

House of Representatives
Standing Committee on Health and Ageing

SUBMISSION TO THE PARLIAMENTARY INQUIRY INTO BREASTFEEDING

INTRODUCTION

This submission is being lodged on behalf of the Network of Australian Lactation Colleges (NALC).

NALC provides a framework for communication and representation at a national level. NALC consists of a Board with one representative from each member organisation. The member organisations are:

- New South Wales Lactation College Inc.
- Queensland Lactation College Inc.
- South Australian College of Lactation Consultants Inc.
- Tasmanian Lactation College Inc.
- College of Lactation Consultants Victoria Inc.
- College of Lactation Consultants Western Australia Inc.

NALC is committed to:

- Protecting, promoting and supporting breastfeeding.
- Fostering lactation education for health professionals.
- Encouraging research in lactation.
- Providing mutual support and encouragement to lactation consultants and other professionals in the field of lactation.

THE EXTENT OF THE HEALTH BENEFITS OF BREASTFEEDING

Breastmilk is a nutritionally complete food for the first 6 months of the infants life. It provides protein, fat and carbohydrate at levels and types unique to humans, being the physiological standard for normal infant growth and development.

Health benefits to mothers include:-

- Assistance with the expulsion of the placenta and contraction of the uterus immediately following the birth, especially if the first breastfeed occurs within the birthing suite, as oxytocin is released. This reduces postpartum blood loss. Subsequently oxytocin is released at each breastfeed encouraging the involution of the uterus.
- Increased energy requirements during lactation encourages loss of weight following pregnancy. There is research to suggest that women who exclusively breastfeed are more likely to return to a healthy weight range. This weight loss may be beneficial to women who have diabetes or gestational diabetes as they often find their diabetes is better controlled and that they require less insulin when breastfeeding.
- Delay in the return of menses – women who have exclusively breastfeed their infants for at least 6 months are known to have a delay in the return of the menses. The benefits of this include increased birth spacing and reduced blood loss. In combination these factors mean that there is a lowered risk of anaemia as breastfeeding mothers utilise minimal iron in the production of milk.
- Increased mother-baby attachment and bonding. This has a direct impact on the emotional well-being of the mother. Secure early attachment and bonding is an important foundation for healthy emotional well being and for coping with all the challenges in life. Postnatal depression has been acknowledged as a

significant health issue into which there is already much research and government funding.

- Breast cancer – there is compelling evidence that there is an increased risk of breast cancer, particularly premenopausal breast cancer and ovarian cancer in women who have not breastfed. (Bernier et al 2000) The difference seems to be related to the total duration of breastfeeding.

Health benefits to infants and children include:

- Breastmilk is a nutritionally complete food for the first 6 months of the infants life. It provides protein, fat and carbohydrate at levels and types unique to humans, being the physiological standard for normal infant growth and development.
- The incidence of infectious diseases especially gastrointestinal infection, diarrhoea, respiratory tract infections and otitis media (Allen and Hector, 2005)
- SIDS – the incidence of sudden infant death syndrome (SIDS) is higher in infants who are not breastfed.
- Obesity – There is a growing interest worldwide in the increase of obesity in childhood. Childhood obesity carries the inherent risk of obesity in later adult life, a factor in many adult medical and other health problems. Grummer-Strawn and Zuogo (2004) demonstrated this and their research is of particular interest because they specifically looked at a lower-socio-economic population. Such populations are of importance because of their historically poorer health outcomes and status which means a higher allocation of public funds for their health care.
- Premature infants not given breastmilk are at a greater risk of developing necrotising enterocolitis, the most common cause of postnatal death and disability in this group.

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

The health status of the disadvantaged, indigenous and remote communities within Australia is known to be of a lower standard than the general population. For example, indigenous Australians have a life expectancy 15-20 years shorter, and higher incidences of all chronic illnesses such as diabetes, heart disease, kidney disease and acute chest infections (Anderson, 2000). In this group the onset of all these diseases generally happens at an earlier age and the risk of complications is higher. If we consider that indigenous Australians are representative of a disadvantaged group and are more likely to live in remote communities, then it is the responsibility of governments to promote breastfeeding within this group as a preventative health promotion. The health benefits have already been described above and these take on a new significance when considering disadvantaged population sub-groups. The marketing of breastmilk substitutes also takes on an important meaning for these groups.

The Advisory Panel to the Marketing in Australia of Infant Formulas (APMAIF) is meant to be the regulatory body which enforces breaches of the World Health Organisation (WHO) code on such matters. Signatories to this agreement are voluntary by the formula company and may be reported to the panel for breaches of the code. However, "where a breach has been found to have been committed by a signatory to the agreement, the panel has no powers to impose a penalty: it can only recommend remedial steps". (McVeagh, 2005). Breaches are merely tabled in Parliament in the APMAIF annual report.

Given the poorer health status of the groups described above, the marketing of breastmilk substitutes should be monitored more closely and breaches of the WHO Code carry penalties commensurate to the health costs that will undoubtedly flow on as a result of using these as an alternative to breastfeeding. It can be noted here that in Norway promotion of artificial infant feeding does not occur and 98% of mothers leave hospital breastfeeding and after 3 months 90% are still doing so. This is in the general population and is much greater than the Australian figures.

INITIATIVES TO ENCOURAGE BREASTFEEDING

Maternity Hospitals

- The current system of early discharge following a birthing experience means that many women go home before their breastmilk is established. Without the breastfeeding knowledge and/or adequate supports in the community this creates difficulties and compromises the situation leading to early weaning. We recommend the hospital system be more flexible in length of stay and to allow those who require extra assistance to receive it or offer more domiciliary support after discharge. Funding should be available to support a Lactation Support Program in every hospital.
- Early Childhood Nurses all have different qualifications nationally. Currently there is a push for a National Register for Health Workers so it's an appropriate time for ensuring that these nurses all have the requirement of General Nursing, Midwifery and Early Childhood qualifications. In some states where they do not have this requirement there is a lack of breastfeeding expertise among the staff who see mothers after discharge. The current system of differing levels of qualifications means that the care is not universal. To abolish these levels of qualifications in favour of lesser qualified nurses will undermine the breastfeeding care mothers receive.

Educational System

- Breastfeeding must be part of the reproductive health programs beginning in the later years of primary school. In secondary school this education needs to be compulsory with the inclusion of the topic of breastfeeding.
- At tertiary institutions breastfeeding needs to be a compulsory subject in both undergraduate nursing and midwifery programs. Universities need support to run stand-alone intensive education for health professionals eg. doctors, occupational therapists, nutritionists etc, wanting to register as Lactation Consultants.
- The Australian Breastfeeding Association should be funded as the key organisation to develop and evaluate educational programs.

Community

- Currently most new babies on Australian television are shown to be bottle fed. There needs to be a regular media campaign to reverse this and promote breastfeeding.
- We recommend an incentive program for Australian television programs to include breastfeeding and removal of tins of formula when filming. This form of advertising can be considered a breach of the code of marketing breastfeeding substitutes.

Government Policy

- Needs to reflect the WHO Code which was meant to promote breastfeeding exclusively for the first 6 months of life. The NH&MRC in their dietary guidelines (November, 2003) recommends this and raised the age of

complimentary foods to 6 months from 4 months, not only in recognition of this fact, but also in the belief that this would help in potentially decreasing the incidence of allergies and other childhood illnesses.

- Breastfeeding should be considered as preventative medicine in the same way as Pap smears, mammograms and prostate screening. Programs such as "Sunsmart", "Quit" and the SIDS campaign all have been effective in raising the public's awareness and lowering the rates of their associated conditions.

EXAMINE THE EFFECTIVENESS OF CURRENT MEASURES TO PROMOTE BREASTFEEDING

Baby Friendly Hospital Initiative (BFHI) is already in place. Walker (2002) points out that this international initiative, launched in 1991, was designed to "remove hospital barriers by creating a supportive environment with trained and knowledgeable workers" (p610) and "to rid hospitals of their dependence on breastmilk substitutes and to encourage maternity services to be supportive of breastfeeding" (p609). Currently not all hospitals are considered as "Baby Friendly" This should be a priority and as the frameworks and systems for accreditation of hospitals are already in place it would be relatively cost-effective measure to promote breastfeeding in the population.

THE IMPACT OF BREASTFEEDING ON THE LONG TERM SUSTAINABILITY OF AUSTRALIA'S HEALTH

The impact of breastfeeding on the long term sustainability of Australia's health can be considered in terms of both improved health status and the effect of such improved health status on the health budget. The cost of the largely preventable health conditions such as diabetes, obesity and heart disease is great and on the increase. With our ageing population health care will pose a significant burden on the overall budget.

The time is right for the Government to promote breastfeeding as a priority to not only produce better health outcomes but also lower the cost of treating illness throughout the lifespan.

BIBLIOGRAPHY

Allen, J & Hector, D (2005), "Benefits of Breastfeeding", in NSW Public Health Bulletin, 16(3-4)

Bernier M, Plu-Bureau G, Bossard N, Ayzac L, Thalabard J 2000, "Breastfeeding and risk of breast cancer: a meta-analysis of published studies". Human Reproduction Update 6(4): 374-386.

Brodribb W, "Breastfeeding Management" 3rd edition, ABA, 2004

Grummer-Strawn, LM, & Zuogo M (2004) "Does breastfeeding protect against paediatric overweight? Analysis of longitudinal data from the Centre for Disease Control and Prevention Paediatric Nutrition Surveillance System". Paediatrics Vol 118: e81-6.

McVeagh P, (2005), "The World Health Organisation Code of Marketing of Breastmilk Substitutes and Subsequent Resolutions" (The WHO Code), NSW Public Health Bulletin 16(3-4), 67-68.

NH&MRC Dietary Guidelines for Australians (2003)

Walker, M (2002), "Core Curriculum for Lactation Consultant Practice, Jones and Bartlett Boston.

Joy Heads
Liaison Person,
Network of Australian Lactation Colleges

Janice Keirnan
Board Member,
Network of Australian Lactation Colleges

P.O. Box 332
Essendon Vic 3040