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12 April 2007

The Hon Alex Somlyay MP
Chairman - House of Representative
Standing Committee on Health and Ageing
PO Box 6021
Parliament House
CANBERRA ACT 2600

Email: haa.reps@aph.gov.au

Dear Mr Somlyay

I am pleased to provide you with a submission to the House Standing Committee on Health and Ageing's Inquiry into Breastfeeding. Thank you for extending the timeline past the closing date for submissions.

The Royal Women's Hospital welcomes the Commonwealth Government's identification of the need to take a lead role in support for breastfeeding. As a specialist women's hospital we have established Breastfeeding Education & Support Services (BESS) to support women to breastfeed their babies. We would be pleased to provide the members of your Committee with a guided tour of BESS and our maternity program, to further your understanding of the issues affecting new mothers and initiatives to encourage breastfeeding.

If you require any further information, please do not hesitate to contact Ms Jo Rymer, Manager BESS, on Tel: 03 9344 3676.

Yours sincerely

for **Dale Fisher**
Chief Executive
The Royal Women's Hospital

Breastfeeding Submission

The Royal Women's Hospital

The Royal Women's Hospital, Melbourne ("the Women's") is a major provider of services to women. In 2005/06 we provided 150,677 occasions of service in outpatient clinics, 32,477 inpatient stays, 28,379 attendances in emergency and almost 6,000 babies were born at the Women's.

We work within a social model of health that includes a commitment to providing leadership and advocating for women's health policy and services at a state and national level.

Introduction

The Women's strongly supports breastfeeding as the normal way for infants to be fed and acknowledges the numerous health advantages for both mother and infant. For the six month period September 2006 to February 2007, greater than 75% of babies born at the hospital were exclusively breastfed at discharge from hospital.

Baby Friendly Hospital Initiative

In 1996, the Women's was the first Australian public maternity hospital to be accredited as a Baby Friendly Hospital under the United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) Baby Friendly Hospital Initiative (BFHI). The BFHI was developed in the United States in 1991 and represented an intensive global program on behalf of UNICEF and the WHO to change practice in maternity hospitals and raise breastfeeding rates worldwide.[1]

"Baby Friendly" is a designation a maternity service can receive by demonstrating to external assessors, compliance with the "Ten Steps to Successful Breastfeeding". The "Ten Steps" are applied to healthy term babies born over 37 week's gestation. They are a

[1] Merewood, A; & Philipp, B.L, 2001, 'Implementing Change: Becoming Baby-Friendly in an Inner City Hospital'. *BIRTH*, 28 (1)

series of best practice standards describing a pattern of care where commonly found practices harmful to breastfeeding are replaced with evidence based practices proven to increase and improve breastfeeding outcomes.[2]

Maternity hospitals that undergo and successfully meet BFHI requirements show increased breastfeeding rates[3]. Since its initial accreditation in 1996, the Women's has been re-accredited three times, most recently in 2006.

Recommendation

1 That the government explores support for BFHI accreditation for all maternity hospitals in Australia

Breastfeeding Education & Support Services (BESS)

The Women's is committed to the promotion, support and protection of breastfeeding for new mothers. Midwives and International Board Certified Lactation Consultants (IBCLC) on the postnatal wards provide immediate breastfeeding support. Breastfeeding Education & Support Services (BESS) provide additional breastfeeding support and advice for families following discharge from hospital.

The need for a breastfeeding support service for mothers who gave birth at the hospital was identified in the early 1990s. In 1994 a four bed area within one of the hospital wards was created. Since this time, the demand for breastfeeding support following discharge from hospital has significantly grown, leading in 2002 to the development of the current designated off-site breastfeeding service, BESS.

BESS offers both a day admission and short visit service to provide support to families experiencing breastfeeding problems. The service cares for breastfeeding mothers and babies up to three months of age. No referrals are necessary and mothers may attend even

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[2] Fallon, A.B.,Crepinsek, M., Hegney, D., & O'Brien, M, 2005, 'The baby-friendly hospital initiative and breastfeeding duration:relating the evidence to the Australian context'. *Birth Issues,* 14 (3) 90-

[3] Phillip, B.L., & Radford, A, 2006 'Baby Friendly: snappy slogan or standard of care?' *Archives of Disease in Childhood – Fetal and Neonatal Edition,* (9) 145-149

if they gave birth at another hospital. The service operates from Monday to Friday, 8.30am – 5pm and is staffed by experienced International Board Certified Lactation Consultants, (IBCLC). Telephone consultations with the duty worker are also available.
BESS provides:

- Statewide training and education for health care professionals
- Secondary consultation to health care professionals
- Clinical placement programs for midwifery, medical and overseas students, prospective lactation consultants and others interested in gaining experience in breastfeeding management.

BESS provides a weekly outpatient service for short appointments and for mothers of infants over three months of age, staffed by an IBCLC and medical officer/IBCLC.

An external review of BESS in 2003[4] identified the service as a centre of excellence and highly regarded by health professionals and consumers.

Demand for BESS

Demand for the service has continued to grow steadily, particularly over the last twelve to eighteen months. This is reflective of the increased birth rate at the hospital. For the six month period September 2006 to February 2007, the total number of mothers and babies admitted to the day stay at BESS was 1006. The majority of babies seen during this period of time ranged from less than ten days of age to six weeks of age. The number of breastfeeding telephone enquiries to the duty worker averages between 15 - 25 phone calls per day. The majority of these calls (up to 80%) are from new mothers seeking breastfeeding advice, support and /or an appointment with the service. The current average waiting time to attend the service for a day stay admission is one to two weeks.

[3] Phillip & Radford, opcit 2006.
[4] Report available on request

Breastfeeding rates

Despite the well documented benefits of breastfeeding, infant feeding practices in Australia appear to have remained unchanged between 1995 and 2001. Data from the 2001 Australia National Health Survey (NHS) shows at discharge from hospital, 83.3% of infants were breastfeeding, which is similar to estimates from the 1995 survey. At 13 weeks after birth, 64.3% of women were breastfeeding. The rates drop again to 49.0% at 25 weeks and only 24.9% were continuing to breastfeed at one year[5].

A study by the Murdoch Children's Research Institute in April 2005 concluded that fewer than 50% of infants are receiving breast milk at six months. This is considerably lower than the 80% figure recommended by the latest Dietary Guidelines for Children and Adolescents[5]. Therefore, it seems clear that most Australian mothers discontinue breastfeeding well before the twelve months as recommended by the World Health Organisation (WHO).

The Women's believes that, broadly, the static rates of breastfeeding reflect major changes in both health care for women after discharge from hospital, changes to the availability of family members who traditionally supported new mothers at home and earlier return to work for new mothers.

Health benefits of breastfeeding

The WHO recommends exclusive breastfeeding (the infant only breastfeeds and/or receives expressed breast milk) for the first six months and continued breastfeeding with the addition of appropriate complementary foods until at least two years of age.[6]

Compelling evidence from research into the health benefits of breastfeeding and breast milk feeding including long term effects is well documented and includes:

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[5] Donath S.M., Amir L.H, 2005, 'Breast feeding and the introduction of solids in the Australian infants: data from the 2001 National Health Survey', *Australian New Zealand Journal of Public Health*, 2005, 29 (2) 171 - 175

[6] Harmon – Jones, C, 2006, 'Duration, Intensity and Exclusivity of Breastfeeding: Recent Research Confirms the Importance of these Variables', *Breastfeeding Abstracts*, May 2006, 25 (3) 17-20

Benefits to baby/child:

- Decreased incidence and severity of infections including bacterial meningitis, diarrhoeal illnesses, otitis media, urinary tract infection and necrotising enterocolitis. In addition, post neonatal infant mortality rates in the United States are reduced by 21% in breastfed infants[7].
- Breastfed infants when compared to formula fed infants have a lower incidence of obesity and diabetes[8].
- There is considerable evidence that breastfeeding may have benefits in the prevention of atopic disease in early life in the preschool years[9].
- Protection from viral illnesses including rotavirus

Benefits to mother:

- Promotes and enhances maternal/infant bonding
- Decreased postpartum and menstrual bleeding
- Increased child spacing due to lactational amenorrhoea
- Decreased risk of breast and ovarian cancers
- Earlier return to pre pregnancy weight
- Possible decrease in osteoporosis in postmenopausal women[10]

A study conducted in the United States, 2005 examining the relationship between the duration of exclusive breastfeeding and the risk and incidence of respiratory infection in children aged 6 – 24 months of age found that discontinuing exclusive breastfeeding between 4 and 6 months of age significantly increased the incidence of pneumonia and recurrent otis media, compared to continuing to breastfeed for at least 6 months. This study also found that lactation protects women against Type 2 diabetes;

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[7] Policy statement American Academy of Paediatricss, 2005, 115 (2) 496-506
[8] The Royal Australasian College of Physicians – Paediatrics & Child Health Division, Breastfeeding Policy Statement, 2006
[9] The Royal Australasian College of Physicians – Paediatrics & Child Health Division, Breastfeeding Policy Statement, 2006
[10] Policy statement American Academy of Paediatrics, 2005, The Royal Australasian College of Physicians – Paediatrics & Child Health Division, Breastfeeding Policy Statement, 2006

> In age-adjusted models, each year of exclusive breastfeeding reduced the likelihood of later development of Type 2 diabetes by 37%, while each year of any breastfeeding reduced the likelihood of later Type 2 diabetes by 24%[11]

Therefore, the longer mothers exclusively breastfeed, the greater the benefits.

SUPPORTING WOMEN TO BREASTFEED:

Home and community supports:

For the six month period September 2006 to February 2007, 75% of day admissions to BESS were specifically related to mothers having significant difficulties with correct positioning and attaching of their baby to the breast. These babies were between four days and six weeks of age. The majority of these mothers were first-time mothers.

The length of hospital stay following birth has decreased over recent years, with most women being discharged by day 3, well before lactation is established. Most major public maternity hospitals in Victoria currently provide only one or two home visits to mothers following discharge from hospital. It is evident from the feedback we receive from clients attending our service that these visits are currently not adequate to provide the necessary ongoing breastfeeding advice, education and support to new mothers. Therefore, it is apparent that women are not receiving the help they need during the transition from hospital to home, thus jeopardising their success in establishing and maintaining breastfeeding. This is especially pertinent for new mothers.

In recognition that IBCLC's have a significant impact on encouraging and maintaining breastfeeding, the government should explore the concept of increasing the number of IBCLC's.

While there is a range of community and hospital-based initiatives to encourage breastfeeding, including voluntary breastfeeding groups, access to private lactation consultants and other breastfeeding community supports, these services tend to be

[11] Harmon Jones opcit p.20

provided in an adhoc and fragmented way, with insufficient number and geographical coverage to meet the demand. The availability of support during the transition from hospital to home is crucial to continuing to maintain and improve breastfeeding rates beyond six months.

Recommendation

2 That the Department of Health and Aging work with State and Territory Governments to develop programs for increasing the rate of breastfeeding. This especially needs to include increasing breastfeeding support in the home from midwives and also increasing the number of community-based breastfeeding support services.

3 The provision of financial assistance to assist those undertaking and recertifying as an IBCLC could be explored as well as the concept of a Medicare rebate scheme for private IBCLC's practicing in the community.

Countering myths and misinformation:

It is well documented that most women often choose their preferred method of feeding prior to pregnancy. Breastfeeding is surrounded by misinformation and myths and there are insufficient resources in health and community services to support women with breast feeding leaving many women to decide to formula feed their infant. The decision to use formula is often ill informed and inappropriately influenced by the marketing of formula, the media, family members and friends.

In order that breastfeeding becomes the normal and accepted method of feeding for at least the first six months of an infant's life, there needs to be public education refuting the myths, explaining the benefits of breast milk and the risks of formula and, directing families to support services. Credible and easily accessible sources of information and support should be targeted at mothers and health care professionals. For example, the Women's has developed a series of breastfeeding fact sheets and best practice guidelines

aimed at providing consistent, evidence based advice that is targeted to both consumers and health care professionals[12].

Recommendation

4 That the federal government conducts a public education campaign that promotes evidence of the benefits, both short and long term, of breastfeeding and alerts the community to the risks associated with artificial formula feeding and why it should be not seen as the norm.

Support from skilled and knowledgeable health professionals:

Health professionals caring for women during and after birth need to be knowledgeable about breastfeeding. However, based on the experiences relayed to us at BESS from women and other anecdotal information, mothers are often given inconsistent advice and misinformation from health care professionals, including general practitioners, community nurses, midwives and nurses.

Recommendation

5 That the government sponsors the introduction of a breastfeeding training module for all undergraduate medical, nursing and midwifery degrees.

A stronger evidence base:

While there are a number of initiatives in place to encourage breastfeeding, these are undertaken by a range of different organisations, often with very little ongoing funding. The effectiveness of such programs are not well evaluated. In Australia, where initiation of breastfeeding is relatively high, it is crucial to implement and evaluate interventions that aim to increase the proportion of women continuing to breastfeed to six months and beyond.

The Women's is committed to playing a role in this area. It has two interventions planned that we want to ensure are appropriately evaluated. It has proven difficult to obtain

[12] http://www.rwh.org.au/bess

funding for this type of work, as randomised controlled trials with breastfeeding as a primary outcome do not fit clearly into either National Health and Medical Research Council (NHMRC) or Australian Research Council (ARC) funding areas.

Our first planned intervention, which we are currently piloting, is about home-based versus hospital-based early postnatal care. At present in Victoria (and nationally) the length of hospital postnatal stay is decreasing, with very little evaluation of outcomes for mothers or babies. We have concerns about this and consider that breastfeeding is an area potentially greatly affected by earlier and earlier postnatal discharge home from hospital.

Given that length of stay is a factor in more recent models of care for mothers and babies, we want to have a strategic and planned approach to supporting women at home. This should include appropriate supports are in place, and outcomes such as breastfeeding and infant readmissions for issues such as jaundice, hypernatraemia and dehydration, all related to feeding, are measured.

Our second planned intervention, for which we have applied to (NHMRC) three times without success, is related to telephone peer support for women who leave the Women's breastfeeding. Women who are less likely to breastfeed are those of lower socio-economic status, who are younger and have less education.[13] These are the women who also are less likely to seek support from current volunteer groups such as the Australian Breastfeeding Association (ABA) yet whose outcomes are poorer in terms of breastfeeding. The population of women accessing the Women's generally fit this profile.

Peer support has shown to be a successful strategy overseas and we believe it could be of great benefit, but has not been trialed in the Australian context. The Mother and Child Health Research Centre at La Trobe University have conducted focus groups, which have

[13] Dennis, C.L., Hodnett, E., Gallop, R., Chalmer, B, 2002. The effect of peer support on breastfeeding duration among primiparous women: a randomized controlled trial, CMAJ. January 8, 166 (1) 21-28

found that women consider this to be a good idea and that there would be women willing to act as peer volunteers[14]

We consider that to move forward with interventions that have the potential to change the breastfeeding rates, it is necessary for the Government to provide a suitable avenue for funding breastfeeding research where limited options currently exist.

Recommendation

6 That the government develops a national approach to research and evaluation to determine the most effective model for funding and supporting breastfeeding programs, and that specific funding be allocated to breastfeeding research.

National Guidelines:

Australia needs national guidelines to oversee the provision of breastfeeding education by health care professionals, especially those working with mothers and/or babies. There are a large number of highly skilled and experienced advocates of breastfeeding, whose knowledge and expertise is crucial to the development and implementation of Australia wide initiatives.

Recommendation

7 That government convenes a forum for stakeholders to develop and agree on national guidelines on breastfeeding for health professionals.

Support in the workplace:

There is an increasing number of mothers returning to work soon after having their baby. To decrease the incidence of early weaning it is vital that employers support mothers so babies can continue to receive breast milk for the recommended time. Family friendly policies in the workplace, such as flexible work arrangements and practical assistance

[14] personal communication, Della Forster, Clinical Midwife Consultant, Royal Women's Hospital

with providing a quiet and comfortable space for breastfeeding would make a significant difference.

Recommendation

8 That government policy around issues to do with parental/maternity leave take the needs of breastfeeding women into consideration.

9 That the government investigates and supports family friendly workplace policies that support women to breastfeed after they have returned to work.

Marketing of formula

The World Health Organisation's International Code of Marketing of Breast Milk Substitutes (International Code 1981) was drawn up in response to concerns that commercial pressures were having a negative impact on breastfeeding rates globally. The National Health and Medical Research Council (NHMRC) voted in 1985 for the adoption of the WHO Code. In 1992 The Marketing in Australia of Infant Formula: "Manufacturers and Importers" Agreement (MAIF Agreement) was signed by the Australian Government and Australian Formula companies[15].

While acknowledging government support for breastfeeding, the effectiveness of the MAIF Agreement in regulating the marketing of formula needs to be reviewed. Recent research also confirms advertising has an effect on mothers' decisions on how to feed their babies. The monitoring of this effect is important, especially in disadvantaged, indigenous and remote communities because of their already compromised health standards.

[15] McGuire, E, 2006, 'Making Artificial Baby Milk in Australia', 23, *Hot Topic* – Lactation Resource Centre. Australian Breastfeeding Association

Recommendation

10 That the government conducts an inquiry to review compliance with regulations controlling the marketing of breast milk substitutes under the Marketing in Australia of Infant Formula (MAIF)

Conclusion

Breastfeeding provides a number of important health benefits for mother and child. Feeding with artificial formula carries certain risks and should not be seen as an equal alternative

In Australia, breastfeeding rates remain static. In order to improve breastfeeding rates and avoid health care related costs, it is essential that this trend be addressed. Increased support services in the early postnatal period and the provision of easily accessible assistance for those women experiencing difficulties are essential if breastfeeding rates in Australia are to be improved. An Australia-wide education program informed by national guidelines is needed.