Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Establishing breastfeeding

Queensland Government

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Establishing breastfeeding.* It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

1.2 Conflict of interest

Declarations of conflict of interest were sought from peer review panel as per the Queensland Clinical Guidelines *Conflict of Interest* statement. No conflict of interest was identified.

1.3 Development process

This version of the guideline followed the QCG Peer review process.

1.4 Summary of changes

Queensland clinical guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

Table 1. Summary of change

Publication date *Endorsed by:*	**Identifier**	**Summary of major change**
October 2010 *Statewide Maternity and Neonatal Clinical Network*	NN1010.19-V1-R13	First publication
August 2011 *QCG Steering Committee*	MN10.19-V2-R15	Review date extended. Identifier updated. Program name updated. Correction page 7. Removed duplicate words.
July 2016 *Queensland Clinical Guidelines Steering Committee* *Statewide Maternity and Neonatal Clinical Network (QLD)*	MN16.19-V3-R21	Full review and update Title amended to Establishing breastfeeding from Breastfeeding initiation Scope broadened to include: • Clinical standards, communication, antenatal care and common breastfeeding concerns Sections deleted include: • Appendix A: Factors influencing breastfeeding • Appendix E: LATCH Breastfeeding assessment tool • Appendix G: Storage of expressed breast milk for home use
November 2021 *Statewide Maternity and Neonatal Clinical Network (QLD)*	MN21.19-V4-R26	Peer review • Updates to: o Definitions o References throughout o Queensland breastfeeding data o Skin to skin contact o Feeding cues and feeding patterns o Appendix A (Principles of the Baby Friendly Health Initiative) o Appendix D (Recommendations for common breastfeeding concerns) • Expanded communication section • New and expanded sections on supplementary feeding
June 2023	MN21.19-V5-R26	Initiated following change request • Amended o Section 6: Recommended time frame to express breasts if baby unable to initiate breastfeeding or is separated from mother—changed from within six hours of birth, to within two hours of birth o Appendix D: Breast engorgement and mastitis spectrum sections updated

2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as 'evidence informed consensus guidelines' and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

The topic was identified as a priority by the Statewide Maternity and Neonatal Clinical Network at a forum in 2009.

2.2 Scope

The scope of the guideline was determined using the following framework.

Table 2. Scope framework

Scope framework	
Population	Pregnant and postpartum women with healthy term babies who are establishing breastfeeding in the first week
Purpose	Identify relevant evidence related to: • Promotion of breastfeeding • Assessment and support for establishing breastfeeding
Outcome	Support: • Promotion of breastfeeding • Assessment of breastfeeding • Evidence informed management of common breastfeeding concerns
Exclusions	• Preparation, storage, transport and feeding of infant formula • Administration of expressed breast milk (in detail) • Premature and/or sick baby feeding • Breast milk storage • Donor milk or peer breast milk sharing (in detail) • Maternal medications and breastfeeding • Suppression of lactation • Galactogogues • Infant feeding where primary carer is not the birthing parent (e.g adoptive parents or surrogacy arrangements) • Specific guidance for breastfeeding in multiple births • Specific guidance for breastfeeding the jaundiced baby

2.3 Clinical questions

The following clinical questions were generated to inform the guideline scope and purpose:

- What approaches to clinical care support and promote breastfeeding?
- How is breastfeeding assessed?
- What strategies support the establishment of breastfeeding when concerns are identified?
- What strategies support maintenance of breastfeeding?

2.4 Search strategy

A search of the literature was conducted during February–March 2021. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	• Construct a search using common search and key terms identified during Step 1 above • Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o Embase • Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic • Save and document the search • Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question	• This may require the development of clinical sub-questions beyond those identified in the initial scope. • Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question • Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	• Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant textbooks

2.4.1 Keywords

The following keywords were used in the basic search strategy: establishing breastfeeding, breastfeeding initiation, feeding cues, skin to skin contact, lactation, breast milk, breastfeeding assessment, positioning and attachment, milk transfer, milk production, dummies, pacifiers, supplemental feeding.

Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between April 2021 and July 2021.

Table 4. Major guideline development processes

Process	Activity
Original development	• Original consultative and development processes occurred between March 2016 and June 2016 • This included formation of a working party and statewide consultation as per usual QCG process • A survey of clinician opinion was also conducted
Decision for peer review	• A review of the guideline scope, clinical questions and current literature was undertaken in March 2021 o Areas of clinical practice change were identified • Clinical leads o Reviewed the previous scope and version of the guideline o Reviewed identified areas of clinical practice change o Confirmed aspects of the guideline for update and new inclusions o Reached consensus agreement that a peer review process was appropriate
Consultation	• Expert clinicians and a consumer representative were identified by the clinical leads and invited to peer review the updated guideline in June 2021

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in 2021
- Statewide Maternity and Neonatal Clinical Network (Queensland) in 2021

2.7 Citation

The recommended citation of Queensland Clinical Guidelines is in the following format:

> Queensland Clinical Guidelines. [**Insert Guideline Title**]. Guideline No. [**Insert Guideline Number**]. Queensland Health. [**Insert Year of Publication**]. Available from: www.health.qld.gov.au/qcg.
>
> **EXAMPLE:**
> Queensland Clinical Guidelines. Normal birth. Guideline No. MN17.25-V3-R22. Queensland Health 2017. Available from: www.health.qld.gov.au/qcg.

3 Levels of evidence

The levels of evidence identified in the National Health and Medical Research Council (NHMRC) Infant Feeding Guidelines 2012[1], were used to inform the summary recommendations. Levels of evidence are outlined in Table 5 and Summary recommendations are outlined in Table 6.

Note that the 'consensus' definition in Table 5. Levels of evidence (NHMRC) relates to forms of evidence that are not identified by the GRADE system and/or that arise from the clinical experience of the guideline's clinical leads and peer review panel.

Table 5. Levels of evidence (NHMRC)

Levels of evidence	
A	(convincing association) indicates that the body of evidence can be trusted to guide practice
B	(probable association) indicates that the body of evidence can be trusted to guide practice in most situations
C	(suggestive association) indicates that the body of evidence provides some support for the recommendations but care should be taken in its application
D	indicates that the body of evidence is weak and any recommendation must be applied with caution
Consensus*	Agreement between clinical leads, peer review panel and other clinical experts

3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 6. Summary recommendations.

Table 6. Summary recommendations

Recommendations		**Level of evidence**
1.	Breastfeeding support (any type) increases duration of both exclusive and non-exclusive breastfeeding both in immediate post-natal period and at 6 months of age	Grade B
2.	Support a woman's infant feeding decision	Consensus
3.	Breastfeeding in the first hour after birth is associated with improved breastfeeding outcomes	Grade C
4.	Implementation of Baby Friendly Health Initiatives (BFHI) improves breastfeeding outcomes	Grade B
5.	Promote opportunities for skin to skin contact (SSC) and rooming in	Consensus
6.	Offer infant formula to the exclusively breastfed baby, only when there are indications to avoid or supplement breastfeeding and parental consent has been obtained	Consensus
7.	Develop local protocols for the safe use, storage, labelling and administration of expressed breast milk	Consensus

4 Implementation

This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from www.health.qld.gov.au/qcg

4.1 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: Management of the healthy term sleep baby in the first 24–48 hours
- Education resource: Establishing breastfeeding
- Knowledge assessment: Establishing breastfeeding
- Parent information: Breastfeeding your baby

4.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Parent information: Establishing breastfeeding translated into other languages relevant to the service
- Local protocols for labelling and administration of expressed breast milk
- Local protocols for use, cleaning and storage of feeding associated equipment (e.g. breast pumps and alternative feeding method equipment)
- Local protocols/work instructions for infant feeding using alternative feeding methods
- Local processes to monitor compliance with WHO code (e.g. inspection of consumer sample bags)

4.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

4.3.1 Implications for implementation

The following areas may have implications for local implementation of the guideline recommendations. It is suggested they be considered for successful guideline implementation.

- Economic considerations including opportunity costs
- Human resource requirements including clinician skill mix and scope of practice
- Clinician education and training
- Equipment and consumables purchase and maintenance
- Consumer acceptance
- Model of care and service delivery

4.3.2 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests

4.3.3 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the guideline into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the guidelines and their use in the HHS and communicate this to staff
- Promote the introduction of the guideline to relevant health care professionals
- Support education and training opportunities relevant to the guideline and service capabilities
- Align clinical care with guideline recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at www.health.qld.gov.au/qcg

4.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS)Standards[2] [Refer to Table 7. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

NSQHS Standard 1: Clinical governance	
Clinical performance and effectiveness	
Criterion 1.27:	**Actions required:**
Evidence based care	a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

No	Audit criteria	Guideline section
1.	Proportion of health professionals who complete continuing education and training about breastfeeding as per BFHI recommendations	Section 1.2 Clinical standards
2.	Proportion of pregnant women who have been offered information about the importance of breastfeeding	Section 1.1 Importance of breastfeeding, and Section 2.1 Antenatal care
3.	Proportion of breastfeeding women who have been recommended to take iodine 150 microgram oral supplementation	Section 2.1 Antenatal care, and Section 7.1 Health promotion
4.	Proportion of women who gave birth to a term well baby, who had skin to skin contact at birth for at least one hour or until baby breastfed	Section 2.3 Skin to skin contact
5.	Proportion of women who are exclusively breastfeeding on discharge from service	Section 1 Introduction
6.	Proportion of women who are providing their baby with some breast milk on discharge from service	Section 1 Introduction
7.	Proportion of babies who are exclusively breastfeeding at points in time after discharge from service	Section 7 Continued breastfeeding

4.5 Areas for future research

During development the following areas where identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful.

- Antenatal expression of colostrum
- Alternative feeding methods
- Interventions that support continuation of breastfeeding

4.6 Safety and quality

In conjunction with the Queensland Clinical Guideline *Standard care*[3], implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards.[2]

Table 9. NSQHS

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Diversity and high risk groups** 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline ☑ The guideline is based on the best available evidence
Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.	**Evidence based care** 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	☑ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland ☑ The guideline provides evidence-based and best practice recommendations for care ☑ The guideline is endorsed for use in Queensland Health facilities. ☑ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline
	Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Policies and procedures** 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**Communication that supports effective partnerships** 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**Partnerships in healthcare governance planning, design, measurement and evaluation** 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	☑ Consumers are members of guideline working parties ☑ The guideline is based on the best available evidence ☑ The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 4: Medication safety		
Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines	**Integrating clinical governance** 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	☑ The guideline provides current evidence based recommendations about medication
NSQHS Standard 5: Comprehensive care		
Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care	**Integrating clinical governance** 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care **Partnering with consumers** 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg ☑ The guideline provides evidence-based and best practice recommendations for care ☑ Consumer information is developed for the guideline

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety		
Clinical governance and quality improvement to support effective communication Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.	**Integrating clinical governance** 6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication **Partnering with consumers** 6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making **Organisational processes to support effective communication** 6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	☑ Requirements for effective clinical communication by clinicians are identified ☑ The guideline provides evidence-based and best practice recommendations for communication between clinicians ☑ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families ☑ The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care
Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.	**Communicating critical information** 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	☑ Requirements for effective clinical communication of critical information are identified ☑ Requirements for escalation of care are identified

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
Correct identification and procedure matching Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.	**Correct identification and procedure matching** 6.5 The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	☑ Requirements for safe and for correct patient identification are identified
Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.	**Clinical handover** 6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	☑ The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 8: Recognising and responding to acute deterioration		
Clinical governance and quality improvement to support recognition and response systems Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.	**Integrating clinical governance** 8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration **Partnering with consumers** 8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making **Recognising acute deterioration** 8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	☑ The guideline is consistent with National Consensus statements recommendations ☑ The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration ☑ Consumer information is developed for the guideline

References

1. National Health and Medical Research Council. Infant Feeding Guidelines. [Internet]. 2012 [cited 2021 Feb 18]. Available from: https://www.nhmrc.gov.au/.
2. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. [Internet]. 2017 [cited 2019 September 19]. Available from: www.safetyandquality.gov.au.
3. Queensland Clinical Guidelines. Standard care. Guideline No. MN18.50-V1-R23. [Internet]. Queensland Health. 2018. [cited 2021 Aug 26]. Available from: https://www.health.qld.gov.au/qcg