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Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

22/2/07

Dear Sir/Madam

Re ; Inquiry into breastfeeding

I enclose for the consideration of the committee my opinions regarding the issues raised in the terms of reference. I would like to commend the Federal Government on instigating this inquiry and hope that broad reaching and cohesive initiatives to increase breastfeeding rates and duration in Australia result from this inquiry.

Yours sincerely

Evelyn Volders, Adv APD,IBCLC.

Breastfeeding Parliamentary Inquiry

Extent of health benefits of Breastfeeding

The extent of the health benefits of breast feeding have been well documented by many authoritative bodies including our own NHMRC. The "Dietary Guidelines for Children and Adolescents in Australia" published by the NHMRC in 2003 (1) and the companion work , "Infant feeding guidelines" contain extensive detail of the benefits of breastfeeding to the health of the population.
Some features of breast milk recently shown to be important include:

- Long chain polyunsaturated fatty acids which are essential for neonatal growth, brain development and retinal function (2)
- Oligosaccharides: carbohydrates which have a role in preventing pathogens adhering to cells and also in brain development and maturation (3)
- Proteins which have both a bioactive function and provide amino acids for protein synthesis. For example casein has been shown to prevent the attachment of *Helicobacter pylori* to human gastric mucosa while lactoferrin is an iron binding protein which protects against GI infection. (4)
- Immunoprotective substances (eg immunoglobulins, lysozyme) which protect against a number of enteric and respiratory pathogens (eg giardia, influenza, rotavirus, RSV). (4)

As a consequence of these and other features breast fed infants have a lower incidence of otitis media, necrotizing entero-colitis and other gastrointestinal and respiratory infections. Breastfeeding may also reduce the incidence of diseases such as Crohns, insulin dependant diabetes, asthma and lymphoma. (5,6).
Studies suggest that breastfeeding is associated with a reduction in childhood obesity risk and that there is a dose response with greater effect shown in those breastfed for longer periods. (7,8) .This difference is still evident in adolescence (9). Reasons cited why this difference persists include the association between satiety cues learnt in infancy through breast feeding.
Benefits to the mother are also well documented with breastfeeding reducing the mother's risk of developing type 2 diabetes and breast cancer, two diseases that have a significant impact on health care systems in Australia.

Expressing breast milk and feeding this via a bottle is quite a common practice in recent years and while this practice is certainly superior to artificial feeding, it would appear to contribute to lower duration of breast feeding as the infant feeding process then includes expressing, feeding, bottle washing and sterilizing and so on. It can be difficult for many mothers to maintain supply when expressing only and not feeding at the breast.

In addition feeding at the breast is known to have physiological and nutritional benefits and assist in the development of the infant oral cavity which can impact on teeth alignment in the future. (10)
The American Academy of Pediatrics Policy Statement 'Breast feeding and the use of human milk' (11) discusses other advantages to the community such as decreased infant illness reducing parental absenteeism for work, decreased environmental burden for production and disposal of formula and packaging.
Evidence for the health benefits of breastfeeding continue to be published in the medical literature and are increasingly broad reaching. The federal government is encouraged to recognize the wide reaching benefits and fund strategies to support and promote breastfeeding for all Australian infants.

Evaluation the impact of marketing of Breast milk substitutes on Breastfeeding rates

In recent years there has been an increasing range of breast milk substitutes available across the counter including those with probiotics, additional long chain polyunsaturated fatty acids, low lactose, anti regurgitation, partially hydrolysed to prevent allergy and so on. The impact of the ready availability of these semi specialized formula is the over medicalisation of infant feeding. That is, there is an increasing rate of self diagnosis of "problems" associate with feeding that can be "solved" by a change to or in formula. In many cases these problems are in fact normal infant behaviour and a lack of knowledge and support leads to a rapid change from breastfeeding to something marketed (but not proven) as being "more suitable". Parents are exposed to the range of products in pharmacies and supermarkets where they are located alongside infant essentials. Marketing of these products often breaches the WHO Code of Marketing of Infant Formula which is currently implemented in Australia via the voluntary "Marketing of Infant Formula in Australia (MAIF)" agreement. The MAIF agreement should be extended to the full scope of infant feeding products indicated in the WHO code including toddler formulae and most importantly should be made mandatory and subject to strict legislative controls.

Initiatives to encourage Breastfeeding

Many initiatives to encourage breastfeeding can be made at community and public health levels but an important aspect that should be incorporated is that of education of health and child care workers. Medical students at both Melbourne and Monash University receive a minimal amount of information about breastfeeding in their curriculum. Dietetic students also are exposed to very little information as are nursing students. As the evidence suggests that education programs with support can influence breastfeeding initiation and duration(12) we need to be sure that the health professionals offering support can in fact problem solve effectively and provide anticipatory guidance as to

what situations may arise and how to deal with them. The American Academy of Pediatrics (11) in fact recommends that pediatricians "encourage development of formal training in breastfeeding and lactation in medical schools, in residency and fellowship training programs and for practicing pediatricians." They also suggest a number of other strategies such as encouraging the media to portray breastfeeding as positive and normative. I enclose a copy of the document.
A recent UK review also states that many health care professionals report poor levels of knowledge and have low levels of confidence and clinical competence. (13). Many women do in fact initiate breast feeding but do not continue. Well educated and supportive health care professionals could assist in increasing the exclusive breastfeeding rates to 6 months and support the continuation of breastfeeding after the introduction of solid foods.
Our society needs to support women to make appropriate and well informed choices regarding infant feeding and then offer continued support to sustain their choice through easily accessible and expert health care professionals.

Effectiveness of current measures to promote Breastfeeding

Many education opportunities offered to health professionals who work with breast feeding such as maternal and child health nurses, doctors and dietitians are sponsored by infant formula companies who use the opportunity to promote their products. This undoubtedly will have some influence on recommendations for patient care. The WHO code of marketing of breast milk substitutes (14) recommend that "no financial or material inducements should be offered by manufacturers or distributors to health workers...nor should these be accepted by health workers..." A recent paper from the UK (15) states that by accepting sponsorship or speaking at a formula company sponsored meeting individuals lend credibility to the company. They state there is an analogy with drug company sponsorship and that it is possible to run successful meetings without sponsorship. Unfortunately, in Australia it is very difficult to find education opportunities that are un sponsored. The breastfeeding advocacy groups (such as Australian Breastfeeding Association, College of Lactation Consultants, etc) work very hard to offer education meetings free of inappropriate sponsorship but are frequently addressing those who are already in support of breastfeeding.
Government support of education seminars and some policies to limit infant formula companies activities directed at health care professionals would be valuable.

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