

BREASTFEEDING, A CHILD'S RIGHT

A review of breastfeeding policy and procedures

by
Louise James

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Breastfeeding, A Child's Right

The right of a child to benefit from breastfeeding

Breastfeeding is the physically connected relationship between a mother and child for the establishment of life outside the womb and for the transition from dependent infant to secure independent child.

The World Health Organisation (WHO) in its 2003 *Global Strategy for Infant and Young Child Feeding* states: "As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Therefore-after, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond."

Breastfeeding provides the ideal nutritional and immunological basis after birth for the child and has been shown to reduce risks of many childhood illnesses when compared to formula feeding¹.

The *United Nations Convention on the Rights of the Child* recognises a child's right to the benefits of breastfeeding. Although the Convention only specifically refers to breastfeeding in Article 24, breastfeeding is self-evidently part of the very important relationship between mother and child (see for example the Preamble and Article 5) and contributes to the child's survival, and development, health and learning (see for example, Articles 6, 24 and 29).

Article 24 says:

- (1) States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
- (2) States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures . . . (including) to diminish infant and child mortality; to ensure the provision of necessary medical assistance and health care to all children . . . to combat disease and malnutrition, including . . . through the provision of adequate nutritious foods . . . to ensure appropriate pre-natal and post-natal health care for mothers; to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in . . . the advantages of breastfeeding . . . to develop preventive health care, guidance for parents and family planning education and services.

The *UNICEF Implementation Handbook for the Convention on the Rights of the Child* has reviewed the concluding observations and recommendations made by the

¹ World Alliance for Breastfeeding Action (2006) *The Risks of Formula Feeding*

Committee on the Rights of the Child in order to provide an overview of actions needed to implement the Convention.

The *Handbook* says: “There are two aspects to the promotion of breastfeeding: the need for positive education and promotion of its advantages, and the need to challenge the negative impact of the commercial marketing of substitutes”.² The Handbook describes the International Code of Marketing of Breastmilk Substitutes, and says “The Committee has recognised that implementation of the Code by States Parties is a concrete measure towards the realization of parents’ right to objective information on the advantages of breastfeeding and thus, to fulfilling the obligations of Article 24”.³

Background

There were 60,470 births in New Zealand for the year to March 31 2007.

A growing proportion of the childhood population are of Maori, Pacific and Asian ethnicities. The 2001 Census where people could identify with more than one ethnic group, found that for those under 15 years, 25 percent identified as Maori, 11 percent identified as of Pacific ethnicities, 7 percent identified as of Asian ethnicities, and 74 percent identified with European ethnicities.

The mortality rate for babies for the year to March 2007 was 5.1 deaths for each 1,000 births.⁴ Infant mortality rates are much higher for Maori and Pacific babies – the latest available statistics are from 2002 when the infant mortality rates for Maori were 8.9 deaths per 1,000 births, for Pacific were 7.7 deaths per 1,000 births, and for other ethnic groups were 4.7 deaths per 1000 births. In 2002 the rate of death from Sudden Infant Death Syndrome – which breastfeeding helps protect against was for Maori 1.8 deaths per 1,000 births, for Pacific was 1.2 deaths per 1,000 births, and for other ethnic groups was 0.3 deaths per 1,000 births.

The 2006 Census found that there were 55,509 mothers with a child under a year of age. 20,199 (37 percent) were in employment, 2,983 (4 percent) were unemployed and seeking work, and 32,864 (59 percent) were not in the labour force.⁵

The profile of breastfeeding in New Zealand

In 2006 the proportions of New Zealand babies who were fully or exclusively breastfeeding⁶ were as follows: At six weeks, full breastfeeding was the experience of 70 percent of European/Other babies, 59 percent of Māori babies, 57 percent of Pacific babies and 55 percent of Asian babies. At three months, full breastfeeding was

² Page 356.

³ Page 357.

⁴ New Zealand Health Information Service (NZHIS)

⁵ The work situation of the remaining women was unknown. Source: Statistics New Zealand, *Work and Labour Force Status of Female Parent by Age of Youngest Child in Family for Census Usually Resident Population Count of Females in a Parental Role*, Prepared for Louise James, Women’s Health Action, Reference Number: ROM16092.

⁶ “Full breastfeeding” means babies who were exclusively or fully breastfed by the Ministry of Health’s definitions. The Ministry definitions are: “*Exclusively breastfed* - The infant has never, to the mother’s knowledge, had any water, formula or other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed medicines have been given from birth. *Fully breastfed* -The infant has taken breast milk only, and no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours. (This matches the WHO indicator for exclusive breastfeeding.)” [MOH (2003) Breastfeeding: A Guide to Action]

the experience of 60 percent of European/Other babies, 45 percent of Māori babies, 48 percent of Pacific babies, and 53 percent of Asian babies.

At six months, full breastfeeding was the experience 29 percent of European/Other babies, 17 percent of Māori babies, 19 percent of Pacific babies, and 25 percent of Asian babies.

New Zealand has breastfeeding rates at birth that are consistent with other OECD countries. The rates are low at six weeks, especially among Māori and Pacific women. Exclusive breastfeeding prevalence drops sharply in the first six weeks after birth and then continues to decline as partial and artificial feeding becomes more common.⁷

Government and other initiatives to support breastfeeding

National Breastfeeding Advisory Committee – The Ministry of Health has set up an advisory committee from individuals involved in breastfeeding. This committee works on a confidential basis with the Ministry. It is not multi-sectorial as recommended in the Innocenti Declaration.⁸

Baby Friendly Hospital Initiative (BFHI) - New Zealand has 83 maternity hospitals with 57 hospitals accredited. However the two largest obstetric hospitals, Middlemore and Auckland, are not yet accredited.

Baby Friendly Community Initiative – New Zealand has five pilot programmes in progress, accrediting Health Professionals working in the community, this includes Maori and Pacific health providers.

Lead Maternity Carers (LMC) (Midwives/Obstetricians/General Practitioners) are funded to provide breastfeeding help through post-natal visits up to approximately 4 weeks.

Ante-natal education – District Health Boards are funded to provide this, however there is not full coverage.

Wellchild Providers (home visiting nurses) – funded to provide some home visits from approximately 4-6 weeks, including breastfeeding support and monitoring, and promoting of breastfeeding.

Paid parental leave – Working parents paid to take leave for 14 weeks, however there are criteria involved and therefore not available for all. 14 weeks meets the ILO Convention 183⁹, but does not provide for paid breastfeeding breaks.

⁷ MOH (2006) Press release World Breastfeeding Week

⁸ Innocenti Declaration

⁹ ILO Convention Maternity Protection 183, 2000

BREASTFEEDING MOTHERS

Article 10

1. A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child. 2. The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the

Public Health Messages – There is some funding of breastfeeding advocates through public health money, and this year the establishment of Healthy Eating Health Action (HEHA) managers in District Health Boards have a priority to work on breastfeeding goals. In 2008 there is a breastfeeding social marketing campaign planned.

International Code of Marketing of Breastmilk Substitutes - The New Zealand government has adopted a self-regulatory approach with the New Zealand Infant Formula Manufacturers writing their own guidelines¹⁰. The guidelines only disallow the marketing of infant formula (breastmilk substitutes for 0 – 6 months) where as the international code includes follow on formula. There is a complaints procedure in place, however very few complaints are upheld and marketing of formula is common.¹¹

Human Rights Commission – The Commission receives complaints and acts on them accordingly. This is not always satisfactory and one such failed complaint led to a petition to parliament to make a law to protect breastfeeding. From this the Commission produced the electronic publication “Your Rights as a Breastfeeding Mother”¹² and Steve Chadwick (MP) has written a private members bill, “The Infant Feeding Bill”, which is in the ballot box waiting to be drawn.

Office of the Children’s Commissioner – Encourages breastfeeding.

Office of the Families Commissioner – Has supported the extension of Paid Parental Leave.

Non-Government Organisations that support breastfeeding include

La Leche League – A mother-to-mother breastfeeding support group active throughout New Zealand in most main centres.

Women’s Health Action – Has a dedicated breastfeeding Advocate who in particular promotes World Breastfeeding Week (1-7 August) annually and breastfeeding capability in the Paid work force.

Council of Trade Unions (CTU) – Have formed a breastfeeding working group to improve conditions in the workplace for breastfeeding mothers.

Parents Centres New Zealand – Has a policy of breastfeeding support.

reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.

¹⁰ Ministry of Health (2007). *The Code in New Zealand*.

¹¹ Infant Feeding Association of New Zealand (2005) *Look What They’re Doing*

¹² Human Rights Commission (2005). *Your rights as a breastfeeding mother*.

RECOMMENDATIONS

1. The ILO Maternity Convention 183 be legislated.
2. The International Code of Marketing of Breastmilk Substitutes and relevant subsequent World Health resolutions be legislated.
3. The Private Member's Infant feeding Bill (put forward by Steve Chadwick and presently in the ballot box) for protection of breastfeeding be legislated.
4. The Private Member's Amendment to the Corrections Bill (put forward by Sue Bradford and in the Parliamentary process at the moment) be legislated¹³.
5. Organisations involved in breastfeeding support and promotion not accept sponsorship from businesses that have a conflict of interest. The International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions state these businesses as those that sell infant formula, complementary baby foods as marked for use for under 6 months, and bottle, teats and pacifiers.
6. All maternity hospitals be accredited as Baby Friendly Hospitals (Although this is in process, more resources need to be forwarded to the relevant hospital departments to progress this).
7. Policies in all government departments be made to protect breastfeeding as defined previously in the Global Strategy for Infant and Young Child feeding (WHO 2003). For example this would help judges make rulings in favour of breastfeeding protection, Social Workers to act to keep the breastfeeding relationships together and the Education Department to equip early childhood centres to provide for breastfeeding.

¹³ Amendment to the Corrections Bill seeks to protect the right of breastfed children to be with their mother in prison until two years of age. In August 2007 a mother was sent to prison and separated from her 16 month old breastfeeding child. The new legislation would avoid this.