Māori has increased to 6.14% (compared with 5.88% in 2019).

The **exclusive breastfeeding rates for Pacific and Asian infants have fallen** (by 2.68% for Pacific infants and 1.17% for Asian infants). This trend has continued over the last few years.

Indian infants have an **exclusive breastfeeding rate of 67.98%**, a decrease of 4.5% since 2019. Chinese infants continue to have the lowest exclusive breastfeeding rate at 60.31%, significantly below the BFHI standard of 75%.

Both **Indian and Asian infants** continue to have **the highest rates of fully and partially breastfeeding** rates, 6.29% and 8.88% (fully) and 24.49% and 22.69% (partially). However, these two ethnicities continue to have the lowest artificial feeding rates, below the national average. The artificial feeding rate for these two ethnicities ranges from 1.24-2.41%, compared with the national average of 3.73%. It is a credit to service staff and LMCs that the artificial feeding rate is so low in these communities. Antenatal education plays a crucial role in breastfeeding outcomes and more culturally appropriate breastfeeding education could influence exclusive breastfeeding rates as would culturally supportive postnatal breastfeeding support (including peer support).

National Infant Feeding Data by Ethnicity - Pacific Peoples 2020





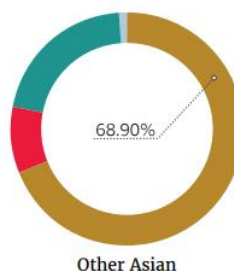
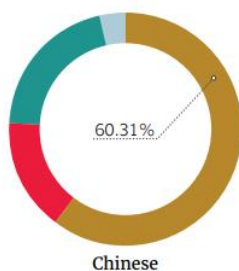
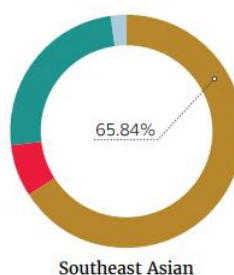
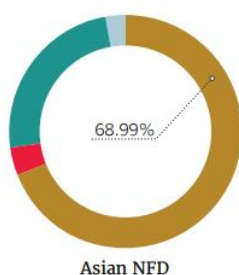
Infant Feeding Data by Ethnicity - Pacific Peoples 2020

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially fed
Pacific Peoples NFD	71.76%	4.12%	20.00%	4.12%
Samoan	69.84%	3.55%	20.18%	6.43%
Cook Island Māori	71.23%	4.15%	16.31%	8.31%
Tongan	72.32%	2.71%	17.67%	7.30%
Niuean	77.70%	6.47%	10.07%	5.76%
Tokelauan	74.12%	1.18%	15.29%	9.41%
Fijian	72.67%	5.52%	19.48%	2.33%
Other	77.66%	6.09%	9.64%	6.60%

The **exclusive breastfeeding rates for Pacific and Asian infants have fallen** (by 2.68% for Pacific infants and 1.17% for Asian infants). This trend has continued over the last few years.

Pacific infants continue to have the **highest artificial feeding rates**, ranging from 4.12-9.41% with Tokelauan, Cook Island Māori and Tongan infants topping this list. The national average for artificial feeding for all Pacific infants is 6.2%.

National Infant Feeding Data by Ethnicity - Asian Peoples 2020





Infant Feeding Data by Ethnicity – Asian Peoples 2020

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially fed
Asian NFD	68.99%	4.03%	24.21%	2.77%
Southeast Asian	65.84%	7.41%	24.71%	2.03%
Chinese	60.31%	15.69%	20.55%	3.45%
Other Asian	68.90%	9.17%	20.87%	1.06%

4. On-going surveillance

On-going surveillance within a service between BFHI audits is part of a vigorous quality circle.

Given the challenges and the quest for quality improvement in the breastfeeding space and with the monthly reporting of data now in place, NZBA will implement a more intentional monitoring of data from maternity services who are struggling with their breastfeeding rates.

A modified version of a self- audit, which has been required previously by NZBA but had been abandoned in recent years, will be reinstated again for some services in certain cases. **There will be a focus on self-auditing selected, relevant “steps” (of the *Ten Steps to Successful Breastfeeding*) where there are concerns. This will be discussed with individual services with the on-going support of NZBA staff.**

5. Observations

The impact of the Covid-19 pandemic in 2020 on breastfeeding cannot be understated. It has impacted breastfeeding on all levels including:

- confusion around changing information and recommendations with regard to mother-baby transmission of Covid-19 creating anxiety around breastfeeding and breast milk feeding
- restrictions on partners and other visitors who create the supportive network for breastfeeding dyads
- accelerated early discharge from maternity services which limited hands-on support for mothers and whanau immediately after birth
- limited access to on-going breastfeeding support after discharge given Covid-19 restrictions.
- disruption of on-going staff breastfeeding education at service level

In an age of Covid-19 and a move toward more on-line education, there remains a need for in-person, hands-on, clinical education for maternity staff which has the intent of improving breastfeeding rates and outcomes.

Antenatal education around breastfeeding is also essential and this is robustly supported by research. Breastfeeding supporters repeatedly highlight the need for more antenatal assessment and education to improve breastfeeding outcomes.

Feedback from BFHI coordinators and auditors provides some potential context for the decline in exclusive breastfeeding rates, especially noted at tertiary services. They report that maternity services in New Zealand are stretched thin with a significant midwifery shortage and staffing issues that decreases breastfeeding support for mothers and their whanau while engaging with the maternity service. There is also increased use of Registered Nurse staff in maternity services. This is significant in that Registered Nurses lack pre-service breastfeeding education and require extensive breastfeeding training when employed by a maternity service. Additionally, many birthing women increasingly have co-morbidities known to impact breastfeeding outcomes and this therefore increases the complexity of providing care for these women throughout the breastfeeding journey.

The stay in a birthing centre/hospital maternity unit is only a brief moment in time for new families and on-going breastfeeding support is essential for all women if they are to achieve their breastfeeding goals and positive breastfeeding outcomes.

6. In Conclusion

The declining rates of exclusive breastfeeding is a strong reminder/indicator/confirmation that the Baby Friendly Hospital Initiative cannot stand alone in protecting, promoting, and supporting breastfeeding. A collaborative approach across the breastfeeding journey is needed whether antenatally, postnatally or in the first 1000 days of (a child's) life.

Implementation of the National Breastfeeding Strategy for New Zealand Aotearoa *Rautaki Whakamana Whāngote* is essential to address all aspects that lead to positive breastfeeding outcomes and to link data sets to more established trends and options.

