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Victorian Maternal & Child Health Coordinators Group

SUBMISSION TO

THE PARLIAMENTARY INQUIRY INTO

THE HEALTH BENEFITS OF BREAST FEEDING

February 2007

From

VICTORIAN MATERNAL & CHILD HEALTH CO-ORDINATORS GROUP Inc.
Incorporation Number: A0045211C

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Introduction

Thank you for the opportunity to provide input to this inquiry.

The Victorian Maternal and Child Health Co-ordinators Group (VMCHCG) is an incorporated group whose membership comprises co-ordinators and managers of the Maternal and Child Health Service in local government municipalities within the State of Victoria. Membership includes 79 Municipal Councils, Department of Human Services, Municipal Association of Victoria, RMIT University and Latrobe University.

The aim of the VMCHCG is to enhance the leadership and provision of maternal and child health services throughout Victoria. The Group's objectives include: support, information sharing and skill development of the membership; advocacy for the maternal and child health service; enhancement of quality, innovation and technology within the service; and to work with local government, DHS and relevant agencies around policy development.

Our Submission

In our submission, we make comments in relation to the following key issues, covered by the Terms of Reference:

"Initiatives to encourage breast feeding"; and
"Examine the effectiveness of current measures to promote breastfeeding;"

Further information

We would also be available to provide the Committee with further information in relation to matters raised in our submission.

Summary of Submission

The Victorian Maternal and Child Health Co-ordinators Group through its direct contact with nursing staff in the field have identified a number of key issues they believe impact on the effectiveness of current measures to promote breastfeeding and suggest some initiatives to encourage breastfeeding. These include concerns about the gap between hospital discharge and community services; consistency of information a women move between services; community education; professional education; workplace strategies that support breastfeeding; societal factors impacting on breastfeeding; women's understanding of the health benefits of exclusive breastfeeding; promotion of breast milk substitutes to women and professionals; proactive approaches to supporting breastfeeding; Baby Friendly health care services; continuity of care protocols; and effective research.

Key Issues

Early discharge from hospital

Victorian Maternal and Child Health (M&CH) nurses have made a strong connection between *early discharge from hospital* following the birth of a baby and *disruption and delay in the establishment of breast feeding*. This view is based on observations and experience of community based M&CH nurses in their daily work. The M& CH nurse has a high level of commitment to the establishment and support of breast feeding. As described in anecdotes from many nurses there seems almost to be a race to 'catch' women during the gap between hospital discharge and initial contact with the M&CH service to avoid the loss of breast feeding. A single day in this very early critical period can make a world of difference between a woman continuing and ceasing breastfeeding.

Notification of Births by maternity services to the relevant municipal council is legislated under the Victorian Health Act with a requirement that contact is made with the family on receipt of the birth notification. It is in this gap between services that breast feeding is most at risk of being discontinued. Following discharge, that is often as early as 48 hours post delivery, and the initial contact with the M&CH nurse, many hospitals provide some form of domiciliary support, either by home visit or telephone. In outlying metropolitan and rural areas, domiciliary services may vary in availability.

It is also during this early period that a woman's resolve to breast feed may be challenged. The overwhelming experience of labour and birth, the speed of the hospital experience, the exhilaration of new parenthood, exhaustion from the birth experience, family pressures, varying levels of personal support, and access to timely professional support, etc. are all factors that may influence a woman's pre-natal decision to breast feed.

Prenatal breastfeeding intentions are extremely important for the actual outcome for breast feeding. A pregnant woman may not have fully discussed her breast feeding

intentions and commitment with partner or family members. When the realities of the pressures of early parenthood become evident factors such as fatigue, illness, demands of partner or other children, views and opinions of family and friends, self-imposed pressures to maintain lifestyle and household standards may sway a woman's intention and lead to the introduction of partial or complete formula feeding.

Another concern of M&CH nurses is that even if a woman intends to breastfeed, they may still only plan to do this for weeks or months, and may be heard to express "I will breastfeed *if I can*". Knowledge and understanding of the value and importance of fully breast feeding a baby for a minimum of six months appears not to be widespread in the community.

Activities to support breastfeeding in municipal Council areas include additional consultations by Centre nurses; specialised breast feeding clinics; M&CH nurses qualified as lactation consultants; additional home visiting support; referral to residential or day-stay facilities; referral to lactation consultants, links with Australian Breastfeeding Association support groups.

Despite all the efforts of M&CH nurses in support of breastfeeding, annual data collected by DHS from M&CH records indicates 75% of babies are breastfed on discharge; 67% at 2 weeks; 48.5% at 3 months and 37% are breastfed at 6 months.

Continuity of care and consistency of information:

A deficit in the current early discharge scenario is a strong emphasis on an early discharge model that provides breastfeeding support with the same practitioner for 4-6 weeks if needed. This is a model that could flow from the current Victorian M&CH service model and maybe incorporated in the Enhanced M&CH service model of targeted outreach for vulnerable families. A key issue in early discharge from hospital is the *consistency of information*, guidance and professional expertise available to new mothers for breast feeding.

M&CH nurses report that when they meet women in the community, women report a great diversity in information provided about breastfeeding during the antennal period and and during their hospital stay immediately post partum. When a short hospital stay is coupled with inconsistent advice the motivation to continue to breast feed may be compromised.

Community education

Some local governments through their Municipal Public Health Plans have lobbied for *family friendly business activity centres* that provide facilities for breast feeding mothers of an acceptable, safe standard.

There has been some evidence of increasing *acceptance of breastfeeding mothers in restaurants and public places*; however, there remains a level of individual discomfort for members of the public encountering a breastfeeding mother.

Increasing the visibility of breastfeeding mothers in the community in the course of day-to-day activities and through commercial advertising ie use of television media would slowly impact on the level of community acceptance while providing a "natural" educative medium.

Workplace strategies to support breastfeeding

Women retuning to work following the birth of their child face difficult decisions in relation to continuing breastfeeding. Factors that limit their decision to breastfeed include minimal or no maternity leave availability, lack of breastfeeding-friendly policies in workplaces, inability to take breaks during the day for expressing in the workplace or no appropriate space to do this, limited workplace childcare available where children have access to breastfeeding in their mothers break.

Current Federal government support for families includes maternity and immunisation allowances and child care rebates. These benefits could be extended with incentives to encourage breastfeeding.

Societal attitudes and community acceptance of breast feeding

The current childbearing cohort of young women belongs to a society that defines women by their appearance. Western culture places erotic or sexual value on a body part whose function is infant nourishment. The basic nature of the breastfeeding relationship is inherently sensual and this culturally based sexual taboo directly affects the initial infant feeding decision. Women's breasts are relegated to the category of sexuality, essentially to be used for the pleasure of the woman's partner. This *patriarchal attitude toward women's bodies can be dangerous to infant health* if it leads to lower incidence of breastfeeding. (M. Roth in LEAVEN 2006)

Community attitudes and acceptance of breastfeeding in Victoria currently results in only 37% of babies being breastfed at six months. There is even less tolerance of or encouragement to breastfeed beyond this age. The rates of breastfeeding toddlers are not documented and there is little evidence of this as a widespread practice in Australia.

Definition of Breastfeeding

M&CH nurses report apparent limited understanding by new parents of what breastfeeding is, by definition. A significant number of women introduce infant formula to their baby in the very early days post discharge. The reasons for this are unclear but

nurses speculate there may be a connection with the stressors and difficulties mentioned previously in this submission.

The World Health Organisation (WHO) definitions of breastfeeding include five categories of infant feeding. Exclusive breastfeeding is breast milk, including milk expressed or from a wet nurse. On this basis expressed breast milk can be accepted as exclusive breastfeeding, the only additional substances allowed being drops, syrups (vitamins, medicines).
Some women express breast milk, either manually or mechanically for several months. This practice is becoming more frequent and may relate in part to the issues raised in the section above on societal attitudes to breastfeeding. Some nurses report women use expressed milk as a convenient option when going out shopping or visiting even when the mother remains with the baby. This could support the notion of acceptability of breastfeeding in public.

Promotion of infant formula feeding

Infant formula companies continue to promote breast milk substitutes in assertive and sometimes confusing ways with high profile promotions in stores, labeling that does not clearly differentiate between follow-on and early infant feeding formulas, happy family/ good mother/ lifestyle messages.

Representations to health professionals continue as do sponsored conferences, offers of education sessions with inducements such as cinema tickets, diaries, waiting room toys, display posters, product samples.

Reactive vs. proactive approaches in primary health care settings

Although some M&CH services have introduced a routine breastfeeding support/assessment visit for all new mothers, the most common support activities for breastfeeding are reactive in nature, including referrals to day-stay or residential programs or to municipal lactation consultants. This approach reinforces a *reactive model of care.* Such a model relies on all nurses in the system having *adequate knowledge* to make an *appropriate early referral* that supports and enables maintenance of breastfeeding for as long as possible and for at least six months.

A *proactive approach* requires a practitioner to have a *thorough knowledge* of all aspects of breastfeeding and human lactation and skills and experience to provide anticipatory guidance, support, troubleshooting and early referral when indicated for more complex situations.

Education needs of nurses

Many M&CH nurses have undertaken the IBLC lactation qualification, often at their own expense. However, this or similar ongoing training is not universally available or taken up by practitioners in the sector.

Baby Friendly Health Care services

The Baby Friendly Health Initiative (BFHI) is an international project that aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm and practices known to promote the health and well-being of all babies and their mothers are followed. (BFHI Australia - http://www.bfhi.org.au)

Accreditation as a Baby Friendly (BF) health care service is achieved by completion of a 10-step accreditation process. In Victoria, there are currently 23 BF hospitals. To date BF accreditation has not extended to the Maternal and Child Health Service.

A key professional and community education tool in the BF program is the initiation of a breast feeding policy with training for all health care professional in the skills necessary to implement the policy.

"Continuity of Care" initiative of Department of Human Services

A protocol between the Department of Human Services, on behalf of Victoria's public maternity services, and the Municipal Association of Victoria (MAV), on behalf of local government as providers of maternal child health (M&CH) services was released in 2004.

The aims of the protocol include enhancing continuity of care for recent mothers and their babies through improved care planning supported by effective communication and collaboration; promotion and strengthening of professional partnerships between maternity and M&CH services; promotion of mutual understanding of the respective roles and responsibilities of M&CH and maternity services, and; promotion of standardised and complementary approaches to the transfer of information between maternity and M&CH services. (http://www.health.vic.gov.au/maternitycare)

Research

Most research into breastfeeding practices has focused on the socio-demographic characteristics of mothers and self reported factors. Hector, King and Webb (2005) propose a conceptual framework with three levels of factors affecting breastfeeding practices: individual, group and society. The framework enables a broader view of the interactions between factors influencing breastfeeding and might better inform the design

of interventions. The results of intervention research and evaluation can provide insights about significant influences on breastfeeding.

In Victoria, the Maribyrnong Best Start Project adopted a multi-focused approach to address low breastfeeding rates with practical interventions that contributed to an increase in breastfeeding rates. This model could be adapted across Australia with appropriate local and regional approaches.

Recommendations

- Assertively address the time gap for families between hospital discharge and community support services to increase breastfeeding rates.
- Provide increased resources to actively rollout maternity services protocols similar to the Victorian DHS 'Continuity of Care' initiatives.
- Ensure domiciliary midwifery care for all women in the first six days post delivery.
- Implement an early discharge model that promotes continuity of trained practitioners for 4-6 weeks from discharge, and includes co-ordinated ante- and post-natal and community based strategies aimed at supporting breastfeeding for at least 6 months.
- Increase funding for current in-hospital support for breastfeeding – midwives, lactation consultants, etc.
- Implement a national common approach to breastfeeding for nursing staff – prenatal, hospital and community.
- Introduce incentives for all maternity hospitals and health services to achieve 'Baby Friendly' rating
- The government to legislate for the compliance of maternity services and all community health services with the WHO Code for the marketing of breast milk substitutes.
- Elimination of all samples and promotion of breast milk substitutes in hospitals and community health services via baby packs, sponsored information, samples, professional education incentives, etc.
- Examine the current limitations and zoning of major hospitals for post delivery domiciliary care.
- Update the curriculum for midwifery and maternal and child health studies to include breastfeeding as a core subject.
- Increase in the lactation consultancies available to all sectors of the community.
- All domiciliary midwives to hold advanced breastfeeding qualifications.
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- Community education programs promoting advantages of breastfeeding.

- Changes to workplace conditions enabling women to incorporate work and breastfeeding.

- Extend federal government family benefits, with incentive to encourage breastfeeding including education for families to use the "baby bonus" to access services to assist with establishment of breastfeeding.

- Secondary school programs that expand the preparation for parenthood including message about the health benefits of breastfeeding. Incorporate across the curriculum.

- A national government advertising campaign similar to messages for Go for Your Life, Quit Smoking and Road Safety.

- Inclusion of breastfeeding education in undergraduate medical training and especially in post graduate GP specialisation studies.

- Provide increased funding for support agencies eg Australia Breastfeeding Association for community based and peer support for breastfeeding.

The following articles were helpful during preparation of this submission:

Department of Human Services Victoria Maternal and Child health Services Annual Report 2004-2005 www.dhs.vic.gov.au/

Maribyrnong Best Start Breastfeeding Project 2005 www.maribyrnong.vic.gov.au

Factors Affecting Breastfeeding Practices: Applying a conceptual Framework.. Hector D., King L, and Webb K, in NSW Public Health Bulletin 2005; 16(3-4) 52-55

Definitions Used in the WHO Global Data Bank on Breastfeeding. WHO 1996

Could Body Image Be a Barrier to Breastfeeding? A Review of the Literature. Roth, M in LEAVEN, Vol. 42 No. 1, February-March 2006, pp 4-7.

Factors associated with breastfeeding at six months postpartum in a group of Australian women. Forster, D, McLachlan, H, Lumley, J. in International Breastfeeding Journal 2006, 1:18.

Effects on Breastfeeding of Changes in Maternity Length-of-Stay Policy in a Large Health Maintenance Organization. Madden, J. et al in Pediatrics 2003; 111;519-524.

Early discharge: what's the evidence in MHR NEWS July 2004. www.latrobe.edu.au/csmch

Do Baby-Friendly Hospitals Influence Breastfeeding Duration on a National Level? Mertin, S. et al in Pediatrics 2005;116;702-708.

Baby Friendly Health Initiative web site http://www.bfhi.org.au/

Duration, Intensity, and Exclusivity of Breastfeeding: Recent research confirms the Importance of these Variables. Harmon-Jones, C., from Breastfeeding Abstracts, May 2006, Vol. 25, No. 3, pp 17-20 downloaded from www.lalecheleague.org.ba