REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN NEW ZEALAND

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### SHORT REPORT

**The following obstacles/problems have been identified:**

- A National Strategic Plan of Action for breastfeeding was developed in 2008 with the following vision: ‘Aotearoa New Zealand is a country in which breastfeeding is valued, promoted, protected and supported by the whole of society.’ The plan should have been updated in 2012. However, this did not happen due to the disestablishment of the National Breastfeeding Committee in 2008.

- The International Code of Marketing of Breast-Milk Substitutes and subsequent, relevant WHA resolutions are not implemented through laws and the voluntary industry Code in place is self-monitored. This situation results in systematic Code violations with no real sanctions for the violators.

- New Zealand has an increasing number of children identified as living in poverty. Homelessness and sub-standard housing conditions are both on the increase. The Labour, Green and Maori parties are currently conducting a cross-party homelessness inquiry.

- New Zealand has started to experience contamination of drinking water supplies due to intensive agriculture, which appears to be related mainly to increased numbers of dairy cows. Some private wells have already been contaminated with nitrates, and public water supplies have had contamination incidents with bacteria *Escherichia coli* and *Campylobacter*. Results from recent freshwater testing have been of great concern. The Ministry of Health recommends using cool boiled water for reconstitution of powdered infant formula, which is not sterile. As yet, New Zealand had not adopted the optimal WHO guidelines to use boiled water and make up the feed within 30 minutes to ensure that the water temperature is 70 degrees or above.

**Our recommendations include:**

- Collection of data on infant and young child feeding for all infants and young children admitted to hospital.

- Recognition of the importance of breastfeeding in health strategies and inclusion of infant and young child feeding considerations in all child health documents and strategies, including obesity.

- Re-establishment of the National Breastfeeding Committee and appointment of a National Breastfeeding Coordinator.

- National legislation to protect breastfeeding by implementing fully the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant WHA resolutions.
• Enforcement of the Code through an independent, consistent monitoring of industry practice and an effective sanction mechanism with deterrent sanctions for Code violators.

• Increased funding for evidence-based breastfeeding initiatives in the community.

• Increase of the paid maternal leave to 6 months after delivery with increased flexibility for new mothers.

• Action on poverty, deprivation, homelessness and sub-standard housing conditions and hardship.

• Urgent attention to safeguarding drinking water supplies.