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Submission for Parliamentary Inquiry into the Health Benefits of Breastfeeding

Prepared by:

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Introduction

This submission recommends the Commonwealth government provide leadership for the Australian population in promoting, protecting and supporting breastfeeding. Breastfeeding is foundational for health and wellbeing of any individual. As a healthy society is the aim of any government, it is vital that the Commonwealth government demonstrates its commitment to improving the health of the Australian population through support for breastfeeding.

Recommendations

- 1. Promotion of breastfeeding as the 'norm' for infant nutrition**
- 2. Extending and supporting, both financially and through policy all activities involved in promoting, supporting and protecting breastfeeding**
- 3. Midwifery relationship based care as the 'norm' for pregnant women**
- 4. Establish supportive structures for mothers with newborn babies**

Reasons for this submission

- Breastfeeding is one of the most important contributors to infant health and well-being, providing a range of benefits for an infants growth, immunity and development
- Breastfeeding contributes to maternal health and wellbeing. The length of time a woman breastfeeds is inversely associated with the incidence of ovarian and breast cancer.
- Our community is a bottle-feeding community; bottle-feeding is the 'norm' and is promoted in many ways in the media. This orientation needs to be changed so that breastfeeding is the 'norm'.
- Breastfeeding education and assistance requires time. Within a relationship based midwifery service, women can explore all aspects of breastfeeding with her midwife so that women are knowledgeable and skilful when they have their babies. In a relationship based midwifery service, the midwife continues to provide assistance, support and advice as needed to postnatal women, ensuring advice is consistent and timely and that adequate time is given to vulnerable new mothers.
- Breastfeeding is more likely to be successful when women birth normally, avoid medical intervention and are not exposed to bottle feeding 'suggestions' and promotion.
- Continuity of care with a midwife the woman knows and trusts means that the usual problems for breastfeeding women can be anticipated and avoided.
- Breastfeeding contributes to economic benefits to the family, healthcare system and workplace.

Barriers to successful breastfeeding include

- Bottle feeding society; children have not grown up exposed to breastfeeding and so have no reference point for their own experience as parents with breastfeeding
- Bottle feeding marketed in subtle and not so subtle ways as the 'norm' e.g. bottles supplied with dolls for girls; pictures of baby bottles in films and advertisements for other products etc.
- Sexualisation of breasts in media influences community perceptions of breastfeeding women.
- Women breastfeeding in public frowned upon and women feel vulnerable to attack.
- No or very little education about breastfeeding in family of origin or schooling or during pregnancy.

Benefits of successful breastfeeding for infants include:

- Facilitates attachment with mothers and their babies
- Hormonal effects increase mother/baby love
- Protection against infection and some chronic diseases and improved cognitive development (NH&MRC2003)
- Reduced incidence of infections (middle ear) and admission to hospital (than formula fed infants)
- Reduced incidence of eczema, food allergy and respiratory illness
- Economic benefits accrue to families as the cost of formula substitutes is a significant expense for many families
- Exclusive breast feeding protects susceptible infants from type1 insulin dependent diabetes
- Helps prevent childhood obesity
- Reduces the risk inflammatory bowel disease, childhood lymphoma
- Produces better cognitive and academic outcomes (an increase of 5%)
- Promotes optimal growth and development of the infant especially speech and jaw
- Reduced incidence and duration of diarrhoeal illnesses
- Protection against respiratory infection and reduced prevalence of asthma
- Reduced occurrence of otitis media and recurrent otitis media
- Possible protection against neonatal necrotizing enterocolitis, bacteraemia, meningitis, botulism, and urinary tract infection
- Possible reduced risk of auto-immune disease such as Type 1 diabetes and inflammatory bowel disease
- Possible reduced risk of developing cow's milk allergy
- Possible reduced risk of adiposity later in childhood
- Improved visual acuity and psychomotor development
- Higher IQ scores, which may be the result of factors present in the milk and/or of greater stimulation
- Reduced malocclusion as a result of optimal/correct jaw shape development
- (Adapted from the Dietary Guidelines for Children and Adolescents in Australia, NHMRC 2003)

Health Advantages of Breastfeeding for Mothers:

- Facilitates return of mother's body to normal after childbirth
- Reduces maternal blood loss after childbirth
- Breast feeding enhances maternal/infant bonding, reduces risk of breast, ovarian cancers, multiple sclerosis and may reduce risk of osteoporosis
- Improved bone mineralization and thereby decreased risk of post-menopausal hip fracture
- Prolonged period of postpartum infertility, leading to increased spacing between pregnancies
- Associated accelerated weight loss and return to per pregnancy body weight
- Reduced risk of pre-menopausal breast cancer

Environmental benefits of successful breastfeeding include:

- Is environmentally sound as unlike artificial baby milk, it requires no fossil fuels in its manufacture or preparation
- Reduces pollutants created as by-products during the manufacture and transport of milk formula and containers
- Reduces the burden on our landfills

Economic benefits

- Economic costs of poor breastfeeding practices to NSW health system are estimated as **\$20-40 million** a year based on 5 illnesses alone (gastrointestinal illness, lower respiratory infection, otitis media, eczema and NEC) Hector, Webb & Lymer (2004).
- **In the United States, it is estimated that a minimum of \$3.6 billion would be saved if breastfeeding were increased from current US levels (64 per cent breastfed in hospital, 29 per cent breastfed at six months) to the targets recommended by the US Surgeon General (75 per cent and 50 per cent respectively). (Weimer, 2001)**
- "Breastfeeding yields cost savings for families, the health care system, employers and government. Those illnesses for which there is convincing and abundant evidence of a protective effect of breastfeeding are among the major health problems in Australia and contribute significantly to the health burden." (Smith, 1997)
- An alternative way of looking at the economics of breastfeeding is to assess breast milk as part of the food supply, and in doing so estimate the net economic benefit of breastfeeding in Australia. After adjustment for a small increase in maternal food consumption this net benefit is estimated to be at least \$2.2 billion a year, in 1997
- Projected savings for reduction in Healthcare over a 10 year period using current CPI trends (grown out over 10 year as per ABS sourced 30th Jan 2007) a reductions in cost of Childhood Cancer – \$13,688,633, Childhood Diarrhea - \$136,886,322, Ear Infections - \$684,431,662, Tympanosclomies - \$684,431,322,

Juvenile Onset Diabetes - \$3,559,044,645 and Hospitalisation for RSV (Respiratory Syncytial Virus) - \$307,994,248

Health advantages for mothers and babies are listed below, and clearly identify potential risks of poor health outcomes if breastfeeding rates are not improved

- Potentially could save the healthcare system \$5.368 billion nationally
- Will have an effect on reduction of childhood obesity medium to long term and will complement any Child Obesity Prevention Program
- Will reduce child hospital admissions
- Increasing breastfeeding in Australia could add \$3.4 billion to the national food output. (Smith, 1997)

Strategies

The following strategies indicate a concerted Federal Government effort to increase the rate and duration of breastfeeding and improve the health of the nation.

1. Promotion of breastfeeding as the 'norm' for infant nutrition

- a) Ongoing media campaign promoting breastfeeding, using all forms of media to ensure that the general public are educated about the benefits of breastfeeding and that breastfeeding becomes the accepted method of feeding the majority of babies for at least 6 months
- b) Restrict use of formula bottles in films, advertisements and packaged with dolls
- c) Produce materials which support, promote and protect breastfeeding and make them available in every possible venue women access. Liaising with Australian Breastfeeding Association for these products as they have produced wonderful resources for breastfeeding information and promotion.
- d) Establishing continuity of midwifery care in relationship based services throughout Australia so that women can get the support, information and advice they need to breastfeed well.
- e) School education such as Core of Life, from kindy to HSC years to ensure all children have good information about breastfeeding.

2. Extending and supporting, both financially and through policy all activities involved in promoting, supporting and protecting breastfeeding

- a) Funding Australian Breastfeeding Association and helping them to reach more people. Their current campaign about involving fathers is excellent
- b) Proving Medicare payments for midwifery services so all women can access relationship based midwifery care
- c) Mandatory education for early childhood nurses and GP's about breastfeeding
- d) Establishment of Lactation Clinics staffed by Lactation Consultants (IBCLC) in all towns and localities
- e) Australian Hospitals which provide maternity and paediatric services to be required to meet BFHI standards.

3. Midwifery relationship based care as the 'norm' for pregnant women

- a) Medicare payments for midwives so that all women can access midwifery care for the childbearing experience
- b) Establishment of public maternity services which offer relationship based midwifery care for all childbearing women, regardless of risk status so all women can have optimal chance of avoiding unnecessary medical intervention and be successful at breastfeeding. Belmont Birthing Service in Hunter New England Health Service in NSW is an exemplary model for relationship based midwifery care for childbearing women.

4. Establish supportive structures for mothers with newborn babies

Australian childbearing women are more and more isolated with newborn babies. Fragmentation of family structures and the mobility of society, plus the fact that women are working longer in their working lives, means that grandparents are not available to help new mothers. The demands of mothering are great and for new mothers, the time of transition and adjustment into mothering is very tiring, demanding, confronting and constant. New mothers are vulnerable and need support for this crucial time. Supportive strategies include:

- a) Provision of home help for the first six weeks after a baby is born. As a government funded strategy, this would ensure that current government interest in women having babies to increase the population has the back up it deserves. More women would be interested in having babies if they had this assistance
- b) Paid parenting leave for fathers so they can assist at this time of transformation and bodily changes
- c) Relationship based midwifery services which continue from early pregnancy, through birth and to the six weeks postnatal period.
- d) Drop in lactation clinics
- e) Funding for Australian Breastfeeding Association activities and resources

Conformity with legislation, policies and strategies

Breastfeeding is universally recommended by organisations such as:

- World Health Organisation
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners
- American Academy of Paediatrics
- Pharmaceutical Society of Australia
- NHMRC Australia
- NSW Midwives Association
- Australian College of Midwives Incorporated
- NSW Health has demonstrated commitment to breastfeeding with the development of Policy Directive; Promoting, Protecting and Supporting Breastfeeding in NSW. PD2006_012

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Addit. I have attached my chapter on the Mother as Perinatal Territory of the Developing Baby to add weight to the importance of caring for the mothers to support breastfeeding.

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31.1.07