



**Submission from the  
Division of Nursing and Midwifery  
La Trobe University  
in response to the  
Commonwealth government  
*Inquiry into Breastfeeding***

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**The following points are made in response to the terms of reference:**

a) ***The extent of the health benefits of breastfeeding***

- Breastfeeding is an important public health measure which offers benefits to the infant and mother (National Health and Medical Research Council [NHMRC], 2003; Akre, 1989).
- As the benefits of breastfeeding are widely acknowledged, breastfeeding should be promoted as the primary method of infant feeding and the risks of not breastfeeding should be highlighted.

b) ***Evaluation of the impact of marketing breast milk substitutes on breastfeeding rates and, in particular, in disadvantage, Indigenous and remote communities***

- The introduction of breast milk substitutes may impact negatively upon breastfeeding (DiGirolamo, Grummer-Strawn & Fein, 2001).
- Marketing breast milk substitutes impacts negatively upon breastfeeding rates (NHMRC, 2003, p.307).
- All companies involved in the production and sale of breast milk substitutes should be strongly encouraged by the Australian Government to become signatories to the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement. Health workers should be cognizant of this agreement and its implications for their practice (Australian Government Department of Health and Aging, 2007).
- The introduction of “follow-on” formulas for children after 12 months is a new way that breast milk substitute manufacturers have advertised without contravening advertising restrictions. Consideration should be given to the extension of advertising restrictions up to two years of age to minimize the impact of insidious advertising of breast milk substitutes via “follow-on” formulas.
- It is widely acknowledged that breastfeeding varies by social class and that women in lower socio-economic groups are less likely to breastfeed (NHMRC, 2003; Dyson, McCormick, Renfrew, 2007). Attempts to improve breastfeeding rates should be multifactorial and address the social determinants of health as well as the factors known to positively influence breastfeeding, such as support and encouragement from partner, family, and friends (NHMRC, 2003).
- Culturally appropriate, effective interventions such as “Strong Women, Strong Babies, Strong Culture” should be implemented in Indigenous communities (Northern Territory Department of Health, 2002). Further culturally appropriate breastfeeding research should be funded.

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

- Breastfeeding offers benefits to the mother and infant and these have been well summarized elsewhere (NHMRC, 2003, Box 1.1, p.6; World Health Organization [WHO], 2001).
- If the breastfeeding rates could be improved, there are public health benefits to both mother and child, including reduced rates of breast and ovarian cancer for women (NHMRC, 2003).

d) ***Initiatives to encourage breastfeeding***

- There are a number of known initiatives and practices which may increase breastfeeding initiation, including:
  - service approaches; such as implementation at a service level of the “Ten steps to successful breastfeeding” Baby Friendly Hospital Initiative (WHO, 1998; Merten, Dravta & Ackerman-Liebrich, 2005)
  - antenatal breastfeeding education, particularly in regard to mothers of low income (Dyson, McCormick & Renfrew, 2007)
  - hospital practices; such as not separating mothers and babies after birth and routinely providing skin-to-skin contact by placing healthy newborns on their mothers’ chest (Mikiel-Kostyra, Mazur & Boltruszko, 2002; Forster & McLachlan, 2007)
- There are a number of strategies that, alone, are unlikely to improve breastfeeding rates including:
  - providing written breastfeeding materials to women (Fairbank et al., 2000)
  - educating health professionals (Fairbank et al., 2000)
- Maternity hospitals need to implement proven interventions and/or policies that ensure, where possible, breastfeeding is initiated and promoted. A coordinated approach may be necessary to ensure this occurs, particularly for groups which are known to have low rates of breastfeeding.
- Health professionals, in both hospitals and the community, require up to date knowledge of effective strategies that promote breastfeeding.
- Interventions that are effective in promoting continuance of breastfeeding (Victorian Government Department of Human Services, 2005) need to be funded and implemented in the community.
- Healthy public policies are required to support breastfeeding women. These include strategies such as paid maternity leave, breastfeeding friendly workplaces, on-site child care as well as rooms and paid breaks to enable women to express breast milk (NHMRC, 2003).

e) ***Examine the effectiveness of current measures to promote breastfeeding***

- To successfully implement change in public health settings a strategic approach is required. To improve breastfeeding rates a national peak body is needed to oversee the promotion and support of breastfeeding in Australia.
- Current Victorian anecdotes suggest that the pressure on maternity services means recent mothers are discharged breastfeeding but fail to get community support in the first few days, and subsequently cease breastfeeding. It is unknown to what extent this is true. Public health surveillance systems that enable ongoing monitoring of breastfeeding rates are needed to provide evidence for system failures and to determine which interventions would be most beneficial and how they could best be implemented.
- Without valid, accurate breastfeeding data the ability to monitor change, including improvement, is nearly impossible. It may be necessary to introduce a population-based data collection system in order to achieve effective monitoring of breastfeeding in Australia. The Australian Childhood Immunisation Register [ACIR] is an example of an effective population-based approach to public health monitoring and there may be lessons from this initiative which could be applied to breastfeeding (Commonwealth Department of Human Services and Health, 1995).
- Further research is needed to evaluate interventions that are effective at increasing the proportion of women starting and continuing to breastfeed. For example, breastfeeding peer supporters have been shown in settings outside of Australia to be promising in terms of increasing breastfeeding duration (Dennis, Hodnett, Gallop & Chalmers, 2002) however further studies are required to confirm these findings and none have been in the Australian context. Further research should also target groups known to have lower rates of breastfeeding such as some migrant groups and women from lower socio-economic backgrounds.
- Strategically, it may be beneficial to establish a national specialized research centre, which could build a research program relevant to the topic area, such as was established for immunisation research (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases [NCIRS], 2007).

f) ***Impact of breastfeeding on the long term sustainability of Australia's health system***

- It is widely recognized that breastfeeding impacts on the health of both the breastfed child and the lactating woman which in turn reduces the burden on Australia's health system. By increasing the initiation and duration of breastfeeding, Australian health professionals are able to affect the health of all Australians and reduce the ultimate cost to society of caring for greater numbers of people suffering from the effects of not breastfeeding or being breastfed.
- These costs could include higher rates of childhood cancers (Davis, 1998), diabetes (Hammond-McKibben and Dosch, 1997), hospitalization due to infections (Smith, Thompson and Ellwood, 2002), ovarian (Bandera, 2005) and breast cancers (Nantais-Smith et al., 2001), and reduced productivity due to increased absenteeism or sick leave to care for unwell children.
- Interventions to support and protect breastfeeding are likely to be cost effective in the long term (Ball & Bennett, 2001).

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