



Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

19th February 2007

Dear Sir or Madam

The following paper provides details on my personal submission on the *Parliamentary Inquiry into Breastfeeding*. Specifically I have addressed only a few areas relating to points 3. Initiatives to encourage breastfeeding, and; 4. Examine the effectiveness of current measures to promote breastfeeding. It is with disappointment that I am unable to provide an evidence base for all the information presented in this submission however, I have endeavoured to provide a credible reference wherever possible.

In summary the following points relate to point three and four of the terms of reference. Greater details can be found on the following pages.

3. *Initiatives to encourage breastfeeding;*

Increase the capacity of Midwives and Child Health Nurses to provide correct and consistent information throughout the antenatal and postnatal period.

4. *Examine the effectiveness of current measures to promote breastfeeding;*

Providing adequate and timely support to new mothers to support breastfeeding is an effective method to promote breastfeeding and increase breastfeeding initiation and duration.

I would like to thank the Committee for this opportunity to contribute to the breastfeeding capacity of all Australians.

Kind regards,

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4. Initiatives to encourage breastfeeding

Research shows that breastfeeding initiation in the community is currently at an all time high with 93.8% of mothers initiating breastfeeding while in hospital (Graham et al. 2005). It is encouraging that this figure shows national targets of 90% of women breastfeeding upon hospital discharge is being met (National Health and Medical Research Council 2003). It is highly disappointing and a clear problem that at three months post partum 62.1% of women are reporting 'any breastfeeding'¹ and this has decreased to 45.8% at six months postpartum (Scott JA et al. 2006). For this reason it is not so much initiatives to encourage breastfeeding that are needed but initiatives to maintain breastfeeding and support duration that are an imperative if Australia is to meet its target of 80% of infants being breastfed at age six months (National Health and Medical Research Council 2003).

Research shows that too little breastmilk or the infant not getting enough breastmilk is one of the main reasons why women cease breastfeeding (Australian Bureau of Statistics 2003; National Health and Medical Research Council 2003). In response many women commence formula feeding and by doing so many women are reassured by the volume they can mix, see, and deliver to their infant. In a world where having tangible outcomes and evidence is promoted in earnest, it is little wonder that new mothers also want to see exactly how much milk their infant is receiving.

Anecdotally there are numerous additional reasons why women cease breastfeeding. A few of these include; mother believes that formula will help their infant sleep through the night, being able to share the load with the father, being able to routinely give a regimented and regulated amount of food, and the list goes on.

Unfortunately all of these reasons for ceasing breastfeeding are continually perpetuated and supported because of a lack of consistent and correct information available in the community. Research shows that conflicting advice from Australian Midwives is often a problem. In a study of Australian midwives only two thirds of those surveyed agreed to continue exclusive breastfeeding in the management of low milk supply (Cantrill RM, Creedy DK & Cooke M 2006). An investigation into the breastfeeding knowledge of Child Health Nurses would possibly uncover similar discrepancies in best practice between nurses. However the objective is not to expose problems but to build solutions to support breastfeeding duration in Australia.

Recommendation

A complete and comprehensive education campaign targeting Midwives and Child Health Nurses would help provide a platform for the delivery of sound breastfeeding information to new mothers, particularly those experiencing problems with breastfeeding. This should be complemented with regular continuing professional development based on current best practice and the Dietary Guidelines for Children and Adolescents in

¹ Any breastfeeding is defined as those infants who receive both breastmilk and other milk feeds or solid foods.

World Health Organization 1991, *Indicators for assessing breastfeeding practices.*, WHO, Geneva.

Australia (National Health and Medical Research Council 2003). It is all too often (and unfortunate) that we hear of the Child Health Nurse recommending a top up formula to help give the new mother a rest. Unfortunately being a new mother is a very tiresome and demanding time. This fact should also be promoted to new mothers, together with the information that this will only be for a short period of time.

Increasing the capacity of Midwives and Child Health Nurses to provide correct and consistent information throughout the antenatal and postnatal period will help build a more informed professional body able to deal with all the queries and concerns of new mums while providing solid support and direction for their infants.

5. Examine the effectiveness of current measures to promote breastfeeding.

Establishing breastfeeding early is paramount for promoting extended breastfeeding duration. Unfortunately in our community today postnatal care and support for new mothers is at an all time low and it is at this time that many new mothers fail to establish successful breastfeeding and fall through the cracks of health services.

The first crack would be the early discharge program where mothers are often discharged within 36 hours of the delivery of their infant. At this stage it is unlikely that a woman's milk has 'come in' and that she is truly comfortable or competent with breastfeeding. Breastmilk synthesis is regulated by autocrine control, in that the amount produced depends on the amount removed from the breast by the infant (National Health and Medical Research Council 2003). If breastfeeding has not been successfully established and the infant is not removing milk from the breast then milk production will slowly diminish. It is at this stage that the mother may be discharged home with little breastfeeding experience together with possibly feeling tired, overwhelmed and unable to cope. Resorting to formula feeding would seem a much easier option for any mother at this stage.

The second crack would be the visit from the hospital Midwife which may or may not occur very soon after the new mum arrives home. This is a time which can be fairly hectic with all the new routines and demands of the new baby. If a woman is experiencing any problems with breastfeeding now then support at this early stage (i.e. infant less than one) week old is crucial to maintain breastmilk production.

The third crack is the lack of timeliness of the visit from the Child Health Nurse (CHN). The visit from the CHN is dependent on the CHN receiving the birth notification. As most CHNs do not have computer access they are forced to rely on postal mail and in some more fortunate clinics a fax notification. This can take anywhere up to three weeks (or longer in some rural and remote areas) by which stage a mother experiencing breastfeeding difficulties may have abandoned breastfeeding altogether.

Recommendation

The support network of Midwives and Child Health Nurses has been cut back in recent years so that current community health measures promoting breastfeeding are stretched. Providing adequate and timely support to new mothers to support breastfeeding is an effective method to promote breastfeeding and increase breastfeeding initiation and duration.

References used in this submission

Australian Bureau of Statistics 2003, *Breastfeeding in Australia, 2001*, Australian Bureau of Statistics, Canberra, Report No. 4810.0.55.001.

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Scott JA, Binns CW, Oddy WH & Graham KI 2006, 'Predictors of breastfeeding duration: evidence from a cohort study', *Pediatrics*, vol. 117, no. 4, pp. e646-e55.

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