



australian
breastfeeding
association

Submission No. 159

AUTHORISED: 13/11/06

Briefing Paper for

House of Representatives Standing Committee on Health and Ageing

Wednesday 1st November 2006

ABA personnel attending
Margaret Grove - National President
Sue McIvor - Executive Officer
Nina Berry - Advocate

For discussion

1. **Breastfeeding in Australia today**
2. **Health implication for chronic and acute diseases**
3. **Economic considerations of breastfeeding**
4. **Why breastfeeding practices in Australia are so poor**
5. **The WHO Code and MAIF**
6. **The way forward – some solutions**

THE AUSTRALIAN BREASTFEEDING ASSOCIATION (ABA)

- Was established 42 years ago as Nursing Mothers
- Currently has almost 13,000 members Australia-wide. Nearly half of the membership is outside metropolitan areas
- Has over 1,800 trained volunteer community health workers and is currently undergoing accreditation as a Registered Training Organisation (RTO)
- Handles more than 260,000 counselling contacts each year on its volunteer national help line.
- Holds 90,000 community events each year: including pre-natal, post-natal and health professional education
- ABA's volunteer contribution to the community is conservatively estimated at more than \$16 million per year

1. BREASTFEEDING IN AUSTRALIA TODAY

- In Australia, we know that a vast majority of women want to breastfeed: almost 90% of women initiate breastfeeding after birth¹
- By 6 months, only 10% of babies are being exclusively breastfed, with only 32% receiving some breast milk²
- The NHMRC³ and the WHO⁴ both recommend that all infants be exclusively breastfed for six months
- Currently, no national stats are collected for breastfeeding rates in Australia
- All of these factors have implications for Australia's future health

¹ Australian Bureau of Statistics (2003). *Breastfeeding in Australia, Electronic Delivery*. Retrieved online from <http://www.abs.gov.au/Aussstats/absat@nsw/0/81/65D625317101802CA256DA40003AU7C?Open#Links>

² National Health Survey 2001

³ Binns CW (2003). *Dietary Guidelines for Children and Adolescents in Australia*. Commonwealth of Australia. pp. 1-19.

⁴ World Health Assembly (Fifty Fourth) 2001, Infant and Young Child Nutrition: Resolution 54.2.

2. HEALTH IMPLICATIONS

- An increasing amount of research shows that there are serious health risks associated with either not breastfeeding or with early weaning, for example:

i. For the child

1. **Obesity** - Research has consistently found that children who are not breastfed are more likely to be overweight in childhood and adolescence. The relationship appears to be dose dependent. A recent meta-analysis of research found that children breastfed for less than 1 month have a 32% increased risk of being overweight as compared to children breastfed for 4-6 months and have a 47% increased risk of being overweight as compared to children breastfed for more than 9 months⁵
2. **Diabetes** - There is some evidence that the likelihood of developing Type 1 diabetes may be related to early nutrition. It is thought that sensitisation and development of antibodies to a cow's milk protein may be the initial step in the aetiology of Type 1 diabetes.⁶ A relationship between diarrhoeal disease due to rotavirus infection and Type 1 diabetes has also been identified⁷
3. **Asthma** - In a specifically Australian context, research has found that introduction of milks other than human milk before 4 months of age resulted in a 25% increased risk of asthma, an earlier diagnosis of asthma, a 31% increase in wheezing and earlier onset of wheezing⁸
4. **Allergy** - Infants fed infant formula (cow's milk based or soy) have a higher incidence of allergy than babies who are breastfed^{9 10}
5. **Gastroenteritis** - Children who are not breastfed have been found to be 3 times more likely to contract rotavirus infection¹¹ and children who are not breastfed will also be sicker than breastfed children who contract rotavirus¹². One study found that babies who were not breastfed had an 800% increased risk of being sick enough with rotavirus to require a doctor's visit.¹³ Other research has found that babies who are not breastfed have a 200-500% risk of developing gastroenteritis caused by non-viral pathogens¹⁴
6. **Respiratory Infection** - Australian research has identified that in the first year of life babies not exclusively breastfed for 2 months or at least partially breastfed for 6 months are 1.4 times more likely to have 4 or more hospital or doctors visits because of upper respiratory tract infections.¹⁵ Babies not exclusively breastfed for 6 months are 2 times more likely to have two or more hospital or doctors visits

⁵ Harder T, Bergmann R, Kallischnigg G, Plagemann A (2005). Duration of breastfeeding and risk of overweight: a meta-analysis. *American Journal of Epidemiology* 162: 397-403.

⁶ Villalpando and Hamosh 1998 Villalpando S, Hamosh M (1998). Early and late effects of breast-feeding: does breast-feeding really matter. *Biology of the Neonate* 74: 177-190.

⁷ Couper JJ (2001). Environmental triggers of type 1 diabetes. *Journal of Paediatrics and Child Health* 37: 218-220.

⁸ Oddy WH, Holt PG, Sly PD, Read AW, Landau LI, Stanley FJ, Kendall GE, Burton PR (1999). Association between breast feeding and asthma in 6 year old children: findings of a prospective birth cohort study. *British Medical Journal* 319: 815-819.

⁹ Friedman NJ, Zeiger RS (2005). The role of breast-feeding in the development of allergies and asthma. *Journal of Allergy and Clinical Immunology* 115: 1238-1248.

¹⁰ Oddy WH, Peat JK (2003). Breastfeeding, asthma, and atopic disease: an epidemiological review of the literature. *Journal of Human Lactation* 19: 250-261.

¹¹ Gianino P, Mastretta E, Longo P, Laccisaglia A, Sartore M, Russo R, Mazzaccara A (2002). Incidence of nosocomial rotavirus infections, symptomatic and asymptomatic, in breast-fed and non-breast-fed infants. *Journal of Hospital Infection* 50: 13-17.

¹² Duffy LC, Byers TE, Riepenhoff-Talty M, La Scolea LJ, Zielezny M, Ogra PL (1986). The effects of infant feeding on rotavirus-induced gastroenteritis: a prospective study. *American Journal of Public Health* 76: 259-263.

¹³ Sethi D, Cumberland P, Hudson MJ, Rodrigues LC, Wheeler JG, Roberts JA, Tompkins DS, Cowden JM, Roderick PJ (2001). A study of infectious intestinal disease in England: risk factors associated with group A rotavirus in England 126: 63-70.

¹⁴ Golding J, Emmett PM, Rogers IS (1997). Does breast feeding protect against non-gastric infections? *Early Human Development* 49: S105-S120.

¹⁵ Oddy WH, Sly PD, de Klerk NH, Landau LI, Kendall GE, Holt PG, Stanley FJ (2003). Breast feeding and respiratory morbidity in infancy: a birth cohort study. *Archives of Diseases in Childhood* 88: 224-228.

and 2.6 times more likely to be hospitalised for wheezing lower respiratory illness (bronchiolitis or asthma)¹⁴

7. **Otitis media** – children not breastfed have between 60 and 100% increased risk of developing otitis media^{16 17 18} and at about double the risk of suffering from recurrent otitis media.¹⁹
8. **Urinary Tract infections** - Babies who are not breastfed are 5 times more likely to suffer from urinary tract infection in infancy than children who are breastfed²⁰ They are also more likely to suffer from urinary tract infections up until at least 6 years of age

ii. For the mother

1. **Breast cancer** - Breastfeeding reduces the risk of a woman developing breast cancer in a very strong dose dependent relationship. It has been estimated that each 12 months of breastfeeding reduces the risk of breast cancer development by 4.3%²¹ and that the impact of breastfeeding on breast cancer reduction increases with long-term breastfeeding such that women who breastfeed each of their children for 2 years or more up to halve their risk of developing breast cancer²²
2. **Ovarian cancer** - Research has found that breastfeeding for 2-7 months results in an average 20% reduction in incidence of ovarian cancer (studies have found up to a 50% reduction with the relationship being dose dependent)²³
3. **Diabetes** - A recent study found that each year of breastfeeding reduces the risk of developing Type 2 diabetes by 15% in young and middle aged women even when BMI and other risk factors are controlled for.²⁴ It is thought that this may be because breastfeeding improves the stability of glucose levels in women²⁵

3. ECONOMIC CONSIDERATIONS

The health costs associated with illnesses linked to not breastfeeding or early weaning are substantial:

- The NHMRC noted the high hospital cost of early weaning, based on Australian research²⁶ showing the attributable hospital cost of premature weaning would be at least \$60 – 120 million a year nationally for just 5 illnesses²⁷
- Rotavirus infection is thought to account for half of all hospital admissions for severe diarrhoea and in Australia the cost of hospitalisation for each case is estimated at \$1700 per episode per child and cost of care in the community is estimated at \$440 per child²⁸

14

¹⁶ Duffy LC, Faden H, Wasielewski R, Wolf J, Krystofik D (1997). Exclusive breastfeeding protects against bacterial colonization and day care exposure to otitis media. *Pediatrics* 100: e7.

¹⁷ Duncan B, Ey J, Holberg CJ, Wright AL, Martinez FD, Taussig LM (1993). Exclusive breast-feeding for at least 4 months protects against otitis media. *Pediatrics* 91: 867-872.

¹⁸ Teele DW, Klein JO, Rosner B (1989). Epidemiology of otitis media during the first seven years of life of children in greater Boston: a prospective cohort study. *Journal of Infectious Diseases* 160: 8-94

¹⁹ Fosarelli PD, Deangelis C, Winkelstein J, Mellits ED (1985). Infectious illnesses in the first two years of life. *Pediatric Infectious Diseases* 4: 153-159.

²⁰ Pisacane A, Graziano L, Mazzarella G, Scarpellino B, Zona G (1992). Breast-feeding and urinary tract infection. *Journal of Pediatrics* 120: 87-89.

²¹ Collaborative Group on Hormonal Factors in Breast Cancer (2002). Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50 302 women with breast cancer and 96 973 women without the disease. *The Lancet* 360: 187-195.

²² Zheng T, Duan L, Liu Y, Zhang B, Wang Y, Chen Y, Zhang Y, Owens PH (2000). Lactation reduces breast cancer risk in Shandong Province, China. *American Journal of Epidemiology* 152: 1129-1135.

²³ Labbok MH (2001). The evidence for breastfeeding: effects of breastfeeding on the mother. *Pediatric Clinics of North America* 48: 143-158.

²⁴ Stuebe AM, Rich-Edwards JW, Willett WC, Manson JE, Michels KB (2005). Duration of lactation and incidence of type 2 diabetes. *Journal of the American Medical Association* 294: 2601-2610.

²⁵ Karlson EW, Mandl LA, Hankinson SE, Grodstein F (2004). Do breast-feeding and other reproductive factors influence future risk of rheumatoid arthritis? *Arthritis and Rheumatism* 50: 3458-3467.

²⁶ Smith, JP, Thompson JF, et al. (2002). "Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory." *Australian and New Zealand Journal of Public Health* 26(6): 543-551.

²⁷ Smith, JP, Thompson JF, et al. (2002). "Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory." *Australian and New Zealand Journal of Public Health* 26(6): 543-551.

4. WHY BREASTFEEDING PRACTICES IN AUSTRALIA ARE SO POOR

❑ Health professionals' education

Doctors usually receive only one or two hours of breastfeeding education during their training. They are also repeatedly provided with education about infant feeding from the manufacturers of baby foods and breast milk substitutes (formula). Many health care professionals are themselves completely unaware that the health and developmental impact of breastfeeding continues for years of breastfeeding rather than months or weeks

One third of Victorian MCH nurses reported in a 2003 survey by La Trobe University that their breastfeeding management skills were 'poor to non-existent'²⁹

❑ Marketing of breast milk substitutes

Direct to consumer marketing of infant formula and other infant feeding paraphernalia encourages mothers to make important decisions about infant feeding without consulting their health professionals. The messages contained in such materials tend to neutralise the public health messages mothers hear from their health care providers. Marketing materials are designed to increase sales of breast milk substitutes. In a country with stable or declining birth rates, increased sales of breast milk substitutes necessarily means declining rates of breastfeeding

❑ Food labelling

Current food labelling practices are not in line with NHMRC recommendations, leading to confusion and mixed messages for parents

5. WHO Code -The International Code of Marketing of Breast milk Substitutes

- ❑ In 1981 Australia was *an original signatory* to WHA34.22 in which the member states adopted the WHO Code and urged legislative implementation of the provisions of the Code in its entirety. This includes adequate monitoring of the marketing activities of the infant feeding sector
- ❑ The WHO Code applies to *all* marketing of breast milk substitutes, whether by manufacturers, retailers or other interested parties and applies to *any product that is marketed as a partial or total replacement of breast milk*. This includes commercial infant foods and juices (when they are marketed as suitable for infants under 6 months) and toddler formula which is packaged in tins identical to infant formula and designed to be confused with infant formula by consumers

MAIF - Marketing in Australia of Infant Formula

- ❑ The MAIF Agreement is a *voluntary code* that applies only to manufacturers and importers who are signatories to the agreement
- ❑ The MAIF Agreement applies *only to infant formula* and not to other breast milk substitutes such as commercial infant foods and juices (where they are positioned as suitable for infants as young as three months old)
- ❑ It *does not restrict the activities of retailers* (which are very often the result of commercial arrangements with manufacturers and importers)
- ❑ It *does not restrict the activities of non-signatories*. Australia currently has three new entrants into this market who are aggressively marketing their products to parents and health care professionals
- ❑ There is *no sanction* attached to breaching the MAIF Agreement. Currently signatories are regularly and knowingly breaching the Agreement by providing marketing materials and product samples for distribution at retail outlets
- ❑ ABA receives over 500 reported breaches of the MAIF agreement each yr and estimates that there are thousands of breaches in Australia of the WHO code. There is *no co-ordinated monitoring* of marketing activities associated with breast milk substitutes. APMAIF Secretariat

²⁸ Elliot EJ, Dalby-Payne JR (2004). Acute infectious diarrhoea and dehydration in children. Medical Journal of Australia 181: 565-570.

²⁹ Kereen Reiger Surviving the contract state: a report on Maternal Child Health Service Victoria 2003 La Trobe University

relies on the general public to monitor the activities of manufacturers and importers and report them

5. THE WAY FORWARD

The Australian Breastfeeding Association would like to encourage the Committee to launch an inquiry into *Breastfeeding in Australia*, examining the correlation between breastfeeding rates and acute and chronic illnesses such as obesity, diabetes and inflammatory bowel disease, including the following questions in it's terms of reference:

- Who is breastfeeding in Australia with data collected according to agreed international definitions of Exclusive, Full and Token Breastfeeding?
- What is the true cost of the health sequelae of premature weaning from breastfeeding in Australia?
- What are the education needs of Paediatricians, General Practitioners and Family and Child Health Nurses and how can they be met?
- Is the MAIF Agreement adequately protecting mothers from the marketing strategies of companies with an interest in promoting artificial infant feeding?