New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

5th December 2018

Child and Youth Wellbeing Strategy

FEEDBACK FROM New Zealand College of Midwives
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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

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5th December

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Wellington
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Child and Youth Wellbeing Strategy

The New Zealand College of Midwives (the College) appreciates the opportunity to provide feedback on the Child and Youth Wellbeing Strategy. Whilst the College eagerly welcomes an initiative to improve the lives of children we do have some concerns about this strategy which we have outlined in more detail below along with specific references to the strategy document.

- Integral to the wellbeing of infants and children is the wellbeing of mothers, and the College is very concerned to note minimal if any recognition of the importance of mothers, their health and wellbeing and their support systems in this document. As midwives, who work in partnership alongside pregnant, birthing and postnatal women, we find this omission puzzling. The health and wellbeing of pregnant, birthing and postnatal women requires recognition of the social, physical, emotional, psychological, cultural and spiritual needs of women.

- Our aim should be to ensure that mothers are thriving and that pregnancy, birth, and transition to motherhood experiences are positive and fulfilling. The woman directs who her whānau are, and they too will be part of her maternity experience as she wishes. The woman and her whānau then work with the midwife to ensure healthy outcomes for the new family. Midwifery continuity of care has been shown to contribute significantly to maternal wellbeing and this will be covered in more detail later in this submission.

- Midwives have an important function in terms of public health protection, preventative care, health promotion and support. Health care engagement between a pregnant woman, her partner and whānau, may represent one of the lengthiest health care engagement periods which makes midwifery continuity of care provided within a partnership model significantly important to any infant and child wellbeing strategy.

- Continuity of midwifery care has demonstrated benefits for improved pregnancy outcomes. The New Zealand maternity model of care enables women to access this care free of charge. However, over the last decade under the approach taken by the previous government, community midwifery services were denied increases in funding to compensate them for the increased costs associated with service delivery. In addition to this, the current funding model for primary maternity services (the Section 88 Primary Maternity Services Notice) funds a 'one size fits all' approach which does not allow community midwives to access any additional funding for women who have greater needs.

- This lack of resourcing has seen a decline in the number of midwives, meaning that some women are unable to access midwifery care. Women who are less likely to engage in care are from population groups who are more likely to experience inequitable outcomes, thus further entrenching inequities, as these women are unable to access the benefits associated with continuity of midwifery care.

- The College would like to see infants specifically mentioned throughout this document and in the title of the strategy. We did note the comments about a "flexible approach" being taken in the definition of children and the extension of the age range up to age 25 years in some circumstances. Unfortunately the under one-year old population may not be adequately considered when the generic term children is used, and this new strategy represents an opportunity to render infants under one year more visible in policy making and strategies. We also have concerns that the over 18 age group will also be relatively invisible unless the term young people is added, so in fact 'Infant, Child and Young People Wellbeing Strategy' may best capture the Committee's intentions.

- Any wellbeing or health promotion strategy is unlikely to be effective where there are conditions of serious inequity, hardship and poverty, despite the best of intentions. Parenting requires support, and attention to issues of inequity and poverty represent a good opportunity to really make a positive difference for

parents, families and whānau. Socioeconomic and environmental conditions need to be addressed urgently within the development of any strategy concerned with wellbeing, as inequity represents the context in which we are aiming to make positive changes.

- The College recommends that during the further development of the wellbeing strategy there should be the avoidance of any focus on individual behaviour change and a move towards recognition and acknowledgment of the inequalities within society, and the challenges experienced by many parents.

- The College would like to see an expanded discussion about population health and wellbeing indicators within this wellbeing strategy. For example in the context of the interconnected maternal, infant and young child wellbeing we consider the following to be of significance. These are not in order of importance nor do they represent all the areas that require consideration.

- Quality, appropriate, accessible and free pregnancy and parenting education
- Reduction of birth interventions, including caesarean section births
- Funding for the development of primary maternity birthing units
- Support for midwives and continuity of midwifery care, including home visits
- Protection, promotion and support of breastfeeding for the up to 98% of women who initiate breastfeeding in New Zealand – breastfeeding, infant and young child feeding as a public health priority
- Longer, more flexible paid parental leave
- Reduction of neonatal intensive care admissions and preterm births
- Improved support for families with preterm babies, and babies and children with special needs in the community
- Maternal mental health - postpartum psychological issues such as post-natal depression, trauma, anxiety and suicide rates. Support for midwives to both provide education and information to women and their whānau, and for the development of accessible, appropriate resources for women.
- Mothers and babies in prison – funded education programmes for prison officers and attachment-based programmes for women.
- Dental health - access to free treatment
- Health literacy
- Income inequality
- Poverty and poor housing

- Food security
- Climate change, environmental threats, water quality, sustainable programmes
- Family violence reduction
- Quality early childhood education services – attention to the erosion of quality affected by private-sector influences on quality indicators such as numbers of suitably qualified staff, staff- child ratios / pay and conditions. The College notes the numbers of complaints upheld has been increasing over the past few years.

Table 1 Total number of complaints received, investigated and upheld between 2013 and 2017

	2013	2014	2015	2016	2017
Complaints received	246	360	342	331	339
Complaints investigated	162	205	183	245	297
Complaints upheld	79	106	104	163	166

(Source: 2017 Early Childhood Education Complaints and Incidents Report)

- The College does recognise there are priority populations in terms of inequalities, and poor or limited access to appropriate services and care. More attention is urgently needed to provide appropriate, effective and accessible health care and support to Māori to reduce inequity. A whānau ora approach and increased support for Māori communities, kaupapa Māori community health organisations and primary care across New Zealand is necessary.

- In regards to institutional racism with Crown funding and contracting practices, identified by Came et al in 2015, discrepancies in funding are "a contemporary breach of Te Tiriti o Waitangi and a colonial legacy of missed opportunities to improve Crown practice."[1] Access to sustainable funding enables medium to long term planning, which is essential when working in areas of health promotion and wellbeing, and it also improves the likelihood of increased staff capacity, mentoring and the retention of experienced workers.

- Although we recognise populations who may require more support we would not like to see support for all parents removed and replaced with only targeted services. The College does not agree with any reductions in maternal, infant and child health services, but we also recognise that universal provision does not always guarantee

[1] Came, H., Doole, C., Lubis, D., & Garrett, N. (2015). *Benchmarking Crown Practice: Public Health Contracting and Funding. Preliminary report for public health providers*. Auckland University of Technology, Massey University, Keruru Research and Evaluation Associates

effective universal access. This issue of accessibility and accountability of services will need addressing in the strategy.

- We consider that access to and provision of free pregnancy and parenting education, midwifery care, contraception and reproductive services, well child services, and mental health services are part of a government's obligation to all citizens and the stated project of health, wellness and wellbeing. (See 1.1-1.4 below)

- The College notes that the health of refugee and asylum seeker children is missing from this strategy and we recommend this be added. Measures to ensure more effective protection for refugee and asylum seeking women, and their children, requires long term effective solutions and a broad policy approach that encompasses health, social services, welfare, economic policy, education, gender equity and employment policy

- Many refugee and asylum seekers have experienced significant traumatic events and although there are complex health problems that require urgent attention there are many barriers to address including language and communication, inadequate information, and cultural awareness issues.

- The College notes that the Australian Government has developed a document focussed on the social and emotional development and wellbeing of infants in pregnancy and the first year of life. This document is underpinned by discussion of relationships with parents and caregivers and also uses the GRADE approach to assess quality of evidence for effectiveness of interventions.

- The College notes that there is evidence for benefits of antenatal and postnatal education, in terms of infant cognitive and social development, infant mental health, parenting quality and couple adjustment, reduction in maltreatment, and health promoting behaviours. Home visiting interventions were also found to be of benefit starting before birth and in the first year of life. These are all aspects of care delivered by midwives and delivered in homes around New Zealand. For further results of the interventions assessed using the GRADE approach the link to this document is in a footnote.[2]

[2] Australian Government / National Health and Medical Research Council. (2017). *NHMRC Report on the evidence: Promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life.* https://aifs.gov.au/cfca/2017/05/08/report-evidence-promoting-social-and-emotional-development-and-wellbeing-infants

- The College considers that discussion about practices that have interfered with the physiological process of childbirth is critically important. Protecting birth physiology has been a cornerstone of midwifery practice, with the aim of improving the health and wellbeing of mothers and infants, while avoiding unnecessary and costly interventions.

- We note that a recent randomised control trial provides a timely example of the short and long-term repercussions of routine practices that disregard physiology. Mercer et al. studied the effects of the timing of umbilical cord clamping on infant ferritin levels, brain myelin content and neurodevelopment.[3] Midwives have long been supporters of delaying cord clamping at births and the results of the Mercer et al. RCT has provided more evidence for this practice. Babies in the delayed cord clamping group had greater ferritin levels and increased brain myelin in areas important for early life functional development. The endowment of iron-rich blood cells from the placenta, obtained through a delay in cord clamping may offer a longitudinal advantage for early white matter development.

Specific comments about the document

1. **Page 2 (11.1-11.4)**

1.1 As noted in point number 6 above, the College do not support any reductions in maternal, infant and child health services. We would recommend some analysis of the repercussions of discontinuing the Parents as First Teachers programme (PAFT). It was one of only a few programmes supporting parents using a home-visiting model.

1.2 We are aware that a number of parents who had been receiving PAFT services were no longer deemed 'vulnerable enough' to receive services when PAFT was decommissioned by the previous government. As we have been unable to access any information about the situation post-PAFT we would like to know how many families who were managing well with PAFT support suffered a decline in parent, infant and child wellbeing and parental coping capacity after PAFT services were removed. Despite increased funding it is unlikely that Family Start will have been able to work with all families who were enrolled with PAFT.

1.3 The College notes a question from Labour MPJacinda Ardern, when in Labour Opposition, to the Hon Anne Tolley, then Minister for Social Development in 2016. Jacinda Ardern asks Anne Tolley

[3] Mercer, J. S., Erickson-Owens, D. A., Deoni, S. C. L., et al. (2018). Effects of delayed cord clamping on 4-month ferritin levels, brain myelin content and neurodevelopment: A randomised controlled trial. *The Journal of Pediatrics*, 203:266-272.

whether she has, *"seen reports from PAFT teachers who have listed a huge range of cases of women living with violence, suffering post-natal depression, struggling with premature birth or with English as a second language, or just living without support, who have all benefited from this programme…"* Anne Tolley responds with an answer about targeting the most vulnerable families.[4] The College would argue that this targeted response is gravely insufficient in terms of support for the number of families experiencing hardship, inequity, poverty, and housing crises. This is not a criticism of Family Start at all, but the recognition of a much larger situation that has, as yet, not been addressed sufficiently.

1.4 As previously described in a PAFT evaluation, families who received the service reported improvements in their knowledge of child development and parenting strategies, parenting ability and confidence. The evaluation also indicated that staff retention and quality were important to the strong child outcomes and that PAFT addressed some of the risk factors associated with child maltreatment.[5]

1.5 The College also has some concerns about the description of 'early risk factors' without the context being described. Research by Bilson has found disturbing trends in English-speaking countries in terms of parents being increasingly likely to be accused of abusing their children.[6] Bilson found that this mainly affects large proportions of families who are poor, deprived or socially excluded and his work confirms earlier findings that one in five children in the UK are referred to children's services before the age of five.[7] It also shows rapidly increasing levels of child protection investigation and rapidly growing numbers of children separated from their parents. These trends suggest that the impact of reduced family support funding and the increasing stress put on families through growing inequality are impacting strongly on children and families. The College would like to see urgent research done in New Zealand to examine these issues. As Bilson states;

"Whilst some children need to be protected, there is little evidence to support this scale of statutory involvement or the growing focus on early, and increasingly investigative, interventions alongside increases in removal of children from families into long-term care, special guardianship and adoption. These policies bring high levels of suspicion, fear and shame on a considerable proportion of families in the most deprived areas where this activity is concentrated. This is done without evidence that the

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[4] Parliament 2016. *Oral Questions — Questions to Ministers. Parent Support—Parents as First Teachers*. https://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20160616_053250000/10-parent-support-parents-as-first-teachers

[5] https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/parents-as-first-teachers/index.html

[6] Bilson, A. Research into connections between adoption, local authority and child protection activity. http://bilson.org.uk/adoption/postcode/

[7] Bilson, A., & Martin, K. E. C. (2016). Referrals and Child Protection in England: One in Five Children Referred to Children's Services and One in Nineteen Investigated before the Age of Five. *British Journal of Social Work*, 0:1-19. http://cdn.basw.co.uk/upload/basw_43143-3.pdf

individualised, investigative approach is effective in preventing further harm. Alternatives include a more humane developmental social work orientation and approaches that promote cohesion in neighbourhoods and reduce deprivation and poverty. But, to achieve this, we need to step away from our current preoccupation with the search for ever more parents to investigate and blame."

2. Page 11 (59)

2.1 While the College agrees that the list – 59.1-59.16 has some strong and desirable focus areas, we have concerns about what has been omitted from this list. For example, we would like to see the list contain statements about parents being supported to keep infant and children safe within their whānau and homes, and parents being supported to provide an optimal environment for their whānau.

2.2 Given that up to 98% of women initiate breastfeeding in New Zealand and being mindful of the fact that breastfeeding is a public health initiative, whilst also being aware that the majority of reasons for why women discontinue breastfeeding are due to issues totally outside of their own control,[8] [9] [10] [11] the College would question why breastfeeding protection, promotion and support is missing from a list of focus areas related to infant and child wellbeing. The evidence about the significance of breastfeeding to health and wellbeing is indisputable and the College is happy to provide a detailed reference list if required.

3. Page 12 (62.1-62.6)

3.1 While agreeing with the initial focus areas outlined, the College would like to see breastfeeding and nutrition added to 62.2 which is about the first 1000 days.

3.2 The G20 initiative for Early Childhood Development, which is aimed at building human capital to break the cycle of poverty and inequality, provides a template for action.[12] Point 10 specifically mentions quality primary healthcare, and the

[8] Brown, A. (2015) Milk supply and breastfeeding decisions: the effects of new mothers' experiences. *NCT Perspective*, 29:1-11.
[9] McFadden, A., Gavine, A., Renfrew, M. J., Wade, A., Buchanan, P., Taylor, J. L., Veitch, E., Rennie, A.M,, Crowther, S. A., Neiman, S., & MacGillivray, S. *(2017)*. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews,* 2*, Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub5.*
[10] Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., Piwoz, E. G., Richter, L. M., & Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017):491-504.
[11] Payne, D. and Nicholls, D. A. (2010), Managing breastfeeding and work: a Foucauldian secondary analysis. *Journal of Advanced Nursing*, 66: 1810–1818. doi:10.1111/j.1365-2648.2009.05156.x
[12] G20. (2018). *Initiative for Early Childhood Development: Building human capital to break the cycle of poverty and inequality.* Argentina.
https://www.g20.org/sites/default/files/documentos_producidos/g20_initiative_for_early_childhood_development.pdf

importance of pregnancy, childbirth and breastfeeding. Point 11 highlights nutrition in pregnancy and early childhood and again emphasises the importance of breastfeeding, *"as an essential means of ensuring food security and nutrition for infants."*

3.3 The College also feels that a 'step back' is necessary in terms of focus points, as infants and children cannot experience optimal development, safe and positive pregnancy, birth and parenting, without recognition of the support necessary for women and their whānau during these periods in their lives. Recognition of the importance of well-funded and supported midwifery care to these outcomes should also underpin this focus area.

4. Page 14: Consultation (80)

4.1 The College considers that a data driven approach, which represents a very narrow individualised view of what underpins poor social outcomes, does not take into account the economic or social context, and how such issues as inequity, poverty and unhealthy homes, for example, negatively impact on health.

4.2 The College noted the agencies consulted on the development of the Child Wellbeing Strategy and would like it noted that we seriously regret the inexplicable omission of the NZ College of Midwives, Plunket and Tamariki Ora Well Child Services, the New Zealand Nurses Organisation, the Paediatric Society and the Royal NZ College of General Practitioners.

5. Page 15 Human Rights (83)

5.1 The College is pleased to see a human rights framework underpinning this document and would like to see this section expanded considerably to outline the actual tenets of the human rights acts that are applicable, and also recognition of other human rights acts/ documents that also underpin infant and child wellbeing. We note that midwifery care and primary health care are of great significance within many of the human rights tenets. Some of the articles from human rights documents that we consider necessary to highlight are in appendix 1.

6. Page 18 (23)

6.1 The College recommends that the significance of parents and carers to infant and child wellbeing, and the importance of support systems for parents to parent, is woven into these sixteen areas of focus so that the significance of infant and young child connection to parents and whānau is paramount. The Carr and May model for Te Whāriki [13] remains a good framework for describing important strands of the "woven mat for all to stand on"; Empowerment (Whakamana); Holistic development (Kotahitanga); Family and community, (Whānau tangata); and Relationships (Ngā hononga).

7. Executive Summary – pages 21-31

7.1 The College would like to see the inclusion of breastfeeding, infant and young child feeding and nutrition in all documents related to infant and child wellbeing.

7.2 The College has some concerns that the focus of this executive summary appears to sit more within the concept of individual responsibility. We consider a data driven approach, which represents a very narrow individualised view of what underpins poor social outcomes, does not take into account the economic or social context, and how such issues as poverty and unhealthy homes, for example, negatively impact on health. The barriers to achieving child and family health and wellbeing require more attention in terms of inequity.

7.3 On page 26 there is a list of factors described as leading to, or increasing the likelihood of poor wellbeing. The College considers that the list, which was described as being supported by robust evidence, is incomplete and missing a number of what we consider to be significant issues. For example, there is no mention of environmental issues / climate change threats to public health, the issue of poor management of our water supplies and the threat of water shortages and contamination, and the lack of regulation of the marketing of unhealthy foods.

7.4 We would also like to see a list of what leads to wellbeing which includes midwifery care, continuity of midwifery care, home visiting, access to culturally appropriate, accessible and free mental health services, rural services and breastfeeding support services, for example. There is also "robust evidence" to support midwifery care and breastfeeding as a public health

[13] Carr, M., & May, H. (1993). Choosing a model: Reflecting on the development process of Te Whāriki, national early childhood curriculum guidelines in Aotearoa-New Zealand. *International Journal of Early Years Education*, 1(3): 7-22.

imperative. This includes the contribution of midwifery continuity of care to the prevention of preterm births,[14] and better birth outcomes for women of low socioeconomic position.[15]

7.5 We were pleased to see recognition of parents and caregivers and the fact that children are not isolated beings noted on page 30.

7.6 Quantitative data is only piece of the story and the College would like to see more parent and whānau experiences contributing to these documents. For example, asking parents what works for them in their cultural and social context and supporting the development of social capital is essential. What works for whom, how, in what circumstances, in what respect, when, and where, are also questions that need answering about any proposed programme evaluation. We have some effective Kaupapa Māori services in New Zealand, particularly those with a pregnancy focus, but what has not always been available is the funding to adequately deliver services, the flexibility to be able to meet diverse whānau needs, and the capacity to support programmes sustainably and consistently.

Conclusion and summary

As described by Marmot, "*Individuals' opportunities to control their lives, to be empowered, and to participate fully in society are heavily determined by the way we organise our affairs in a society."* [16] The College hopes for significant social change, with the use of evidence-based policies and the necessary political will to address issues of inequity, and within this summary we have highlighted what we consider to be our key points in this submission:

- Acknowledgment of midwifery as a preventative health service which impacts positively on maternal, infant and child wellbeing.
- Acknowledgement that support for health professionals (midwives and well child) home visiting services, and childbirth / parenting education, are strongly evidence-based in terms of having positive influences on infant wellbeing in the first year.
- Midwifery needs more support / resourcing / funding to enable it to respond to women with higher needs and to continue to provide services to all women.

[14] Medley, N., Vogel, J.P., Care, A., & Alfirevic, Z. (2018). Interventions during pregnancy to prevent preterm birth: an overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews, 11* Art. No.: CD012505. DOI: 10.1002/14651858.CD012505.pub2

[15] McRae, D. N., Janssen, P. A., Vedam, S., Mayhew, M., Mpofu, D., Teucher, U., & Muhajarine, N. (2018). Reduced prevalence of small-for-gestational-age and preterm birth for women of low socioeconomic position: a population-based cohort study comparing antenatal midwifery and physician models of care. *BMJ*, 8(10): e022220.doi: 10.1136/bmjopen-2018-022220.

[16] Marmot, M. (2006). Health in an unequal world. *The Lancet*, Harveian Oration, 368(9552):2081-2094.

- The inclusion of the protection, promotion and support of breastfeeding women within the strategy is essential.
- Acknowledgement of the pregnancy / labour and birth /postnatal periods as crucial to the establishment of bonding / attachment, and the evidence linking this to infant, child and maternal wellbeing.
- Acknowledgement of the importance of birth in primary maternity units for well women, the availability of well-resourced secondary hospitals for women with complex medical needs, and the contribution to infant, child and maternal wellbeing.
- The need to increase support for maternal mental health services, including access to funded education for midwives.

Further references to support this submission are available on request and the College looks forward to participating further in the development of this strategy.

Ngā mihi
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Appendix 1: Human Rights

- **The United Nations Convention on the Rights of the Child**

Article 3

(1)The best interests of the child shall be the primary consideration.

Article 6

(1)State parties shall ensure to the maximum extent possible the survival and development of the child.

Article 24

(1)The rights of the child to the enjoyment of the highest attainable standard of health.

(2b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.

(2d)To ensure appropriate pre-natal and post-natal health care for mothers.

(2e)To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding ...

(2f)To develop preventive health care, guidance for parents and family planning education and services.

- **Universal Declaration of Human Rights**

Article 16:3

The family is the natural and fundamental group unit of society and is entitled to protection by society and the state

Article 25:2

Motherhood and childhood are entitled to special care and assistance

- **International Covenant on Economic, Social and Cultural Rights**

Article 10:2

Special protection for mothers during a reasonable period before and after childbirth

Article 10:3

Special measures of protection and assistance should be taken on behalf of all children

Article 12:1

The rights to the highest attainable standard of physical and mental health. The provision for the healthy development of the child

- **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**

Article 11:2

(a) In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures;

b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;

(c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities.

(d) To provide special protection to women during pregnancy in types of work proved to be harmful to them.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

- **The International Code of Marketing of Breast-Milk Substitutes and subsequent, relevant World Health Assembly resolutions**

(a) The International Code is a human rights document to which New Zealand has been a signatory since 1983. Unfortunately the New Zealand response to the International Code has been insufficient, and the breast-milk substitute industry only recognise limited aspects of the International Code, and recognise none of the critically important International Code updates via the World Health Assembly resolutions. This represents a serious undervaluing of the optimal global and New Zealand recommendations for infant and young child feeding, which are not being addressed.

(b) The College recognises that breastfeeding protection includes the tenets of maternity protection, and broad policy documents that recognise and take account of breastfeeding, alongside the regulation of breast-milk substitute marketing. We also recognise the need for up to date, unbiased commercial-free information about formula and infant and young child complementary foods, to be available, appropriate, and easily accessible to health workers, parents and carers. The regulation of formula industry marketing is a significant part of the landscape which requires attention. A voluntary self-regulated code, even on products up to one year, is insufficient to protect consumers from inappropriate marketing, regardless of the self-imposed, voluntary restrictions supported by industry.

(c) The NZ National Strategic Plan of Action for Breastfeeding was developed by the National Breastfeeding Advisory Committee as advice for the Director-General of Health in 2009.[17] It was recognised by the committee, at that time, that New Zealand's interpretation and implementation of the International Code did not meet the minimum standards envisaged by the International Code (p. 9). The College awaits the overdue update of the strategic plan with interest, and anticipates that the 2009 statement will remain valid in terms of progress on International Code implementation. We recognise the extensive work the Ministry of Health has carried out on the Code of Practice for Health Workers, which represents part of the NZ response to international recommendations in relation to breastfeeding and breast-milk substitutes, but this work is unable to address marketing issues in terms of meaningful industry regulation. Recognition of the damaging effects on parents of misleading health and nutrition claims on formula products, and action to regulate this is necessary to both support breastfeeding families and families using formula products.

(d) A report from the UK All-Party Parliamentary Group on Infant Feeding (APPG) a cross party group set up to look at infant feeding and issues on inequality, has recently been published.[18] This inquiry reveals another serious issue related to infant wellbeing and nutrition which is the costs of formula feeding for families. The inquiry collected lived experience evidence from families, and organisations that care for and support pregnant women and families with infants and children in a wide variety of contexts across health, social care and the community.

[17] National Breastfeeding Advisory Committee of New Zealand. (2009). *National Strategic Plan of Action for Breastfeeding, 2008-2012*. Wellington, MOH.

[18] UK All-Party Parliamentary Group on Infant Feeding (APPGIFI) (2018). Inquiry into the cost of infant formula http://www.infantfeedingappg.uk/wp-content/uploads/2018/11/APPGIFI-Inquiry-Report-cost-of-infant-formula.pdf

(e) The APPG Report found that the costs of infant formula significantly and negatively impacted on some family budgets which may lead to unsafe infant feeding practices and family hardship. The report also found significant influences on the choice of infant formula, particularly the marketing and advertising of products.

(f) Attention to the issues of infant and young child feeding is a necessary part of any infant and child wellbeing strategy to both support the up to 98% of women who start breastfeeding in New Zealand, and to support families who are using formula products.