



Parliamentary Inquiry into Breastfeeding

To:

The Secretary
House of Representatives Standing Committee on Health and Ageing
House of Representatives
Parliament House
Canberra ACT 2600

From:

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I am delighted to have the opportunity to provide input into "how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding" with particular consideration to:

The extent of the health benefits of breastfeeding

The health benefits of breastfeeding have been acknowledged by many health organizations and professions including (globally):

- ⇒ World Health Organisation (WHO)
- ⇒ UNICEF

and in Australia:

- ⇒ Australian Government
- ⇒ National Health and Medical Research Council (NHMRC)
- ⇒ State Health Departments
- ⇒ Royal Australian College of General Practitioners (RACGP)
- ⇒ Royal Australasian College of Physicians (RACP)
- ⇒ Australian Medical Association (AMA)
- ⇒ Public Health Association of Australia (PHAA)
- ⇒ Australian College of Midwives Inc. (ACMI)
- ⇒ Network of Australian Lactation Colleges (NALC)
- ⇒ Australian Lactation Consultants Association (ALCA)
- ⇒ Australian Breastfeeding association (ABA).

Many reviews of the health benefits have also been published over the years. An excellent recent review published by NSW Health (<http://www.health.nsw.gov.au/public-health/phb/HTML2005/marchapril05html/article3p42.htm>) is summarized in their table below. As the footnotes in the table indicate, further research is required to provide better evidence for health advantages of breastfeeding.

However, Australia has contributed little to this evidence base. For example, when searching the NHMRC Grant Funding database of research grants from 2003-2006 and using the search term "breast", 69 grants were identified of which 62 related to

breast cancer research, 4 on research of the breast and only 3 on research related to breastfeeding (<http://www.nhmrc.gov.au/publications/files/grantdata.xls>). Much more research needs to be done to better understand the impact of breastfeeding on health and in particular breastfeeding in the Australian population.

TABLE 1			
EVIDENCE FOR HEALTH ADVANTAGES OF BREASTFEEDING TO INFANTS, CHILDREN, MOTHERS, AND ADULTS, IN DEVELOPED COUNTRIES			
Level of evidence ¹	Health outcomes for which breastfeeding is protective		
	Infants and children	Chronic disease in childhood and/or later life	Mothers
convincing ²	gastrointestinal illnesses otitis media respiratory tract infections neonatal necrotising enterocolitis		slow maternal recovery from childbirth reduced period of postpartum infertility premenopausal breast cancer
probable ³	asthma and allergy cognitive ability/intelligence some childhood leukaemias urinary tract infection inflammatory bowel disease coeliac disease sudden infant death syndrome	obesity	postmenopausal breast cancer ovarian cancer rheumatoid arthritis
possible ⁴	insulin dependent diabetes mellitus bacteraemia meningitis dental occlusion	ischaemic heart disease atherosclerosis risk factors for: • atherosclerosis and heart disease • Type 2 diabetes and metabolic syndrome	maternal depression reduced maternal-infant bonding endometrial cancer osteoporosis and bone fracture no or slow return to pre-pregnancy weight
Notes:			
1. The classification of evidence of the relationship between breastfeeding and health benefits is based on a comprehensive overview of the evidence base (systematic reviews, meta-analyses, reviews, recent single studies)			
2. Convincing: evidence of relationship was critically identified in a review and/or shown in meta-analyses to be significant			
3. Probable: most studies have found an association, but confirmation is required in more, or better designed, studies			
4. Possible: too few methodologically-sound studies			

From: (<http://www.health.nsw.gov.au/public-health/phb/HTML2005/marchapril05html/article3p42.htm>)

Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities

That the marketing of breast milk substitutes have an impact on breastfeeding cannot be denied. This is the basis for the WHO International Code of Marketing of Breast milk substitutes of which Australia is a signatory. As a result the Australian Government developed a voluntary code of practice for the retail industry - the Marketing in Australia of Infant Formula agreement. While this had had some effect particularly through the efforts of the Advisory Panel for the Marketing in Australia Infant Formula (APMAIF, <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth->

[strateg-foodpolicy-apmaif.htm](#)), there is still more that could be done both in terms of expanding the terms of reference of the MAIF agreement as well as giving this Panel more power with which to encourage compliance with this agreement.

The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding

The impact on health (in both the short and long term) of increasing breastfeeding rates needs further research as already mentioned above. While the impact on health is important to examine, it is also important to examine how increasing the rate of breastfeeding can be achieved and the impact of this on other areas. For example:

- ⇒ Economics - what does this save/cost Australia?
- ⇒ Education - what and how should we include breastfeeding education in our systems?
- ⇒ Business - how can businesses become more supportive of breastfeeding? What impact could breastfeeding have on businesses?
- ⇒ Workforce - how can the relevant workforce become better skilled in breastfeeding support? How can workplaces best support breastfeeding?
- ⇒ Environment – what impact would breastfeeding have on our environment? How much energy and resources would we save if more babies were breastfed for longer?

Initiatives to encourage breastfeeding

There are several reviews outlining initiatives to encourage and support breastfeeding:

Support for breastfeeding mothers – Cochrane Review, 2007.

http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001141/pdf_fs.html

Interventions for promoting the initiation of breastfeeding – Cochrane Review, 2005

http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001688/pdf_fs.html

Global Strategy for Infant and Young Child Feeding – WHO, UNICEF, 2003

http://www.who.int/child-adolescent-health/NUTRITION/global_strategy.htm

The CDC Guide to breastfeeding interventions – US Dept of Health and Human Services, 2005

http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Giving breastfeeding a boost – Victorian Dept of Human Services, 2005

http://www.health.vic.gov.au/nutrition/downloads/breastfeeding_boost.pdf

Report on breastfeeding in NSW 2004 – NSW Health, 2004
http://www.health.nsw.gov.au/pubs/2005/breastfeeding_rep.html

Some initiatives that stand out as being of particular value in Australia include:

Peer support. Given that peer support is an effective means of enhancing breastfeeding, increase peer support for mothers by providing a proactive service whereby mothers are encouraged to join this initiative and be regularly contacted (via phone or home visit) by a peer support person with knowledge of breastfeeding. The peer support person will assist her with both her current and future breastfeeding matters including the management of breastfeeding, breastfeeding in public and combining breastfeeding and work. The training provided by ABA for their breastfeeding counselors would be an ideal model of training for peer support people.

The Australian Breastfeeding Association. This organization (<http://www.breastfeeding.asn.au/aboutaba/general.html>) has provided breastfeeding support to mothers since 1964. It is the largest women's organization in Australia with over 14,000 current members and more than 1300 trained breastfeeding counselors. This valuable resource needs to be better supported by the Australian Government so that it can expand its support including to disadvantaged, Indigenous and remote communities

Fathers. Recognising that fathers play a key role in the support for breastfeeding, initiatives should build on this by including fathers more in antenatal and postnatal education.

The Baby-Friendly Hospital Initiative (BFHI). BFHI, a global initiative that aims to create a health care environment where breastfeeding is the norm has been shown to be effective in encouraging breastfeeding in both developed and developing countries. Since this initiative began, more than 15,000 facilities in 134 countries have been awarded Baby-Friendly status. In many areas where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved (<http://www.unicef.org/programme/breastfeeding/baby.htm>).

In Australia, there are now 58 BFHI accredited health services with 25% of babies born in Australia being born in BFHI accredited hospitals (<http://www.bfhi.org.au/>). This initiative needs to be taken up by all relevant Australian health services – something that could be achieved by making BFHI accreditation part of the hospital accreditation process.

Combining Breastfeeding and work. With over 72% of women of child-bearing age in the workforce (ABS Yearbook, 2007), the need for more support with combining breastfeeding and work is critical. Returning to work is often a reason given for early weaning or not breastfeeding at all. As well as improved maternity leave conditions, workplaces and employees need relevant and accessible information about ways breastfeeding and work can be managed.

The booklet "Combining breastfeeding and work" commissioned by the Department of Health and Ageing is currently being revised but will only be uploaded as a pdf on their website. This resource could be made more accessible by being produced in

hard copy and distributed to workplaces and relevant employees as occurred with the first edition in 1999.

To complement this resource, more support needs to be given to the ABA's Breastfeeding-Friendly Workplace Accreditation. There are currently 37 accredited workplaces (including 6 Australian Government Departments, <http://www.breastfeeding.asn.au/products/bfwp-employers.html>).

Breastfeeding in public. Knowing that many mothers find it difficult/embarrassing to breastfeed in public, more needs to be done to:

- ⇒ raise awareness of the importance of breastfeeding
- ⇒ improve community attitudes to breastfeeding in public
- ⇒ raise awareness that breastfeeding in public is protected by anti-discrimination laws in each state and territory in Australia
- ⇒ provide suitable public places for mothers to breastfeed if they find it difficult to breastfeed in front of others.

Effective breastfeeding education of health professionals. Knowing that health professionals have an impact on their clients' health, effective breastfeeding education should become part of the basic training course for doctors, midwives, nurses, child health nurses and pharmacists.

In 2003, the NHMRC published "Food for Health - Dietary Guidelines for Children and Adolescents in Australia" including Infant Feeding Guidelines for Health Workers but only as an appendix and with no index making it difficult to use as a resource (the previous version had at least been a separate publication). These Infant Feeding Guidelines need to be revised by a team of health workers active in this field (including lactation consultants), published in a more accessible format, and distributed widely to relevant health workers.

Lactation Consultants. There are currently 2028 International Board Certified Lactation Consultants (IBCLC, http://www.ibclce.edu.au/Register_IBCLCs.htm) available to assist the (approximately) 250,000 babies born in Australia each year. Knowing that lactation consultants have a very positive impact on encouraging and maintaining breastfeeding, more health professionals and other breastfeeding advocates should be encouraged to take the International Board of Lactation Consultants exam (http://www.ibclce.edu.au/About_IBCLCs.htm) to become an International Board Certified Lactation Consultant. The primary purpose of this Board is to benefit the public by setting standards for the lactation consultant profession. In preparation for this exam, health professionals would need to undertake appropriate education and training. Courses currently available in Australia are listed at [http://www.ibclce.edu.au/PDF-files/Guide to Courses.PDF](http://www.ibclce.edu.au/PDF-files/Guide%20to%20Courses.PDF)

Examine the effectiveness of current measures to promote breastfeeding

Current measures to promote breastfeeding have been ad hoc, piecemeal and conducted by a variety of organizations mostly on a shoestring budget. Scant evaluation has been done to determine their effectiveness. If Australia is to be seen

as a country that values and supports breastfeeding, the Australian Government needs to promote breastfeeding more, to promote it more comprehensively, to promote it in a multi-strategic and sustainable manner, and to monitor and evaluate this appropriately.

Promotion should focus on breastfeeding being an important and normal way to feed a baby and young child, how to breastfeed, and where to get support that is accessible and effective. It is also important that the community recognize the importance of breastfeeding and that they protect, promote and support breastfeeding.

The impact of breastfeeding on the long term sustainability of Australia's health system.

While several studies have described the economic benefits of breastfeeding (see below), more research is needed in this area, especially in relation to intervention studies that seek to improve breastfeeding. In addition further study is needed to identify the long-term impact of breastfeeding on health, workforce, the health system and the community.

The Economic Benefits of Breastfeeding: A Review and Analysis
<http://www.ers.usda.gov/Publications/FANRR13/>

The economics of breastfeeding and the market for mother's milk (note, this is a presentation by Dr Julie Smith on March 13 in Canberra)
<http://finch.customer.netspace.net.au/skeptics/>

You are most welcome to contact me should you wish.
Yours Sincerely
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