



National Infant Feeding Data at Discharge Report 2021

1. Introduction

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

2021 was the fourth 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.

This report summarizes infant feeding at discharge data at a DHB level for the 12 months January - December 2021.

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

Data percentages are collated by service, ethnicity and feeding type (per the New Zealand Ministry of Health Breastfeeding Definitions, 1999). 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.

Rautaki Whakamana Whāngote National Breastfeeding Strategy for New Zealand Aotearoa (2020) confirms the importance of BFHI as a quality initiative to protect, promote and support breastfeeding and optimal infant feeding. The strategy acknowledges that improving breastfeeding rates will help reduce



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Māori inequalities (outcome 1). Māori have been understood, as indicated in policy documents, as having the right to determine Māori-focused breastfeeding interventions—a right under Te Tiriti o Waitangi. The BFHI Programme is also aligned to outcomes 4 & 6 of the Strategy: <https://www.health.govt.nz/our-work/life-stages/breastfeeding/national-breastfeeding-strategy-new-zealand-aotearoa-rautaki-whakamana-whangote>

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

The BFHI Programme is also aligned to outcomes 4 & 6 of the Strategy

(see over the page)



Hāpaingia te whāngote ki Aotearoa

Building a solid structure: Protecting, promoting and supporting breastfeeding in Aotearoa

Outcome 1:

Breastfeeding parents and their whānau have equitable access to a range of culturally appropriate breast and infant feeding supports

Outcome 2:

Breastfeeding parents and their whānau are supported by increased community education, resources and awareness

Outcome 3:

The maternal and child health workforce has the training, capacity and support to actively protect, promote and support breastfeeding

Outcome 4:

All maternity facilities achieve and maintain Baby Friendly Aotearoa (BFHI) accreditation

Outcome 5:

System settings support the safe provision of donor breast milk for infants in need

Outcome 6:

A robust evidence base informs infant feeding policy decisions and commissioning activities

Outcome 7:

Workplaces, education and childcare settings support parents and caregivers to reach their breastfeeding goals

Outcome 8:

System settings support and protect optimal infant and young child feeding in cases of temporary or sustained parent child separation

Outcome 9:

System settings support and protect optimal infant and young child feeding during emergencies

Credit: Women's Health Action

2.

BFHI as a Quality Improvement Initiative

In Aotearoa New Zealand, BFHI focuses on initiation of breastfeeding by establishing standards for maternity services which are measurable and can be monitored and evaluated. These standards are based on current evidence-based international guidelines for best practice.

Trish MacEnroe, former Executive Director of Baby Friendly USA, summarises BFHI perfectly stating that:



It is important to remember that for decades, maternity-care practices were built around a culture of formula-feeding as the norm, and breastfeeding was rarely encouraged.

The BFHI, which is based on the Ten Steps to Successful Breastfeeding (Ten Steps) and the International Code of Marketing of Breast-milk Substitutes (the International Code), has worked to empower families with informed decision making through the provision of objective, evidence-based information and care practices that support breastfeeding. It is intricately designed so that the practices interplay with one another which strengthen their impact. Eroding away one practice can have a rippling effect on the others.



Northland DHB, Te Tai Tokerau continues to have a consistently **high rate of exclusive breastfeeding (92.9%)**, with Māori at **91%**

Nationally, exclusive breastfeeding rates at discharge have **remained stable** from 2020–2021 at **77.47%**

For Māori infants it has **increased by 0.68%** and sits at **3.09% above the national average**

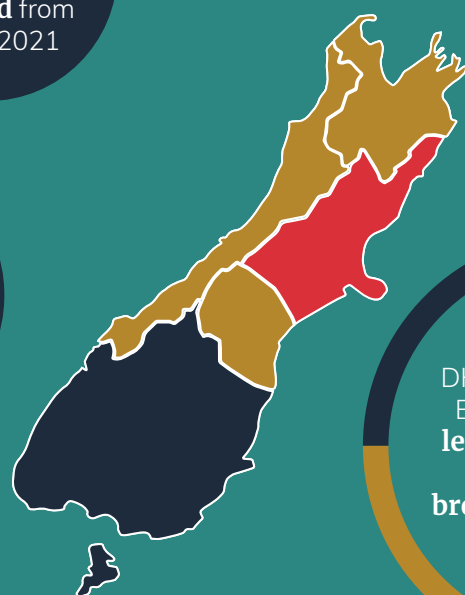
Historical breastfeeding data has seen an overall **decline by 5.5%** since 2012

For Pacific, Asian and Indian infants, it has **declined** from 2020–2021

For Pacific infants, it has **continued to decline**, by **1.91%** in 2021

Indian and Asian infants have the **lowest exclusive breastfeeding rates**

Primary Maternity Services continue with a consistently **high rate** of exclusive breastfeeding at **91.14%**



DHB's who are meeting the BFHI standard of 75% and have increased their exclusive breastfeeding rates

DHB's who have decreased their exclusive breastfeeding rates, but are still meeting the BFHI standard of 75%

DHB's who have decreased their exclusive breastfeeding rates and are not meeting the BFHI standard of 75%

DHB's who have remained stable exclusive breastfeeding rates from 2020, and are meeting the BFHI standard of 75%

11 DHBs have **increased** their **exclusive breastfeeding rates**

Increases range between **0.7 – 8.68%**

7 DHBs have seen **declines** in their **exclusive breastfeeding rates**

15/20 DHBs are meeting the BFHI standard of **at least 75% of infants receive only breastmilk** throughout their stay in the maternity service



Māori and Pacific infants continue to have the **highest rates of artificial feeding: 5.37% and 5.64%**

But both rates have **declined** since 2020

4/6 tertiary services are not meeting the BFHI standard of **at least 75% of infants receive only breastmilk** throughout their stay in the maternity service

Indian and Asian infants have the **highest partial breastfeeding rates** (consistent with data from 2020)



3.1

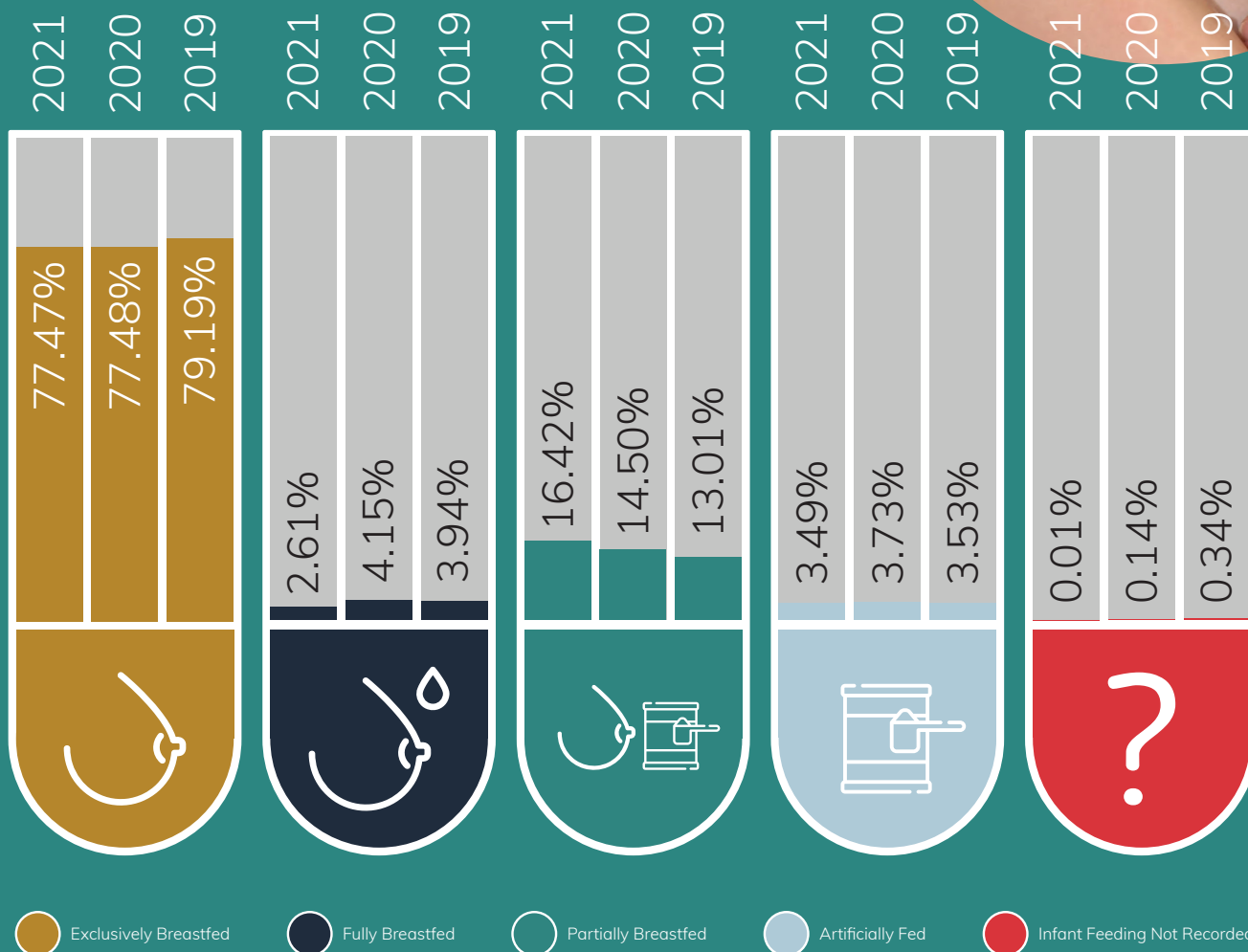
National Infant Feeding Data at Discharge Key Findings – 2021

Infant feeding on discharge from maternity services in Aotearoa is presented in a series of infographics and tables. We highlight national trends and data is also presented by DHB, maternity service type and ethnicity.

The rate of fully breastfed infants has declined since 2021 with a corresponding increase in the rate of partially breastfed infants. The artificial feeding rates at discharge also continue stable from the previous three years at 3.49% for 2021.

We congratulate services, as despite the enormous challenges of the last two years the exclusive breastfeeding rate at discharge for infants in Aotearoa New Zealand has remained stable from 2020 to 2021.

However, historical breastfeeding data has seen the exclusive breastfeeding rate decline overall by 5.5% since 2012.



3.2

National Infant Feeding Data at Discharge by DHB – 2021

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially Fed	Not Recorded
Northland DHB	92.91%	1.73%	2.38%	2.98%	0.00%
Waitemata DHB	75.89%	4.26%	17.63%	2.22%	0.00%
Auckland DHB	74.66%	4.95%	18.16%	2.23%	0.00%
Counties Manukau DHB	71.75%	1.02%	22.80%	4.39%	0.00%
Waikato DHB	80.02%	0.53%	16.04%	3.24%	0.19%
Bay of Plenty DHB	83.94%	3.68%	10.10%	2.28%	0.00%
Hawkes Bay DHB	81.98%	2.16%	10.09%	5.41%	0.36%
Tairāwhiti DHB	79.91%	0.89%	15.33%	3.87%	0.00%
Lakes DHB	74.62%	6.66%	9.75%	3.49%	5.47%
Midcentral DHB	77.92%	2.17%	14.10%	5.81%	0.00%
Whanganui DHB	85.49%	1.28%	8.29%	4.94%	0.00%
Taranaki DHB	80.39%	1.19%	12.19%	6.22%	0.00%
Wairarapa DHB	86.95%	0.66%	8.19%	3.98%	0.00%
Hutt Valley DHB	79.01%	3.13%	13.30%	4.56%	0.60%
Capital and Coast DHB	70.20%	1.38%	25.61%	2.81%	0.00%
Nelson Marlborough DHB	84.43%	1.08%	10.66%	3.66%	0.17%
West Coast DHB	85.42%	0.42%	11.25%	2.92%	0.00%
Canterbury DHB	74.54%	1.56%	19.83%	3.71%	0.35%
South Canterbury DHB	85.19%	1.85%	8.15%	4.81%	0.00%
Southern DHB	77.35%	4.85%	13.12%	3.63%	1.05%

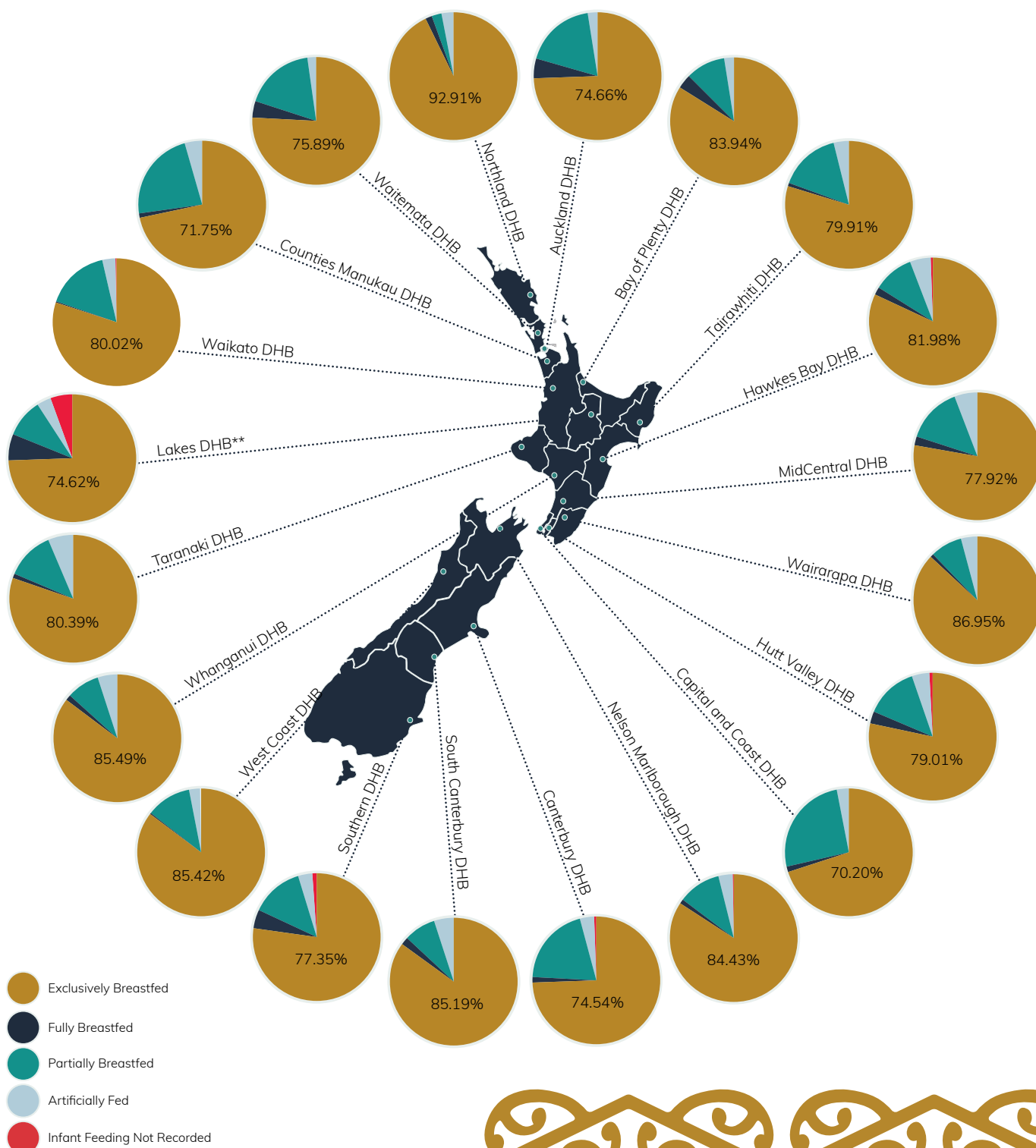
DHBs that are noted to have increased their exclusive breastfeeding rates at discharge in the last year are:

- Wairarapa DHB by 8.68%
- South Canterbury DHB by 4.02%
- Taranaki DHB by 3.63%
- Midcentral DHB by 3.44%
- Hutt Valley DHB by 2.13%
- Nelson Marlborough DHB by 1.76%
- Waikato DHB by 1.56%
- Tairāwhiti DHB by 1.34%
- Hawke's Bay DHB by 1.16%
- West Coast and Whanganui DHBs by <1%

At a DHB level, 15 of 20 are meeting the BFHI standard of *at least 75% of infants receiving only breastmilk throughout their stay at the service* in 2021. There has been a further decline from 2019 when 19 of 20 DHBs and from 2020 when 17 of 20 DHBs met this target.

Northland DHB, Te Tai Tokerau continues to have a consistently high rate of exclusive breastfeeding at discharge (92.9%), with Māori rate of exclusive breastfeeding at 91%. This is outstanding considering the national rate of exclusive breastfeeding for Māori is 80.56%.

The remaining DHBs' exclusive breastfeeding rates have remained stable or have fallen compared with 2020 infant feeding data. The greatest fall in exclusive breastfeeding rates was seen at Lakes**, Bay of Plenty and Counties Manukau DHBs at 5.43%, 2.66% and 2.11% respectively.



**High rate of infant feeding data not recorded due to data entry issues

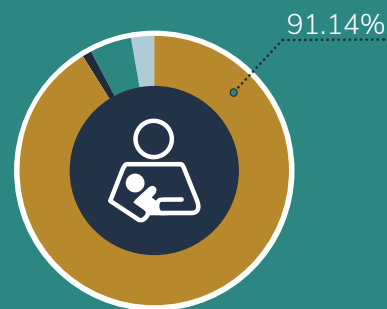
3.3

National Infant Feeding Data at Discharge by Facility Type – 2021

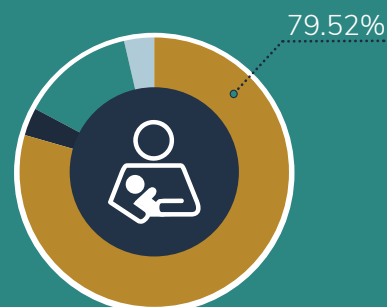
The *exclusive breastfeeding rate for primary services had fallen by 0.53% to 91.14%* (compared with 91.67% in 2020).

The *exclusive breastfeeding rate for secondary services has increased by 1.28% to 79.52%* (compared to 79.15% in 2020).

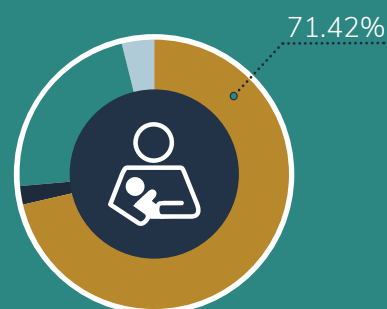
The *overall exclusive breastfeeding rate for tertiary services has fallen by 1.52% to 71.42%* (compared to 72.94% in 2020). Of note, 4 of 6 tertiary services have exclusive breastfeeding rates at discharge below the 75% BFHI standard. Rates for these four tertiary services were sitting between 68.18% and 73.78% in 2021.



Primary



Secondary



Tertiary



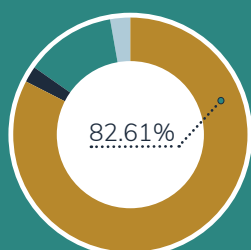
	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially Fed
Primary service	91.14%	0.96%	5.13%	2.60%
Secondary service	79.52%	3.43%	13.44%	3.61%
Tertiary service	71.42%	2.20%	22.76%	3.62%



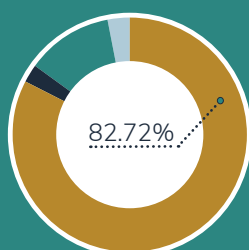
3.4

National Infant Feeding Data at Discharge by Ethnicity – 2021

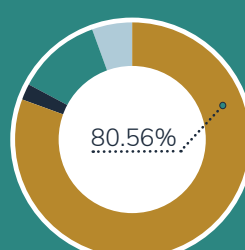
	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially Fed
European	82.61%	2.35%	12.31%	2.73%
New Zealand European	82.72%	2.36%	11.88%	3.04%
NZ Māori	80.56%	2.44%	11.63%	5.37%
Other	77.86%	3.56%	16.99%	1.59%
Pacific Peoples	69.64%	2.17%	22.55%	5.64%
Indian	66.15%	3.66%	28.86%	1.33%
Asian	64.66%	3.36%	29.42%	2.56%



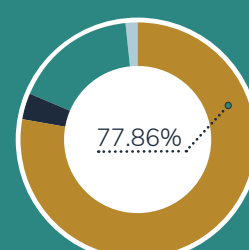
European



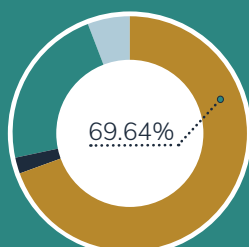
NZ European



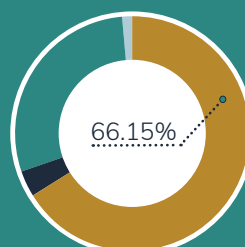
NZ Māori



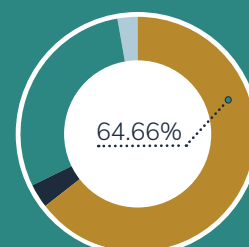
Other



Pasifika



Indian



Asian



Exclusively Breastfed



Fully Breastfed



Partially Breastfed



Artificially Fed



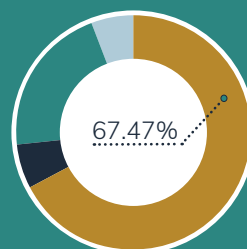
For a consecutive year, the exclusive breastfeeding rate for Māori infants remains higher than the national average at 80.56%, compared with 77.47%. The artificial feeding rate among Māori infants has decreased by 0.73% since 2020 to 5.37%.



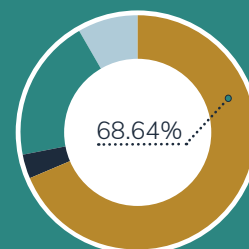
3.4.1

Pacific Infants 2021

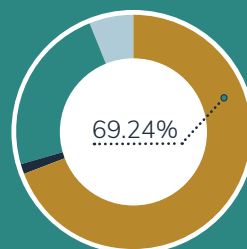
The exclusive breastfeeding rate for Pacific infants has further declined by 1.91% over the last year to 69.64%. Exclusive breastfeeding for Pacific infants has declined every year, over the past 8 years, with a 8.96% difference (2021: 69.64% compared with 2014: 78.6%). The partial breastfeeding rate at discharge has increased from 18.39% to 22.55% over the last year. The artificial feeding rate has fallen by 0.56% in 2021 but remains well above the national average at 5.64%.



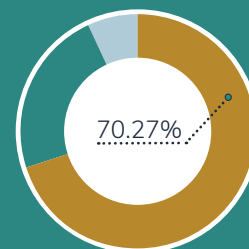
Pacific Infants NFD



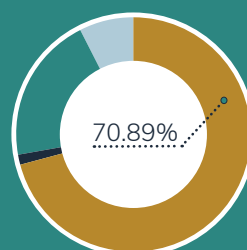
Niuean



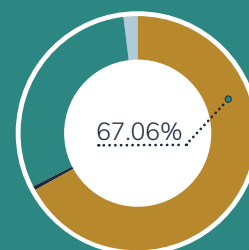
Samoan



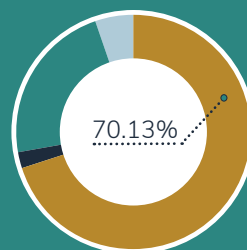
Tokelauan



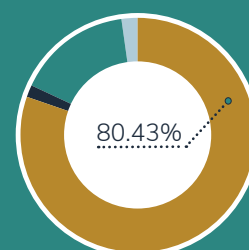
Cook Island Māori



Fijian



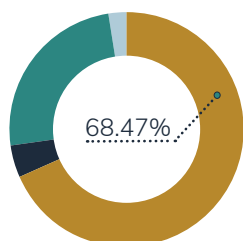
Tongan



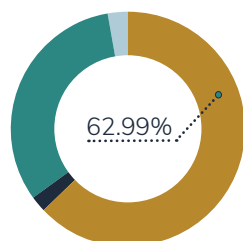
Other

	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially Fed
Pacific Infants NFD	67.47%	5.87%	21.08%	5.57%
Samoan	69.24%	1.31%	23.46%	5.98%
Cook Island Māori	70.89%	1.56%	20.19%	7.36%
Tongan	70.13%	2.33%	22.28%	5.26%
Niuean	68.64%	3.55%	19.53%	8.28%
Tokelauan	70.27%	0.00%	22.97%	6.76%
Fijian	67.06%	0.59%	30.56%	1.78%
Other	80.43%	1.63%	15.76%	2.17%

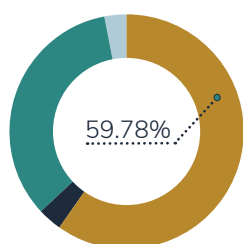
3.4.2 Asian Infants 2021



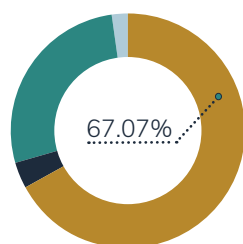
Asian NFD



Southeast Asian



Chinese



Other Asian



The rates of exclusive breastfeeding for Asian infants continues to fall, sitting at 64.66% and continues to remain below the BFHI standard of 75%.

The fully breastfeeding rates have declined across this ethnic group by 5.52%. Concurrently, the partial breastfeeding rate has risen among Asian infants by 6.73%.

The artificial feeding rate has remained stable since 2020, with Asian infants continuing to have the lowest rate amongst all ethnicities at 2.56%.



	Exclusively Breastfed	Fully Breastfed	Partially Breastfed	Artificially Fed
Asian NFD	68.47%	4.32%	24.79%	2.42%
Southeast Asian	62.99%	2.09%	32.25%	2.66%
Chinese	59.78%	3.39%	33.80%	3.03%
Other Asian	67.07%	3.50%	27.30%	2.12%

4. Observations & On-going Surveillance

The COVID-19 pandemic has led to major challenges for NZBA, maternity services and stakeholders over the past 2 years and its continued impact on breastfeeding cannot be understated.

It has impacted breastfeeding on all levels including:

- 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 whānau immediately after birth and impacts on the accuracy of the infant feeding data
- Limitations on access to on-going breastfeeding support after discharge from maternity services given Covid-19 restrictions
- Disruption of on-going staff breastfeeding education at service level

The COVID-19 pandemic has continued to force maternity services to cancel staff breastfeeding education classes and/or move to more on-line education. Still 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.

Further feedback from BFHI coordinators and auditors provides context for the decline in exclusive breastfeeding rates, especially noted at tertiary services. They report that maternity services are stretched with a significant midwifery shortage and staffing issues, made more complex by vaccine mandates that went into effect in the 4th quarter of 2021. These shortages have impacted the delivery of staff breastfeeding education and have decreased breastfeeding support for mothers and their whānau while engaging with the maternity service.

In light of the midwifery shortage, there is an increased use of Registered Nurses in maternity services. Registered Nurses lack pre-service breastfeeding education and require extensive breastfeeding training when employed by a maternity service and may not be able to support mama and whānau in their breastfeeding journey.



5. Conclusion

The loss of “institutional memory” due to a high turnover of both on-the-ground and leadership staff is seen to be impacting on the sustainability of ways of working, affecting the continuity and consistency of the maternity service’s delivery of care to whānau.

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. On-going breastfeeding support is essential for all women if they are to achieve their breastfeeding goals and positive breastfeeding outcomes. This points to the need for the reinvigoration of BFHI in line with outcome 2 of *Rautaki Whakamana Whāngote* National Breastfeeding Strategy.

On-going surveillance within a service between BFHI audits is part of continuous quality improvement. For all services there is a need to monitor Māori infant feeding rates and work with Māori partners to improve them.

Working to support services the NZBA will implement a more intentional monitoring of maternity services who are struggling with their breastfeeding rates by jointly reviewing their data regularly.

A modified version of a self-audit, which has been required previously by NZBA but had been abandoned in recent years, has been reinstated for some services in certain cases. There is 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 as needed with the on-going support of NZBA staff.

We are in the process of a more formal analysis of our breastfeeding data which may help provide further insight to the contexts that have contributed to declining exclusive breastfeeding rates.

There is also a great opportunity to use this data to inform a research project on the BFHI and its impact in Aotearoa New Zealand and on the breastfeeding journey of whānau. 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 *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 within the sector.

