

New Zealand Breastfeeding Alliance Annual Report for year ending 30 June 2020



VISION: Tātau Tātau

The NZBA staff and board will work in partnership with the maternity and child health sector to find new, creative and cost effective ways of engaging hospital facilities and communities to deliver initiatives that recognise the uniqueness in each community. The aim is to continue to protect, promote and support breastfeeding in New Zealand and to increase breastfeeding rates in the 6-week to 6-months period. This will be achieved by having an organisation that:

- is well connected and utilises the support and expertise of our coalition of 30 breastfeeding stakeholder organisations, the Ministry, DHBs and the maternity & well child quality initiatives
- is increasingly responsive to New Zealand's unique health system and culture
- is the "go-to body" for breastfeeding sought for advice, information and education opportunities by the Ministry, DHBs, and health professionals
- is proactive within the sector in identifying creative ways to change methods of service delivery to increase breastfeeding rates for Māori

NZBA Strategic Directions 2016-2021

CONNECT:	EDUCATE:	ADVOCATE:	IMPROVE	ENABLERS:
Manaakitanga	Whai Wāhitanga	Mana Tiaki	OUTCOMES: Whakatakato Tutoro	Whakamana
opportunities and the tools to support & enable information sharing & support	high quality, timely & relevant information on matters relevant to breastfeeding & the Baby Friendly Initiatives	a collaborative interagency voice for breastfeeding protection, promotion & support	new, creative & cost effective ways of increasing the breastfeeding rates	cost effective tools for communications, education & reporting and to link maternity and child health sector

NZBA Members as at 30 June 2020































































The Royal Australian and New Zealand College of Obstetricians and Gynaecologists Excellence in Women's Health











Childbirth Educators of New Zealand

District Health Board Midwifery Leaders needs formatting

District Health Board Women's Health Managers Network

Welcome to Moana Research, Ngā Kākano Foundation and Māmā Maia Breastfeeding Service who became NZBA Alliance Members this past year.

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Chairperson's Report

Welcome to the Annual Report for the New Zealand Breastfeeding Alliance for 2020. The AGM will be held by Zoom this year.

'A year like no other and a year with the spotlight on public health, the health professional and the collective of people and communities working together'.

Our board is committed to the organisation and what it represents. We are all here because we believe in the health of our pēpi, māmā, tamariki and whānau.

NZBA, despite the challenges this year has bestowed on us all, has maintained its core business and DHB auditing function. All of this to support the sector and raise the profile of the public health issue of breastfeeding.

As Jane has noted in her report, the organisation has continued its strategic plan and the updated New Zealand Baby Friendly documents have been launched.

The board has continued to partner with Te Rōpū Whakaruruhau. This has strengthened the relationship between the two groups and increased the NZBA's capacity and capability to work with Māori. Without this work it will be difficult to improve Māori breastfeeding rates.

With the presence of COVID19, it has been a demanding year for NZBA staff. It has meant changes, working from home, new technology and managing/cancelling/rescheduling audits. I would like to thank our Executive Officer, Jane Cartwright, who continues to professionally lead the organisation and the NZBA team. They have worked hard to keep business tracking in very difficult circumstances.

Thanks to my fellow board members. We have been unable to meet face-to-face as a group since February 2020. Nevertheless, the board has remained stable and committed to the Alliance and its work.

It is a privilege to welcome Fay Selby-Law to the Board this year.

Fay comes with a wealth of experience working with DHB's, and within the Public Health Service sector. Fay's vast experience with working with Mama and Pepi and the Mana she holds throughout the sector is such a huge asset to the Board.

Fay's vast experience working in Maori Health will further strengthen the Board and the organisation

Lastly, thanks to all NZBA's members for your encouragement and valuing what the NZBA provides.

Lynley Nichols Chairperson, NZBA Board

BOARD MEMBERS 2019.2020

Lynley Nichols Chair

Helenmary Walker

Julie Foley

o Dr Jane O'Malley

Zoe Tipa
 Chair of Te Rōpū Whakaruruhau

Fay Selby Law

Executive Officer's Report

Kia Ora, Talofa Lava, Kia Orana, Malo e lelei, Ni Sa Bula Vinaka, Fakalofa Lahi Atu, Talofa Ni

NEW ZEALAND BABY FRIENDLY HOSPITAL DOCUMENTS 2020

Breastfeeding's role in building loving and responsive relationships and equitable health outcomes are key considerations in the New Zealand Baby Friendly Hospital Documents 2020. Revising the 2017 version to align with WHO/UNICEF guidelines and releasing them was a substantial focus for NZBA in the past 12 months. This process included updating data, survey and orientation tools for use by coordinators, professionals and auditors. The NZBA Board and Te Rōpu Whakaruruhau mandated the incorporation of Pae Ora into the New Zealand Baby Friendly Hospital Documents 2020.

The Documents' standards will be used for BFHI audits from the end of 2020. Thank you to everyone who provided input. We want to ensure the BFHI reflects the needs of the Aotearoa New Zealand's birthing population in 2020 and beyond.

The BFHI Documents 2020 are available on the NZBA website https://www.babyfriendly.org.nz/resource/bfhi-documents/. As of yet the final international advice on the competency based assessment approach to Step 2 has not been received. This is expected from WHO/UNICEF in late 2020.

CELEBRATIONS

Celebrating 20 years since the first BFHI contract was a highlight in 2019. Events were held across NZ for different groups. It was an opportunity to thank everyone who had worked hard to achieve a 'Baby Friendly' programme in the 1990s and the improvement in breastfeeding rates since them. Nevertheless there is more to do especially in community settings!

Babies born in Aotearoa New Zealand today are from a wide range of cultures and ethnicities, so NZBA continues to invest in resources that reflect this.

RESEARCH

Research into NZ breastfeeding habits is critical to understanding how to respond to the needs of services and whānau . NZBA's Māori Advisor, Carmen Timu-Parata, was awarded a HRC grant of \$10k for 2020 to carry out a study on the success of breastfeeding in Te Tai Tokerau (Northland DHB area). Te Rōpu Whakaruruhau will be applying for further Health Research Council funding and hoping to co-design a project with iwi - watch this space!

The University of Otago, Department of Public Health/Te Tari Hauora Tūmatanui, University of Otago, Wellington led research with NZBA. "Capturing the reality of breastfeeding in the 21st century: An integrated data framework for breastfeeding equity" will be published in 2020.

BREASTFEEDING RATES

Breastfeeding rates on discharge for the year ended 2019 remained similar to past years. Pacifica and Asian populations' data was published this year for the first time.

Some facilities continue to struggle to sustain 75% exclusive breastfeeding rates month by month and do not appear to have an education programme that runs throughout the year. As a result, some audits have been referred to the NZBA Moderation Panel for input in this period.

STRATEGY

The NZBA Board has a new Strategic Plan for 2020-2022 focusing on:

- 1 Meet our obligations under Te Tiriti o Waitangi including responding to Wai 2575 findings
- 2 Investigate a BFCI Programme suitable for Aotearoa NZ's unique health system, populations and cultures
- 3 Implement new NZ BFHI system based on WHO/UNICEF BFHI standards
- 4 Develop competency based education assessments associated with BFHI in line with international standards
- 5 Strengthen breastfeeding activity in the NZ health system through aligning NZBA's measures/data and monitoring approaches to with national datasets
- 6 Be a point of navigation to assist others to make the best use of the resources available
- 7 Determine NZBA's role in providing education resources for services
- 8 Develop niche resources and education packages for Māori, Pacific and CALD communities
- 9 Incorporate current evidenced based best practice into the Baby Friendly Aotearoa Programme
- 10 Contribute to international developments
- 11 Ensure financial sustainable

NZBA is about to explore the application of a Baby Friendly Community Initiative (BFCI) process for community services and small units where beds are not used consistently for birthing e.g. Te Puia Springs, Waihi, Rawene/Hokianga, Akaroa, Darfield, Kaikoura, Golden Bay, and Westport. At times some of these units are closed by DHBs/ Trusts when births are low, staff are short, there are quality concerns and/or there are financial pressures. Additional contract funding will be required to undertake a BFCI programme. NZBA will begin to investigate a BFCI programme and present a business case to the MOH in late 2020.

COLLABORATIONS

- Contributing to the updating of New Zealand's National Strategic Plan of Action for Breastfeeding, Well Child Tamariki Ora Framework, Contraceptive Guidelines, Eating and Activity Guidelines for 0-2 year olds and for pregnant and breastfeeding women
- Providing detail for the Health Promotion Agency 'Improving mothers' wellbeing project to improve the social, emotional and mental wellbeing of mothers during the perinatal period and the Coroner's view of breastfeeding and a women's alcohol intake
- Presenting on breastfeeding, and Baby Friendly at the Maternity Consumer Leaders workshop, ANA conference (May 2019) and Midwife leaders meeting.
- Providing materials for Maternal Mental Health Day post with HPA Te Hiringa Hauora and SUDI presentations with Hapai Hauora. Working jointly with UNICEF NZ on communication resources for Matariki, Children's Day and World Breastfeeding Week
- Sharing data with The Office of the Children's Commissioner and the Change for our Children Initiative
- Providing breastfeeding advice for the Gen2040 (from the National Hauora Coalition) Clinical Decision Support and Primary Health Alliance and Federation of Primary Health work on 'the First 1000 days
- Supporting the Office of the Children Commissioner's letter to Government on the 30th Anniversary of the signing of the UN Convention of the Child
- Providing detailed input into the Careerforce's review of a Healthcare Assistant training (level 3 and 4)
- Arranging filming of a Milk sharing video
- Visiting and assisting DHB's Baby Friendly Coordinators with advice on BFHI implementation matters and other issues
- Connecting with stakeholders, advocating breastfeeding with other organisations, keeping DHBs involved and improving communications including the proposal for the NZ Blood Bank to establish a Breastmilk Bank
- Formally raising with the Code Compliance Panel a number of matters relating to breeches of the Code
- Attending the online Launch of the WHO 2020 Code Status Report and have put the key documents/videos on the website
- Submitting on national policies and reviews including the Health and Disability Review, Understanding digital literacy for health and disability providers in New Zealand and the New Zealand Health Survey questions

PEOPLE



In May 2020 we said farewell to Dianne Powley NZBA's Baby Friendly Advisor. Dianne came to NZBA seven years ago in the Baby Friendly Coordinator role and has worked in many others since.

Her passion, leadership, compassion, collegiality and support are truly appreciated and valued by the sector.

She has contributed enormously to NZBA, BFI, DHBs, communities and most importantly mothers, babies & whānau.

NZBA was thrilled to see NZBA Taua Aroha Reriti-Crofts receive a Damehood and colleague Carol Bartle an MNZM in the Queen's Birthday Honours. Their work supporting breastfeeding was cited.





FINANCIAL MATTERS

NZBA finished the year in deficit as expected (-\$8k). The Board agreed a deficit budget for 2019.2020 due to a low number of audits falling due in this year. Audits do not fall due consistently across the 3-4 year cycle and as a result DHB revenue can vary per year while fixed costs do not. DHB revenue in 2019.2020 was \$52k compared to \$124k the previous year. The budget allowed for a collaborative review of the Baby Friendly Hospital Initiative Documents and production of a professional papers, web links and notices. This work was completed on time and on budget.

Living with COVID19 and lockdowns meant the quantum of the deficit was further impacted due to the audits being rescheduled into the next year and accrued annual leave (\$15k). The shortfall is covered by NZBA reserves. 2019.2020 was the 8th year when MOH funding remained the same. The MOH have been advised this is no longer sustainable and discussions are underway to ensure adequate funding for the tasks of NZBA.

COVID-19

No Annual Report for 2019.2020 would be complete without the mention of the impact of COVID19 and the resulting lockdowns. COVID19 and the lockdown affected the timeliness of NZBA's work. Some NZBA work was put on hold and audits postponed as noted above.

Staff's attention was redirected to focusing on providing breastfeeding expertise to agencies, services and providers including food bank advice for groups like UNICEF. Like all organisations, NZBA's use of technology expanded and provides new ways to work and communicate. NZBA remains in contact with overseas breastfeeding leaders (USA, UK, Canada) re: their advice on breastfeeding and the pandemic. This was and is shared within NZ.

Stories abound of the benefit to babies of mum's staying at home on improving breastfeeding experiences but also concerning are stories of mothers who were not able to get support with infant feeding.

APPRECIATION

Thank-you to the NZBA Board, staff, members of Te Rōpu Whakaruruhau, alliance members, other breastfeeding providers contracted by the Ministry of Health, auditors and contractors for their support and input into NZBA. Most importantly, thank you to the people working in the sector to help establish responsive and loving relationships for pēpi, wahine and whānau. 2020.2021 will be an interesting year during which we eagerly await the release of the National Breastfeeding Strategy.

'Kia ū, Kia mau, Kia ita' .. 'Grasp on to all that is good'

Jane Cartwright, Executive Officer

STAFF 2019.2020 (3.4 FTEs)

Jane Cartwright Executive Officer

o Dianne Powley Baby Friendly Advisor *resigned May 2020*

Cheryl Fenwick
 Wendy Scanlon
 Carmen Timu Parata
 Māori Advisor

Lynne Welsh Baby Friendly Coordinator resigned August 2019

Pania LaskaratouLorraine YoungBaby Friendly CoordinatorBaby Friendly Coordinator

Te Rōpu Whakaruruhau (TRW)

We are unsure of the exact time but between late 2019 and early 2020 Covid 19 came to our shores and since this time we all have been learning what that means for us in our everyday life. Many Māori have used different phrases to describe our new norm of needing to restrict our movements throughout the levels, one that we will refer to here is *He kāinga haumaru*, *he āhuru mōwai mōku*: *A safe home*, *a sheltered haven for me*. For those new māma who birth gave to pēpi over the "lockdown" we know that anecdotally many were encouraged to return home speedily. We are hoping that new māma received the help and support that was needed for them in this time. This new norm no doubt will be with us for a while. We do know though that often when our Māori communities are faced with adversities they are resilient and best efforts were made to uplift and support the most vulnerable in our communities.

There's no doubt that our communities have been challenged this year however if there is one person among us that has been recognised for her leadership strengths it is Taua Aroha Reriti-Crofts who sits on Te Rōpu Whakaruruhau at NZBA. Dame Aroha has had several national awards but this year she was awarded the 2020 Queen's Birthday Honours; she was appointed a Dame Companion of the New Zealand Order of Merit for services to Māori and the community. We wish her well in her new appointment. He mihi nui ki a koe taua.

Te Rōpu Whakaruruhau (TRW), the NZBA Māori Advisory Group continues to lead and provide advice on the work within a NZBA Māori Plan. Other projects that we have had input is the Well Child Tamariki Ora Review, Māori Health Action Plan and we await for an updated the National Strategy Plan of Action for Breastfeeding, which will form a pathway for the future.

In working towards developing our research strategy Te Rōpu Whakaruruhau continue to work alongside the University of Otago Public Health Department to increase capacity of breastfeeding research. Carmen Timu-Parata and Henare Edwards received a HRC development grant to work with the iwi groups and carry out a study on the success of breastfeeding in the Northland DHB area;. This has informed the background to apply for Health Research Council Rangahau Hauora funding. Acknowledgments to Te Rarawa Anga Mua Tasha Wharerau, Te Hiku o te Ika and Ngati Hine Hauora, the groups that have agreed to work with us on this project. He mihi nui ki a koutou.

Our stakeholders remain very close to us. We congratulate Ngā Kākano under the management of Kirsty Maxwell-Crawford and the development of their new kaupapa Māori breastfeeding support service. It is always great to see innovation in our Māori communities and inspiration for us all to strive for ngā whetu. Congratulations also to our midwives getting a funding boost. Well-deserved, also acknowledging the work of non-government organisations well child tamariki ora who also provide excellent follow up and breastfeeding support.

Lastly NZBA's relationship with the Te Rōpu Wahine Māori Toko i te Ora (Māori Women's Welfare League Inc/ Māori women's welfare league) has raised the profile of breastfeeding with that important community. NZBA will present again at their Annual Conference later in 2020. The League noted in their Annual report of NZBA 'thank you for sharing and great to see our working relationship with MWWL producing results' Chair MMWL October 2019.

As we continue to be challenged with Covid 19, let us draw some inspiration from others and be reminded by two things "Kia tupu-ā-rangi" that we are the living embodiment of our ancestors' dreams and aspirations and Mā tō rongo, koe ka rongo, the ability to heal ourselves lies within our whakapapa (Sharlene Maoate Davis, 2020).

TE RŌPU WHAKARURUHAU MEMBERS 2019.2020

- Henare Edwards
- o Dame Aroha Reriti Crofts resigned May 2020
- Wendy Dallas Katoa
- o Zoe Tipa (Chair)
- Amy Wray
- o Tasha Wharerau
- o Carla Kamo
- o Sarah-Anne Waihoaha Wills

Infant Feeding Data on Discharge

NZBA collects breastfeeding data on discharge from service by calendar year and reports this as follows to the Ministry of Health and District Health Boards. The use of an online tool to do this by month is in place for all maternity services. Services can now integrate their own data on a month by month basis.

Key findings for infant feeding data 2019:

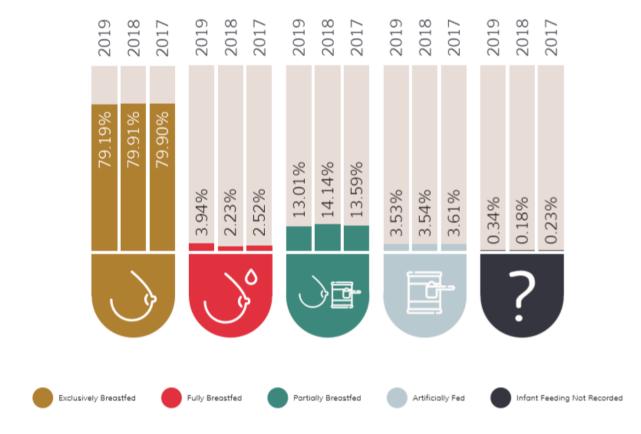
- The exclusive breastfeeding rate for infants in New Zealand has fallen slightly, but not significantly since 2018.
- At a DHB level, **19 out of 20 DHBs are meeting the BFHI standard of** "at least 75% of infants receive only breastmilk throughout their stay at the service". Individual services need to self-monitor their data annually to ensure this standard is met.
- The exclusive breastfeeding rate for primary services has fallen by 1.04% (90.98% 2019 compared with 92.02% 2018).
- The exclusive breastfeeding rate for secondary services has fallen by 0.61% (79.15% 2019 compared with 79.76% 2018).
- The exclusive breastfeeding rate for tertiary services has fallen by 0.93% (76.23% 2019 compared with 77.16% 2018).
- Five DHBs have increased their exclusive breastfeeding rates in the last year:
 - Lakes DHB rate increased by 4.55%
 - Taranaki DHB rate increased by 3.23%
 - Mid-central DHB rate increased by 2.4%
 - o South Canterbury DHB increased by 1.25%
 - Whanganui DHB increased by 1.25%
- The remaining 15 DHBs' exclusive breastfeeding rate has remained constant or has fallen compared with the 2018 infant feeding data. The greatest fall in exclusive breastfeeding was seen at the Canterbury and Southern DHBs, at 3.99% and 3.74% respectively.
- The exclusive breastfeeding rate for New Zealand European infants has remained constant since 2018 at 83.5% (compared with 83.8%).
- The exclusive breastfeeding rate for Māori infants has increased by 0.9%. This increase should be treated with caution, as anecdotally Māori whānau discharge early from maternity services. Concurrently, the partial breastfeeding rate for Māori infants has fallen by 0.66% and the artificial feeding rate also dropped by 0.63%.
- The exclusive breastfeeding rates for Pacific and Asian infants have fallen (by 1% for Pacific infants and 0.9% for Asian infants). While not a significant fall, this trend has been seen over the last few years.
- Pacific infants have the highest artificial feeding rates, ranging from 6.84 7.59%, with Tongan, Niuean, and Cook Island Māori infants having the highest artificial feeding rates. The national average for artificial feeding for Pacific infants is 5.72%.
- Indian infants have an exclusive breastfeeding rate of 72.48%, a 1.52% increase since 2018. However, **Chinese infants** have the lowest exclusive breastfeeding rate at 60.66%, significantly below the BFHI standard of 75%.

Both **Indian and Asian infants** continue to have the highest full and partial breastfeeding rates, 5.09% and 8.67% (full) and 21.15 and 22.18% (partial), and the lowest artificial feeding rates, well below the national average. The artificial feeding rate ranges from 1.28-1.96% compared with the national average of 3.53%. It is a credit to service staff and LMCs that the artificial feeding rate is so low. Post discharge follow-up audits of these communities would strengthen knowledge around ongoing breastfeeding successes and community breastfeeding rates

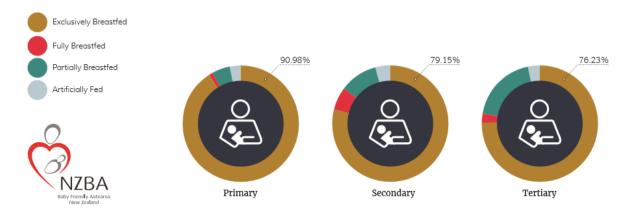
National infant feeding data at discharge 2017-2019

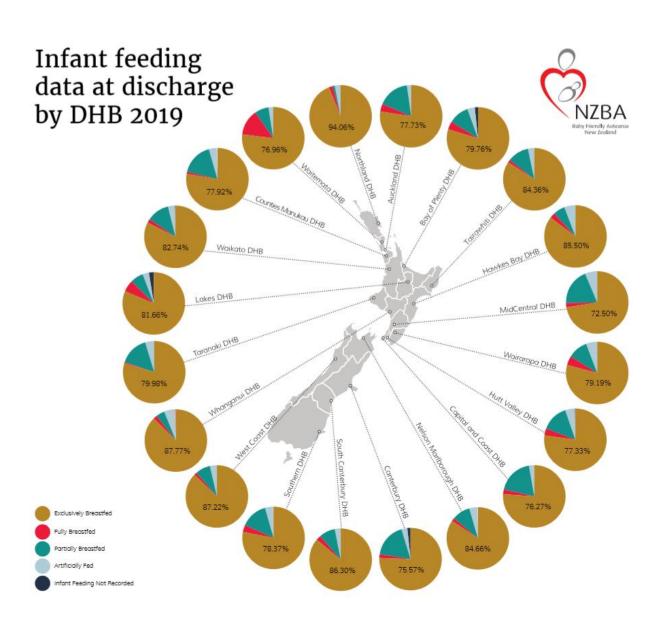


Between 2017 and 2019 the national exclusive breastfeeding rate has remained relatively constant (79.9% compared with 79.1%). There was a slight increase in the rate of fully breastfed infants, 1.71%; while partial breastfeeding experienced a drop of 1.1%. The rate of artificial feeding remains constant.



National breastfeeding data at discharge by facility type 2019





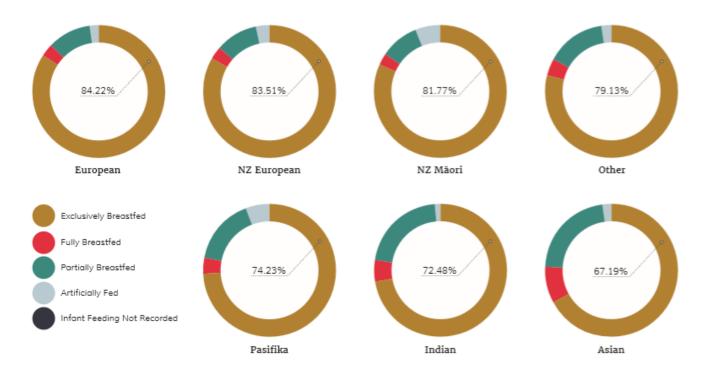
Infant feeding data by ethnicity 2019

The exclusive breastfeeding rate for Māori infants is slightly higher than the national average (81.77% compared with 79.19%). The artificial feeding rate for Māori infants has reduced from 6.53% to 5.88%.

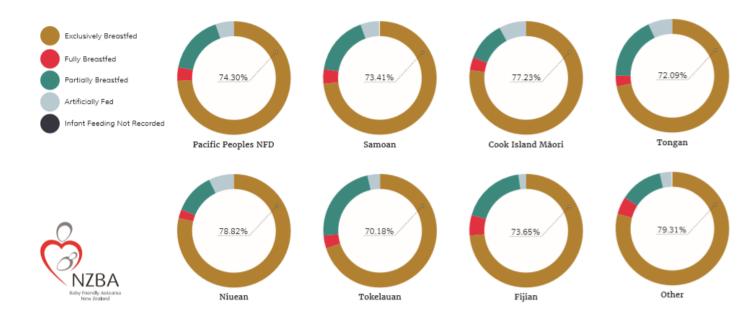


The exclusive breastfeeding rate for Pacific infants has dropped by 1% over the last year, to 74.23%. The artificial feeding rate remains high at 5.34%.

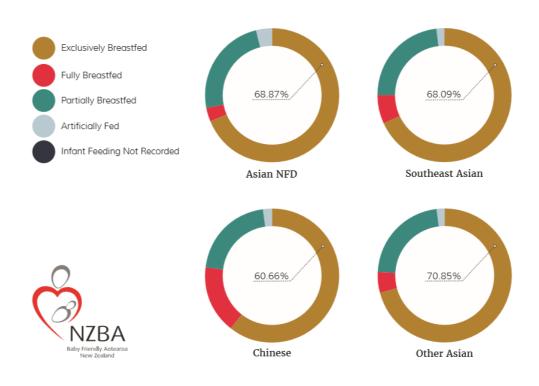
The rates of exclusive breastfeeding for Asian and Indian infants are below the BFHI standard of 75% (67.19% and 72.48% respectively). The partial breastfeeding rate at discharge is 22.18% Asian and 21.15% for Indian, higher than national average; however these ethnic groups continue to have the lowest artificial feeding rate at around 1.5%. This is encouraging for ongoing breastfeeding.



Infant feeding data by ethnicity - Pacific Peoples 2019



Infant feeding data by ethnicity -Asian Peoples 2019



Baby Friendly Hospital Initiative (BFHI) Facility report

Congratulations to the facilities and their staff that have been awarded Baby Friendly status in the 2019.2020 year. New Zealand is one of the leading countries for implementation of BFHI and is recognised internationally. At 30 June 2020, there were 71 maternity facilities, 62 accredited, 9 currently working through the process of reaccreditation.

Period covered: 1 July 2019 – 30 June 2020

District Health Boards	Facility	Facility type	Assessment date	Completed	Number of BFHI Audit passes in total
Taranaki	Taranaki base	Secondary	24-25/06/19	03/12/19	5 th
	Hawera	Primary	26/06/19	05/12/19	5 th
Canterbury	Kaikoura	Primary	1/11/18	18/12/19	3 rd
Nelson Marlborough	Nelson	Secondary	20/02/19	29/07/19	5 th
	Motueka	Primary	21/02/19	29/07/19	4 th
Wairarapa	Masterton	Secondary	19/09/18	10/10/19	5 th
Waikato	Waihi	Primary	27/03/19	18/12/19	4 th
	Birthcare Huntly	Primary	23/10/19	11/11/19	5 th
	Tokoroa	Primary	25/03/19	18/12/19	4 th
	Taumaranui	Primary	26/03/19	18/12/19	4 th
	Waikato	Tertiary	25-26/03/19	18/12/19	4 th
	Thames	Primary	28/03/19	18/12/19	4 th
Northland	Whangarei	Secondary	9-10/09/19	02/10/19	5 th
	Kaitaia	Primary	11/09/19	02/10/19	5 th
	Bay of Islands (Kawakawa)	Primary	12/09/19	29/04/20	5 th
	Kaipara (Dargaville)	Primary	12/09/19	18/05/20	5 th
	Rawene	Primary	10/09/19	23/03/20	3 rd
Waitemata	Wellsford		28/11/19	28/08/19	2 nd
Auckland	Birthcare Auckland		21-22/10/19	07/11/19	6 th
Mid Central	Palmerston North		27-28/11/19	11/03/20	6 th
	Te Papaioea	Primary	26/11/19	11/12/19	1 st
Tairawhiti	Gisborne	Secondary	23-24/06/20	08/07/20	4 th

Communications

The Baby Friendly website (www.babyfriendly.org.nz) is the main source of information for our stakeholders. Resources continue to be added to our education kete, Te Whāriki, with regular updates posted on our events and news pages. Latest infant feeding data and the updated 2020 BFHI Documents can also be found on our website. More videos have been added to the page including the Global Health Media video, *Breastfeeding in the first hours* (replacing our in-house DVD) and videos in English and Te Reo explaining the significance of the kohatu/Ōamaru stone carving presented at the completion of the fourth Baby Friendly accreditation.

Sessions per month continue to rise, at an average of 800 per month (14% growth from last year).

Our Facebook page has over 600 followers (30% growth from last year). On average, the page had 40 posts per month.

For World Breastfeeding Week 2019, a series of Facebook posts were developed in partnership with UNICEF NZ.









Our monthly e-newsletter has 400+ subscribers.

NZBA received 209 orders with over 51,000 resources distributed.

October 2019 saw the launch of the updated English and Te Reo pamphlets: *Ten Steps to Successful Breastfeeding* and *Being Baby Friendly:*



The Ten Steps to Successful Breastfeeding

Critical management procedures

- Step 1a Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- Step 1b Have a written breastfeeding policy that is routinely communicated to staff and parents.
- Step 1C Establish ongoing monitoring and data-management systems.

Key clinical practices

- Step 2 Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
- Step 3 Discuss the importance and management of breastfeeding with pregnant women and their families.
- Step 4 Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.

- Step 5 Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother.
- Step 6 Avoid giving breastfed newborns any food or fluids other than breast milk, unless clinically indicated.
- Step 7 Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
- Step 8 Support mothers to recognise and respond to their infants' cues for feeding.
- Step 9 Discuss with mothers the use and risks of using feeding bottles, teats and pacifiers.
- Step 10 Coordinate discharge so that parents/whānau and their infants have timely access to on-going support and care.

www.babyfriendly.org.nz



Being Baby Friendly Supporting you to feed your baby

We provide a Baby Friendly service. This means our staff have the knowledge and skill to support you as you and your whânau prepare to welcome baby and after baby is born.

We'll help you understand the benefits of breastfeeding and the appropriate use and risks of bottle feeding, teats and pacifiers.

When baby is born you will enjoy immediate skin-to-skin contact. Baby will stay with you, day and night, until you both go home.

We will help you to learn about feeding your baby. We'll support you through any of the feeding problems some mothers and babies have, including if your baby is receiving medical care and can't be with you or has special feeding needs.

You'll learn to recognise when your baby is ready to feed and how to respond.

When it's time to go home, we'll coordinate your discharge and ensure there is ongoing support for you, your family and your baby.

For more information about New Zealand Baby Friendly Aotearoa please visit: www.babyfriendly.org.nz



2019



با کودک دوستانه بودن

حمایت از شما برای تغذیه کودک

ما یک سرویس (کودک دوستانه) را آرایه می دهیم. این بدان معنی است که کارکنان ما دانش و مهارت لازم برای پشتیبانی از شما را دارند در شرایطی که شکام و خانفارده دان برای استقبال از کودک و پس از تولد کودک اماده می شوید. شکامی که کردک به دنیا امد شما از تماس فرری بوست به پوست لات می برید. کردک روز و شید رد کنار شما خوامد ماند ، تا زمانی که شما فرد و به خانه بروید.

ما به شما کمک خواهیم کرد تا فواید شیردهی را درک کنید.

ما به شما کمک خواهیم کرد تا در مورد تغذیه کویک خود بیاموزید. ما در هر نوع مشکلات تغذیه ای که برخی از مادران و نوزادان از آن دارند، از شما پشتیبانی خواهیم کرد، از جمله اینکه اگر کوبک شما مرافیت های پزشکی دریافت میکند و نمی تواند در کنار شما باشد و یا نیازهای ویژه تغذیه ای دارد.

شما یاد خواهید گرفت که چه وقت کودک تان برای تغذیه اماده است و چگونه نحوه پاسخگویی به آن را تشخیص دهید.

در مورد استفاده مناسب و خطرات مربوط به تغذیه بطری ، دستمال مرطوب و پستانک ها با شما صحبت خواهیم کرد.

هنگامی که وقت آن است که به خانه بروید ، خروج شما را هماهنگ خواهیم کرد و اطمینان می دهیم که پشتیبانی مداوم از شما ، خانواده و کودک شما وجود خواهد داشت.

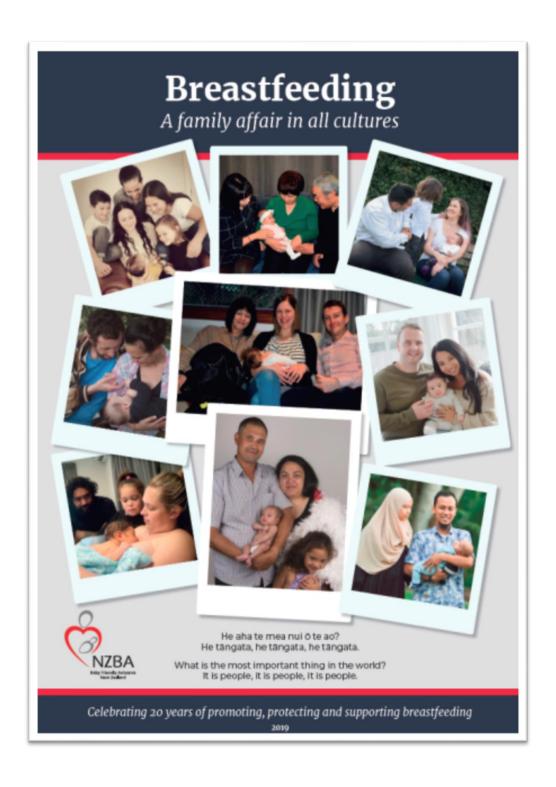


کودک دوستانه بدان معنی است که این سرویس مطابق با برنامه ده قدم برای موقفیت در شیر دهی (سازمان بهداشت جهانی / بونیسف) ۲۰۱۸ است. بدر نسخت است ۲۰۱۸ www.babysready.coma. د قد ۲۰ فرند The *Ten Steps to Successful Breastfeeding* poster has been refreshed into *Being Baby Friendly*, with a less clinical focus and more consumer-friendly language. This is available in English, Te Reo and eight other languages reflecting multi-ethnic New Zealand.

NZBA has updated and redesigned the Baby Friendly Hospital Initiative cards, available from May 2020.



The *Breastfeeding: A Family Affair in all Cultures* poster was refreshed to celebrate our 20th anniversary. Two hundred were printed for free distribution to all maternity services and community organisations.



Glossary

IBFAN - THE INTERNATIONAL BABY FOOD ACTION NETWORK

WHO - World Health Organisation

UNICEF - United Nations Children's Fund (formerly, United Nations International Children's Emergency Fund)

WABA - World Alliance for Breastfeeding Action

ILCA - International Lactation Consultants Association

LLLI - La Leche league International

BFHI - Baby Friendly Hospital Initiative

BFCI - Baby friendly Community Initiative

DHB - District Health Board

DOM - Director of Midwifery

LMC - Lead Maternity Carer



The Ten Steps to Successful Breastfeeding

Critica	l management	proced	lures
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Step 1a Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

Step 1b Have a written breastfeeding policy that is routinely communicated to staff and parents.

Step 1C Establish ongoing monitoring and data-management systems.

Key clinical practices

Step 2 Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Step 3 Discuss the importance and management of breastfeeding with pregnant women and their families.

Step 4 Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.

Step 5 Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother

Step 6 Avoid giving breastfed newborns any food or fluids other than breast milk, unless clinically indicated.

Step 7 Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

Step 8 Support mothers to recognise and respond to their infants' cues for feeding.

Step 9 Discuss with mothers the use and risks of using feeding bottles, teats and pacifiers.

Step 10 Coordinate discharge so that parents/whānau and their infants have timely access to on-going support and care.

www.babyfriendly.org.nz



Financial Report

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2020

Prepared by Sum Total Limited

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- 10 Statement of Accounting Policies
- 13 Notes to the Performance Report

Entity Information

Board Members

Lynley Nichols HelenMary Walker

JaneO'Malley
Julie Foley
Zoe Tipa

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2020

Fay Selby-Law
Legal Name of Entity
New Zealand Breastfeeding Alliance
Charities Number
cc31420
Auditors
BDO
RD Number
73-538-270
Accountant
Sum Total Limited
P O Box 20049
Bishopdale
Christchurch 8543
Bankers
ASB Bank
Nature of Business
Registered Charity

Purpose or Mission

New Zealand Breastfeeding Alliance (NZBA) works to promote, protect and support breastfeeding in New Zealand.

NZBA is responsible for implementing the Innocenti Declaration 2005 on infant and child feeding through resource development, education and support to health professionals and workers, auditing maternity units and community health providers against the International Baby Friendly Code.

Operational Structure

A Governance Board of five to eight members, comprised of at least one health professional, one Maori representative and one consumer organisation representative. For 2019/2020 there were five board members. The Operational structure is made up of an Executive Officer, and five paid staff (3.3 FTE's). Trained contractors assess maternity units throughout the year.

Main Sources of Entity's Cash and Resources

Ministry of Health contracts and service delivery to DHB funded services.

Business Location

Bishopdale

Christchurch

Statement of Cash Flows

New Zealand Breastfeeding Alliance Incorporated

For the Year Ended 30th June 2020

	2020 \$	2019 \$
OPERATING ACTIVITIES	V	V
Cash was provided from:		
Receipts from customers	545,309	609,616
Interest received	5,307	5,629
Net GST refunds received from IRD	1,742	615.044
	552,358	615,244
Cash was applied to:		
Payments to suppliers and employees	515,317	571,286
Net GST paid to IRD		1,978 573,263
	515.317	573,263
Net Cash Inflow (Outflow) from Operating Activities	37,041	41,981
INVESTING AND FINANCING ACTIVITIES		
Cash was provided from:		
Proceeds from sale of fixed assets		63
	-	63
Cash was applied to:		
Purchase of fixed assets	3,128	11,041
	3,128	11,041
Net Cash Inflow/(Outflow) from Investing and Financing Activities	(3,128)	(10.978)
NET INCREASE (DECREASE) IN CASH HELD	33,913	31,003
Cash and cash equivalents as at 1 July 2019	258,214	227,211
Cash and Cash Equivalents as at 30 June 2020	292,127	258,214



Statement of Service Performance - 1 July 2019 - 30 June 2020

Description of the Entity's Outcomes*:

New Zealand Breastfeeding Alliance (NZBA) is responsible for implementing the Innocenti Declaration 2005 on infant and child feeding, through resource development, education and support to health professionals and workers. It audits maternity units and community health providers against the International Baby Friendly Code.

Description and quantification of the Entity's Outputs	This Year 2019-20	Last Year 2018-19
Implementation of Baby Friendly Hospital Initiative Develop and run the BFHI audit process for facilities due their audit and reaccredit facilities on passing their audit. 11 audits were undertaken in 2019 -20	98,880	\$151,200
27 audits were undertaken in 2018-19		
Implementation of Baby Friendly Community Initiative Support community organisations to comply with NZ standards for BFCI and audit accordingly. On hold at direction from MOH.	-	-
Maori Development and Support Increase the capacity and capability of NZBA to work in a bi-cultural manner and provide this leadership support to the Breastfeeding sector. - Te Rōpu Whakaruruhau meet 4 times a year - Supporting research outputs - Supporting research applications - Development of education resources - Review of NZBA documentation - Training auditors and development of BFHI coordinators	52,470	\$52,565
Information and Resources Design and provision of materials for hospitals, stakeholders and communities throughout the year. Maintaining an active and up to date	46,902	\$36,490

Facebook page and website		
 209 orders received with 51,418 resources being distributed 2019.20 600 Facebook followers, with average of 40 posts per month Monthly e-newsletter has 400+ subscribers; there was a focus was on profiling and promoting the work of the NZBA Board members 		
Governance and Administration	207,124	\$214,766
Lead, sustain and manage the organisation to deliver Breastfeeding advocacy, resources and BFHI Audits in line with MOH Contract.		
Education and Training Develop and provide education materials for sector stakeholders.	10,540	\$9,813
- Wai 2575 input. This is the Waitangi Health Services and Outcomes tribunal hearing claims concerning grievances relating to health services and outcomes for Maori		
Overseas Travel NZBA and MOH attend the International meeting of BFHI coordinators every 2 years. Nil in 2018- 19	4,088	-
 Because of Covid-19 the International conference planned for Brussels did not go ahead Reimbursement of travel costs has commenced 		
Review of BFHI Documents Establish a process to align NZ BFHI documents with revised UNICEF / WHO 10 Steps to Successful breastfeeding.	49,308	\$40,843
 Review panel appointed, process and consultation continuing and will conclude early 2020. Completed and published in February 2020 		

Statement of Financial Performance

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2020

	NOTES	2020	2019
Revenue			
Revenue from providing goods or services	1	468,476	540,450
Interest, dividends and other investment revenue	1	5,307	5,629
Other revenue	1	749	855
Total Revenue		474,532	546,933
Expenses			
Volunteer and employee related costs	2	310,601	281,873
Costs related to providing goods or service	2	180,157	235,995
Total Expenses		490,758	517,868
Surplus/(Deficit) for the Year		(16,226)	29,066

Statement of Financial Position

New Zealand Breastfeeding Alliance Incorporated As at 30 June 2020

	NOTES	30 JUN 2020	30 JUN 2019
Assets			
Current Assets			
Bank accounts and cash	3	81,363	52,709
Debtors and prepayments	3	50,916	53,741
Inventory	3	7,420	8,480
Other Current Assets	3	210,764	205,504
Total Current Assets		350,463	320,435
Non-Current Assets		···· ···	
Property, Plant and Equipment	6	21,406	35,839
Total Non-Current Assets		21,406	35,839
Total Assets		371,869	356,274
Liabilities			
Current Liabilities			
Goods and services tax		14,935	13,193
Creditors and accrued expenses	4	8,565	11,620
Employee costs payable	4	21,394	15,761
Other current liabilities	4	27,500	
Total Current Liabilities		72,394	40,574
Total Liabilities		72,394	40,574
Total Assets less Total Liabilities (Net Assets)		299,475	315,700
Accumulated Funds			
Accumulated surpluses or (deficits)	5	299,475	315,700
Total Accumulated Funds		299,475	315,700

Mnley Winis

Board

Deile: 21-1-20

JANE O'MALLEN Journal: July Detect: 29.9.20

Statement of Accounting Policies

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2020

Reporting Entity

These are the financial statements of New Zealand Breastfeeding Alliance. New Zealand Breastfeeding Alliance is a Trust established and domiciled in New Zealand by trust deed.

The Trust has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting.

Measurement Base

These financial statements of New Zealand Breastfeeding Alliance have been prepared in accordance with generally accepted accounting practice in New Zealand.

The financial statements of New Zealand Breastfeeding Alliance have been prepared on an historical cost basis, except as noted otherwise below.

The information is presented in New Zealand dollars.

In late April 2020, the lockdown period ended and the New Zealand Government started gradually easing the restrictions that had been placed on businesses, organisations and individuals, although substantial restrictions remained at the border. However, in mid-August 2020, community transmission of COVID-19 was detected in Auckland, and the New Zealand Government again placed restrictions on businesses, organisations and individuals within New Zealand. At the time of signing the financial statements, these restrictions are still in place.

During the four-week lockdown period the Alliance operated with reduced capacity, which resulted in revenue falling below forecast levels. Since the end of the lockdown period, the Alliance has been able to operate. The additional restrictions put in place in mid-August 2020 have not had an impact on the Alliance's revenue.

Although the Alliance has been impacted by COVID-19, the Alliance has concluded that they will be able to continue operating for at least 12 months from the date of signing these financial statements. That conclusion has been reached because:

- · The Trust has sufficient cash resources that, even with nil revenue, it can maintain current expenditure for at least 12 months from the date of signing these financial statements.
- The Trust's primary source of income is a government grant that have been extended for 12 months to 30/06/21 from the date of signing these financial statements.

Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

Specific Accounting Policies

(a) Property, Plant & Equipment

The entity has the following classes of Property, Plant & Equipment;

Office Equipment

11.4 - 67% Diminishing Value

Computer Equipment

36 - 60% Diminishing Value

All property, plant & equipment is stated at cost less depreciation. Depreciation has been calculated in accordance with rates permitted under the Income Tax Act 2007.

Work-in-progress represents costs that are directly attributable to the acquisition of an asset and includes all costs associated in bringing the asset into a working condition for their intended use at which point the asset is depreciated.

(b) Goods & Services Tax

These financial statements have been prepared on a GST exclusive basis with the exception of accounts receivable and accounts payable which are shown inclusive of GST.

(c) Taxation

As the Alliance is a not for profit organisation and registered as a charity under the charities commission, it is not subject to tax.

(d) Inventories

Inventories are stated at the lower of cost and net realisable value. Cost is determined using the first-in, first-out (FIFO) Method.

(e) Revenue

Sales of goods are recognised when they have been delivered and accepted by the customer.

Services are recognised when the service has been completed in respect of non-DHB work. DHB Income is recognised monthly on receipt.

Interest income is recognised using the effective interest method.

(f) Receivables

Receivables are stated at their estimated realisable value. Bad debts are written off in the year in which they are identified.

(g) Going Concern

These financial statements have been prepared on the basis that the trust is a going concern and relied on contract funding being provided in the future.

Contingent Liabilities

At balance date there were no contingent liabilities (2019:\$0). New Zealand Breastfeeding Alliance Incorporated has not granted any securities in respect of liabilities payable by any other party whatsoever.

Related Parties

There were no transactions with related parties requiring disclosure.

Securities and Guarantees

There was no overdraft as at balance date nor was any facility arranged.

Commitments

The premise at Unit 1 16 Sheffield Crescent, Christchurch is leased for \$2812.50 which is paid monthly in advance.

Notes to the Performance Report

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2020

	2020	2019
. Analysis of Revenue		
Revenue from providing goods or services		
DHB Contracts	52,226	124,200
MOH Contract Assessment	416,250	416,250
Total Revenue from providing goods or services	468,476	540,450
Interest, dividends and other investment revenue		
Interest Received	5,307	5,629
Total Interest, dividends and other investment revenue	5,307	5,629
Other revenue		
Resource Income	749	85!
Total Other revenue	749	855
	2020	2019
. Analysis of Expenses		
Volunteer and employee related costs		
Professional Development	-	1,94
Staff Expenses	1,670	130
Staff Training	327	39:
Wages & Salaries	308,604	279,40
Total Volunteer and employee related costs	310,601	281,873
Costs related to providing goods or services Accident Compensation Levy	652	669
	2,200	1,870
Accountancy Fees	447	399
Alarm Monitoring	365	
Advertising	1894 ·	(1,492
Review Fees	2,250	2,000
Bank Charges	256	20:
BFHI Assessment	11,185	20,21
Car Hire & Mileage	4,507	5,23
Computer Expenses	1,431	39:
Conference & Seminar Expenses	1,005	4,148
Consultancy	10,651	26,46
Contractor Payments	2,240	612
Cost of Sale	3,089	5,222
Couriers	<u>-</u>	388
Honorarium	3,500	3,500
Insurance	5,317	5,38
Light Power & Heating	1,148	1,09
Office Expense	3,546	5,11
Postage	1,507	1,056

Printing, Stamps & Stationery	12,267	15,753
Rates/Body Corporate	6,809	6,512
Rent	33,750	36,000
Repairs & Maintenance	3,757	4,043
Resource Materials	6,744	3,908
Subscriptions	3,516	6,563
Telephone, Tolls & Internet	5,585	5,932
Travel - National	31,226	41,978
Venue Costs	3,045	5,979
Depreciation	17,561	26,781
Loss on Sale of Fixed Assets	-	57
Total Costs related to providing goods or services	180,157	235,995
	2020	2019
3. Analysis of Assets		
Bank accounts and cash		
ASB 52 Account	31,632	4
ASB Call Account #61	42,488	46,197
ASB Cheque Account	7,243	6,508
Total Bank accounts and cash	81,363	52,709
Debtors and prepayments		
Accounts Receivable	50,916	53,741
Total Debtors and prepayments	50,916	53,741
Inventory		
Stock on Hand	7,420	8,480
Total Inventory	7,420	8,480
Other current assets		
ASB Term Deposits	210,764	205,504
Total Other current assets	210,764	205,504
	2020	2019
4. Analysis of Liabilities		
Creditors and accrued expenses		
Accounts Payable	8,565	11,620
GST	14,935	13,193
Total Creditors and accrued expenses	23,500	24,813
Employee costs payable		
PAYE Payable	6,255	6,845
Total Employee costs payable	6,255	6,845
Other current liabilities	92.12	
Holiday Pay Accrual	15,140	8,915
Income in Advance	27,500	-
Total Other current liabilities	42,640	8,915

	2020	2019
5. Accumulated Funds		
Accumulated Funds		
Opening Balance	315,700	286,635
Accumulated surpluses or (deficits)	(16,226)	29,066
Total Accumulated Funds	299,475	315,700
Total Accumulated Funds	299,475	315,700

6. Property Plant & Equipment

This Year					
Asset Class*	Opening Carrying Amount*	Purchases	Sales/Disposals	Current Year Depreciation and Impairment*	Closing Carrying Amount*
Office Furniture and Equipment*	5,339	594	-	1,605	4,328
Computers (including software)*	30,500	2,534	-	15,956	17,078
Total	35,839	3,128		17,561	21,406
Last Year					
Office Furniture and Equipment*	5,014	1,432	63	1,044	5,339
Computers (including software)*	46,685	9,609	-	25,794	30,500
Total	51,699	11,041	63	12,391	35,839

^{*}NZBA invested in on-line tools for:

- Annual collection of 'breastfeeding data' on discharge by facility/DHB
- Baby Friendly Audit Survey



INDEPENDENT ASSURANCE PRACTIONER'S REVEW REPORT TO THE MEMBERS OF NEW ZEALAND BREASTFEEDING ALLIANCE INCORPORATED

Report on the Performance Report

We have reviewed the accompanying performance report of New Zealand Breastfeeding Alliance Incorporated, which comprises the entity information, the statement of service performance, the statement of financial performance and statement of cash flows for the year ended 30 June 2020, the statement of financial position as at 30 June 2020, and the notes to the performance, including significant accounting policies.

Members' Responsibility for the Performance Report

The members are responsible on and behalf of the entity for:

- a) Identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance;
- b) the preparation and fair presentation of the performance report which comprises:
 - the entity information;
 - the statement of service performance; and
 - the statement of financial performance, statement of financial position, statement of cash flows, and notes to the performance report

in accordance with Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) issued by the New Zealand Accounting Standards Board; and

c) for such internal control as the members determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

Assurance Practitioner's Responsibility

Our responsibility under the Charities Act 2005 is to express a conclusion on the accompanying performance review based on our review. We conducted our review in accordance with International Standard on Review Engagements (New Zealand) (ISRE (NZ)) 2400, Review of Historical Financial Statements Performed by an Assurance Practitioner who is not the Auditor of the Entity. ISRE (NZ) 2400 requires us to conclude whether anything has come to our attention that causes us to believe that the performance report, taken as a whole, are not prepared in all material respects in accordance with the applicable financial reporting framework. This Standard also requires us to comply with relevant ethical requirements.

A review of performance report in accordance with ISRE (NZ) 2400 is a limited assurance engagement. It consists primarily of making inquiries of management and others within the entity involved in financial and accounting matters, applying analytical procedures, and evaluating the sufficiency and appropriateness of evidence obtained. A review also requires performance of additional procedures when the practitioner becomes aware of matters that cause the practitioner to believe the performance report as a whole may be materially misstated.

The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (New Zealand). Accordingly, we do not express an audit opinion on the performance report.



We believe that the evidence we have obtained in our review is sufficient and appropriate to provide a basis for our conclusion.

Other than in our capacity as assurance practitioner we have no relationship with, or interests in, the New Zealand Breastfeeding Alliance Incorporated.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the performance report is not prepared in accordance with the Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) Framework.

Emphasis of Matter - Reliance on Ministry of Health Funding Contract

The performance report has been prepared on a going concern basis, the validity of which depends upon future funding being available. The performance report does not include any adjustments that would result from a failure to obtain funding. Our report is not modified in respect of this matter.

BDO Christchurch Christchurch

BOO ChristohoraL

New Zealand

29 September 2020