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House Standing Committee on Health and Ageing

Inquiry into Breastfeeding

Supplementary Submission by:

Prof Colin Binns MBBS MPH PhD FRACGP FAFOM FAFPHM
School of Public Health
Curtin University
GPO Box U1987
Perth, WA 6845

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Providing infant feeding information to health professionals and the public

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The House of Representatives Health Committee held a public hearing of their enquiry into Breastfeeding in Sydney on June 4. At this hearing the issue of the provision of information on bottle feeding (use of infant formula) to parents was raised.

Currently in Australia information on infant feeding is provided to health professionals and mothers (parents) in the following ways.

1. Authoritative information on the use of Infant Formula

All editions of the NHMRC Infant Feeding Guidelines have included a chapter on the use of infant formula, including its correct preparation (Binns & Davidson 2003). These guidelines are prepared by the NHMRC with funding and support from the Commonwealth Department of Health. The current edition of the Infant Feeding Guidelines includes a complete chapter "Safe Use of Infant Formula". The preparation of these guidelines was the subject of extensive consultation and their content was agreed to by the Infant Formula Manufacturers and health professional organisations.

The Guidelines have been widely distributed to health professional and available for free download on the Internet. (www.nhmrc.gov.au)
Information is included on the safe preparation and usage of infant formula. The first edition of the Infant Feeding Guidelines included a table of all of the infant formula available in Australia at that time. Unfortunately this became rapidly out of date, and so the current edition of the infant feeding guidelines does not include a table of available formula. The manufacturers, importers, names, type of formulae and their composition are constantly changing and it proved impossible to compile and accurate list. It would require some effort to continually monitor the Australian market and maintain an accurate up to date database on products currently available. However, as discussed in the section on the low on the safety of infant formula, this would be a worthwhile activity for Food Standards Australia and New Zealand or for MAIF.

Conclusion: An authoritative document on the use of infant formula has been prepared and is readily available. Infant formula companies could assist by publicising its existence, and by distributing reprints.

2. Information given to mothers about Infant formula.

The Perth Infant Studies I and II are cohort studies of mothers who have given birth in Perth Hospitals, with a slight sample bias towards lower socio-economic groups (Binns & Graham 2005).
In the Perth Infant Studies we asked mothers about the provision of information about the different methods of infant feeding as well as the feeding method that is used.

During the antenatal period 92% of mothers stated that they had received information on breastfeeding. This included talks at antenatal classes, pamphlets, videos etc. The average mother received information in 3 different formats, with some mothers receiving breastfeeding information in up to 9 different media.

The mothers were asked similar questions about whether they received information on bottle feeding and the use of formula. 32% of mothers had received information on bottle feeding before birth. The most common medium for both breastfeeding and bottle feeding information was pamphlets. One quarter of mothers had attended practical demonstrations on breastfeeding, but only 3% on bottle feeding. There were no specific demographic factors (eg age, parity) that were associated with mothers receiving information on formula feeding.

Conclusion. About one third of mothers received information on bottle feeding a during the antenatal period. Since 90% of mothers commenced breastfeeding this is a more than adequate figure.

3. Relationship between infant formula information and subsequent breastfeeding

Mothers who received information on bottle feeding were less likely to be breastfeeding and exclusively breastfeeding on discharge from hospital. They also breastfeed for a significantly shorter period of time than mothers who did not receive education on bottle feeding. The results are significant for the duration of "any", "full" and "exclusive" breastfeeding (see Table One).

Table One: Breastfeeding duration by whether information on bottle feeding was received during the antenatal period.*

Bottle feeding Information	duration of any breastfeeding in weeks	duration of exclusive breastfeeding	duration of fully breastfeeding (no formula or solids)
Not given	25.0 (23.1, 26.9)	6.2 (5.5, 6.9)	9.0 (8.2, 9.9)
n	399	399	399
Given during antenatal period	19.7 (16.9, 22.5)	4.5 (3.6, 5.4)	6.9 (5.7, 8.0)
n	188	188	188

*Mean and 95% confidence intervals are shown

However this information can be interpreted in two ways:

a. the mothers who are going to bottle feed seek out the information that they need on formula feeding
b. mothers who receive bottle feeding information are influenced to breastfeeding of a shorter period.

More research is needed into clarify these alternatives. An intervention study would be clearly unethical and hence we will have to rely on further observational studies.

However whichever these results are interpreted, there is no indication that more information on formula feeding is required.

In our study there were only 15 mothers who stated at the beginning of our study that they had no intention breastfeeding, either because they disliked breastfeeding or they

thought breastfeeding was better. Most of these mothers (66%) received information antenatally on bottle feeding.

Conclusion. Mothers to receive information on what all feeding are less likely to successfully breastfeeding. The evidence does not allow us to conclude whether this is a causal relationship. The data suggests that education on infant formula preparation may currently be sufficient

Quality of Infant Formula

Currently the infant formula available in Australia are prepared to the highest standards. This is because the companies involved are highly reputable international organisations, and have strict quality control. However, in other countries in our region this is not always the case. There was a case in China last year where hundreds of infants died because of the use of substandard or counterfeit formula. Infant formula are imported into Australia as a food, and it is assumed that it will meet the Australian standards. It is not subject to routine testing. Under these circumstances it would be possible for a new manufacturer/import to bring a quantity of a product into the country, perhaps for discounted sale. Infant formula is unique amongst food in that it is expected to provide all of the nutrients required for an individual for a period of up to six months. Under these circumstances, infants deserve the highest quality product. It seems inappropriate that manufacturers should complete on nutrient quality or content of their products. Australian infants should always benefit from the most nutritionally complete product. For this reason, the cheaper brands of infant formula should be discontinued.

Conclusion. The importation of infant formula into Australia should be closely monitored. All importers and distributors should be required to join the MAIF agreement. Infants to a given the infant formula should be given the highest quality product available.

References:

Binns, C. & Davidson, G. 2003, 'Infant Feeding Guidelines for Health Workers', in *Dietary Guidelines for Children in Australia*, National Health and Medical Research Council, Canberra.

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