

Commonwealth Standing Committee on Health and Aging

"How the Commonwealth government can take a lead role to improve the health of the Australian Population through support for breastfeeding "

1.0 CONFIRM THE EXTENT OF THE HEALTH BENEFITS of BREASTFEEDING

The benefits of breast feeding is acknowledged by the well referenced Dietary Guidelines for All Australians

1.1 Infant health and wellbeing

1.1.1 It is uniquely designed for the infant human being, and carries numerous components that assist with the function of the infants immature systems, ie, bile-salt stimulating lipase, glutamine, Long chain fatty acids, lysosomes, immunoglobulinA, and growth factors (oligosaccharides).

1.1.2 It reduces the risk or severity of a number of conditions in the infant, ie, physiological reflux, pyloric stenosis, respiratory illness, asthma, obesity, gastrointestinal tract diseases, inflammatory bowel disease, some childhood cancers, coeliac disease, otitis media, urinary tract infections, bacterial meningitis , sudden infant death syndrome and necrotising enteritis.

1.1.3 Early programming with breast feeding suggests better health outcomes later. The Barker hypothesis relates low birth weight, leanness at birth, short stature and failure to grow in infancy to increased rates of coronary heart disease, stroke, hypertension and diabetes type 2. Breastfeeding is extremely important in maintaining appropriate growth in infants. Breastfed infants have a slightly slower growth at 6 months of age compared to those formula fed and they have lower rates of childhood obesity.

1.1.4 There is enough evidence to warrant further research to confirm the health benefits to the mother with respect to protection against pre-menopausal breast cancer, ovarian cancer, osteoporosis and postnatal depression.

1.1.5 High risk pregnancies may predispose separation of the mother and baby hindering suckling immediately after birth and increasing the risk of poor consumption of colostrum. Protective factors are concentrated in the colostrum. Research into the barriers to this and identifying high risk groups that may need more intense intervention or hospital policies that may need modifying would improve breastfeeding outcomes. Work pro-actively with hospitals to become accredited as Baby Friendly. The Baby Friendly Health Initiative (BFHI) is an international project that aims to give every baby the best start in life by creating an environment where breastfeeding is considered the norm. A 'Baby Friendly' health service is one where mothers' informed choice of feeding is supported, respected and encouraged. It reinforces the WHO International Code of Marketing of Breastmilk substitutes which protects breastfeeding by ensuring the proper use of breastmilk substitutes. Identifying breastfeeding women at risk of early separation after birth and putting strategies into place to promote early contact.

1.2 Maternal health and wellbeing.

1.2.1 There is limited evidence for long term benefits to the health of the mother. Research to validate the health benefits to women would give weight to the promotion of breastfeeding within the public arena. Breastfeeding has been identified as a factor that helps the mother to achieve her pre-pregnancy body weight (provided breastfeeding continues beyond 7 months). It has been implicated in reducing postnatal depression, and reducing the risks of some cancers and diabetes.

NB: There is limited evidence showing the long term benefits breastfeeding has on the health of our aging population. Adequate

resources to provide evidence of such benefits and the development of promotional education programmes would strengthen support for breastfeeding greatly. This is particularly evident in maternal health. Clarification of benefits in this area would allow more purpose driven literature and education

2.0 EVALUATE THE IMPACT OF MARKETING OF BREASTMILK SUBSTITUTES ON BREASTFEEDING RATES IN PARTICULAR, IN THE DISADVANTAGED, INDIGENOUS AND REMOTE COMMUNITIES.

2.1 Health claims of Breastmilk substitutes.

The continued quest to mimic breastmilk brings with it an ever increasing number of claims health benefits to the infant. Clarification of whether these claims are valid, and providing appropriate education to those people providing the information to women is a large important task to promote more informed decisions when it comes to formula feeding. Use and support the viability of established vehicles like the Child and Antenatal Bulletin for disseminating evidence based information.

2.2 Marketing

2.2.1 It should be mandatory that companies meet the WHO International Code of Marketing Breastmilk Substitutes prior to marketing their products to the community.

2.2.2 Develop and fund a policing system to ensure that health services meet the standards of the code.

2.2.3 Indirect marketing of products via the provision of funds for professional development should be discouraged. Establishment of a pool of company funding governed by and unbiased body would break this direct link.

2.2.4 Clarification of the code for marketing breastmilk substitutes within the health community might empower health professionals to recognise and report breaches. Develop direct policing options within this community and a call line for support. This may raise awareness and minimise indirect

marketing.

- 2.2.5 Clarify the evidence to validate the use of "Ready to Feed" formulas and their use within the hospital setting. Provide funding, where there is strong evidence for use, to provide appropriate labelling to meet the marketing standards required. Ensure that staff are educated in appropriate use of these formulas.

3.0 INITIATIVES TO ENCOURAGE BREASTFEEDING.

- 3.1 Endorsing the health benefits to both infant and mother.
- 3.2 Promote and endorse BFHI within health services
 - 3.2.1 Funding will be required to effectively implement this. All staff in contact with lactating women should have education in BFHI principles and practices.
- 3.3 Identify those at risk of not breastfeeding, ie Obese women, women with lower socio-economic status or medical conditions, and strategies to provide more intense education and early supportive intervention.
- 3.4 Promote the benefits of breastfeeding in a large community campaign based on the Quit campaign, ie have a policy which bans bottles in movies, advertising, as toys.
- 3.5 Make the environment for women more conducive to breastfeeding.
 - 3.5.1 Workplace facilities and conditions
 - 3.5.2 More access to lactation consultants without extra costs
 - 3.5.3 More facilities for breastfeeding in the community setting and shopping centres.
- 3.6 Provide greater clarification about the appropriate introduction of solids for infants and develop guidelines for health professionals to prevent inappropriate cessation of breastfeeding.

4.0 EXAMINE THE CURRENT MEASURES TO PROMOTE BREASTFEEDING.

- 4.1 Assess current Government strategies and identify the most

effective

4.2 Benchmark internationally

5.0 THE IMPACT OF BREASTFEEDING ON THE LONG TERM SUSTAINBLITIY OF AUSTRALIA'S HEALTH SYSTEM

5.1 Identify the cost benefits associated with health benefits to both the infant and mother. These could be far reaching if research supports reducing the risk of obesity for mother and infant, reducing the risk of some cancers and reducing the risk of developing diabetes within the community. Shifting the money saved into further education campaigns will sustain the impact.

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