

To the Standing Committee on Health and Ageing Inquiry into Breastfeeding

Prepared by Toni Ormston

This is my personal submission into the Inquiry into breastfeeding.

I am a Maternal and Child Health Nurse practicing in Victoria, which means I am a State registered general nurse and midwife having completed qualifications in maternal and child health nursing (MCHN) and have practiced in this field for 25 years.

My professional experience spans most areas of MCHN including clinic work, outreach, specialised Mother Baby units and telephone counselling.

Introduction

What is breastfeeding?

To start we need a clear definition of what breastfeeding is, and to understand why this is important. The definition of exclusive breastfeeding includes breastmilk in any form including a wet nurse or expressed milk. Although this would seem a reasonable definition it does not take into account the predictability of sustained breastfeeding when the physiology of breastfeeding is disturbed. This muddies the waters with statistics that are irrelevant in terms of who is actually breastfeeding (ie attaching to the breast and not giving anything else) when discharged from hospital.

Addressing the terms of reference

A. The extend of the health benefits of breast feeding,

Taken from <http://www.scotland.gov.uk/library2/doc15/bfrw-01.asp>

- Breastfeeding has major health benefits for both mother and baby. Breastfed babies have a reduced risk of:
 - Chest infection (Howie et al 1990)
 - Diarrhoeal illness (Howie et al 1990)
 - Middle ear infection (Duncan et al 1993)
 - Urinary tract and other infections (Piscane et al 1990)
 - Juvenile onset diabetes (Mayer et al 1988, Virtansen et al 1993)
 - Atopic disease (Saarinen and Kajosaari 1995).

A recently published long term study has also shown that some of these benefits carry on into childhood, in terms of lower blood pressure and less respiratory diseases (Wilson et al 1998).

- Women who breastfeed experience long term health benefits such as reduced risk of:
 - Premenopausal breast cancer (Newcomb 1994)
 - Epithelial ovarian cancer (Gwinn et al 1990, Hartge et al 1989)
 - Hip fractures in later life (Cumming and Klineberg 1993).

One the benefits not often mentioned is the presence of antioxidants in breast milk that help protect cells.

However I would like to add the benefits that are a spin off from breastfeeding and that it they give the professional opportunity to support and educate parents in the importance of nutrition for healthy outcomes. It is an opportunity to also enhance the relationship between parents and their children and to focus on the need of each infant as an individual. As a professional I have found that parents who formula feed look at the can of formula for guidance, where a breastfeeding mother looks to the infant and is more in tune with the infants needs.

The following web sites are also useful in looking at the advantages of breastfeeding

<http://www.who.int/nutrition/publications/infantfeeding/en/index.html>

1. <http://www.health.nsw.gov.au/public-health/phb/HTML2005/marchapril05html/article3p42.htm>
2. <http://www.breastfeeding.asn.au/bfinfo/general.html>
3. <http://www.unicef-icdc.org/publications/pdf/1990-2005-gb.pdf>

B. The marketing of breast milk substitutes

This I have decided to approach on 3 levels.

The availability of breast milk substitutes now in supermarkets, 24 hours a day, once they were only available in pharmacies. Breast milk substitutes can be purchased without the opportunity of a professional to offer advice and encouragement to continue to breastfeed. Manufactures also produce a range of formulas to address often-normal conditions or confuse parents, for example:

- Novalac, their formulas claim to do everything except house train the cat!
- The manufacture of Karicare toddler formula, a totally unnecessary product, its marketing on television claiming that feeding your child cows milk was giving them a foreign protein (true) however their toddler formula and the majority of infant formula are cows milk based protein.

2. Romancing health professionals with free education and meals. Companies also provide funding for conferences, providing samples bags at the conferences and visiting Health centres and provided free samples of breast milk substitutes

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159429_2.pdf

3. Breast pumps

The other emerging concern is the proliferation of breast pumps and pumping. This is a trend I have noticed since the early 2000's. Although breast pumps are seen and are an aid to breastfeeding the use of breast pumps is not enhancing breastfeeding but rather adding a complexity and the misinformation is detrimental to breastfeeding.

- Women now are being discharged early from hospital never attaching their baby to the breast, hiring or purchasing a breast pump on the way out and left to wander the wilderness alone. The use of breast pumps allows for early discharge of mothers while still being able to use the statistic of breastfeeding at discharge. However follow up will prove that this practice will be associated with early cessation of breastfeeding. I will discuss early discharge later.

- Lack of education makes mothers believe that expressing her milk and giving the milk in bottles is a viable alternative, she can see how much the baby receives and others can feed the baby. All seems logical, but in practical terms it is not how breastfeeding physiology works. Babies do not take set amounts each feed and they feed to appetite, good for self-regulation of intake esp. when discussing in terms of increasing obesity rates. Also supply will fall as the stimulation using a breast pump is not the same, the hormone releases are not the same. The amount of breast milk babies require increases as they grow, however expressing does not allow that increase in stimulation to increase supply.
- Manufacturers of breast pumps are now sponsoring lactation conferences, which of course is a way of promoting their products all to the detriment of breastfeeding. For successful breastfeeding, especially while establishing breastfeeding you need to have babies attached to the breast.

C. The potential short and long term impact on the health of Australians in increasing the rate of breastfeeding.

Once you understand the benefits of breastfeeding you only then need to inverse those benefits to understand that infants that are formula fed are at risk of many adverse health outcomes. What also needs to be considered in the role of breastfeeding is, the bonding with the baby and its effect on infant and maternal mental health and how that translates into gains for the population, in a reduction in mental health issues.

We should also consider the environmental impact of manufacture of infant formula, the amount of water used in the production and the making up formula and the cleaning and sterilization of equipment needed when not breastfeeding an infant.

D. Initiatives to encourage breastfeeding

1, The culture:

- There needs to be a cultural shift in society, to view breastfeeding as a natural process and the normal way to feed a baby. It is only when the **whole of society** values the benefits of breastfeeding that women will receive support from her family and the wider community.
- **A woman's choice**; women are asked if they intend to breast or bottle feed. How will this conundrum of mothers right to choose the method of feeding and the babies right to have the feeding that will promote their optimal health be resolved? The culture shift also needs to also be in the professional community, for everyone to have a natural assumption that babies will be breast fed unless there is a compelling reason why they can't be.
- **Education**: take the opportunity to inform and educate society in informal settings, on trains, on billboards, on Australian TV we should never see artificially fed baby in any form of media in Australia. This campaign needs national and large such as QUIT or TAC. The message that breastfeeding is beneficial for both mothers and babies is more likely to have impact if a soap star on Neighbours or Home and Away is breastfeeding. There is a demographic in society who will access the information through books etc. For others who don't or can't read then a media campaign and a high profile media personality

such as Bec Cartwright talking positively about breastfeeding would have a huge impact.

- **Mothers in the workforce.** Mothers are returning to work earlier than previous generations. Support for breastfeeding mothers in paid and unpaid maternity leave and flexible work arrangements. Supportive workplaces with the availability to feed or express. Ideally childcare centres should be close by and large corporations should be encouraged to incorporate childcare into their infrastructure. However this should not in any way limit support for mothers to stay at home and care for their babies. The choice to stay home should also be valued and supported. I think also there is an assumption that returning to the workforce early is viable, but even returning part time trying to express to maintain breastfeeding and then still have interrupted sleep is unrealistic; women will soon become exhausted and that does not do well for family life.

2 Support for breastfeeding mothers

- **Support at the time most needed** while in hospital and first home: Women in Australia are now being discharged from hospital earlier than ever. While the push for early discharge is budget driven it is short sighted, as the cost of failed breastfeeding will be far greater.
- **A Skilled workforce and responsive workforce:** Midwives are losing skills, as they don't have the practical experience of looking after new mothers past 24-48 hours. Midwives are not trained in community nursing and caring for a family at home is very different from in hospital. Maternal and Child Health Nurses in Victoria are midwives as well and care for families for the next 5-6 years and are ideally placed and trained to support women however are not in a position to pick up these concerns early enough. I recently attended a conference in Melbourne and heard a dietician from a prominent public hospital comment on the inclusion of probiotics in infant formula. The advantage being that infants have less illness and therefore miss less days of childcare. I was stunned, parents may need to work but infants do not need childcare, they need to have a high standard of care when not with their primary carer but they do not need childcare for their growth and development. As professionals we need to choose our language carefully as we influence others. Professionals also need to give clear and consistent advice.
Of course having this skilled workforce is the first step it then needs the capacity to respond to the needs of mothers. A baby needs feeding at least 6-8 times in 24 hours so if you are having problems, which can be resolved, and you cannot access a service or support for 1-2 weeks you may as be in the middle of the Gobi Desert.
- **Lactation consultants and services,** although we do need specialist services the vast majority of women do not. Since lactation consultants/services have become the vogue the breastfeeding rates have not increased. There is a cost involved in either providing or accessing services that is really like closing the gate after the horse has bolted. Most of the problems associated with breastfeeding are entirely preventable and needing a secondary service to try and resolve what lack of initial support would have prevented is cruel, as it has already affected the confidence and moral of that mother. One of the disadvantages of a push toward more professional services is that women then think this natural process is more complex than it is.
- **Early discharge:** In the UK mothers are discharged early but then receive a visit from a healthcare worker every day. In Victoria women receive 1-2 visits if you live within a certain distance of the public hospital you deliver, if you deliver in a private hospital you do not receive a visit and then need to wait for

Maternal and Child Health. Just imagine having cracked bleeding nipples (extremely painful) and being told you keep feeding/expressing 6-8 times in 24 hours for another week before someone can assist you, how would you cope?

- **Peer support;** Australian Breastfeeding Association does a great job of supporting women who already value breastfeeding. I see their role is supporting women and promoting breastfeeding, education and research but this issue of declining breastfeeding rates is not going to be resolved at that level. I attended a Maternal and Child Health conference in Vancouver last year and there was a program call 'Buddy up for breastfeeding' this program, run through Frazer Health in British Columbia, linked mothers wishing to breast feed with a mother who had successfully breastfed for a 6-month period. This program had dramatically improved breastfeeding rates in participants. Another program that also has an element of peer support is the best start program in the City of Maribyrnong, the link is below

http://www.maribyrnong.vic.gov.au/Page/page.asp?Page_Id=2441&h=0

3. **Benchmarking**, look at the programs in countries, which have successful breastfeeding number such as Norway, not looking at countries such as the United States, which have low breastfeeding rates.

E. Current measures to promote breastfeeding

1. **Antenatal classes** most classes have some sessions and information on breastfeeding. Breastfeeding classes as part of antenatal education needs to be conducted by an experienced professional such as a Maternal and Child Health Nurse who can take the women through the journey of breastfeeding past the difficulties of the early days and give information on what it is like to breastfeed an older baby. Studies have shown one of the greatest indicators of success for breastfeeding is the intention to breastfeed. So by the time women get to these classes they already have an idea of what they intend or if not they are given a choice.

2. **Written information**, there is an enormous amount of written information, books, pamphlets, and fact sheets and then there is the Internet. I recently was at Casey Hospital in Melbourne and displayed in poster style was information about their 'Baby friendly hospital' and the advantages of breastfeeding. In the 4 days I was there I did not see one person looking at the information, it was detailed and factual but not interesting. The information needs to be brief and interesting; I would like to see a cute picture of a baby and a short statement of a positive message about breastfeeding, on the trains, buses, and stations and in the print media.

3. **Lactation services**, There has been a large increase in the amount of lactation services offered in Victoria, from private lactation consultants to day stay type services run in hospitals and local government, free to costly. Although on the surface these may be seen as a way of supporting mothers and increasing breastfeeding rates, the rate of breastfeeding has not increased throughout Australia. Women need good practical help, support and advice early in the breastfeeding experience, discharging a woman with a costly breast pump and expecting them to wait and then pay for a lactation service is neither realistic nor fair. The damage is already done not only to the breastfeeding process but also to the woman's confidence.

The link below is to an interesting study of breastfeeding:

http://eprints.usq.edu.au/archive/00001681/01/Against_all_odds.pdf

F. Breastfeeding's impact on the long term sustainability of Australia's Health System

To consider the impact on the long term sustainability of breastfeeding on the health system you would first need to consider the advantages and improvements to health of the population. This would be in terms of savings to the health budget and then the broader benefits of having a healthier workforce less sick leave and greater productivity. I am a nurse, not an economist I cannot comment except to say. If you inverse the advantages some of which are listed below (taken form the web site linked below) and also included the reduction in obesity and improvement in mental health, to the already listed benefits, then the saving to the health budget would be enormous. The other consideration would be the cost in running a community campaign to increase public awareness of the advantages of Breastfeeding and the cost of supporting mothers while breastfeeding and these I am sure would offset some of the savings from the benefits.

Benefits to the infants,

A reduced risk of:

- Respiratory and ear infections
- Allergies and atopic diseases
- Asthma
- Urinary tract infections
- Diarrheal infections, gastrointestinal reflux and NEC
- Bacterial meningitis
- SIDS
- Juvenile rheumatoid arthritis
- Childhood lymphomas such as Hodgkin's Disease and Leukaemia

Benefits the infant gains when an adult

A reduced risk of

- Ulcerative colitis and Crohn's Disease
- Diabetes, Heart Disease and Obesity
- Multiple Sclerosis
- Breast Cancer

Benefits for the mother's health:

A decrease in risk of premenopausal breast cancer

A decreased risk of ovarian cancer

Improved bone mineralization and therefore a decreased risk form osteoporosis and fractures such as hip fractures.

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b100/6/1035>

Conclusion

If I could summarize what I feel is needed then they would be

- **Accurate data collection**, to monitor what the actual breastfeeding rates. A survey conducted by MCHL in 2002 asked mothers if they were breast feed 76 said yes, they were then asked to define their feeding, 26 were attaching to the breast and only giving breast milk, the other were doing all sorts of things including one who expressed 50 mls a day yet she when asked said her baby was breastfed. Also a need to research the increasing caesarean and epidural rate the impact of that on breastfeeding.
- **A National marketing campaign** to lift the profile of breastfeeding with easy to understand and catchy pictures, so everyone will be drawn to the information and informed. Take the opportunity to inform and educate the public in informal settings.
- **Support for professionals** to fulfil their roles, we need to have the entire population well educated including professionals, however if funding is such that they do not have capacity to respond it will all be in vain.
- **Support for breastfeeding mothers** at the time of delivery and in the early weeks especially, to keep them breastfeeding and enhance their confidence. In paid and unpaid maternity leave so they can breastfeed and if they need to return to the workforce then in a breast feeding friendly environment in the workplace.

The research is out there that clearly indicate the benefits of breastfeeding and this research is worldwide. The time is now to use the knowledge we already have and the research, to increase the knowledge and support for the population. My experience working with women for the last 30 years has driven me to submit this personally. The present situation is both frustrating and disheartening, for the professional but then think of that woman and a baby. Every breastfeeding failure is like a ripple in a pond in terms of the women's influence of her experience on her family and friends.

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