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***Ngala Family Resource Centre***  
***Submission to the***  
***House of Representatives Committee on Health and Ageing***

***Inquiry into Breastfeeding***

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The House of Representatives Committee on Health and Aging will inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding. The Committee shall give particular consideration to:

- a. the extent of the health benefits of breastfeeding
- b. evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities
- c. the potential short and long term impact on the health of Australians of increasing the rate of breastfeeding
- d. initiatives to encourage breastfeeding
- e. examine the effectiveness of current measures to promote breastfeeding; and
- f. the impact of breastfeeding on the long term sustainability of Australia's health system.

### **INTRODUCTION**

This submission report from Ngala Family Resource Centre is in response to the call for Public Submissions for the Parliamentary Inquiry into Breastfeeding. This report will address the Terms of Reference for the inquiry, as stated on the Parliament of Australia House of Representatives, House Standing Committee on Health and Ageing website. Responses to the Terms of Reference were sought from Management personnel from Ngala's various program areas including Community Programs, Early Parenting Services, Telephone Helpline and Child Care Centre.

### **BACKGROUND & SERVICES**

Ngala Family Resource Centre has been operating and assisting Western Australian families with young children for over 116 years. Ngala recognises that the family remains the primary means for meeting the needs of young children. Working in partnership with families, Ngala seeks to maximise positive health outcomes for parents, babies and young children and for all family members, while strengthening and promoting healthy physical, social and emotional development.

Ngala's principal aims are to provide and promote a range of programs that help families develop their own resources to enjoy an independent fulfilling family life. The purpose of Ngala is to assist parents with young children who need support and advice, to confidently manage the challenges of early parenting. Some of the common presenting issues related to the long-term physical and mental health outcomes for babies and young children include breastfeeding, sleep, diet and nutrition, attachment, child development and the management of behaviour.

Ngala offers a wide range of services and activities that are available to all Western Australian families. All families with children from babies to school age are welcome at Ngala Family Resource Centre. The services range from a Telephone Helpline (that operates 365 days a year), parent education services, community development initiatives, consultations and home visits to families, coffee mornings, long day care, a father's program, sole parenting programs, social research activities, Day Stay and Overnight Stay programs, and health promotion initiatives.

Ngala is recognised as a leading resource for families with babies and young children in Western Australia. Each year approximately 25,000 families make contact with Ngala. In 2005/06 the Telephone Helpline completed 19,449 calls (of which 10% to 12% of callers requested a face to face service at

Ngala), and the Day Stay and Overnight Stay program served 1,662 families.

In 2005/06 the Parenting and Community education groups that focus on early parenting knowledge and skills attracted 3,087 attendees at 350 groups. Recent additional evening and weekend groups have successfully attracted more fathers to Ngala (47% attendance rate by fathers after-hours). Coffee mornings are held at five community locations across metropolitan WA. This environment provides parents' peer learning and support, informal parent education, and promotes the development of local community networks. During 2005/06 the weekly coffee mornings were attended by over 2,000 parents and over 2,500 children, with 18% in new participation. Home-visitations, telephone or centre consultations with follow up contacts are provided. In 2005/06, 398 consultations took place. The Hey Dad WA program aims to assist fathers to engage with all aspects of early parenting and is a first of its kind in WA. In the past year this program has served over 2,300 adults across 226 groups.

### **PREVENTION FOCUS**

The broad range of Ngala's early parenting services and activities are designed to assist parents in their adjustment to parenting that often includes parenting anxiety. There is a strong focus on supporting parents and families in the prevention of family and relationship breakdown. Ngala's focus on families with infants and young children, and the agency goals of providing timely, effective and accessible early intervention programs, places Ngala in a unique position within the broader community services sector.

### **BREASTFEEDING**

Ngala supports and endorses the National Health and Medical Research Council's recommendations for parents, which states that when possible, parents should exclusively breastfeed until a baby is six-months old.

Ngala advocates that breastmilk is a perfect food source due to its unique properties that help with growth, development and immunity. Ngala recommends to parents that if they are having difficulties, they should seek support from a family member or friend who has successfully breastfed, a lactation consultant, a child health nurse, community nurse or organisations like the Australian Breastfeeding Association.

Ngala promotes that breastmilk is a complete source of nutrients for a baby until six-months of age, and that given until this age the baby's digestive system is still immature, breastmilk is easy to digest and offers the maximum protection against stomach infections.

Regarding the introduction of solids, Ngala supports the current research that recommends that six months is a safe and appropriate age to begin solid food. As a baby's iron stores begin to deplete between six to nine months of age, a gradual introduction of good iron sources such as baby rice cereal, legumes and meat are suggested. Breastmilk continues to be an easily absorbable source of iron.

### **OTHER**

The following section is a summary of the main recommendations and suggestions made by Ngala staff, in response to the terms of reference that asks how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding.

The AMA position statement supports breast-feeding because of its "beneficial effects on an infant's nutritional, immunological and psychological development and because of the bonding promoted between mother and child."

To ensure all children grow well, according the World Health Organisation (WHO) International Child Growth Standards 2006 breastfeeding should be supported, protected and promoted. Ngala staff members recognise that these standards also state that mothers should be informed and empowered to

practice exclusive breastfeeding for the first six months.

The Australian Government Department of Health and Aging states that "Breastfeeding is one of the most important contributors to infant health. It provides a range of benefits for an infant's growth, immunity and development. Exclusive breastfeeding to around six months of age gives the best nutritional start to infants. In addition, breastfeeding benefits maternal health and contributes economic benefits to the family, health care system and workplace

### **TERMS OF REFERENCE**

Ngala is responding to two of the criteria:

- Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities;
- Initiatives to encourage breastfeeding

#### ***1) The impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities***

In terms of the impact of marketing of breast milk substitutes on breastfeeding rates, Ngala staff expressed concern that "there is currently no level playing field" in this area. Concern was raised about the nature of the meetings held to discuss the marketing of breast milk substitutes. Ngala staff expressed dissatisfaction that the meetings (exclusively) consist of two independent representatives, companies and lawyers.

Concern was raised by Ngala staff over the amount of money that is spent promoting products (e.g. breastfeeding substitutes) versus the limited amount of money that is spent on promoting breast feeding in general.

In relation to the impact of marketing of breast milk substitutes on breastfeeding rates in Indigenous and remote communities, Ngala staff commented that the argument is often best perceived as 'short term interests' versus 'the best interests of the child'. This argument is often confounded by other issues such as the general nutrition of the mother, the potential presence of domestic violence, alcohol and substance use/misuse.

Regarding language, one Ngala staff member commented that there is something more innately appealing using the term 'processed baby milk' rather than 'breast milk substitute'.  
(Given that there is really no substitute for breast milk)

#### ***2) Initiatives to encourage breastfeeding Need to link to Early Intervention / Prevention approach***

Ngala staff commented that this issue needs to be promoted in the context of 'a dollar spent here is worth x later on'. Currently breastfeeding promotion is not linked to early intervention. It would be beneficial to have community resources that are practical and accessible and free.

#### **Resource allocation**

Ngala staff recognised and acknowledged that there is certainly a need to look at the resources that are available to support any breastfeeding mother in the first few weeks following birth, when breastfeeding is being established.

With the early discharge of women from hospital after the birth, this creates another set of issues in relation to the support of women breastfeeding. Currently the lack of resources in this area impact on the capacity / ability to allow for staff to do daily or at least weekly visits to the parents, this is especially problematic if the family are unable to afford fees.

Improved coordination and collaborative planning between Commonwealth and State Government Departments was strongly emphasised by Ngala staff. Ngala staff identified the lack of a broad strategy / national broad action plan promoting breastfeeding across all government departments (not only health).

From Ngala's perspective, initiatives to encourage breastfeeding are often too targeted and do not take into account the multitude of issues that are barriers to breastfeeding. For example, the father's opinion, cultural roles and expectations, responsibilities, as well as the belief or assumption that using developed world products are better than old world strategies such as breastfeeding.

#### **Need for free Lactation services**

Staff members at Ngala recognise the need for State Government to support and endorse free lactation services in clinics for the first six weeks of a baby's life. These free lactation services could be run from clinics and have the flexibility to home visit. The home visit option would be extremely important given that most caesarean section women cannot drive in the first 6 weeks following the birth, due to car insurance policies. With the heavy work loads of local Child Health Nurses, many of these nurses do not have enough spare time and expertise to fully support a mother with breastfeeding problems. Ngala staff identified from their own personal experience of working in clinics, breastfeeding is just part of the whole picture of the expectations a family has when they meet a Child Health Nurse, particularly for the first time. While breastfeeding is of course discussed and suggestions made when there are difficulties, staff commented that referring mothers on to a Lactation Consultant who can dedicate the often needed 1.5 hours, and the where the entire focus is on feeding, is what is required.

#### **Training**

Ngala staff suggested that it would be beneficial if more courses were made available for service providers who are working with parents, in order for the service providers to increase their knowledge and level of sensitivity to issues surrounding breastfeeding. Such courses could increase the service provider's knowledge without them becoming specialised experts i.e. Lactation Experts/Consultants.

#### **Peer-Led Breastfeeding Support Program**

Ngala, in partnership with the WA Department of Health's North Metropolitan Health Service and the Australian Breastfeeding Association, through Communities for Children and the Smith Family, has developed a volunteer, Peer-Led Breastfeeding Support Program. (Communities for Children is funded by the Australian Government under the Stronger Families and Communities Strategy).

The Peer-Led Breastfeeding Support Program is a free service which is available to all families who live in the suburbs of Balga, Girrawheen, Koondoola, Westminster and Mirrabooka. This program focuses on non-English speaking refugees and migrant families.

The project offers a professional peer led support program that aims to recruit and encourage new mothers in the community to breastfeed their children to at least 6 months as well as provide community education and promotion of breastfeeding.

To date, project staff has trained 18 enthusiastic volunteers including migrants from North Africa and other groups. Plans for 2006/2007 include consolidation of the volunteer program with a focus on group programs and the expansion and development of promotion and community education programs across the community on breastfeeding. Links to other key nutrition issues such as maternal nutrition and the appropriate introduction of solids will be a focus.

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1 Ngala Annual Review 2006 p. 13. <http://www.ngala.com.au/>