

Submission to Parliamentary Inquiry into Breastfeeding

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Via: committee.reps@aph.gov.au>

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Context of my comment

I write as a qualified dietitian with experience working in public health nutrition, health care policy and planning including in Aboriginal Health, in vocational education, and in research and evaluation in education and health care services.

Key points I wish to make:

- The adverse consequences of formula feeding have long been known and are indisputable: there is agreement among many Government-funded guiding documents at both Commonwealth and State level, from independent university publications and from the World Health Organisation about the large and growing body of scientific evidence to support the notion that breastfeeding is a public health issue worthy of Government support. **Some of the key local guiding documents are listed in Appendix 1.**
- The medical and nutrition scientific community is united in acknowledging the additional risks to human health that go with formula feeding. The risks are to long term health as well as to health in infancy. Common then sense says we can't afford to give the international food companies 'free reign' to undermine breastfeeding. Of course no food company would admit to this being their intention, but there is no doubt that their multi-million dollar clever marketing strategies do indeed have this effect. There is therefore ample justification for regulating the advertising of infant feeding, because there is ample evidence that, when it comes to infant formula advertising, voluntary industry agreements simply don't work for the common good.

- The adverse consequences of formula feeding affect not only children and their families but the whole of society via increased disease rates, and therefore health care costs, costs shared by all Australian taxpayers. This makes the avoidance of formula feeding (and promotion of breastfeeding) an important public health issue.
- Formula feeding is associated with increased direct health care costs because of increased infections and hospitalisations. The human costs of the infections and hospitalisations of infants in terms of trauma to both infant and parents is obviously something every parent would wish to avoid.
- As well as short term, measurable direct health care costs, there are longer term and less measurable indirect costs. These costs cross boundaries; some are health (eg deafness arising from otitis media), some are education costs (loss of ability to fulfil educational potential if deaf); and some are social costs (self esteem problems, lowered employability if deaf and with compromised educational attainment). These social costs are exacerbated if one is born into an already socially disadvantaged group.
- The health and social costs affect already-disadvantaged sectors of the community disproportionately. The social damage to the Aboriginal and Torres Strait Islander communities arising from the high prevalence of otitis media is well known to Aboriginal Health Workers, but is easier to describe than to measure. How do you quantify the lifetime effects on an individual arising from chronic otitis media in infancy? If the otitis media causes profound deafness it might be recognised early and addressed with special education. It more commonly causes lesser degrees of deafness which are harder to recognise and remedy but which still cause educational disadvantage. If a child happens to be somewhat deaf but this is not diagnosed, it is easy to see how adults (including teachers) may assume the child is inattentive and naughty. If the child is also Aboriginal, such an assumption re-inforces negative societal stereotypes which then become a self-fulfilling prophesy as some teachers (eg new staff unaware of the legacy of otitis media) will tend to expect less of such children so the children then under-perform...
- The long list of infections that are more prevalent in formula-fed babies, even in Australia and other developed countries, mean that the rationale for supporting, promoting and protecting breastfeeding is as valid in Australia as in developing countries.
- The Government-Industry agreement that is supposed to outlaw the promotion of formula feed for infants – the (Marketing in Australia of Infant Formulas, ie MAIF agreement) is sadly ineffective. Its deficiencies stem from the fact that it covers only formulas designed for the first year of life. Not all the infant formula companies are signatories to the agreement, and those that are

signatories breach its intentions constantly by clever marketing strategies such as promotion of formula feed for children over 12 months ("toddler milks") that links their brand name firmly to the product they sell for babies. There has been little action to curb breaches of the agreement, in part because the reporting of breaches is not the responsibility of any particular government department and so relies on knowledgeable and motivated individuals (such as ABA members) volunteering their time and effort on behalf of the issue.

- The other reason why little is done about breaches is because the MAIF agreement does not have the authority of being a regulation....
- For the MAIF agreement to be truly effective requires that it becomes a regulation not a voluntary code of practice. It further requires that the age limit for non-promotion of formulas be extended to all products for children under four years of age to counter the undermining effect of the promotion of 'same name' toddler milk formulas. These toddler formulas are a recent innovation for which there is little real need. While they have a role in therapeutic dietetics, their promotion to the general public is, in my view, just a clever ploy by the major infant formula companies to get around the 'problem' of the companies being signatories to the MAIF agreement.

How could the transition from a voluntary code to a regulation be achieved? Perhaps it needs to be taken to parliament as a private member's bill. If it becomes a regulation by this route, it further requires that "policing" of breaches of the regulation be supported by the application of government funds to (a) a campaign explaining the regulation to health care workers and interested groups together with (b) appropriate penalties imposed on companies for breaches of the regulation so that the penalties act as a sufficient disincentive.

- Where certain other modifiable health influencing factors affect short and long term health costs, we have vigorously-policed legislation and regulation in place to minimise the harms. For example we have building regulations concerning water supply and sewage disposal, seat belt laws, cycle helmet laws, and laws outlawing the sale of cigarettes and alcohol to minors. And we have a ban on cigarette advertising. We even have government health warnings on the packets....
- While I would reject the notion of health warnings on infant formula packaging, because I feel they would give rise to unjustifiable feelings of inadequacy and guilt in mothers who, for a variety of reasons (including incompatibility of breastfeeding with the constraints of most workplaces) can't breastfeed, it is interesting to note that the use of such health warnings could be considered

justifiable because of the overwhelming body of scientific evidence demonstrating that formula feeding is associated with poorer health outcomes.....

- Promoting breastfeeding is one a public health nutrition priority identified for action in many health policy documents. Education and support for breastfeeding mothers is necessary at all levels of the health system and in the community, if the initiation and duration rates of breastfeeding are to be increased.
- Successful sustained breastfeeding results from a combination of knowledge, motivation, confidence and support. The guiding document "Dietary Guidelines for Children and Adolescents in Australia" states that, 'A complex set of social, physiological and cultural factors contributes to early weaning. Mothers commonly have little or no information about breastfeeding, little contact with women who successfully breastfeed and, often gain little support from close family and friends'. Attitudes and practices which interfere with the successful establishment of breastfeeding remain common in a culture where breastfeeding is undervalued and where alternative infant foods are readily available and heavily promoted. More mothers are returning to the workforce while their infants are young, and too little assistance is available to help them to continue breastfeeding.

Recommendations

- Given the above reasoning, I feel that the **least** action a responsible government would put in place would be a regulation banning the promotion of *infant and toddler* formulas to the general public and regulating the claims that can be made about milk formula products in written material directed at health professionals. Claims for benefits of such products need to be supported by research published in peer reviewed medical journals, and any claim that cannot be properly supported in this way should be considered a "breach of regulation" and action be taken to remove the offending material from circulation.

Such a regulation needs to include the banning of brand name "freebies" targeting health care workers that subtly persuade mothers to favour certain products because the brand names are constantly in view in health care settings such as antenatal clinic premises, on items like pens, notepads, calendars and the like.

The other parts of my wish list for this issue are:

- High level support, direction and adequate resourcing of relevant health care staff to ensure that all hospitals are able to meet the standards for accreditation (set many years ago by the World Health Organisation) under the “Breastfeeding Friendly Hospital Initiative. While the percentage of accredited hospitals varies from State to State, Australia has hundreds of hospitals that do not meet the criteria for accreditation.
- Direction and resourcing of curriculum development and curriculum support for the school curriculum to do a really good job of educating young people about breastfeeding to create the beginnings of wider community understanding of the importance of breastfeeding for human health, the practicalities of it; and how to overcome the obstacles to it.
- funding for community infrastructure to enable breastfeeding women to feel comfortable to breastfeed in many more public places so that babies don't have to fed in toilets;
- some form of government encouragement for workplaces to ensure that women have access to a relaxing private space where they can go to express breast milk if they have returned to work while still breastfeeding a baby.
- A requirement on employers with more than a certain number (say 50) women employees (aged 16-45) to provide an annual statement answering specific questions about breastfeeding-friendly policies and practices and facilities at work in the same manner as currently required of large organisations to monitor the state of disability-friendliness of their organisation.
- Funding for an ongoing social marketing campaign to “normalise” and promote the acceptance of breastfeeding across all sectors of our society, so that breastfeeding women do not feel stigmatised by their choice.

Appendix 1

Some of the local guiding documents:

National

- National Health and Medical Research Council. “Dietary Guidelines for Children and Adolescents in Australia, incorporating the Infant Feeding Guidelines for Health Workers”, Canberra, 2003
- Strategic Inter Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL). “Eat Well Australia – An Agenda for Action for Public Health Nutrition 2000 - 2010”, 2001

- Strategic Inter Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL). "National Aboriginal and Torres Strait Islanders Nutrition Strategy and Action Plan 2000 – 2010, 2001
- Australian Breastfeeding Association, 2003, Submission to the National Health and Medical Research Council on the National Clinical Guidelines for Weight Control and Obesity Management in Adolescents and Children
- Commonwealth of Australia (National Breastfeeding Strategy 2001)

State

NSW Health Publications

- NSW Public Health Bulletin March April 2005 , Guest Editorial: Breastfeeding and the Public's Health
- Towards an evidence based Breastfeeding Policy for NSW, (2006)
- Breastfeeding in NSW: Promotion, Protection and Support (32 page policy document) (2006)
- Breastfeeding in NSW: Promotion, Protection and Support – Policy at a glance (6 page summary of policy) (2006)
- Promoting and Supporting Breastfeeding in NSW: Case Studies University of Sydney Centre for Public Health Nutrition and NSW Health