

House of Representatives

Standing Committee on Health & Ageing

**Inquiry into the health benefits of breastfeeding**

Submission from: Beth Hartley, Midwife.

To Whom It May Concern:

I recently received an email from the ACMI (Australian College of Midwives) and was very interested in the segment about the 'inquiry into breastfeeding'.

I am currently undertaking my Graduate Certificate in Paediatric, Child & Youth Nursing with a particular interest in breastfeeding.

Breastfeeding continues to be one of the most talked about topics when it comes to mothers and babies. It has been intensely researched and supported world wide, and again comes into public interest due to the drive for health promotion, evidence-based knowledge, current health issues and future health planning.

Breastfeeding for all infants is strongly supported by both governmental and health professionals because of its well documented and acknowledged benefits with respect to nutrition, gastrointestinal function, host defense, psychological well-being and prevention of acute illnesses during the time of breastfeeding (WHO, 2007).

"Breastfeeding is one of the most important contributors to infant health. Providing a range of benefits for optimal infant growth, immunity and development" (Department of Health and Aging, 2006). Breastfeeding is recommended by the World Health Organization (WHO), United Nations' Children's Fund (UNICEF), the Australian Government Department of Health and Ageing, the National Health and Medical Research Council (NHMRC), the Australian Breastfeeding Association (ABA), Baby Friendly Hospital Initiative (BFHI) and other health authorities.

Optimal infant nutrition is defined as "exclusive breastfeeding to six months of age, introduction of appropriate solid food at six months of age with continued breastfeeding to at least 12 months of age" (Queensland Health, 2006). "In addition, breastfeeding improves maternal health and contributes economic benefits to the family, health care system and workplace" (Department of Health and Aging, 2006).

To acknowledge these benefits the Government has made a pledge through the policy document, 'Health Throughout Life' to endorse breastfeeding awareness.

There have been many studies demonstrating the advantages of breastfeeding for both mothers and their infants. Protective effects have been confirmed in epidemiological data. "Type 1 diabetes, inflammatory bowel disease, SIDS, asthma and other allergic diseases and obesity" (McMurray, 2007, p.152) are some of the protective effects documented. Major areas include nutritional, health and psychological incentives for the infant, and health and fertility control benefits for the mother. Economic advantages for the family and society are also well documented and substantiated (Department of Health and Aging, 2006).

Promoting, protecting and supporting "optimal infant nutrition is an important public health initiative as there is evidence that it reduces the risk of developing a range of illnesses and chronic diseases throughout the lifecycle – infancy, childhood and adult life" (Queensland Health, 2006). In the era of health promotion it is "one of the most cost effective primary prevention measures available" (Queensland Health, 2006).

McMurray (2007) lists the influences on maintaining Breastfeeding as:

Time or work pressures, or the mother's emotional state ... the lack of confidence in breastfeeding due to conflicting advice, or a lack of guidance .... A significant factor in encouraging higher rates of breastfeeding in recent years has been the WHO-UNICEF Baby-Friendly Hospital Initiative, which began in 1992 .... Clearly, family-friendly workplaces could go a long way to extending the rates of breastfeeding. (p.152)

A high proportion of the workforce is made up of women of childbearing age who play a substantial role in the national economy. "Access to facilities, work flexible hours and rest breaks" (Abdulwadud & Simpson, 2006) including a paid lactation break of up to a total of one hour during an 8 hour shift (as per the IRM Policy 2.5-22) encourages women to continue breastfeeding after returning to work. If they are not supported, returning to employment can be an obstacle to breastfeeding to the point of affecting the duration and exclusivity of breastfeeding, or even to the degree of

weaning their infants. The employers also benefit from supporting breastfeeding in that there is “reduced work absenteeism and increases employee morale and retention” (Abdulwadud & Simpson, 2006).

Queensland Health Optimal Infant Nutrition Guidelines have put together a comprehensive table of factors that may hinder the initiation and/or duration of breastfeeding. With the identification of those women in greatest need within the community, we are able to develop and/or strengthen partnerships within the Health and Community based services to assist in prolonging the duration of exclusive breastfeeding.

Examples of the complex factors listed:

- Demographic e.g. adolescent/young mothers; Aboriginal and Torres Strait Islander mothers; high parity.
- Physical e.g. maternal obesity; cracked or sore nipples; low birth weight, infant prematurity and/or admission to special care nursery.
- Psychological e.g. maternal depression; mother’s lack of confidence in breastfeeding.
- Social e.g. returning to work; maternal smoking; knowledge and attitudes of partner, relatives and the public towards breast or infant formula feeding.
- Clinical e.g. organization and practices of health services, that is unsupported or inadequately supported discharge plans.
- Environmental e.g. work environment that lack breastfeeding policies.

Queensland Health is committed to enhancing infant and child health through the development and implementation of the ‘Strategic Policy Framework for Children’s and Young People’s Health 2003-2008’; ‘Work and Breastfeeding Policy (2001)’; ‘Growing Strong-feeding you and your baby manual (2002)’.

Illustrations of how “Queensland Health aims to improve the healthy growth and development of infants and children” (Queensland Health, 2006) include:

- Promoting and supporting the WHO and the NHMRC recommendations of exclusive breastfeeding for the first 6 months of life;

- Ensuring the community as a whole are aware of the health value of optimal maternal and infant nutrition;
- Ensuring provision of appropriate and consistent information, advice and education;
- Ensuring health workers are equipped to support and promote optimal infant nutrition;
- Ensuring the creation of environments that promote and support optimal infant nutrition;
- Addressing factors by developing and/or strengthening partnerships;
- Respecting and supporting the infant feeding method chosen by mothers and families.

In “Support for breastfeeding mothers” Britton, McCormick, Renfrew, Wade & King (2007) stated that “professional support extended the duration of any breastfeeding significantly”, and “WHO/UNICEF training courses appeared to be effective for professional training.”

When considering the task of increasing breastfeeding rates we are promoting a Primary Health Care philosophy. We must recognise the importance of “using approaches that emphasise equity, participation and health promotion, and that are affordable, appropriate to local needs and sustainable” (Talbot & Verrinder, 2005, p. 4). WHO states that: “Primary health Care should be a philosophy permeating the entire health system, a strategy for organizing health care, a level of care and a set of activities” (Talbot & Verrinder, 2005, p. 4). Partnerships and integration of services are essential in improving health outcomes. This will provide early links for breastfeeding mothers, facilitating effective communication and appropriate discharge planning, whilst utilizing evidence-based pathways.

The “mass media have a powerful influence on people’s lives and the manner in which they view the world. Using the mass media within the Primary Health Care philosophy to promote health is therefore of considerable potential value” (Talbot & Verrinder, 2005, p. 236).

Another movement that has become a significant contributor to the on-going success of women breastfeeding is the Baby-friendly Hospital Initiative (BFHI). The aim of the BFHI is to “give every baby the best start in life by creating a health care environment where breastfeeding is the norm, thus helping to reduce the levels of infant morbidity and mortality in each country” (World Health Organization, 2007). According to WHO and UNICEF a hospital needs to comply with the global standard for maternity services to achieve the BFHI standards of protecting, promoting and supporting breastfeeding. Details can be found in the ‘Ten steps to successful breastfeeding’.

Revisiting the importance of breastfeeding for health professionals and the community through information/education sessions, regular displays, leaflets and utilizing the media will all contribute to building a strong voice for breastfeeding. Queensland Health has a number of policies in place to acknowledge the importance of breastfeeding and to assist in its promotion, specifically ‘Health Throughout Life’, ‘Queensland Health Optimal Infant Nutrition: evidence-based guidelines 2003-2008’, ‘Strategic Policy Framework for Children’s and Young People’s Health 2003-2008’, ‘Work and Breastfeeding Policy (2001)’, and ‘Growing Strong-feeding you and your baby manual (2002)’.

With health promotion using a primary health care philosophy we will be able to build partnerships and integrate services essential to improving health outcomes for mothers and their babies with a specific target of increasing breastfeeding rates.

*It is time for action! There have been many projects and reviews that all come to the same conclusion, so now it is time to act on these findings.*

Beth Hartley.

Midwife

## Reference List

Abdulwadud, O.A., Simpson, M.E (2006). *Intervention in the workplace to support breastfeeding women in employment*. Retrieved March 24, 2007, from <http://ckn.health.qld.gov.au/>

Britton, C., McCormick, F.M., Renfrew, M.J., Wade, A., King, S.E. (2007). *Support for breastfeeding mothers*. Retrieved March 24, 2007, from <http://ckn.health.qld.gov.au/>

Department of Health and Aging. (2006). *National Breastfeeding Strategy (1996-2001)* Retrieved March 20, 2007, from [www.health.gov.au/pubhlth/strateg/brfeed](http://www.health.gov.au/pubhlth/strateg/brfeed)

Hockenberry, M.J., Wilson, D., Winkelstein, M.L., Klein, N.E. (2003). *NSN002 Key Issues in Child and Youth Health Nursing: The Family in Australian Society*. Retrieved March 21, 2007, from Queensland University of Technology, Online Learning and Teaching: E:\study\_modules\module1.pdf

McMurray, A. (2007). *community health and wellness: a socio-ecological approach* (3<sup>rd</sup> ed.). Sydney: Mosby Elsevier.

NHMRC: National Health and Medical Research Council. (1998). *Infant Feeding Guidelines for Health Workers*. Canberra: NHMRC.

Queensland Health. (2006). *Optimal Infant Nutrition: Evidence-Based Guidelines (2003-2008)*. Retrieved March 23, 2007, from [www.health.qld.gov.au/publications](http://www.health.qld.gov.au/publications)

Talbot, L., Verrinder, G. (2005). *Promoting Health: The Primary Health Care Approach* (3<sup>rd</sup> ed.). Sydney: Elsevier.

World Health Organization. (2007). *Nutrition and Food Security: Baby-friendly hospital initiative (2006)*. Retrieved March 21, 2007, from <http://www.who.int>