

Breastfeeding is the normal and most appropriate method for feeding infants and is closely related to immediate and long-term health outcomes. Exclusive breastfeeding to the age of six months gives the best nutritional start to infants and is now recommended by a number of authorities.¹

Introduction

Overview

- 1.1 Breastfeeding ensures the best possible start to a baby's health, growth and development. It provides valuable short and long-term health benefits for babies and mothers. Breastfeeding protects against gastrointestinal and respiratory illnesses, as well as ear infections, which can affect a baby's ability to thrive in the earliest months of life.² The health advantages of breastfeeding also translate into benefits for the health system. Evidence shows that breastfeeding positively affects the incidence of chronic disease, including obesity rates, at the population level and is therefore of great significance to public health policy.³
 - 1.2 Despite knowledge of the proven health benefits of breastfeeding, Australia's breastfeeding rates fall well short of the levels recommended by both the World Health Organisation (WHO) and the National Health and Medical Research Council (NHMRC).
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1 National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 1.

2 Government of South Australia, sub 274, p 5.

3 Smith J, Harvey P, Australian Centre for Economic Research on Health, sub 319, p 7.

Although rates have increased from the low points of the 1960s and 1970s, only a small proportion of mothers are exclusively breastfeeding their babies for the first six months of life, as recommended by the WHO and NHRMC.

- 1.3 The reasons why women do not breastfeed for the recommended period are complex and multifaceted. They include consistency of advice, timing and quality of breastfeeding education, perceptions about infant formula, and the level of community support. Breastfeeding can also be a very emotional issue; guilt and anger can be part of many women's experiences of breastfeeding. Many mothers are surprised to find that breastfeeding can be quite challenging, but with the right advice and appropriate support it seems that many would breastfeed for longer.
- 1.4 Governments need to provide more resources for the practical aspects of breastfeeding support. These include timely support, ensuring consistency of advice from health professionals and providing support to mothers in the early days to enable a good breastfeeding relationship to develop.
- 1.5 The committee considers that there is a leading role for the Commonwealth to take in promoting breastfeeding and improving infant nutrition as a national priority.

Setting the context

- 1.6 On 29 November 2006 the House of Representatives Standing Committee on Health and Ageing resolved to conduct an inquiry into the health benefits of breastfeeding.
 - 1.7 During its previous inquiry into health funding, the committee received a submission and a private briefing from the Australian Breastfeeding Association.⁴ This submission highlighted that poor nutrition in infancy has a significant influence on health outcomes throughout life as well as placing a potential financial burden on the health system in the long-term.
 - 1.8 The committee considered this an appropriate inquiry topic, focusing on the health benefits of breastfeeding both in the short and long-term and looking at the longer term effects on the health budget.
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⁴ Standing Committee on Health and Ageing, *The Blame Game: Report into the inquiry on health funding* (2006), Commonwealth of Australia.

- 1.9 Additionally, the committee considered that the long-term benefits of breastfeeding are so important that the best way to ensure that more of Australia's youngest have the opportunity for the best possible start in life is to increase the rate of breastfeeding.
- 1.10 The inquiry generated a great deal of interest from the community with a large number of submissions being received and groups wishing to appear at public hearings. The committee was initially surprised by the number of submissions but appreciates the level of commitment to breastfeeding that exists in the community and the public health system.
- 1.11 The committee welcomes the funding of \$8.7 million in the 2007-08 Budget in recognition of the need for breastfeeding education and support. This will fund a community information and education campaign and research into breastfeeding choices.⁵

Box 1.1 Breastfeeding – education and support - Budget Initiative 2007-08

Why is this important?

- Breastfed infants have lower rates of illness such as asthma, middle ear infections and gastrointestinal illness. Breastfeeding also protects against the development of obesity and Type 2 diabetes later in life.
- In mothers, breastfeeding reduces the risk of developing breast and ovarian cancer as well as osteoporosis.
- This initiative will involve research, improved data collection, an information and community education campaign on the benefits of breastfeeding, and activities to support families such as access to 24-hour advice, and innovative programs for disadvantaged and young mothers.

Who will benefit?

- Better information, resources and support for young families will encourage more mothers to start and continue breastfeeding their babies. It will also encourage their families to support continued breastfeeding.
- Higher rates and longer periods of breastfeeding will benefit Australian families by promoting better health for babies and children, and for mothers. This is especially true among younger, lower-income, Aboriginal and Torres Strait Islander and rural families.

What funding is the Government committing to the initiative?

- The Government has committed \$8.7 million over four years for initiatives to promote breastfeeding.

What have we done in the past?

5 Hon Tony Abbott MP, Minister for Health and Ageing, media release, *Preventing Chronic Disease*, 8 May 2007.

• The Government has provided \$0.9 million over 10 years (1998-2008) to the Australian Breastfeeding Association. Dietary guidelines for children including infants have been developed and a voluntary industry code limiting the marketing of infant formula has been implemented.

When will the initiative conclude?

• This is an ongoing initiative.

Source: Department of Health and Ageing website viewed on 30 July 2007 at <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2007-hfact37.htm>.

Conduct of the inquiry

- 1.12 The inquiry was launched on 6 December 2006, with the chair of the committee issuing a media release calling for public submissions.⁶ Advertisements calling for submissions were placed in *The Australian* in December 2006 and letters were sent to individuals and peak bodies, including state and territory governments, inviting them to make a submission to the inquiry.
- 1.13 A total of 479 submissions were received (see appendix A) and 36 exhibits were accepted as evidence to the inquiry (see appendix B). Submissions were received from all states and territories from individuals and groups residing in metropolitan, regional and remote areas.
- 1.14 The committee was particularly pleased that six state and territory governments made submissions – Queensland⁷, South Australia⁸, Western Australia⁹, Tasmania¹⁰, New South Wales¹¹ and the Northern Territory¹². The committee also welcomed the contributions from several Commonwealth agencies.
- 1.15 To further involve the community in the inquiry, the committee held ten public hearings in four states between 26 March and 13 June 2007 (see appendix C). Some three site inspections were held by the committee; a visit to the Mothers Milk Bank, a human milk bank, at

6 Hon Alex Somlyay MP, media release, *Parliament launches new inquiry into breastfeeding*, 6 Dec 2006.

7 Queensland Health, sub 307.

8 Government of South Australia, sub 274.

9 Government of Western Australia, sub 475.

10 Government of Tasmania, sub 364.

11 NSW Health, sub 479.

12 NT Department of Health and Community Services, sub 334.

John Flynn Private Hospital at the Gold Coast and to the Westpac head office in Sydney, as an example of a breastfeeding friendly workplace. To explore the indigenous perspective, the committee travelled to the remote communities of Pormpuraaw and Kowanyama on the western side of the Cape York Peninsula in far north Queensland.

- 1.16 At the public hearings, the committee reserved time for 'community statements' when members of the public could attend the hearing and make a short statement in a less structured format. These community statements proved a successful way for the committee to hear the personal stories of those who did not, or could not, participate in the inquiry's more formal processes.
- 1.17 Copies of the transcripts of the public hearings are available from the committee's website.¹³
- 1.18 During the course of the inquiry, committee members attended a number of breastfeeding and infant formula information sessions. The committee also utilised several parenting websites with online forums as a means to promote the inquiry and to observe current community perspectives on the topic.

Scope and structure of the report

- 1.19 The terms of reference for the inquiry were developed to consider both the short-term benefits of breastfeeding as well as the long-term benefits to both the mother and baby, and the health system.
- 1.20 While a large amount of evidence to the inquiry focused solely on the terms of reference, there were a number of 'recurring themes' presented to the committee about breastfeeding which are examined in their own right throughout the report. These important concepts and arguments are outlined below:
- breastfeeding is the normal way to feed a baby;
 - breastfeeding is a complex relationship; it is linked to many women's developing sense of themselves as a mother and it can be

13 House of Representatives Standing Committee on Health and Ageing, viewed on 30 July 2007 at www.aph.gov.au/house/committee/haa/index.htm; PO Box 6021, Parliament House, Canberra, ACT, 2600.

a highly emotional period if there are problems or if a mother feels she cannot continue breastfeeding;

- there is a critical time when breastfeeding support and advice are required, and it is at this time when women need immediate and appropriate help from qualified experts in lactation management;
- breastfeeding has been shown to provide significant health benefits but more research is needed to support this evidence; and there needs to be consistency across Australia in the use of breastfeeding terms in research and data collection;
- the health system can have a significant effect on breastfeeding success, with the advice and support of health professionals being key to a mother's success in initiating breastfeeding;
- Australia no longer has a breastfeeding culture; although people support breastfeeding, acknowledging that it is the best way to feed a baby, they also consider infant formula is a more than adequate substitute; and
- the community also has mixed views of women breastfeeding in public; they do not see it often and may consider it is something that should be kept private especially as a baby gets older.

- 1.21 Chapter 2 presents an introduction to the current state of breastfeeding in Australia. Breastfeeding rates are not adequately monitored in Australia and there needs to be more research into successful promotion of breastfeeding. The chapter outlines existing programs that are working well but indicates these would benefit from more support and increased awareness by the community of the importance of breastfeeding.
- 1.22 Chapter 3 examines the health benefits of breastfeeding for babies and mothers, as well as focusing on the unique properties of human breast milk and the valuable role that milk banks could play in the health system. This chapter also analyses breastfeeding from an economic perspective, discussing the short and long-term impacts on Australia's health system.
- 1.23 Chapter 4 discusses the management of breastfeeding and factors which influence breastfeeding initiation and duration as well as the science of breastfeeding. Some of the major myths and misconceptions about breastfeeding are also considered.
- 1.24 Chapter 5 looks at breastfeeding challenges and the barriers to successful breastfeeding. These include conditions such as postnatal

depression and drug use by a mother. The difficulties that a mother may face when returning to work are discussed as well as the emotion and guilt that can exist around breastfeeding.

- 1.25 Chapter 6 discusses the impact that the health system can have on breastfeeding. During the process of childbirth and through interaction with health professionals there are many opportunities for breastfeeding promotion. Ensuring consistency of advice from health professionals and appropriate training of health professionals in breastfeeding are two areas addressed.
- 1.26 Chapter 7 examines rural and regional experiences of breastfeeding, with an emphasis on Indigenous communities and the challenges posed by a lack of access to services. The committee considers options for ensuring better access to maternal health and breastfeeding support services for women in rural and remote areas.
- 1.27 Chapter 8 considers infant formula and the impact that marketing of infant formula has on breastfeeding. The committee considers the Marketing in Australian of Infant Formula (MAIF) Agreement, how it is different to the World Health Organisation (WHO) code, and how this is working in Australia.

Box 1.2 An experience with breastfeeding

Our breastfeeding relationship has been rock solid, intimate and pain free. It is only recently that I realised that our auspicious start is quite uncommon. I have spoken to many mothers who have told me how their first moments with their baby were disturbed and later attachment found problematic. Gabriel and I were fortunate enough we had home visits from my midwife in the first weeks. She answered all my anxious queries about right positioning, duration, and night feeding. I still treasure this intimacy. My toddler is confident, social and affectionate. His digestion is good with regular movements after breastfeeds. He had one skin infection at eight months that required hospitalization. That was quite traumatic, and he stopped eating. Throughout the two weeks of ordeal though, we found comfort in each other's arms and through my breastmilk he kept up his nourishment. To this day he settles easily. Mothering is not easy, there is no recipe. I sometimes doubt myself. Breastfeeding builds my confidence in my mothering capacity. I have greater respect for my body, as i can rejoice in its capacity to nurture. I am more relaxed about feeding him solids. After all I know he gets digestive enzymes and protein from my milk. Best of all it is self regulating. We can communicate. For me it has been the most enjoyable part of mothering, a break in an often hectic day. Breathe and meditate meantime he explores my face with his little hand. I wish it was more accepted and encouraged.

Source: Kolb F, sub 246, p 1.

