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Secretary of the House Standing Committee  
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February 28, 2007

Dear Mr Catchpole,

I am lodging this submission to the Inquiry into Breastfeeding prepared by the Northern Sydney Central Coast Health Breastfeeding Promotion Committee (Northern Sector) in the same email as this cover letter. This submission has been reviewed by me, the Assistant Area Director of Health Promotion and I agree with its contents.

Yours sincerely



Peter Whitecross  
Assistant Area Director Health Promotion  
Macquarie Hospital

**February 2007**

**Submission from the Northern Sydney Central Coast (Northern Sector)  
Breastfeeding Promotion Committee**

**To the Australian Parliament**

**Health Standing Committee on Health and Ageing**

**Inquiry into the Health Benefits of Breastfeeding**

The Northern Sydney Central Coast (Northern Sector) Breastfeeding Promotion Committee is a multidisciplinary Committee that was formed to promote and protect breastfeeding services by facilitating collaborative action, advocacy, evidence based planning and evaluation. Members are representatives from Health Promotion, Nutrition, Lactation services, Child and Family Health and a community representative from The Australian Breastfeeding Association.

**a) The extent of the health benefits of breastfeeding**

Breastfeeding is the normal way to feed infants. Exclusive breastfeeding for the first 6 months gives the best nutritional start to infants and is recommended by a number of authorities, including the WHO, The NHMRC, The Royal Australian College of Physicians, The Royal Australian College of General Practitioners, and The American Academy of Paediatrics.

There is extensive evidence that breastfeeding provides many short and long term health benefits for both the mother and child in developing and developed countries. The health advantages of breastfeeding, as stated in the Dietary Guidelines for Australians, are reduced risk or severity of gastrointestinal illnesses, otitis media, respiratory illnesses, inflammatory bowel disease, asthma, obesity, sudden infant death syndrome, and some childhood cancers.

The health advantages for the mother, as listed in the NSW Public Health Bulletin and the NSW Health Breastfeeding Policy, are protection against pre-menopausal breast cancer, promotion of maternal recovery from childbirth, accelerated weight loss and return to pre-pregnancy body weight and reduced risk of ovarian cancer.

**References:**

National Health and Medical Research Council. Dietary Guidelines for Children and Adolescents incorporating the infant feeding guidelines for Health Workers. Commonwealth of Australia, 2003.

Breastfeeding in NSW: Promotion, Protection and Support. NSW Department of Health, 2006.

Allen J and Hector D. Benefits of Breastfeeding. NSW Public Health Bulletin, Vol 16, Number 3-4, March April 2005. State Health Publication.

**b) Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and in particular, in disadvantaged, indigenous and remote communities**

The WHO International code for the Marketing of Breastmilk Substitutes (WHO Code) aims to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding. Australia voted in favour of the WHO Code in 1981, and the Australian Government has encouraged a self-regulatory approach towards implementation of the Code. One step has been the signing of the Marketing in Australia of Infant formula (MAIF) Agreement, by larger infant formula manufacturers. The MAIF Agreement signed by manufacturers and importers is not legally binding but self-monitoring as the only imperative for compliance in Australia. Some of the limitations of the MAIF that have been noted are:

- Infant food manufacturing is a global industry and not all manufacturers have signed the MAIF
- The Agreement has not been updated to cover advertising by pharmacists which may send confusing messages about breastfeeding versus bottle feeding
- The Agreement only covers formulas for infants for up to 12 months

This 12 month time frame specified in the MAIF, has become an opportunity for formula companies to aggressively market Toddler milks across all types of media. The NSCCH (Northern Sector) Breastfeeding Promotion Committee has become concerned as to the tone, content, and implications of this advertising of Toddler milks for the following reasons:

- The Australian Recommendation is that children should be breastfed until at least 12 months and there after as long as it is mutually desired. Prolonged bottle-feeding is not recommended, particularly for speech development and caries prevention. Whilst Toddler formula can be given in a cup many parents may continue to offer it in a bottle for convenience and familiarity. If breastfeeding is not continued beyond twelve months then a wide variety of family foods is recommended - not supplement drinks.
- Products which suggest a **need** for a 'toddler' formula may undermine a mother's confidence in the nutritional adequacy and superiority of breastmilk.
- For the toddler age group it is critical to encourage a variety of foods including a wide range of flavours and texture to ensure adequate growth and development including speech development. Food offers much more than single nutrients – it offers exposure to a range of colours, texture and flavours; opportunities to be part of a social family structure at shared meal times and to explore food and food preparation. None of these can be obtained by offering food alternatives in the form of a drink or supplement. The biologically active components of food act synergistically to provide complex nutrient interactions to ensure health and wellbeing.

References:

National Health and Medical Research Council. Dietary Guidelines for Children and Adolescents incorporating the infant feeding guidelines for Health Workers. Commonwealth of Australia, 2003.

Commonwealth of Australia (2001), Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps. Australian Food and Nutrition Monitoring Unit.

**c) The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding**

Evidence suggests that there are many health benefits and advantages of breastfeeding at all stages of life. Breastfeeding confers protection against major illness and disease for mother and baby which are a significant burden on individuals, the health system and society as a whole. This Committee will defer to the expertise of recognised authorities to address this point more fully.

**d) Initiatives to encourage breastfeeding**

The NSW Centre for Public Health Nutrition (NSW CPHN) has identified determinants of breastfeeding practices that are amenable to change to assist in planning of interventions:

- Individual factors relating to mothers, including motivation, knowledge, skills and specific aspects of breastfeeding practices
- Social support for breastfeeding, including peer and partner support
- Health services organisation, policies and practices
- Health and risk status of mothers and infants
- Physical and social aspects of the environment that enable and facilitate breastfeeding
- Facets of socio-cultural factors related to the acceptability and expectations about breastfeeding eg industry retail codes and practices

Sustainable changes in outcomes require that interventions address one or more of these determinants.

In Northern Sydney, community interventions that address several of these determinants have been developed. They are:

**The Chinese Breastfeeding project**

Previous research in the Northern Sector of the NSCCAHS identified that women from a CALD background have significantly lower breastfeeding rates than both the Northern Sydney population and state average. Also, women needing an interpreter had 6 times the breastfeeding cessation rate than those who did not.

The NSW CPHN report on potential intervention points and effectiveness of interventions has been used to guide the development of this project.

Community based participatory research has been conducted with Chinese women to explore the issues and ideas for change. The Chinese mothers expressed a strong desire to breastfeed their babies and most were aware of the health benefits of breastfeeding. Factors such as access to culturally and language appropriate education, Chinese cultural practices and understanding of these practices by health professionals made it more difficult for them to do so successfully. Access to culturally supportive breastfeeding networks in the community and returning to work were also contributing factors to continuation of breastfeeding. In response to the consultations, Bilingual Community educators (Chinese) have been trained in

partnership with the Australian Breastfeeding Association. Multicultural grant funding has been secured to evaluate the impact of these classes on breastfeeding practices.

### **Breastfeeding Drop-in Clinics**

The Northern Beaches sector has established four Breastfeeding Drop-in Clinics over the past 18mths. These clinics are open to any mother breastfeeding on the Northern Beaches regardless of the age of the baby. The clinics are staffed by Child and Family Health Nurses with a high level of education in lactation.

The clinics provide a venue for mothers with a range of breastfeeding issues from attachment to low supply and fussy feeding as well as providing reassurance for families in the breastfeeding context.

An evaluation completed following a 3-month trial found that there was a small increase in the number of mothers exclusively breastfeeding at three months when compared to an earlier study. The mothers also indicated that the clinics were a valuable support system and were instrumental in their continuing of breastfeeding. These clinics are highly regarded by the families in the area and their establishment has also had a flow-on effect with less breastfeeding referrals needing to be made to the Sustained Home Visiting Program and the Family Care Centre due to this early intervention.

The introduction of Universal Home Visiting where the Child and Family Health Nurse is able to observe a breastfeed has also enabled early intervention and referrals to appropriate services, such as the Breastfeeding Drop-in Clinic, to take place thus continuing the support for mothers wanting to breastfeed.

### **NSW Health Breastfeeding Policy**

The NSW Health Breastfeeding Policy, Breastfeeding in NSW: Promotion, Protection and support is designed to increase support for breastfeeding by the NSW Health system and recognises the need for greater organisational support for breastfeeding as a public health issue. This policy directive was released in April 2006 and covers strategic areas of organisational support, workforce development, evidence based health services, intersectoral collaboration, monitoring and reporting of breastfeeding rates.

The Northern Sydney Central Coast Area Health Service has planned and approved the local implementation plan based on this policy. Priority initiatives in this area plan include implementation of the Baby Friendly Initiative in hospital and community health services, revision of Area Health Service (AHS) policies to encourage continued breastfeeding when returning to work (including provision of appropriate working conditions and facilities), implementation of evidence based interventions that meet the needs of groups at risk of lower breastfeeding rates, the supply of positive messages (eg signage) and appropriate breastfeeding facilities for visitors to AHS buildings.

#### **References;**

Stephens, J. Identifying Infant feeding practices from birth to twelve months in Northern Sydney. March, 2001.

Breastfeeding in NSW: Promotion Protection and support. NSW Health. April, 2006.

NSW Centre for Public Health Nutrition. Overview of recent interventions to promote and support breastfeeding. Sept 2004. NSW Department of Health

#### **e) Examine the effectiveness of current measures to promote breastfeeding**

The NSW CPHN report summarises major findings from systematic reviews on evidence of effectiveness on interventions. Most of the available evidence relates to educational and support strategies and to health service environments (practices, policies, training etc). The results show that education is effective in increasing breastfeeding rates, and the content should include benefits, lactation advice, myths, common problems, solutions and skills training. Regarding strategies to support the longer term duration of breastfeeding, 'support' has been found to be effective. Peer support is likely to be effective at improving breastfeeding practices among socio-economically disadvantaged women. The report concludes that face to face education and peer counselling appear to be a particularly effective combination of strategies.

Regarding health service environments, the combination of policy, in-hospital practices and professional training is effective in improving breastfeeding practices. Examples of effective practices/ policy are early skin to skin contact between baby and mother, and prohibiting the use of commercial discharge packs. The Northern Sydney Breastfeeding Promotion Committee has successfully advocated for the non-use of such packs within its catchment hospitals.

#### **References:**

NSW Centre for Public Health Nutrition. Overview of recent interventions to promote and support breastfeeding. Sept 2004. NSW Department of Health.

National Health and Medical Research Council. Dietary Guidelines for Children and Adolescents incorporating the infant feeding guidelines for Health Workers. Commonwealth of Australia, 2003.

#### **f) The impact of breastfeeding on the long term sustainability of the health system**

A study conducted in the Australian Capital Territory identified relative risks of infant and childhood morbidity associated with exposure to artificial feeding in the early months of life instead of breastfeeding. Using cost estimates for the treatment infants and children for gastrointestinal illness, respiratory illness, otitis media, eczema and necrotising enterocolitis the results show that early weaning is likely to add about \$1 and \$2 million dollars annually to ACT hospitalisation costs. This suggests that higher exclusive breast feeding rates could produce significant potential savings in hospital costs children and infants 0-4 years. Extrapolated nationally, savings across the Australian hospital system could be \$60-\$120 million annually for those illnesses alone.

The cost estimates presented here are minimum estimates of the full economic cost, as they do not include non hospital medical and pharmaceutical cost, as well as indirect costs incurred with lost household and workforce productivity associated with caring for sick infants and children.

#### **Reference:**

Smith, Julie P, Thompson Jane F, Ellwood David A. Hospital system costs of artificial feeding: Estimates for the Australian Capital Territory. Australian and New Zealand Journal of Public Health. 26: 6, 2002.