



ANNUAL REPORT 2021

New Zealand Breastfeeding Alliance

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Mission

To promote, protect, and support breastfeeding

MANAAKITANGA

Connect with the maternity, child health, and community sectors for the purpose of collaboration and educating about the work relevant to breastfeeding and the Baby Friendly Aotearoa Initiatives

MANA TIAKI

Advocate by working in partnership with Ministry of Health and maternity/child health sectors to actively advocate for the protection, promotion and support of breastfeeding in New Zealand

Values

WHAI WĀHITANGA

Provide education on Baby Friendly Aotearoa Initiatives and breastfeeding responsive to the needs identified by maternity and child health sectors and contribute to the Ministry's vision in the New Zealand Breastfeeding Strategy

WHAKATAKATO TUTORO

Improve infant feeding outcomes by streamlining our systems and processes related to auditing Baby Friendly Aotearoa Initiatives, and by creating new innovations for service delivery in the Baby Friendly communities

Vision

Supporting families to develop close, loving relationships as part of infant feeding

Picture on front cover: NZBA Board and Team

Back row: Carmen Timu-Parata, Fay Selby-Law, Cara Hafner, Lynley Nichols, Cheryl Fenwick, Pania Laskaratou, Wendy Scanlon, Jane O'Malley, Tasha Wharerau, Carla Kamo
Front row: Henare Edwards, Jane Cartwright, Helenmary Walker, Julie Foley, Wendy Dallas-Katoa
Absent: Amy Wray, Sarah-Anne Waihoaka Wills



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NZBA MEMBERS



Informal Associations:

Childbirth Educators of NZ

District Health Board Midwifery Leaders

District Health Board Women's Health
Managers Network

No new memberships 2020/21

Healthcare Aotearoa & Health Star Pacific
are no longer members

FROM THE CHAIR

Chair's Report

E aku nui, e aku rahi, tena koutou katoa, special greetings to you all.

As I sign off my final Annual Report as Chairperson, it is with great pride and aroha the NZBA Board acknowledges the incredible work and dedication of this small organisation with a big mandate in another very difficult year.

Under the guidance of CEO Jane Cartwright, this team has continued to work on the key mandate of ensuring all maternity facilities in Aotearoa NZ achieve and maintain Baby Friendly status. This of course has been challenging in the continued presence of an international pandemic. A very committed and dedicated team has been working with organisations under immense pressure; supporting them through the continued work of ensuring every baby achieves the best start in life through protecting, promoting, and supporting breastfeeding. This has been challenging, more so during a pandemic when this quality assurance initiative has become even more vital.

The updated Baby Friendly guidelines currently being bedded in has meant staff at NZBA have been providing more education to facilities; this has been very appreciated with the provision of Zoom meetings and an annual meeting face-to-face of BFHI coordinators. Recruiting and educating auditors has also continued and been well received from those in the sector.

The work the organisation has done to work and collaborate with other organisations has gone from strength to strength. Highlights of the year are the collaboration with Hapai Te Hauora and Amy Wray to revitalise the Māma Aroha Breastfeeding talk cards to a virtual forum, which is the first indigenous breastfeeding app in the world. This APP provides valuable education to māmā and whānau. It was a privilege to attend the celebration launch of this app.

NZBA also collaborated with RANZCOG and the Australian Breastfeeding Association to provide infographics to women around the safety of the Covid19 vaccine and breastfeeding. The value of breastfeeding is clearly exhibited in this information and emphasises its relevance as a public health Issue.

Focus on long term stability

The organisation continues to look at sustainability and continues to work with the Ministry of Health to ensure the organisation has financial sustainability. Thank you to Jane and Cheryl Fenwick for working within and managing a very tight budget.

The organisation continues to work towards re-establishing the Baby Friendly Community Initiative which is key to improving long term breastfeeding outcomes in our communities and improving the long-term health of māmā, pēpi, and whānau. A new collaborative approach is needed.

Working with our Te Tiriti o Waitangi partner Te Rōpu Whakaruruhau is integral to the function and sustainability of the organisation. The Board and NZBA team were privileged to



attend their regular joint hui. In August 2020 this was at Rehua Marae and in 2021 will be at Rapaki Marae. It is one of the highlights of my year.

The organisation is looking to move toward a Te Tiriti based governance model between the NZBA Board and Te Rōpu Whakaruruhau as the way forward for the governance of NZBA. The next year will be focused on looking how this model can be integrated and will be discussed at the AGM.

The NZBA Board

Thank you to my fellow Board members for the collaboration and collegiality of this and previous years. The Board will say goodbye to Helen-Mary Walker and Julie Foley as well as myself at the AGM. It has been a privilege to work with and get to know you both and see the fine work you do in supporting the māma, pēpi and whānau you work with.

The Board welcomed Tasha Wharerau this year as the Chair of Te Rōpu Whakaruruhau. Tasha has had a big impact on guiding the Board in ensuring we are fulfilling our treaty-based requirements. Through the influence and work of Fay Selby-Law and Tasha, the Board has learnt a huge amount and will continue to be in good hands.

Thank you so much to Jane for her exceptional leadership. The organisation is extremely privileged to have Jane at the helm and the respect she has throughout the health sector.

Lastly, I want to end with acknowledging what a privilege it has been to be a member of this Board and the organisation. I have learnt so much from every one of you, but most of all I want to acknowledge the aroha and support I have received from the NZBA Board, Te Rōpu Whakaruruhau, and the team at NZBA. The words “be kind” have been used frequently in Aotearoa NZ in the last year, and this is what I have experienced and seen practiced within this wonderful group of wahine.

Ehara taku toa he takitahi, he toa takitini:

My success should not be bestowed onto me alone as it is not individual success but the success of a collective. May this organisation continue to thrive and continue to support our mama, pēpe and whānau.

Lynley Nichols

Chairperson, NZBA Board



BOARD MEMBERS 2020/21

- Lynley Nichols, Chairperson
- Helenmary Walker
- Julie Foley
- Dr Jane O'Malley
- Dr Zoe Tipa, Chair of Te Rōpu Whakaruruhau, (resigned May 2021)
- Fay Selby-Law



FROM THE CEO & BFHI ADVISOR

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

Strategic Highlights

We welcome the release of 2020 National Breastfeeding Strategy for New Zealand Aotearoa: Rautaki Whakapapa Whāngote and will continue to work hard with other providers and stakeholders to address the troubling trend of reducing breastfeeding rates; especially those on discharge from services.

Operating Highlights

The 2020 Breastfeeding Data at Discharge was published and circulated widely in April 2021. The data reflects declining trends in breastfeeding. The decline is partly related to the COVID pandemic, but more is system related. Feedback from BFHI coordinators and auditors provides potential context for the decline in exclusive breastfeeding rates, especially noted at tertiary services.

These include:

- the lack of evidence based antenatal education around breastfeeding for all - breastfeeding experts repeatedly highlight the need for more antenatal assessment and education to improve breastfeeding outcomes.
- maternity services in New Zealand are stretched thin with a significant midwifery shortage and staffing issues that decreases breastfeeding support for mothers and their whānau while engaging with the maternity service.
- an increased and necessary 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
- confusion around changing information and recommendations regarding 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 whānau immediately after birth.
- limited access to on-going breastfeeding support after discharge given Covid-19 restrictions.
- disruption to 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.



- many birthing women increasingly have co-morbidities known to impact breastfeeding outcomes and this increases the complexity of providing care for these women throughout the breastfeeding journey.
- the stay in a birthing centre/hospital maternity service is brief for new families. Ongoing breastfeeding support is essential for all women if they are to achieve their breastfeeding goals and positive breastfeeding outcome.

Research into NZ breastfeeding habits is critical to understanding how to respond to the needs of services and whānau. NZBA have applied for several research grants to explore this area further.

To support Coordinators and other stakeholders NZBA increased its support re staff education, breastfeeding research, policy development and other BFHI topics to promote breastfeeding.

Video conferencing via ZOOM has been used extensively to communicate and has led to greater connections with stakeholders and coordinators. A key achievement for the team has been many system improvements for Auditor/Lead Auditors including Auditor Update and Training Christchurch and Auckland May 2021.

NZBA did an online presentation at the NZLCA 30th Anniversary Conference in February 2021 on “Baby Friendly Initiative in 2021 in Aotearoa NZ”. This focused on the National Breastfeeding Strategy Rautaki Whakamana Whāngote which was well received by the participants.

The 2020 National Breastfeeding Strategy for New Zealand Aotearoa: Rautaki Whakapapa Whāngote Strategy re-opens the opportunity to implement a Baby Friendly Community Initiative to improve breastfeeding rates in Aotearoa NZ.

Submissions made this financial year include the Section 88 Primary Maternity Services Notice Review, Contraceptive Guidelines, NZNO Practice Position Statement on Breastfeeding and Whānau Āwhina Plunket postgraduate breastfeeding curriculum.

Financial Highlights

NZBA finished the 20/21 year in surplus. It was a busy year for audits unlike the previous 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. The budget allowed for ongoing development of the IT tools that support the Baby Friendly Hospital Initiative Documents and more education and exploration of ways to deliver Baby Friendly Community Initiative associated with auditing small and/ or rural maternity services. There was a strong focus on supporting progress to embed Pae Ora in NZBA.

Living with COVID-19 and lockdowns has contributed to more accrued annual leave (\$22,000). The 2020-2021 financial year was the ninth year that MOH funding levels remained the same. The MOH have advised with the release of the National Breastfeeding Strategy, NZBA discussions will occur in the 2021-2022 year.



Looking Ahead

NZBA is exploring BFHI/BFCI for small and or rural services.

In preparation for 2022-2023 and aligned with international developments, the NZBA team has worked with BFHI coordinators to incorporate the Baby Friendly documents into existing competency-based assessment, adding clinical competencies and audit survey questions.

Ngā Mihi Nui

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.

Jane Cartwright
Chief Executive Officer



Cara Hafner
BFHI Advisor



NZBA STAFF MEMBERS 2020/21 (3.5 FTE)

- | | |
|----------------------|---------------------------|
| • Jane Cartwright | Chief Executive Officer |
| • Cara Hafner | Baby Friendly Advisor |
| • Cheryl Fenwick | Office Manager |
| • Wendy Scanlon | Office Administrator |
| • Carmen Timu Parata | Māori Advisor |
| • Pania Laskaratou | Baby Friendly Coordinator |



TE RŌPU WHAKARURUHAU

Te Rōpu Whakaruruhau continues to be the Māori voice for NZBA. During 2020.2021 we met both face-to-face and through the magic of Zoom in February, May, and August this year. We continue to meet on Marae in Ōtautahi where we are supported and nourished. Our conversations were centred around improving Māori health and continuing NZBA's bicultural journey.

The last twelve months have not been without their trials as we experienced lockdown once more due to the Covid-19 pandemic. However, we once again embraced this challenge by learning how to do our mahi in different ways. We have learnt to use our existing strengths and build on our expertise as we move forward into the future.

Māori have very wise sayings that are used to be inspirational in times like these. The whakatauki that comes to mind is: *Whāia te iti kahurangi, ki te tuohu koe, me he maunga teitei*. Which means - seek the treasure that you value most dearly, if you bow your head, let it be to a lofty mountain. Our perseverance together with our endurance will help us move us forward. We must not let difficulties get in our way but instead we need to use our positive energy in striving to reach our distant goals.

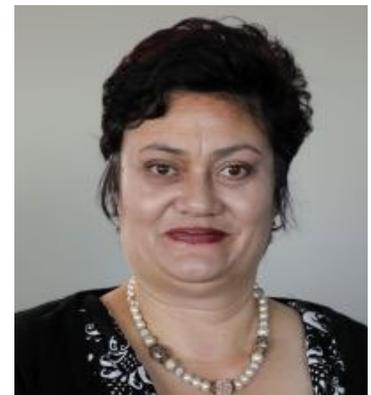
It has been a goal for some time that we uplift the work of Māma Aroha to develop it as an app. This would not have occurred without the generous leadership and hours of hard work from Amy Wray, Hapai Te Hauora, Kiwi Digital and NZBA. We are proud to support the first indigenous breastfeeding support app. Dr. Felicity Ware has also placed a Health Research Council funding application to ensure that an evaluation of the Māma Aroha app is monitored for its effectiveness. The media coverage was unexpectedly enormous at the launch and over World Breastfeeding week. It was also lovely to see so many whānau join the launch over ZOOM.

Many gains have been achieved over the past twelve months and it is our kaumatua who are central to Te Rōpu Whakaruruhau work. We thank Matua Henare and Taua Wendy for their tautoko and guidance along the way. They starred in short video clips explaining from their perspective the importance of breastfeeding for whānau. These will be useful and available to educate the sector wherever it's needed. We also acknowledge the commitment of Sarah Wills at Te Puawaitanga, Carla Kamo from Whānau Awhina Plunket, and Amy Wray. Zoe Tipa, who led us at the Board level so brilliantly now moves on to other mahi. We also welcome Tasha Wharerau who takes on the Chair role.

We look forward to building on these connections and together continuing to raise awareness of wai ū. It has been evident that these groups have shown great interest in our kaupapa and striving to find Māori solutions to the issues.

In conclusion, there have been major gains in the past twelve months. It is pleasing that Māori language and customs are more visible in the organisation. We thank the hard work of many, but especially the Board, management, and staff, and hope to build on the strength of everyone's contribution for the future.

**Carmen Timu-Parata on behalf of members of
Te Rōpu Whakaruruhau**



*Tena koutou ngā whānau katoa,
Kō Tasha Wharerau ahau
Nō Te Mahurehure ahau
Kō te kai a te Rangatira ko te korero
Kō te kai o ngā pepi ko te Wai Ū.*

It is my humble privilege to become Chair of Te Rōpu Whakaruruhau and to attempt to fill the massive shoes of matauranga left by Zoe Tipa; ngā mihi nunui e hoa.

As mentioned by Carmen, Aotearoa NZ has faced many challenges again this year and I am encouraged by the way whānau have responded to these challenges. In my role in Te Tai Tokerau within Hapu Wananga, our unique kaupapa Māori style of antenatal classes, I am pleased whānau have chosen to be together again in a two-day wananga so soon after Level 4 lockdown because this is their safe space to be able to share in the celebration of haputanga.

Our wahine also have online breastfeeding korero support through the Māma Aroha app. For the coming year, our aroha me manaaki will continue to tautoko whānau to stay safe and well from the ngāngara that is Covid-19. My heartfelt thanks for the guidance provided to this Rōpu by Matua Henare Edwards and Taua Wendy Dallas-Katoa; ngā mihi arohanui korua, me nga koutou whānau katoa.

Tasha Wharerau, Chair - Te Rōpu Whakaraurauhau



MEMBERS OF TE RŌPU WHAKARAURAUHAU 2020/21

- Henare Edwards
- Wendy Dallas Katoa
- Dr Zoe Tipa (Chair), resigned May 2021
- Amy Wray
- Tasha Wharerau (Chair), August 2021 -
- Carla Kamo
- Sarah-Anne Waihoaha Wills

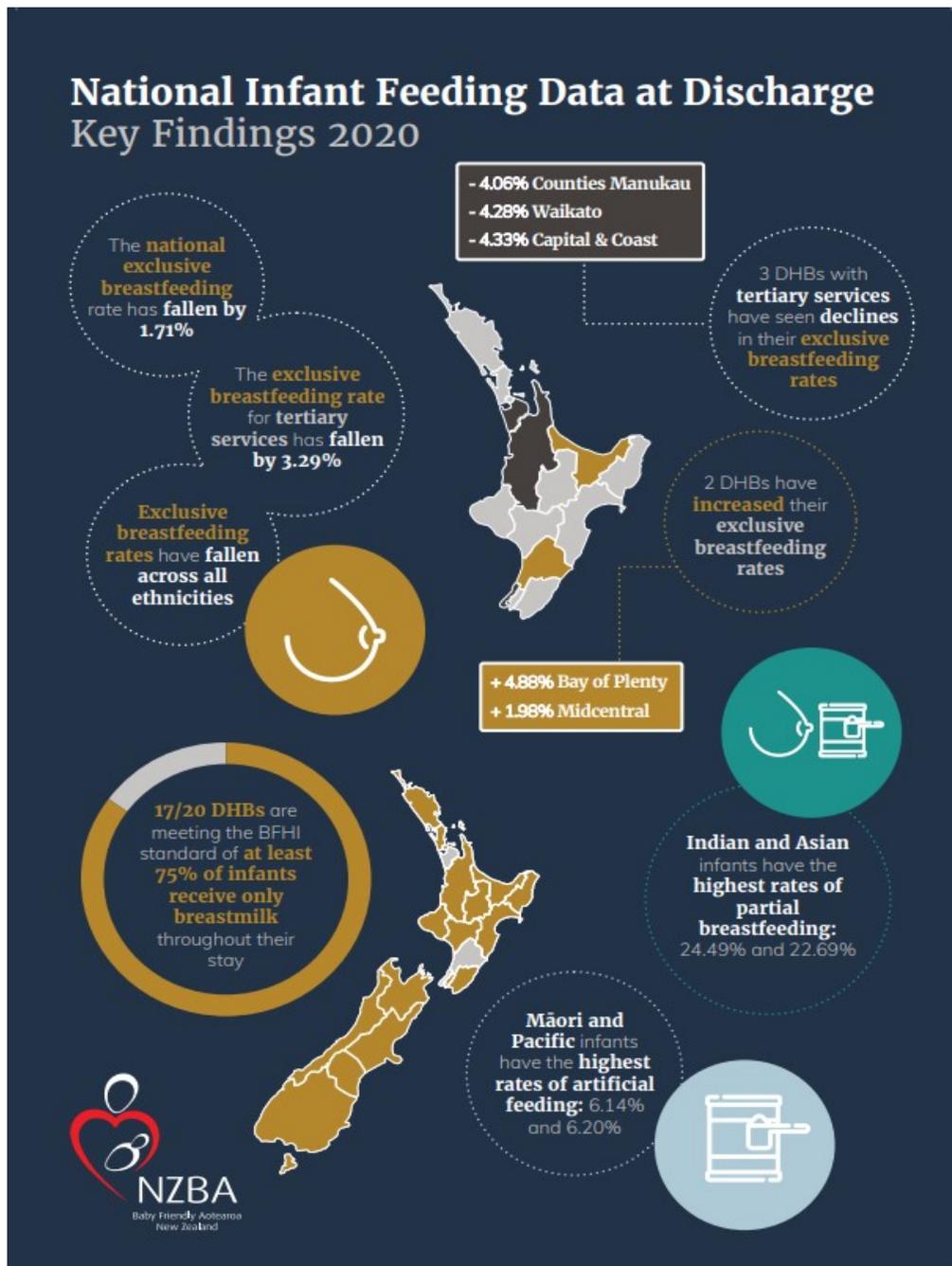


NEW ZEALAND BREASTFEEDING OUTCOMES

Infant Feeding Data on Discharge

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

Infant feeding on discharge is presented in a series of infographics and tables. Data is also presented by DHB, service type and ethnicity.

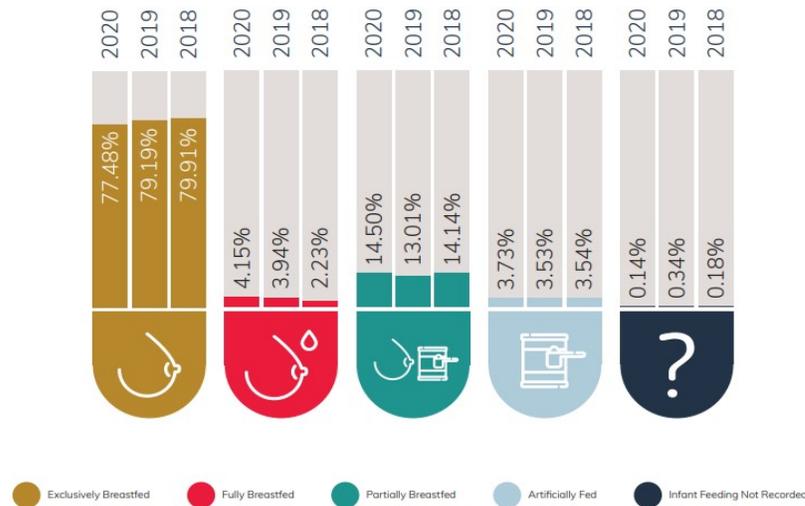


The exclusive breastfeeding rate for infants in New Zealand has fallen since 2019 by 1.71%. In the previous 3 years, exclusive breastfeeding rates had remained relatively steady at 79.1-79.9% but are now sitting at 77.48% in 2020.

National Infant Feeding Data at Discharge 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.



DHB Performance Outcomes

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:

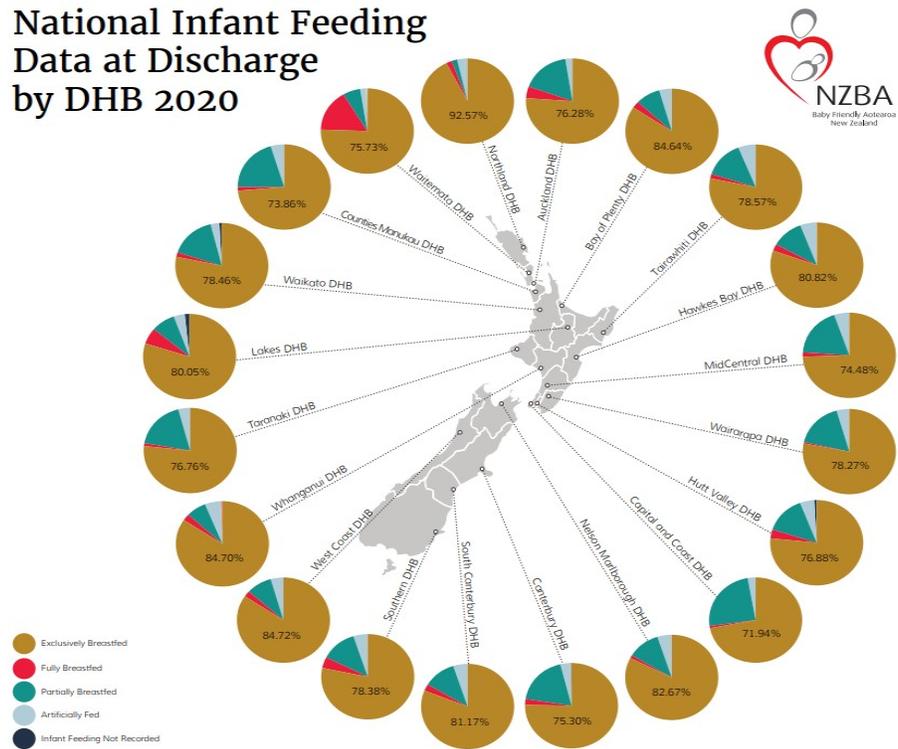
- Bay of Plenty DHB rate increased by 4.88%
- Midcentral DHB rate increased by 1.98%

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 at Discharge by DHB 2020



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%



Service Type Outcomes

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).



NZBA 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%

Ethnicity Outcomes

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).



NZBA 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 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).



NZBA
Baby Friendly Aotearoa
New Zealand

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%

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%.



NZBA
Baby Friendly Aotearoa
New Zealand

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%



BABY FRIENDLY HOSPITAL INITIATIVE (BFHI) SERVICE REPORT

Congratulations to the services and their staff that have been awarded Baby Friendly status in the 2020/21 year. New Zealand is one of the leading countries for implementation of BFHI and is recognised internationally. As of 30 June 2021, there were 75 maternity facilities with 65 accredited, 8 currently working through the process of reaccreditation, and two that are not required to be accredited (Nga Hau Māngere, Te Awakairangi).

Period covered: 1 July 2020 - 30 June 2021

DHB	Facility	Facility type	Assessment date	Completed	BFHI Audit pass #
Bay of Plenty	Bethlehem	Primary	24/08/2020	11/09/2020	2 nd
	Tauranga	Secondary	14-15/06/2021	Ongoing	6 th
	Whakatane	Secondary	16-17/06/2021	Ongoing	6 th
	Opotiki	Primary	18/06/2021	Ongoing	6 th
Canterbury	Christchurch Women's	Tertiary	1-3/09/2020	Moderation Panel	6 th
	Rangiora	Primary	1/09/2020	1/10/2020	6 th
	Lincoln	Primary	2/09/2020	1/10/2020	6 th
	St. Georges	Primary	20/05/2021	Ongoing	5 th
Tairāwhiti	Te Puia Springs	Primary	14/10/2020	17/05/2021	4 th
Nelson Marlborough	Golden Bay	Primary	19/10/2020	17/05/2021	5 th
Hutt	Lower Hutt	Secondary	3-4/11/2020	23/03/2021	5 th
Lakes	Rotorua	Secondary	17-18/11/2020	21/07/2021	5 th
	Taupo	Primary	19/11/2020	21/07/2021	5 th
Hawkes Bay	Ata Rangī	Secondary	9-10/02/2021	Ongoing	5 th
	Waioha	Primary	10/02/2021	Ongoing	2 nd
	Wairoa	Primary	11/02/2021	Ongoing	5 th
Southern	Queen Mary	Tertiary	9-10/03/2021	29/03/2021	6 th
	Oamaru	Primary	11/03/2021	7/04/2021	5 th
	Alexandra (CJ)	Primary	12/03/2021	7/04/2021	5 th
	Southland	Secondary	16-17/03/2021	15/04/2021	5 th
	Gore	Primary	18/03/2021	15/05/2021	5 th





COMMUNICATIONS

Website

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 and resource page. Latest infant feeding data can also be found on our website. The website has had an overall edit with plans to upgrade the platform and add a search function. Sessions per month continue to rise, at an average of 997 per month (25% growth from last year).

Facebook

Our Facebook page has 774 followers (30% growth from last year). On average, the page had 25 posts per month. A partnership with UNICEF NZ led to a series of Facebook posts for World Breastfeeding Week 2020 (see right).

Newsletter

Our monthly e-newsletter has over 500 subscribers (25% increase in subscription). Newsletters were posted to the Facebook pages. The website allows direct sign up to the newsletter.



Marketing Collateral and Resources

NZBA continues to support services around New Zealand with its supply of resources (posters, pamphlets, etc.). In 2020/21, 102 orders were received with over 38,000 resources distributed.

NZBA purchased a life-sized breastfeeding mama with her baby boy, developed by Southern DHB. This will be used by the local breastfeeding network and NZBA for hui and health promotion work.

Moana Research posters in five Pacific languages: *Breastfeeding - creating strong and loving relationships* have also been strongly promoted.

Our focus has been developing infographics depicting our 2020 infant feeding data. This year further tables have been developed on ethnicity data at DHB level for Māori, Pasifika and CALD infants.

A joint project between NZBA and RANZCOG saw the development of an infographic to promote COVID19 vaccination for pregnant and breastfeeding women (see right).

COVID-19 vaccine and breastfeeding



The Australian and New Zealand governments support the use of an approved COVID-19 vaccination in breastfeeding women.

Breastfeeding women do not need to stop breastfeeding to receive the vaccine.

There is no evidence of additional risks to breastfeeding women or their children from an approved COVID-19 vaccine.

They should consult their health professional before receiving the COVID-19 vaccination.



For more information visit:
Australia | aba.asn.au/covid19
New Zealand | www.babyfriendly.org.nz/resource/finding-support/





FINANCIAL STATEMENTS

Statement of Service Performance

Statement of Service Performance: 1 July 2020 - June 2021

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 services and community health providers against the International Baby Friendly Initiative.

Description and quantification of the Entity's Outputs	This Year 2020-21	Last Year 2019-20
<p>Implementation of Baby Friendly Hospital Initiative</p> <p><i>Develop and run the BFHI audit process for facilities due their audit and reaccrredit facilities on passing their audit.</i></p> <ul style="list-style-type: none"> - 21 audits undertaken in 2020-21 - 11 audits undertaken in 2019-20 	140,107	\$98,880
<p>Implementation of Baby Friendly Community Initiative</p> <p><i>Support community organisations to comply with NZ standards for BFCI and audit accordingly.</i></p> <p>On hold awaiting direction from MOH re: implementation of the 2020 NZ Breastfeeding Strategy.</p>	34,178	-
<p>Maori Development and Support</p> <p><i>Increase the capacity and capability of NZBA to work in a bi-cultural manner and provide this leadership support to the Breastfeeding sector.</i></p> <ul style="list-style-type: none"> - Te Rōpu Whakaruruhau meet 4 times a year providing strategic advice to the NZBA Board/EO re: equity and breastfeeding matters - Undertake research & supporting research applications - Development of education resources - Review of NZBA documentation - Training auditors and development of BFHI coordinators 	57,685	52,470



<p>Information and Resources</p> <p><i>Design and provision of materials for hospitals, stakeholders and communities throughout the year.</i></p> <p><i>Maintaining an active and up to date Facebook page and website</i></p> <ul style="list-style-type: none"> - 102 orders received with 38,184 resources being distributed 2020-21 - 775 Facebook followers, with average of 25 posts per month - Monthly e-newsletter has 500+ subscribers; there was a focus was on profiling and promoting the work of the NZBA member organisations 	31,146	46,902
<p>Governance and Administration</p> <p><i>Lead, sustain and manage the organisation to deliver Breastfeeding advocacy, resources and BFHI Audits in line with MOH Contract.</i></p>	222,512	207,124
<p>Education and Training</p> <p><i>Develop and provide education materials for sector stakeholders.</i></p> <ul style="list-style-type: none"> - Respond to requests from coordinators, auditors, DHBs and communities for education and training on BFHI and other breastfeeding matters - Input into reviews of NZQA qualifications 	13,962	10,540
<p>Overseas Travel</p> <p><i>NZBA and MOH attend the International meeting of BFHI coordinators every 2 years. Nil in 2019-20</i></p> <ul style="list-style-type: none"> - Reimbursement of travel costs from cancelled meeting 	-2,868	4,088



Statement of Financial Performance

New Zealand Breastfeeding Alliance Incorporated For the year ended 30 June 2021

	NOTES	2021	2020
Revenue			
Revenue from providing goods or services		548,950	468,476
Interest, dividends, and other investment revenue		2,631	5,307
Other revenue		495	749
Total Revenue		552,077	474,532
Expenses			
Volunteer and employee related costs		306,641	310,601
Costs related to providing goods or service		214,352	180,157
Other expenses		101	-
Total Expenses		521,094	490,758
Surplus/(Deficit) for the Year		30,982	(16,226)



Statement of Financial Position

New Zealand Breastfeeding Alliance Incorporated As at 30 June 2021

	NOTES	30 JUN 2021	30 JUN 2020
Assets			
Current Assets			
Bank accounts and cash		99,169	81,363
Debtors and prepayments		83,645	50,916
Inventory			7,420
ASB Term Deposits		213,355	210,764
Total Current Assets		396,169	350,463
Non-Current Assets			
Property, Plant and Equipment		11,915	21,406
Total Non-Current Assets		11,915	21,406
Total Assets		408,084	371,869
Liabilities			
Current liabilities			
Goods and services tax		16,639	14,935
Creditors and accrued expenses		11,375	8,565
Employee costs payable		28,663	21,394
Other current liabilities		20,950	27,500
Total Current liabilities		77,627	72,394
Total Liabilities		77,627	72,394
Total Assets less Total Liabilities (Net Assets)		330,457	299,475
Accumulated Funds			
Accumulated surpluses or (deficits)		330,457	299,475
Total Accumulated Funds		330,457	299,475

Wynley Nicholas 14/10/21

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REPRESENTATION LETTER



PKF Goldsmith Fox Audit Limited
Chartered Accountants
PO Box 13-141
CHRISTCHURCH

Members Representation Letter

This representation letter is provided in connection with your review of the performance report of the New Zealand Breastfeeding Alliance Incorporated for the year ended 30 June 2021 for the purpose of expressing a conclusion as to whether anything has come to your attention that causes you to believe that the performance report of New Zealand Breastfeeding Alliance Incorporated is not presented fairly, in all material respects, in accordance with the accounting policies noted on page 10 of the performance report,

We confirm, to the best of our knowledge and belief, the following:

- We have made available to you all of the original accounting records and related information, and personnel to whom you could direct inquiries.
- Ensured that all requirements of any agreements have been complied with throughout the period under review.
- The performance report is free from material errors and omissions.
- We are not aware of any actual or potential non-compliance with legislative requirements the consequences of which should be considered for inclusion in the performance report as a liability, contingency or commitment. Furthermore, there have been no communications from regulatory agencies concerning non-compliance with or material deficiencies in financial reporting practices.
- We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the performance report.
- Any material restrictions as to the title of assets have been properly recorded in the performance report.
- Except as indicated in the performance report, to the best of our knowledge and belief, no liabilities were secured on any assets of the entity, and the assets shown were owned by the New Zealand Breastfeeding Alliance Incorporated at the Statement of financial position date, free of any charge in favour of third parties.
- We have recorded or disclosed all material assets and liabilities both actual and contingent, all capital commitments and have disclosed in the notes to the performance report all guarantees and off-balance sheet arrangements involving third parties.
- To the best of our knowledge and belief, provisions have been made for all material known liabilities and/or other matters.
- There are no formal or informal compensating balance arrangements with any of our cash and investment accounts. Except as may be disclosed in the notes to the performance report we have no other line of credit arrangements.

- There have been no material events subsequent to balance date which require adjustment of, or disclosure in the financial statements and notes to the performance report other than disclosures already made.
- There have been no irregularities, including fraud, involving management or employees/contractors who have significant roles in the system of internal accounting control, or any irregularities involving other employees/contractors, that could have a material effect on the performance report.
- We are satisfied that the governing body of the New Zealand Breastfeeding Alliance Incorporated effectively communicates to staff or contractors and office holders the processes for identifying and responding to the risk of fraud in the New Zealand Breastfeeding Alliance Incorporated.

For and on behalf of New Zealand Breastfeeding Alliance Incorporated:


Board

Date: 12/10/2021


Board

Date: 12/10/2021