



**Australian
Breastfeeding
Association**

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Committee Secretary
Standing Committee on Procedure
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**The adequacy of provisions for nursing mothers in the House of Representatives
– Submission from the Australian Breastfeeding Association.**

The Australian Breastfeeding Association (ABA) makes the following submission to the Standing Committee on Procedure with regard to how Federal Parliament accommodates breastfeeding mothers in their workplace.

Breastfeeding is important — for babies, for their mothers and for all Australians. Public health authorities (WHO¹ & NHMRC²) recommend exclusive breastfeeding for 6 months and continued breastfeeding, along with nutritious complementary foods for 12–24 months and beyond. Despite these recommendations, by 3 months only 40% are being exclusively breastfed and by 5 months, only about 15%³.

This low breastfeeding rate increases **infant's** risk of:

- Infections in the first year of life – gastrointestinal, respiratory and ear (otitis media)¹⁻⁴
- Doctor's visits due to infections^{4,7}
- Antibiotic use⁵
- Hospitalisation due to infections⁶⁻⁸

For **children**, the low breastfeeding rate increases the risk of:

- infections at 6 years of age – ear, nose and throat⁹
- overweight and obesity^{3,10}

Nationally between \$60 and \$120 million could be saved annually across the Australian hospital system, just for these childhood illnesses. (See Appendix 1)

In Australia, 96% of women initiate breastfeeding, which tells us that the vast majority of women want to breastfeed and understand that breastfeeding is important to the short and long term health of both mother and infant. Women need support to continue breastfeeding, including support in the workplace.

An increasing number of women return to work within the first year of their baby's life: 22% within the first 6 months and 44% within 12 months. This equates to almost 1 in 4 mothers are returning to work in

the first 6 months of her infant's life - a time when health authorities recommend that a baby receive only their mother's milk.

Research tells us that returning to work has a negative impact on breastfeeding duration.^{3 4 5 6} Conversely, job characteristics such as working flexible hours are associated with higher breastfeeding rates.⁷ The benefits of improving breastfeeding rates are not limited to infants and their mothers but also extend to the employer and wider community.

Research shows breastfed babies are healthier, so parents require less time off work to care for sick children. A US study reported that one-day absences to care for sick children occur more than twice as often for mothers of babies that are not breastfed.⁸ Another study confirmed that breastfeeding mothers also enjoy better health, and should expect fewer days off due to illness.⁹

Recent Australian research found that being aware of a workplace policy that supports breastfeeding was significantly associated with higher rates of exclusive breastfeeding. In workplaces where mothers knew there was a breastfeeding policy, 61% exclusively breastfed at 6 months. However, in workplaces where employees were unsure or knew there was no such policy only 34% exclusively breastfed to 6 months.

For those returning to work at 6 months or earlier, amongst the exclusively breastfeeding group the number of days off work spent caring for a sick infant was around 4 days since birth. This compares to 7 days for those who did not exclusively breastfeed at 6 months. Those who exclusively breastfed for 6 months and returned to work between 7 and 12 months reported fewer hospitalisations of their infant.¹⁰

Organisations that provide support for mothers to continue to breastfeed have consistently reported improved morale, better satisfaction and higher productivity.¹¹ Support programs for breastfeeding mothers result in significant benefits in employee engagement and loyalty.

Some research has found that women whose employers supported them in breastfeeding their babies are more likely to return to work after maternity leave.¹² Studies of several companies with breastfeeding programs in the US showed a retention rate of 94%, post maternity leave.¹³

In the context of the specific work environment of parliamentarians, work hours are often long and unpredictable and members can at times spend many hours in the chamber or in committee meetings. This environment can be challenging for Members who are breastfeeding. Small babies feed often and need to be kept in close proximity to their mothers. Breastfeeding mothers may be at risk from blocked ducts, mastitis and compromised milk supply if they are separated from their infants and unable to feed for long stretches. Providing more flexibility will enable breastfeeding Members to meet the needs of their infant and fulfil their parliamentary duties.

The Australian Breastfeeding Association offers the only recognised accreditation for breastfeeding friendly workplaces in Australia. www.breastfeeding.asn.au/workplace. The Australian Parliament is an accredited Breastfeeding Friendly Workplace and as such has policies, procedures and facilities that support women to breastfeed. We acknowledge its support of women through these workplace practices.

This review provides an opportunity to further demonstrate the government's clear commitment to the health of the whole community by supporting continued breastfeeding. Parliament can make a strong and unequivocal statement about the involvement of women in the workplace, improving equity and diversity.

ABA urges the Committee to ensure the Federal Government take a leadership role on this issue, supporting the participation of women in the workforce and enabling them to meet NHMRC recommendations.

The Australian Breastfeeding Association suggests the following measures to ensure an optimal environment for Members who wish to breastfeed their infants, balancing the needs of the mother, infant and the workplace:

- Allowing mothers to bring their infants into the chamber and committee hearings for breastfeeding.
- Requiring all Australian parliaments to become and maintain Breastfeeding Friendly Workplace Accreditation
- On-site childcare
- Facilities that enable infants to be brought to mothers for breastfeeding
- Enabling breastfeeding mothers to go to their infant for feeding
- Allowing mothers the option to vote by proxy from their office if required
- Facilities that enable breastfeeding mothers to express and store breastmilk

The Australian Breastfeeding Association is keen to support the changes required by Parliament and looks forward to an opportunity to discuss this further.

Yours sincerely,



Rebecca Naylor
Chief Executive Officer

¹ World Health Organization statement 2011, *Exclusive breastfeeding for six months best for babies everywhere*, Geneva: World Health Organization. URL: http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/index.html Accessed 15/6/15

² National Health and Medical Research Council 2012, *Infant Feeding Guidelines*, Canberra: National Health and Medical Research Council URL: www.eatforhealth.gov.au Accessed 15/6/15

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⁴ Ryan, A. S., Zhou, W., & Arensberg, M. B. (2005). The effect of employment status on breastfeeding in the United States. *Women's Health Issues*, 16(5), 243–251.

⁵ Baxter, J., Cooklin, A., & Smith, J. P. (2009). Which mothers wean their babies prematurely from full breastfeeding? An Australian cohort study. *Acta Paediatrica*, 98, 1274–1277.

⁶ Cooklin, A. R., Donath, S. M., & Amir, L. H. (2008). Maternal employment and breastfeeding: Results from the Longitudinal Study of Australian Children. *Acta Paediatr*, 97(5), 620–623.

⁷ Baxter, J. (2008). Breastfeeding, employment and leave: An analysis of mothers in Growing Up in Australia. *Family Matters*, 80, 17–26.

⁸ Cohen R, Mrtek MB, Mrtek R (1995) Comparison of Maternal Absenteeism and Infant Illness Rates Among Breast-feeding and Formula-feeding Women in Two Corporations *American Journal of Health Promotion* 10(2): 148–15

⁹ Labbok, M.H. (2001). Effects of breastfeeding on the mother. *Pediatric Clinics of North America* 48(1):143–58

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¹¹ Galtry, J. (1997). Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. *Health Care Women Int.*, 18, 467–480.

¹² Payne, D., & James, L. (2008). Make or break Mothers' experiences of returning to paid employment and breastfeeding: a New Zealand study. *Breastfeeding Review*. 16 (2), 21: 2–27.

¹³ Ortiz J, McGilligan K, Kelly, P (2004) Duration of Breastmilk Expression Among Working Mothers Enrolled in an Employer-Sponsored Lactation Program. *Paediatric Nursing* 30(2): 111–119

APPENDIX 1

Health outcomes associated with infant feeding

A summary of evidence

When it comes to health outcomes associated with infant feeding, the longer the total duration of breastfeeding and the longer the period of exclusive breastfeeding within the first 6 months, the lower the risks.

An increasing amount of research shows that there are health risks associated with either not breastfeeding or with early weaning.

The following are health outcomes associated with infant feeding for which there is scientific evidence. This list includes results from studies where all types of breastfeeding (including partial breastfeeding), not just exclusive breastfeeding, are included. For all of the following, there is a dose-response relationship between breastfeeding and the health outcome, meaning that the less breastfeeding that occurs, the higher the risks.

For infants, not being breastfed or being breastfed for shorter lengths of time increases the risk of:

- Infections in the first year of life – gastrointestinal, respiratory and ear (otitis media)¹⁻⁴
- Doctor’s visits due to infections^{4,7}
- Antibiotic use⁵
- Hospitalisation due to infections⁶⁻⁸

For children, not being breastfed or being breastfed for shorter lengths of time increases the risk of:

- infections at 6 years of age – ear, nose and throat⁹
- overweight and obesity^{3,10}

The National Health and Medical Research Council’s (NHMRC’s) 2012 Infant Feeding Guidelines¹¹ indicates that not breastfeeding is associated with an increased risk of various health outcomes. The NHMRC indicates that not breastfeeding is associated with the following excess health risks for the following health outcomes, see table below.

Table 1.

Health outcomes associated with not breastfeeding (NHMRC) ¹¹	Cost of hospitalisation in ACT (Australia) in 2002 ¹²
Childhood illness	
Gastrointestinal infection – 178%	\$492,667 (\$20.96 million)
Hospitalisation for lower respiratory tract diseases in the first year – 257%	\$730,132 (40.38 million) all respiratory
Ear infection (otitis media) – 100%	\$198,953 (11.9 million)
Eczema – 47%	\$3,910 (0.23 million)
Necrotising enterocolitis in premature babies – 138%	\$96,686 (5.8 million)
SIDS – 58%	
Asthma (with family history) – 67%	
Childhood obesity – 32%	
Mother	
Breast cancer – 4%	
Ovarian cancer – 27%	

The financial and human cost of not breastfeeding exclusively to 6 months:

Australia¹²

- Exclusive breastfeeding for less than 6 months, added around \$1 to \$2 million annually to ACT hospitalisation costs of treatment of infants and children (aged 0–4 years) for gastrointestinal illness, respiratory illness, otitis media, eczema and NEC in 2002.

- Nationally between \$60 and \$120 million could be saved annually across the Australian hospital system, just for these childhood illnesses.

USA¹³

If 90% of infants were exclusively breastfed to 6 months, the United States would save at least \$13 billion per year and prevent 911 deaths, mostly infants.

UK (UNICEF)¹⁴

A moderate increase in breastfeeding rates would lead to:

- 3,285 fewer gastrointestinal infection-related hospital admissions and 10,637 fewer GP consultations, with over £3.6 million saved in treatment costs annually
- 5,916 fewer lower respiratory tract infection-related hospital admissions and 22,248 fewer GP consultations, with around £6.7 million saved in treatment costs annually
- 21,045 fewer acute otitis media related GP consultations, with over £750,000 saved in treatment costs annually
- 361 fewer cases of necrotising enterocolitis, with over £6 million saved in treatment costs annually
- 865 fewer breast cancer cases with cost savings to the health service of over £21 million

This could result in an incremental benefit of more than £31 million each year.

Chronic disease in later life

Australian researchers calculated the proportion of chronic disease in the adult population that can be attributed to being formula fed, that is, not being breastfed.¹⁵

Table 2. Percentage of chronic disease in the population caused by not being breastfed.

% of population not being breastfed	% of chronic disease in the population caused by not being breastfed							
	Obesity	Type 1 diabetes	Type 2 diabetes	Cardio-vascular disease	Asthma	Coeliac disease	Irritable bowel disease	Childhood cancer
90	20	28	37	15	25	48	26	18
30	8	11	16	6	10	24	11	7
10	3	4	6	2	4	10	4	2

For example if 90% of the population is not breastfed, then 20% of obesity in that population can be attributed to artificial infant feeding. If 10% of the population is not breastfed, then only 3% of that population’s obesity can be attributed to artificial infant feeding.

In addition, many large studies around the world are currently being conducted to determine the effect of breastfeeding on long-term health outcomes for mothers and infants as they grow:

SEARCH for diabetes in youth - 6-centre observational study conducting population-based ascertainment of physician-diagnosed diabetes in youth in the US

- Breastfeeding appears to be protective against development of type 2 diabetes in youth, mediated in part by current weight status in childhood.¹⁶

CARDIA (Coronary Artery Risk Development in Young Adults) Study - an ongoing multicenter, population-based, prospective observational cohort study conducted in the US

- Longer duration of lactation was associated with lower incidence of the metabolic syndrome years after weaning among women with or without a history of gestational diabetes.
- Lactation may have persistent favourable effects on women's cardiometabolic health.¹⁷

SWAN (The Study of Women’s Health across the Nation) - SWAN is a multisite, multiethnic longitudinal study of 3,302 mid-life women developed to characterise patterns of health in women as they traverse the menopausal transition conducted in the US.

- Duration of lactation is associated with lower prevalence of metabolic syndrome in a dose-response manner in midlife, parous women.¹

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