

## Submission for Parliamentary Inquiry into the Health Benefits of Breastfeeding

Prepared by Hunter New England Health representatives:

**Carol Azzopardi**

Midwifery Manager

John Hunter Hospital

Tel: (02) 4921 3993

**Deb Galloway**

Area Clinical Midwife Consultant

Parenting Education

John Hunter Hospital

Conjoint Lecturer

School of Midwifery and Nursing

University of Newcastle

Tel: (02) 4921 3593

**Carolyn Hastie**

Midwife Manager

Belmont Birthing Service

Tel: 0418428430

**Megan Leuenberger**

Families First and Parenting Co-ordinator

Hunter New England Health (HNE) (Southern)

Conjoint lecturer

School of Midwifery and Nursing

University of Newcastle

Tel: (02) 49246352

**Anne Saxton**

Service Manager/Director of Midwifery and Nursing

Division of Obstetrics and Gynaecology

Conjoint Associate Professor

School of Midwifery and Nursing

University of Newcastle

Tel: (02) 4921 4390

**Robin Skewes**

Clinical Midwife Consultant

Maternity Services

HNE (Northern)

Tel: (02) 67677318

Return address Division of Obstetrics & Gynaecology

John Hunter Hospital, Locked Bag No 1, Hunter Region Mail Centre. 2310

2<sup>nd</sup> February 2007

Hunter New England Area Health Service

*Signed with  
permission of  
all authors &  
on their behalf  
Anne Saxton  
6.2.07*

## **Introduction**

This submission describes and makes seven recommendations for the Commonwealth government to take a lead role in improving the health of the Australian population through support for breastfeeding.

## **Recommendations**

1. Implementing "Core of Life Programs" in all high schools
2. Ongoing media campaign promoting breastfeeding, using all forms of media
3. Regulation of marketing of breastmilk substitutes
4. Funded lactation consultant positions in regional and tertiary maternity units
5. Establishment of drop-in community breastfeeding support clinics
6. Establish Home Help Service for mothers with newborn babies
7. Mandatory education on breastfeeding for medical staff, Practice Nurses and all undergraduate health professionals
8. Funding for hospitals to apply for the Baby Friendly Health Initiative (BFHI) and BFHI accreditation be included as a standard of the ACHSE Accreditation process for hospitals

## **Reasons for this submission**

- Breastfeeding is one of the most important contributors to infant health and well-being, providing a range of benefits for an infants growth, immunity and development
- Breastfeeding problems require adequate time for a comprehensive assessment of feeding technique and infant behaviour. Current midwifery staffing in maternity units and the existing Child and Family Health appointment system are unable to accommodate this requirement and needs to be changed to meet this need.
- The assistance support and advice given to breastfeeding mothers in the early post-partum period has important implications for longer breastfeeding outcomes. Provision therefore needs to be made to provide
  - a) additional midwife time to provide an appropriate level of support for all new mothers
  - b) early intensive support required by some mothers/parents
  - c) an appropriate level of service for mothers of babies with special needs in NICU, Special Care nurseries and Paediatric units.

- Breastfeeding problems are more likely to arise in the first few weeks at home between discharge from the maternity service and before the first visit from the Child and Family Health Nurse. This gap in service results in early weaning when timely advice and support is not readily available. Exclusive breastfeeding to at least 6 months of age gives the best nutritional start to infants and is recommended by the Australian Government Department of Health and Ageing, the World Health Organisation (WHO), NHMRC and other health authorities
- Breastfeeding benefits maternal health and contributes to economic benefits to the family, healthcare system and workplace.
- Breastfeeding is almost universally successful when there is appropriate management and support and no medical intervention or exposure to alternative feeding methods (Royal College of Paediatrics and Child Health, 2004)

### **Barriers to successful breastfeeding include**

- Community attitudes towards breastfeeding especially in public places
- Lack of timely access to support for mothers who require assistance prior to their first appointment with Child and Family Health Nurses or their GP
- Inconsistent advice from medical practitioners when consulted about breastfeeding problems
- Glitzy advertising of breast milk substitutes

### **Benefits of successful breastfeeding for infants include:**

- Protection against infection and some chronic diseases and improved cognitive development (NH&MRC2003: pp.318-323)
- Reduced incidence of infections e.g. middle ear and the need for admission to hospital compared to infants fed breast milk substitutes
- Reduced incidence of eczema, food allergy and respiratory illness
- Economic benefits for families as breast feeding is less expensive than is feeding infants with breast milk substitutes
- Exclusive breastfeeding protects susceptible infants from Type1 Insulin Dependent Diabetes
- Helps prevent childhood obesity
- Reduces the risk of inflammatory bowel disease, childhood lymphoma
- Produces better cognitive and academic outcomes (an increase of 5%)
- Promotes optimal growth and development of the infant especially speech and jaw development
- Reduced incidence and duration of diarrhoeal illnesses
- Protection against respiratory infection and reduced prevalence of asthma
- Reduced occurrence of otitis media and recurrent otitis media
- Possible protection against neonatal necrotizing enterocolitis, bacteraemia, meningitis, botulism, and urinary tract infection
- Possible reduced risk of auto-immune disease such as Type 1 Diabetes and inflammatory bowel disease
- Possible reduced risk of developing cow's milk allergy

- Possible reduced risk of adiposity later in childhood
- Improved visual acuity and psychomotor development
- Higher IQ scores, which may be the result of factors present in the breastmilk and/or of greater stimulation because of mother/infant interaction

(Adapted from the Dietary Guidelines for Children and Adolescents in Australia, NHMRC 2003:328)

### **Health Advantages of Breastfeeding for Mothers:**

- Mothers also benefit as breastfeeding assists the uterus to shrink to its pre pregnancy state and reduces blood loss post delivery
- Breastfeeding enhances maternal/infant bonding, reduces risk of breast, ovarian cancers, multiple sclerosis and may reduce risk of osteoporosis
- Improved bone mineralization and thereby decreased risk of post-menopausal hip fracture
- Prolonged period of postpartum infertility, leading to increased spacing between pregnancies
- Associated accelerated weight loss and return to pre-pregnancy body weight

### **Environmental benefits of successful breastfeeding include:**

- It is environmentally sound, as unlike breastmilk substitutes there are no fossil fuels in its manufacture or preparation
- Reduction of pollutants created with by-products during the manufacture of plastics and breastmilk substitutes
- Reduces the burden on our landfills by limiting waste products

### **Economic benefits**

- Economic costs of poor breastfeeding practices to NSW health system are estimated as **\$20-40 million** a year based on 5 illnesses alone; gastrointestinal illness, lower respiratory infection, otitis media, eczema and necrotising enterocolitis (NEC) (Hector, Webb & Lymer, 2004).
- In the United States, it is estimated that a minimum of \$3.6 billion would be saved if breastfeeding were increased from current US levels (64 per cent breastfed in hospital, 29 per cent breastfed at six months) to the targets recommended by the US Surgeon General (75 per cent and 50 per cent respectively). (Weimer, 2001)
- "Breastfeeding yields cost savings for families, the health care system, employers and government. Those illnesses for which there is convincing and abundant evidence of a protective effect of breastfeeding are among the major health problems in Australia and contribute significantly to the health burden." (Smith, 1997)
- An alternative way of looking at the economics of breastfeeding is to assess breastmilk as part of the food supply, and in doing so estimate the net economic benefit of breastfeeding in Australia. After adjustment for a

small increase in maternal food consumption this net benefit is estimated to be at least \$2.2 billion a year, in 1997

- Projected savings for reduction in Healthcare over a 10 year period using current CPI trends (grown out over 10 year as per Australian Bureau of Statistics (ABS)) a reductions in cost of Childhood Cancer – \$13,688,633, Childhood Diarrhea - \$136,886,322, Ear Infections - \$684,431,662, Tympanosclomies - \$684,431,322, Juvenile Onset Diabetes - \$3,559,044,645 and Hospitalisation for RSV (Respiratory Syncytial Virus) - \$307,994,248. (Projections based on ABS, 2007)
- Health advantages for mothers and babies are listed below, and clearly identify potential risks of poor health outcomes if breastfeeding rates are not improved
- Potentially could save the healthcare system \$5.368 billion nationally
- Increasing breastfeeding in Australia could add \$3.4 billion to the national food output. (Smith, 1997)

## Strategies

We believe the following strategies require urgent Federal consideration/funding in order to support a concerted nationwide effort to increase the rate and duration of breastfeeding.

1. **Implementing “Core of Life Programs” in all high schools** – “Core of Life” is a unique life-education program which addresses adolescents’ emerging attitudes to pregnancy, birth and early parenting. One of the essential aims of Core of Life is to improve breastfeeding rates and hence child development. Adolescents are forming attitudes and beliefs and this time is crucial for educating adolescents if we are to identify and rectify misconceptions about breastfeeding in the community. (Core of Life, [www.Coreoflife.org](http://www.Coreoflife.org))

This strategy would ensure that all high school students would have a good understanding of the benefits of breastfeeding. Information gained during adolescence is influential on decision-making as an adult and hence there should be a concomitant increase in the rate of breastfeeding in that generation.

2. **Ongoing media campaign promoting breastfeeding**, using all forms of media to ensure that the general public are educated about the benefits of breastfeeding and that breastfeeding becomes the accepted method of feeding the majority of babies for at least 6 months.
3. **Regulation of marketing of breastmilk substitutes** – Advertising in the retail sector promotes bottle-feeding as the normal and desirable method of infant feeding. When breastfeeding was promoted as the gold standard for infant nutrition, marketing strategies by formula companies usurped the ‘gold standard’ idea and reflected this in the way they coloured their labels on the formula products. In contrast, breastfeeding is not promoted in the

community. The strategy is to develop and promote breastfeeding as the optimal and normal method of infant feeding by producing and displaying posters of women breastfeeding in all community settings.

4. **Creation of funded lactation consultant positions in regional and tertiary maternity units** to provide a service for new mothers who need more intensive support as well as for breastfeeding mothers in NICU, Special Care Nursery and Paediatric units.
5. **Establish drop-in community breastfeeding support clinics** – staffed by **qualified lactation consultants** and located at existing Child and Family Health centres and shopping centres to enable easy access for advice and education.
6. **Establish Home Help Service for mothers with newborn babies** – mothers need to devote the majority of their time to their newborn babies in the first few weeks of life. The added responsibility of having to do household tasks is often the reason why many women stop breastfeeding. As one new mother said, “I can’t get anything done in the house when I am breastfeeding.” A fully funded Home help Service would assist new mothers with demanding household tasks that interfere with the breastfeeding relationship with their newborn infant. **The proposed strategy is federally funded household assistance for at least one day/week for a period of one month after birth.**
7. **Education for medical practitioners, practice nurses and all undergraduate health professionals** - Contemporary breastfeeding educational tools need to be developed for medical practitioners, practice nurses and all undergraduate health professionals with an emphasis on providing current evidence-based information, problem-solving strategies and appropriate referral links to support their practice.
8. **Consistency of breastfeeding advice through provision of funding for hospitals to apply for the Baby Friendly Health Initiative (BFHI)** – currently funding is sourced from existing health budgets. All hospitals should be BFHI accredited and this should be a mandatory component of the ACHSE accreditation process.

#### **Conformity with legislation, policies and strategies**

- Successful breastfeeding practices are universally recommended by organisations such as:
  - World Health Organisation
  - Royal Australasian College of Physicians
  - Royal Australian College of General Practitioners
  - American Academy of Paediatrics
  - Pharmaceutical Society of Australia
  - NHMRC Australia

- NSW Midwives Association
- Australian College of Midwives Incorporated
- NSW Health has demonstrated commitment to breastfeeding with the development of Policy Directive; Promoting, Protecting and Supporting Breastfeeding in NSW.(2006) PD2006\_012

## References

Hector D., Webb K., and Lymer S. (2004) *State of Food and Nutrition in NSW Series: Report on Breastfeeding in NSW 2004*. NSW Centre for Public Health Nutrition/NSW Department of Health  
[http://www.health.nsw.gov.au/pubs/2005/breastfeeding\\_rep.html](http://www.health.nsw.gov.au/pubs/2005/breastfeeding_rep.html)

NHMRC (2003) *Infant Feeding Guidelines for Health Workers* National Health and Medical Research Council, Canberra  
<http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>

NSW Health (2006) *Breastfeeding in NSW: Promotion, Protection and Support* PD2006\_012

Smith, J. (1997). The economics of breastfeeding *Australian Financial Review* 7/2/97

Smith, J. cited in Zeretzke, K. (1997). *Cost Benefits of Breastfeeding*.  
[www.medela.com/NewFiles/appxsupport.html](http://www.medela.com/NewFiles/appxsupport.html)

Weimer, J. P. (2001). *The Economic Benefits of Breastfeeding: A Review and Analysis*. Food and Rural Economics Division, Economic research Service, US Department of Agriculture. Food Assistance and Nutrition Research. Report No. 13.

## Bibliography

Allen, J. and Hector, D. (2005). *Benefits of Breastfeeding*. The NSW Public Health Bulletin. NSW Health.

Australian Breastfeeding Association. [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Australian Bureau of Statistics. [www.abs.gov.au](http://www.abs.gov.au)

Baby Friendly Health Initiative Protecting, Promoting and Supporting Breastfeeding in Australia. <http://www.bfhi.org.au/>

Core of Life [www.Coreoflife.org](http://www.Coreoflife.org)

International Lactation Consultant Association (ILCA) A Worldwide Network of Lactation Professionals. <http://www.ilca.org/>

Royal College of Paediatrics. and Child Health <http://www.rcpch.ac.uk/>

Smith, J. and Ellwood, M. (2006). *Where does a mother's day go? Preliminary Estimates from the Australian Time Use Survey of New Mothers.*  
[http://nceph.anu.edu.au/Research/Health\\_Systems/time\\_use\\_survey\\_nm.html](http://nceph.anu.edu.au/Research/Health_Systems/time_use_survey_nm.html)

The Baby Friendly Initiative. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)