



australian  
nursing federation

Submission to the House of Representatives  
Standing Committee on Health and Ageing  
- Inquiry into Breastfeeding

---

2 March 2007

Jill Iliffe  
Federal Secretary

Gerardine Kearney  
Assistant Federal Secretary

Australian Nursing Federation  
PO Box 4239 Kingston ACT 2604  
Ph: 02-6232 6533  
Fax: 02-6232 6610  
Email: [anfcanberra@anf.org.au](mailto:anfcanberra@anf.org.au)  
Website: [www.anf.org.au](http://www.anf.org.au)

## Introduction

The Australian Nursing Federation (ANF) welcomes the opportunity to make a submission to the Parliamentary Inquiry into Breastfeeding. The ANF, established in 1924, is the national union for nurses and midwives with branches in each State and Territory of Australia. The ANF is also the largest professional organisation for nurses and midwives in Australia with a membership of 150,000 employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and midwives. The ANF participates in the development of policy, regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

This submission will address the following issues outlined in the Terms of Reference:

- a. the extent of the health benefits of breastfeeding;
- b. 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. the effectiveness of current measures to promote breastfeeding;
- f. the impact of breastfeeding on the long term sustainability of Australia's health system.

### **a. The extent of the health benefits of breastfeeding**

More than two decades of research have established that breast milk is the ideal food for infants. It is safe, clean and contains antibodies which assist in protecting the infant against many common childhood illnesses. The primary benefit of breast milk is nutritional. Human milk contains the right amount of fatty acids, lactose, water and amino acids for human digestion, brain development and growth. Breastfeeding reduces child mortality and has health benefits that extend into adulthood.<sup>1</sup>

The psychological and behavioural aspects of breastfeeding are also important benefits. Breastfeeding is a pleasurable and positive interaction between mother and baby. The maternal hormones prolactin and oxytocin stimulate the development of maternal behaviour and bonding and also reduce the response to stress.<sup>2</sup>

The World Health Organisation (WHO) recommends that infants should be exclusively breastfed for the first six months of life in order to achieve optimal growth, development and health. Following this, to meet their nutritional requirements, infants should receive adequate and safe complementary foods whilst breastfeeding continues up to two years of age and beyond.

According to the WHO, breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, haemophilus influenza, ear infections, necrotising enterocolitis, bacteraemia, meningitis, botulism, Sudden Infant Death Syndrome (SIDS) and urinary tract infection. It also protects against chronic conditions in the child such as allergies, type I diabetes, asthma, ulcerative colitis and Crohn's disease. Breastfeeding promotes child development and is associated with higher IQ scores in low-birth weight babies, improved visual acuity and psychomotor development. It is also associated with lower risk factors for cardiovascular diseases including high blood pressure and obesity.<sup>3</sup> A recent meta-analysis study concluded that both short term and long term breastfeeding is protective against childhood acute lymphoblastic leukaemia and acute myeloblastic leukaemia.<sup>4</sup>

In the mother, breastfeeding reduces the risk of postpartum haemorrhage thereby reducing maternal mortality and improving iron status; prolongs the period of post-partum infertility leading to increased spacing between pregnancies; possibly accelerates weight loss and return to pre-pregnancy weight; reduces the risk of pre-menopausal breast cancer; possibly reduces the risk of ovarian cancer; possibly improves bone mineralisation thereby reducing osteoporosis<sup>5</sup>; possibly has protective effects for rheumatoid arthritis; decreases maternal depression and improves mother-infant bonding.<sup>6</sup>

*Recommendation*

*That the Australian Government fund a national community education campaign emphasising the health benefits of breastfeeding.*

**b. The impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities**

In 1981, at the 34th session of the World Health Assembly, Australia voted to support the introduction of the WHO International Code of Marketing of Breast-milk Substitutes. This Code aims to contribute "to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution"<sup>7</sup>. The Code advocates for breastfeeding and determines that breast-milk substitutes should be available when needed but not promoted.

According to the Public Health Association of Australia, several aspects of the Code are yet to be implemented in Australia. These include prohibiting free and subsidised supplies of breast-milk substitutes in the health care system, guidelines for the marketing of bottles and teats and a code of marketing for retailers.<sup>8</sup> It is a very unsatisfactory outcome that 26 years after Australia voted to support the introduction of the WHO Code that aspects of it are still not implemented in Australia.

There are specific issues for those in disadvantaged, Indigenous and remote communities. Not all Australians are able to access an affordable supply of food. The Healthy Food Access Basket (HFAB) survey, a series of surveys of selected food stores in Queensland, showed that Australian residents in the very remote areas paid an average of about thirty percent (\$114) more each fortnight to meet their family's basic food needs than people living in cities. There have been higher increases in food prices over time in very remote areas.

Remote Australia is home to many Indigenous Australians. They are not only paying more for food but have the lowest incomes of any population group. In remote Indigenous communities, less expensive, energy-dense foods with high fat and sugar content are purchased over more expensive items such as fruit and vegetables. Reducing food prices in remote areas to those in cities would assist Indigenous families to make healthier food choices.<sup>9</sup>

The health status of Indigenous Australians is well below that of other Australian people.<sup>10</sup> Currently, Indigenous Australians live seventeen years less than other Australians.<sup>11</sup> The major causes of death for Indigenous Australians are cardiovascular diseases, injury, respiratory diseases, cancer and endocrine diseases. Although these causes of death are the same for the Australian population as a whole, Indigenous Australians have a greater death rate from these causes. Indigenous Australians also have higher rates of mental illness, diabetes and hypertension. They are more exposed to health risks such as poor nutrition and poor living conditions.<sup>12</sup>

The issue of food supply and cost in remote Australia is a compelling argument for public health measures to support Indigenous women to breastfeed, as well as providing a foundation for improving the appalling health outcomes of the Indigenous population.

#### *Recommendations*

*That the Australian Government incorporate the articles of the WHO International Code of Marketing of Breast-milk Substitutes into national legislation;*

*That the Australian Government establish a mechanism for systematic monitoring for overt violations of the WHO Code to evaluate trends, inform public opinion and deter overt promotional activities and provide information for health professionals regarding the covert promotional methods that may be used to market breast-milk substitutes.*

*That as part of its response to improving the health of Indigenous Australians, the Australian Government consider the provision of government subsidies to reduce the disparity of food pricing in remote Australia.*

#### **c. The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding**

Breastfeeding is the normal and most appropriate method for feeding infants and is associated with both immediate and long term health outcomes. There are many benefits to be gained from breastfeeding for the infant, the mother and the community as a whole. The health advantages of breastfeeding to the infant and mother are outlined under point a. of this submission. Breastfeeding is included in both the National Health and Medical Research Council's (NHMRC) Dietary Guidelines for Australian Adults and for Children and Adolescents as contributing to the health of all Australians from birth.<sup>13</sup>

#### **d. Initiatives to encourage breastfeeding**

The Baby Friendly Health Initiative (BFHI), previously known as the Baby Friendly Hospital Initiative, is an international project, launched by UNICEF and WHO in 1991. This initiative has been successful in promoting breastfeeding by creating a health care environment where breastfeeding is the norm, and practices which promote the health and wellbeing of babies and mothers are followed. The BFHI Ten Steps to Successful Breastfeeding are the global standard by which health services are assessed and accredited. In Australia, the Australian College of Midwives administers the BFHI. There are currently fifty eight Baby Friendly accredited health services in Australia. The cost of the two day assessment for BFHI accreditation covers the fees for a team of two or three people to conduct the assessment. Assessment costs range between \$1718 for health services with less than 500 births per annum to \$4950 for health services with more than 3,000 births per annum.<sup>14</sup>

The Nutrition Taskforce of the Better Health Commission set National Better Health Targets for the year 2000 to increase the prevalence of breastfeeding at discharge from hospital to 95% and increase the proportion of infants still being breastfed at three months to 80%. The rationale behind the targets was to continue promoting breastfeeding, increase rates of breastfeeding in at-risk groups, lengthen the average period of breastfeeding and maintain overall levels of breastfeeding. According to the NHMRC Dietary Guidelines for Children and Adolescents in Australia, given the current knowledge of the benefits of breastfeeding and the health risks for infants not receiving breastmilk, extending the target to 80% breastfeeding at six months would be appropriate.<sup>15</sup>

The Australian Breastfeeding Association (ABA), previously known as the Nursing Mother's Association, is an important advocacy group in support and promotion of breastfeeding. ABA educates the wider community through its counsellors, website, telephone counselling service, literature and community education programs.<sup>16</sup> Although the telephone counselling service is free, some of these services are provided at cost and as such could still be prohibitive for many of those in need. These services should be further subsidised to encourage initiation and duration of breastfeeding.

The ABA and other similar organisations play an important role within the health care system, providing much needed support to overcome transient problems with breastfeeding, particularly after hospital discharge.

The Australian Nursing Federation has developed a national policy promoting breastfeeding and the New South Wales and Queensland branches have developed guidelines and a policy sheet respectively supporting breastfeeding in the workplace.<sup>17</sup> The International Council of Nurses, a federation of national nurses' associations representing nurses in 128 countries, is responsible for developing sound health policies globally. The ICN has developed position statements on breastfeeding and the distribution and use of breast-milk substitutes.<sup>18</sup> These statements are attached for your information.

It is the national policy of the Australian Nursing Federation that all hospitals must have a written breastfeeding policy which promotes breastfeeding as the preferred method of infant feeding and that the policy should be communicated to all staff, patients and clients.<sup>19</sup>

*Recommendations*

*That the Australian Government provide funding to support Baby Friendly Health Initiative accreditation for all maternity health services;*

*That the Australian Government develop a communication strategy to extend and publicise the National Better Health Targets for breastfeeding rates in Australia;*

*That the Australian Government consider the provision of financial support for advocacy groups that support breastfeeding;*

*That the Australian Government encourage national health professional bodies to develop policies/position statements in support of breastfeeding.*

**e. The effectiveness of current measures to promote breastfeeding**

With fewer than 20% of infants being fully breastfed to the age of six months, current measures to promote breastfeeding are clearly not sufficient. There is the perception that the public understand the benefits of breastfeeding and the health risks for infants not receiving breast milk, however, there is still considerable work to be done to achieve the National Better Health Targets discussed above. The benefits of exclusive breastfeeding and the importance of breastmilk over substitutes are still not widely understood.

Most women experience a number of difficulties while breastfeeding. If appropriate advice and support are not provided a mother may cease breastfeeding. Common reasons cited by women for cessation of breastfeeding are: insufficient milk supply; poor quality milk; technique difficulties; previous bad experience; other small children; returning to work or study; health problems for the mother; health problems for the child; the child wanting to stop breastfeeding; the mother wanting to stop breastfeeding; lack of family support. The majority of causes for early termination of breastfeeding can be resolved with advice or avoided with better preparation, management and support.<sup>20</sup>

The provision of current and accurate information supporting breastfeeding is essential to achieve recommended breastfeeding targets. Midwives and nurses employed in antenatal clinics, inpatient services, home care organisations, maternal and child health centres, community health centres and general medical practices are ideally placed to assist families to make an informed choice about breastfeeding. As qualified health professionals, midwives and nurses can assist families to anticipate, avoid and overcome problems associated with breastfeeding. There is no consistent education for health professionals in the area of lactation. Additional funded ongoing education should be made available for midwives and nurses in lactation consulting to ensure provision of current, consistent information.

The decision to breastfeed can be affected by a variety of factors, including: hospital practices; social attitudes; lack of facilities that discourage women from breastfeeding in public; lack of paid maternity leave; and the absence of workplace policies that allow mothers to breastfeed.<sup>21</sup>

There needs to be recognition of the increasing number of breastfeeding women in the workforce and support through workplace initiatives to promote the continuation of breastfeeding. There are positive benefits to employers and the wider community in supporting breastfeeding mothers in the workplace. Workplaces need to provide appropriate facilities and breaks for the purpose of breastfeeding and consider, on request, flexible work and leave arrangements to facilitate the continuation of breastfeeding.<sup>22</sup>

*Recommendations*

*That the Australian Government consider funding the development of a nationally consistent education for midwives, nurses and doctors in lactation consulting;*

*That the Australian Government consider funding the provision of antenatal breastfeeding education classes and postnatal breastfeeding support clinics in the public and private health sectors;*

*That the Australian Government, through Medicare, provide access to additional domiciliary home support visits by midwives who are qualified lactation consultants.*

*That the Australian Government provide financial incentives for workplaces to support mothers who wish to return to work and continue breastfeeding;*

*That the Australian Government encourage employers to provide onsite childcare to assist women to successfully combine breastfeeding with returning to work;*

**f. The impact of breastfeeding on the long term sustainability of Australia's health system**

There are psychological, cultural, social, economic and environmental benefits to breastfeeding. As a preventative measure, breastfeeding promotes improved health outcomes. It is a naturally cost-effective, environmentally friendly activity requiring no manufacturing procedure or special packaging.

Many of the potential costs of low rates of breastfeeding are difficult to measure. Most economic analyses of breastfeeding commonly measure the direct health costs of some infant illnesses. Indirect costs, such as breast-milk substitutes, equipment, storage and preparation, cost of medicine, staff time for treating sick infants and physician visits are seldom measured. An economic analysis, where breast-milk was considered a food commodity that contributes to the total food supply, determined a net economic benefit of breastfeeding of a minimum of \$2.2 billion each year in Australia.<sup>23</sup>

Increasing the rate and duration of breastfeeding in Australia has the potential to dramatically reduce Government expenditure on health.

*Recommendation*

*That the Australian Government fund a national community education campaign emphasising the economic and environmental benefits of breastfeeding.*

## Summary of Recommendations

The Australian Nursing Federation is of the view that the Australian Government can take a lead role in improving the health of the Australian population through protection, promotion and support for breastfeeding by:

- Funding a national community education campaign emphasising the health benefits of breastfeeding;
- Incorporating the articles of the WHO International Code of Marketing of Breast-milk Substitutes into national legislation;
- Establishing a mechanism for systematic monitoring for overt violations of the WHO Code to evaluate trends, inform public opinion and deter overt promotional activities;
- Providing information for health professionals regarding the covert promotional methods that may be used to market breast-milk substitutes;
- Providing subsidies to reduce the disparity of food pricing in remote Australia;
- Funding the Baby Friendly Health Initiative accreditation for all maternity health services;
- Developing a communication strategy to extend and publicise the National Better Health Targets for breastfeeding in Australia;
- Providing financial support for advocacy groups that support breastfeeding;
- Encouraging national health professional bodies to develop policies/position statements in support of breastfeeding;
- Funding the development of a nationally consistent education for midwives, nurses and doctors in lactation consulting;
- Funding the provision of antenatal breastfeeding education classes and postnatal breastfeeding support clinics in the public and private health sectors;
- Providing access to additional domiciliary home support visits by midwives who are qualified lactation consultants;
- Providing financial incentives for workplaces to support mothers who wish to return to work and continue breastfeeding;
- Encouraging employers to provide onsite childcare to assist women to successfully combine breastfeeding with returning to work;
- Funding a national community campaign emphasising the economic and environmental benefits of breastfeeding.

## Conclusion

Promoting breastfeeding is an important public health strategy. Support and encouragement at all levels of the community are essential to maintain and improve initiation rates and the duration of breastfeeding by Australian women.<sup>24</sup>

The benefits of breastfeeding and management of related problems should be included in the initial and ongoing education of all those who provide health services to families. All health professionals need to constantly promote the benefits of breastfeeding. This needs to occur with the support of legislative amendment, public policy, government funding, a national health professional education strategy and a national community education campaign.



## References

1. World Health Organisation, 2006. The International Code of Marketing of Breast-Milk Substitutes: frequently asked questions, WHO, Geneva: p.2.
2. National Health and Medical Research Council, 2003. Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.7.
3. World Health Organisation, 2006. The International Code of Marketing of Breast-Milk Substitutes: frequently asked questions, WHO, Geneva: p.2.
4. Allen, J. and Hector, D. 2005. 'Benefits of Breastfeeding'; NSW Public Health Bulletin; 16(3-4):42-46.
5. National Health and Medical Research Council, 2003. Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.6.
6. Allen, J. and Hector, D. 2005. Benefits of Breastfeeding; NSW Public Health Bulletin; 16(3-4):42-46.
7. World Health Organisation, 1981. The International Code of Marketing of Breast-Milk Substitutes, WHO, Geneva: p.8.
8. The Public Health Association of Australia, <http://www.phaa.net.au/policy/BREASTFEEDING.htm>, accessed February 2007.
9. Webb, K. and Leeder, S, 2007. 'New Year's resolution: let's get rid of excessive food prices in remote Australia', Medical Journal of Australia, 186(1):7-8.
10. Ring, I. and Brown, N. 2002. 'Indigenous health: chronically inadequate responses to damning statistics', Medical Journal of Australia, 177(1):629-631.
11. Australian Institute of Health and Welfare, 2006. National Summary of the 2003 and 2004 Jurisdictional Reports Against the Aboriginal and Torres Strait Islander Health Performance Indicators, AIHW, Canberra, p.48.
12. The Report of the Indigenous Nursing Education Working Group to the Commonwealth Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health (OATSIH), "getting em n keeping em", September 2002, pp.19-20.
13. National Health and Medical Research Council, 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.14.
14. Australian College of Midwives, <http://www.bfhi.org.au>, accessed February 2007.
15. National Health and Medical Research Council, 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.4.
16. Australian Breastfeeding Association, <http://www.breastfeeding.asn.au>, accessed February 2007.
17. Australian Nursing Federation, <http://www.anf.org.au/>, accessed February 2007.
18. International Council of Nurses, <http://www.icn.ch/>, accessed February 2007.

19. Australian Nursing Federation, 2004. Promoting Breastfeeding Policy, [http://www.anf.org.au/anf\\_pdf/P\\_Breastfeeding.pdf](http://www.anf.org.au/anf_pdf/P_Breastfeeding.pdf), accessed February 2007.
20. National Health and Medical Research Council, 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.8.
21. Australian Nursing Federation, 2004. Promoting Breastfeeding Policy, [http://www.anf.org.au/anf\\_pdf/P\\_Breastfeeding.pdf](http://www.anf.org.au/anf_pdf/P_Breastfeeding.pdf), accessed February 2007.
22. NSW Nurses Association, 2006. Guidelines on Supporting Breastfeeding Women in the Workplace, accessed February 2007. <http://www.nswnurses.asn.au/multiattachments/7537/DocumentName/Guidelines.doc>.
23. Allen, J. and Hector, D. 2005. Benefits of Breastfeeding; NSW Public Health Bulletin; 16(3-4):42-46.
24. National Health and Medical Research Council, 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra: p.14.



# australian nursing federation

anf policy

## promoting breastfeeding

Where the term 'nurse' is used it includes all licensed classifications including, but not limited to: registered nurse, midwife, enrolled nurse, nurse practitioner.

It is the policy of the Australian Nursing Federation that:

1. All Australian maternity services are provided with, and comply with, the World Health Assembly (WHA) Resolution 47.5 (Infant and Nutrition).<sup>1</sup>
2. The World Health Assembly's International Code of Marketing of Breast Milk Substitutes (the WHO Code) is endorsed. The aim of the Code is the safe and adequate nutrition of infants by protecting and promoting breastfeeding, and by ensuring that when breast milk substitutes are necessary, they are properly used with adequate information. The WHO Code recognises that there is a legitimate market for infant formula when mothers do not breastfeed, but seeks to ensure that infant formula is not marketed or distributed as a preference to breastfeeding.
3. The WHO Code is supplemented at a national level by the Agreement on Marketing in Australia of Infant Formula for Manufacturers and Importers. This Agreement is also endorsed by the ANF.
4. The joint WHO/UNICEF Baby Friendly Hospital Initiative, which is designed to encourage breastfeeding, is supported.
5. All parents have a right to make an informed choice about infant feeding, and to receive accurate and unbiased advice if they experience difficulties. The decision to breastfeed can be affected by a variety of factors, including: hospital practices; social attitudes; lack of facilities that discourage women from breastfeeding in public; lack of paid maternity leave; and the absence of workplace policies that allow mothers to breastfeed.
6. All hospitals must have a written breastfeeding policy which promotes breastfeeding as the preferred method of infant feeding. The policy should be communicated to all staff, patients and clients.
7. The early initiation of breastfeeding, rooming-in and exclusive breastfeeding are practices that encourage the establishment of breastfeeding, which has measurable benefits to mothers and their babies.
8. Maternal and child health services must be adequately staffed by qualified midwives who have the time and skill to promote breastfeeding as a desirable option. The promotion of breastfeeding should commence antenatally.
9. Breastfeeding women and maternal and child health services should have access to lactation consultants to provide information and support for breastfeeding.
10. The commercial promotion of breast milk substitutes by the supply of free or low cost samples is not supported.

anf policy  
promoting  
breastfeeding

11. Community facilities which enable and promote breastfeeding should be widely available.
12. Workplaces should be sufficiently flexible to permit working mothers to choose breastfeeding as an option, and actively encourage breastfeeding by:
  - the promotion of a positive attitude towards breastfeeding in the workplace;
  - the development of a 'breastfeeding and workplace' policy;
  - flexible working hours and other family friendly working conditions;
  - flexibility of times of usual breaks and/or lactation breaks as required for expressing or breastfeeding;
  - a clean, private (lockable) area which is safe from hazardous waste and chemicals, with comfortable seating and access to a power supply;
  - facilities for washing hands and equipment, and for storage of equipment;
  - refrigeration facilities for storage of breast milk;
  - readily available information regarding parental leave and policies relating to breastfeeding in the workplace;
  - information displayed and distributed where appropriate to inform employees who are pregnant or considering pregnancy.

*endorsed june 1998*

*reviewed and re-endorsed september 2000*

*reviewed and re-endorsed november 2004*

references

1. This resolution requests that health departments cease accepting free and subsidised samples and supplies of breast milk substitutes by formula manufacturers in any part of the health care system; and that strategies are implemented to end this practice (adopted by consensus, Geneva, May 1994)

# Guidelines on Supporting Breastfeeding Women in the Workplace

---

Re-endorsed by Annual Conference 2006

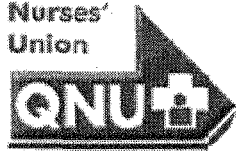
The NSW Nurses' Association, recognising the increasing number of breastfeeding women in the workforce, supports workplace initiatives to promote the continuation of breastfeeding. It is the Association's view that breastfeeding provides positive benefits to women and their children and is to be encouraged as the preferred method of infant feeding.

The NSW Nurses' Association recognises that there are positive benefits to employers and the profession, in supporting breastfeeding mothers in the workplace.

**The NSW Nurses' Association recommends that:**

1. Workplaces support breastfeeding women who wish to return to work.
2. Workplaces, in accordance with award provisions, provide appropriate facilities, including a private area set aside for the purpose of breastfeeding, expressing and storage of expressed breast milk.
3. Workplaces provide appropriate breaks for the purpose of breastfeeding or expressing breast milk.
4. Workplaces consider on request, flexible work and leave arrangements to facilitate the continuation of breastfeeding.





---

## Breastfeeding in the workplace

### Preamble

The Australian Federal Government in March 1990 adopted the International Labour Organisation Convention 156, which concerns equal employment opportunities and equal treatment for men and women workers. Article 3 of the Convention addresses the requirement for recognition of equal rights to employment for men and women with family responsibilities.

The ratification of this Convention shows a commitment to the principles of equal opportunity for men and women workers, particularly those who face difficulties balancing family responsibilities with the demands of the workplace.

The significance of difficulties faced by employees balancing work responsibilities with their commitments to the family is now being recognised, and should be the subject of consideration in negotiations for employment conditions in order to achieve fairer, better and more flexible working policies and practices.

Breastfeeding is generally regarded by medical and parenting authorities as the optimum way to nourish infants, and women should not be discouraged from continuing to do so because they are returning to the work environment.

It is recognised that the provision of quality child care is of paramount importance to working parents. To this end, the QNU supports and encourages employers and employees to consider the child care needs of staff in the workplace with a view to the provision of these services. The provision of workplace child care will enhance the ability of working mothers to breastfeed in the workplace. Where workplace childcare is not provided the QNU recommends the implementation of lactation breaks for breastfeeding women utilising the following guidelines.

### Implementation of specific measures to form the basis of negotiations for conditions for breastfeeding women

The QNU recognises the following criteria are essential to assist women who are wishing to continue breastfeeding after returning to work:

- Flexible work arrangements such as part-time/job sharing and finishing times around core hours;
- Flexibility of times of usual breaks and/or lactation breaks as required for expressing or breastfeeding;
- Clean, private (lockable) area which is safe from hazardous wastes and chemicals, with comfortable seating and power point;
- Facilities for washing hands and equipment;
- Refrigerator for storage of breast milk;
- Facilities for storage of breast pump and other equipment;
- Information regarding parental leave and the policies relating to breastfeeding in the workplace, provided at time of request;
- The promotion of a positive attitude toward breastfeeding in public, and information displayed and distributed where appropriate to inform employees who are pregnant or considering pregnancy.

## **Breastfeeding**

### **ICN Position:**

ICN considers that breast milk is the food of choice for infants and that, as a general principle, exclusive breastfeeding should be protected, promoted and supported for the duration of six months as a global public health recommendation.<sup>[1]</sup> ICN supports efforts to promote adoption of the Baby Friendly Hospital Initiative (BFHI) to ensure that all maternities become centres of breastfeeding support.<sup>[2]</sup>

ICN up holds the mother's right to make an informed choice about infant feeding. This includes providing information, counselling and guidance to all HIV infected mothers about the risks and benefits of feeding options most suitable for their situation, in line in with those recommended in the UNICEF/UNAIDS/WHO guidelines.<sup>[3]</sup>

Furthermore, ICN supports the revised International Labour Organization (ILO) Convention 183 on maternity protection. ICN concurs that it is the right of all working women, including those in the informal sector, to have paid daily breaks or a daily reduction of hours of work when breastfeeding a child, and to have hygienic facilities at or near the workplace.<sup>[4]</sup>

### **Background**

Infants who are breastfed have fewer illnesses and are better nourished than those who are fed other drinks and foods. It is estimated that 1.5 million infant lives would be saved, and the health and development of millions of others would be greatly improved, if exclusive breastfeeding took place in the first six months of life.<sup>[5]</sup> Using breast milk substitutes, such as infant formula or animal's milk, pose real threats to infants' health if parents cannot afford sufficient substitutes and/or do not have access to safe water to reconstitute the formula.

While a mother with HIV who is breastfeeding may increase the risk of HIV-transmission to the child by up to 15%, a child on breast milk substitutes is about 6 times more likely to suffer from infectious diseases such as diarrhoea and respiratory infections during the first 2 months of life.

Finally, women today spend a greater portion of their lives in paid employment as their participation in the labour market rapidly rises. According to the ILO, women's economic activity rates climbed from 54 % in 1950 to 66 % in 1990, and they are projected to reach almost 70 % in the year 2010, with women in their childbearing years being the fastest growing segment of the labour force in many countries.<sup>[6]</sup> Increasingly countries are seeing that the health benefits of breast-feeding for

**International  
Council of  
Nurses**

3 Place Jean Marteau  
1201 Geneva  
Switzerland  
Tel: +41 22 908 01 00  
Fax: +41 22 908 01 01  
email: [icn@icn.ch](mailto:icn@icn.ch)

# Position Statement

infants and mothers are also being matched by economic returns at the national and workplace levels when breast-feeding is supported by policies and in practice by employers willing to accommodate the needs of nursing mothers.

Adopted in 2004

**Related ICN Positions:**

- Distribution and Use of Breast Milk Substitutes
- Women's Health
- Rights of Children

[1] World Health Organization, Global Strategy for Infant and Young Child Feeding, Geneva, Author, 2003.

[2] United Nations Children's Fund, The Baby-Friendly Hospital Initiative, Accessed at <http://www.unicef.org/programme/breastfeeding/baby.htm> in August 2004.

[3] United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO). HIV and Infant Feeding. WHO, Geneva 1998

[4] International Labour Organization, Convention 183. Convention Concerning The Revision Of The Maternity Protection Convention (Revised), 1952, Adopted By The Conference At Its Eighty-Eighth Session, Geneva, 15 June 2000.

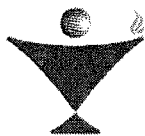
[5] United Nations Children's Fund, Facts for Life, Accessed at <http://www.unicef.org/ffi/04/index.html> in August 2004.

[6] International Labour Organization, Report V(1) Maternity Protection at Work, Revision of the Maternity Protection Convention (Revised), 1952 (No. 103), and Recommendation, 1952 (No. 95), Geneva, Author, 1999.

The International Council of Nurses is a federation of more than 124 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.



# Position Statement



## Distribution and Use of Breast Milk Substitutes

### ICN Position:

Given that in nearly all circumstances breast milk is the food of choice for infants, and the breast-fed infant has a significantly increased chance of survival and a decreased incidence of morbidity, ICN confirms its strong support for the *International Code of Marketing of Breast Milk Substitutes* [1] and the *Innocenti Declaration*. [2] It equally condemns the donation of free or subsidised supplies of breast milk substitutes and other products covered by the *International Code of Marketing of Breast Milk Substitutes* in any part of the healthcare system. ICN also supports efforts for the adoption of the *Baby Friendly Hospital Initiative* (BFHI). [3]

### Background

Inappropriate feeding practices are a major contributor to poor nutritional status in infants and young children. Up to 55% of infant deaths from diarrhoeal disease and acute respiratory infections may be the result of inappropriate feeding practices. [4] Less than 35% of infants worldwide are exclusively breastfed for even the first four months of life. And complementary feeding practices are frequently ill timed, inappropriate and unsafe. [5] The vast majority of mothers can and should breastfeed, just as the vast majority of infants can and should be breastfed.

When replacement feeding is acceptable, feasible, affordable, sustainable and safe, HIV positive women should avoid all breastfeeding. However when that is not possible, exclusive breastfeeding is recommended during the first months of life. [6]

Nurses and national nurses associations have a responsibility to promote actively the provisions of the *International Code of the Marketing of Breast Milk Substitutes*. In countries where governments have not adopted official measures to end free and low cost supplies of breast milk substitutes to healthcare facilities, nurses and national nurses associations need to work with interested parties to have the necessary legislative and policy measures implemented. Where policies to prevent the distribution of free or low-cost

**International  
Council of Nurses**  
3 Place Jean Marteau  
1201 Geneva  
Switzerland  
Tel: +41 22 908 01 00  
Fax: +41 22 908 01 01  
email: [icn@icn.ch](mailto:icn@icn.ch)

# Position Statement

breast milk substitutes exist, nurses need to collaborate with the appropriate authorities in implementation, enforcement and monitoring activities in this area.

Adopted in 1995

Revised in 2004

#### Related ICN Positions:

- Breastfeeding
- Women's Health
- Rights of Children

[1] WHO **International Code of Marketing of Breast Milk Substitutes**. Geneva, World Health Assembly, Resolution 34.22, 1981.

[2] WHO/UNICEF **Innocenti Declaration on the Protection, Promotion and Support of Breast Feeding**. Florence, 1990.

[3] United Nations Children's Fund, **The Baby-Friendly Hospital Initiative**, Accessed at <http://www.unicef.org/programme/breastfeeding/baby.htm> in August 2004.

[4] World Health Organization, **Resolution WHA55.25 Infant and Young Child Nutrition**, Geneva, Author, 2002.

[5] World Health Organization, **Global Strategy for Infant and Young Child Feeding**, Geneva, Author, 2003.

[6] World Health Organization, **Implementing the Strategy for Infant and Young child Feeding: Meeting Report**, Geneva, Author, 2003.

The International Council of Nurses is a federation of more than 124 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.