



**NSW Aboriginal Maternal and Infant Health Strategy (AMIHS)
Training and Support Unit (TSU)**

Parliamentary Inquiry into Breastfeeding

Background to the AMIHS TSU

The NSW AMIHS was funded by NSW Health in December 2000 and commenced implementation in 2001. The goal was to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality.

The Strategy included:

- ✦ Seven targeted antenatal/postnatal programs for Aboriginal families across six area health services.
- ✦ Statewide training and support unit for the midwives and Aboriginal health workers working in the programs
- ✦ Three year independent evaluation

Prior to 2001, seven specific programs for Aboriginal mothers and babies operated in NSW as part of the Commonwealth Public Health Outcomes Funding Agreement. The NSW Health Aboriginal Perinatal Health Report (2001) identified gaps in services in the state which were then funded under NSW Health AMIHS funding.

A Training and Support Unit was set up to provide professional and peer support activities for Aboriginal health workers and midwives working in these programs. The unit now maintains a network over NSW which comprises of twenty programs with sixty-three midwives and Aboriginal health workers. The TSU also coordinates an Aboriginal maternal and infant health course at the University of Sydney which transitions Aboriginal students to tertiary health studies, particularly in midwifery. Currently there are twelve Aboriginal midwifery students undertaking the Bachelor of Midwifery who are supported by the TSU.

Through the AMIHS TSU, NSW has a unique network which can be accessed to provide guidance to policy makers and stakeholders. The following submission is directly from the network and relates to the issues of promotion and maintenance of breastfeeding in Aboriginal communities in remote, rural and metropolitan NSW. Many programs have also been part of submissions at an Area Health Service level.

Barriers to Breastfeeding in Aboriginal Communities

1. Education

The issue for many Aboriginal women is education not just for themselves but also for family members and partners. Some women are unable to breastfeed due to pressure from families and males who do not understand the benefits for mother and baby.

"It is true that there is not enough education out there for both mother and other family members (grandmother, aunt, older sister and fathers) about the benefits of breastfeeding. When these girls have their babies they are expected to breastfeed (and some really want to) but aren't told about what to do if baby isn't latching onto breast, sore nipples and other issues." (Midwife regional area)

*"There is a lack of the social support in the community and pressure to put the baby on the bottle. Other women tell them that their milk is no good."
(AMIHS AHW's/midwife rural program)*

"The community is unaware of the benefits of breast milk. When we discuss the benefits of breastfeeding with elders, the elder will say, "Keep breastfeeding as that is good for bub" (AMIHS AHW's/midwife rural program)

Although the AMIHS programs provide education there is a need for further antenatal education for mother and mother's support system. Education and support is also required from other members of the health care team including General Practitioners. GP's find it easy to switch to bottles as everyone knows what they are getting. Many women are unaware of implications of bottle feeding and partners are unsupportive due to perceived 'ownership' of woman's body

Misconceptions are common with what is termed the 'Nestle generation' where there is a perception that formula is just as good as breast milk. Women are bombarded with images of thriving, happy infants on artificial milk cans.

2. Early discharge and provision of quality postnatal care

Length of post natal hospital stay has significantly decreased over the last decade in Australia despite evidence to support links between quality postnatal care and sustained breastfeeding. Discharging women home early is not an issue if there is effective, sustained home visiting by qualified health professionals and family support for the woman. The experience of many Aboriginal women is often the lack of a supportive environment.

- ✚ Whilst in hospital many Aboriginal women do not seek help for a variety of reasons. These include racist attitudes, shyness, staff too busy etc.
- ✚ Many are discharged with sore nipples and minimal support from a midwife. Approximately 97% of young mothers who BF and give up experience cite this problem which is often related to poor attachment. The simple intervention of correcting attachment and supporting BF can minimise the cascade of problems stemming from poor attachment.
- ✚ if she goes home before breastfeeding is established, older relatives often discourage mums by negative comments about supply and hungry babies.
- ✚ Once discharged, there needs to be flexibility for Aboriginal women to access services. Many maternity units would like to set up drop in clinics out of hours but are unable to do so due to funding issues. Women who do present to the maternity unit to seek support for a feeding problem are often not able to be seen due to lack of staff and acuity of workload. Designated staff are required to provide services to support breastfeeding.

3. Transition to Early Childhood services

The AMIHS programs are designed to care for women until eight weeks postnatally. There remain issues of transition for Aboriginal women to access mainstream early

childhood services despite many initiatives in AMIHS to overcome this problem. One regional program had 92% breastfeeding rates at six months but this required sustained home visiting which is outside the scope of AMIHS.

*"There is always more need for lactation consultants and early parenting advice. It just requires so much flexibility with the Aboriginal women. Appointment times and home visiting arrangements can be really time consuming as women are often not home at the arranged times and can be very difficult to contact as a lot of families don't have phones. We'll just keep trying to link in with the existing excellent service."
(Midwife regional AMIHS program)*

Often, by the time the health professional does arrive the infant is bottle fed.

4. Cultural factors

Aboriginal community culture plays a part in decision-making about infant feeding. An infant/child is a community addition not just the property of the individual. The baby not only belongs to the mother but the child has other mothers (mother's sisters). The child belongs to a large family from birth. If the grandmother of infant did not breastfeed she will encourage the mother to bottle feed as this allows the grandmother to have control of the infant and the mother the freedom to go out. They have their babies younger within the culture. The grandmother would have done the same to her daughter, as her mother would have cared it for.

Societal pressures and changes also play a part with many workers identifying the ease of bottle feeding from a young woman's perspective.

"Aboriginal women like to be out and about doing other things and feel that it is much easier to make a bottle and take it with them than to spend the time breastfeeding it just takes too much time." (AMIHS AHW/midwife regional/rural)

5. Age factor

Aboriginal girls in NSW are three times more likely to have their babies quite young. This has created a generation-to-generation cycle of the grandmother as the main caregiver. This is complicated by secondary traumatisation and family history repeating itself with Department of Community Services with each generation. No parenting skills are learnt due to the lack of access to their mother or other role models. These young women are often shy about their bodies and live in overcrowded conditions where it is impossible to breast feed in private.

"The issue we see are; young mothers too shy to breast feed in public but their social life is at the local shopping centre. There is an initiative to put in a feeding room may help but will the Koori women access it?" (AMIHS midwife rural program)

6. Privacy when feeding

As well as the overcrowding issues identified previously, many Aboriginal women are embarrassed to breastfeed in public or in front of peers. They will take a bottle if the baby needs to feed whilst they are out.

6. Sleep deprivation

When an infant cries during the night, a bottle is given and sleeps all night. This reinforces the perception that their milk is no good and casein dominant formula is much better.

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

The Aboriginal population within NSW is spread across large areas of land with some areas having greater numbers. No specific targeting by companies producing formula has been noted by any programs who responded.

Initiatives to encourage breastfeeding.

NSW Health has a state breastfeeding policy which enables local services to develop strategies to address some of these issues in our services. There will still remain a gap as Aboriginal women are not going to access breast feeding clinics provided for main stream services. Different, sustained, flexible services will be required

1. Community Education

Yalmambiladaany (The ones who teach each other)
(Peer Education model)- This excellent model of education for Aboriginal women by Aboriginal women needs a stronger focus on breastfeeding to educate women in the community how to encourage girls to breast feed and technical skills on attachment and potential problems.

2. Education of Aboriginal Health Workers and Community Women

The NSW AMIHS facilitates a university based, preparatory course for Aboriginal women in partnership with Sydney University. All current and prospective health workers working in AMIHS are required to undertake this education. Part of the course is attendance at a breastfeeding workshop hosted by the Aboriginal Health Promotion workers at a tertiary hospital.

3. Appropriate Resources

NSW Health and NSW AMIHS TSU have been involved in the development of culturally acceptable resources for Aboriginal women and communities. The TSU ensures that programs are aware and have access to these resources including a flip chart designed for AHW's to use in community education. This resource is demonstrated as part of the previously mentioned education.

4. Antenatal education

Partners, expectant mothers and close family members need to be educated on the benefits of breastfeeding for both mother and infant during the pregnancy as most girls have made the decision about how they will feed by the time the baby is born. One on one education sessions have always had better success rates than group in Aboriginal communities. There are a number of references to support this.

5. Education of Health Professionals.

Personal views may cloud professional advice. When the mother struggles it may be easier for the health professional to encourage bottle feeding because of time constraints or personal lack of skills or knowledge.

More emphasis on infant feeding and the quality of postnatal care and may enhance breastfeeding uptake rates and sustainability of BF. Where birth used to be a celebration and the woman supported and nurtured in many cultures including Aboriginal, with the result that subsequent generations were exposed to breastfeeding as the norm, postnatal women are now expected to continue daily living as soon as they arrive home.

Education of children at young age is required to create culture of breast instead of bottle feeding. Education of the larger community across all cultures – one program reported that:

*"A local meeting place had prizes for mother's day showing a bottle fed infant nestled in their mother's arms. As a group we need to organise a WHO code watch.
(midwife rural AMIHS program)"*

6. Feeding rooms

Some areas have rooms where women can feed but many rural areas do not have these facilities.

One Area Health Service AMIHS network submitted the following strategies:

- ✦ need for Aboriginal specific advertising in the media (especially TV) promoting breast feeding, perhaps incorporating role playing
- ✦ Feedwise pamphlets (comic strip-type resources) were very effective, and print advertising in this format may be effective
- ✦ Advertisements need to be male friendly in order to gain support from Aboriginal men for breastfeeding
- ✦ Breastfeeding education to young men and women e.g. Core of Life Training
- ✦ Breastfeeding education re the benefits to child's health i.e. reduced hospital stays, obesity issues re formula
- ✦ If funding was available television ads could possibly be piloted

Compiled by Sue Hendy

Special Midwifery Project Officer

NSW Aboriginal Maternal and Infant Health Strategy
NSW Pregnancy and Newborn Services Network
QE 11, DO2, University of Sydney,
NSW 2060

02 9351 7741

From AMIHS clinicians across NSW
February 28th, 2007

NSW AMIHS TSU Parliamentary Inquiry BF
February 2007