

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

Dear Ms Brown,

Submission to Inquiry into the Health Benefits of Breastfeeding

Please find attached a supplementary submission to the above inquiry.

This submission relates to Commonwealth funding of breastfeeding research in Australia.

Thank you for the opportunity to contribute to the Committee's investigation.

Yours Sincerely



Dr Julie Smith
Australian Research Council Fellow
Australian Centre for Economic Research on Health
The Australian National University ACT 0200

Submission to the Standing Committee on Health and Aging - Inquiry into the Health Benefits of Breastfeeding

Overview

A number of submissions have referred to the Commonwealth's role in supporting research on breastfeeding. Supporting research is recognised as one of the important areas of leadership for the Commonwealth. This submission argues that research funding provided by the Commonwealth is unlikely to be contributing significantly to achieving Australia's national breastfeeding goals, and is more likely to be supporting the research and marketing needs of the infant food industry.

Research funding for breastfeeding in Australia

The quantum of research into breastfeeding in Australia is minuscule. This parallels the meagre resources applied to collection of any national data on breastfeeding which might assist with such research.

Looking at available information for Australia, The National Health & Medical Research Council (submission no. 35) states that it has funded \$3,387,337 of research 'related to breastfeeding' since the year 2000. It provides an appendix listing those grants. According to DHAC (submission 450, Attachment A, note to table 2), this listing includes around \$624,720 of funding which has been allocated to future research from 2008 to 2010. DHAC clarifies here that the NHMRC funding is for a 13-year period not a 10 year period. The average NHMRC funding for 'breastfeeding related research' is therefore only around \$250,000 a year. **This is the equivalent of a single three-year research project for a junior researcher with minimal research costs.**

It is also important to consider whether that research funding is really supporting national policy goals for breastfeeding. For example, an analysis for the USA published in a leading pediatrics journal¹ examined whether \$40.4 million of public funding for breastfeeding research during 1994-1996 had targeted US public health goals for increased breastfeeding initiation and duration. Brown and colleagues found that only 6 out of the 362 projects on infant nutrition or breastfeeding/lactation which were funded by the National Institutes of Health (NIH) might directly impact on breastfeeding initiation or duration.ⁱ Only a further 25 had potential for indirect impact.

That is, 90.3% of publicly funded projects (i.e. 13.7% of funds awarded) on infant nutrition or breastfeeding/lactation were found to have no impact on increasing breastfeeding.

Furthermore, 27 of the funded studies in the 'breastfeeding' category involved adapting human milk science to improve or develop other foods and technologies; this included three studies directed solely to improving the composition of artificial milk preparations. According to the researchers, 'this raises the question of priorities for the allocation of taxpayer generated resources'.

A similar situation appears to prevail in Australia.

As Dr Ellen McIntyre has pointed out (submission 67), a search of the NHMRC grant funding database using the search term 'breast' reveals that only 3 of the NHMRC grants related to breastfeeding. Most research in this area was for breast cancer (62 research projects).

Furthermore, perusal of the 13 NHMRC funded projects purportedly 'related to breastfeeding' confirms that most of its funded research is not focussed on goals of increasing breastfeeding. Rather it is predominantly directed to investigating the immunological, biochemical or nutritional properties of human milk. For example,

ⁱ A 'direct impact' was where clinical interventions identified breastfeeding initiation or duration as outcome measures. An indirect impact was where breastfeeding initiation or duration could be affected through education, policy or descriptive findings that informed future intervention studies.

- 'immune-regulation by milk extracts in vitro as well as in vivo in an animal model of formula feeding'
- 'unique sugars in breastmilk': are they food for brain?'
- 'DHA intake & neurodevelopment of preterm infants',
- 'growth factors in maternal milk and development of infant immune responses'.
- 'do very premature babies catch cytomegalovirus from their mother's breastmilk?'

This research field is more relevant to the research and marketing needs of the infant food industry than it is to a public health agenda of promoting or supporting breastfeeding. It is also an area where current empirical knowledge is already sizable.¹

By contrast there is very little NHMRC (or ARC) funded research that addresses national breastfeeding goals, or adds to overseas literature on factors affecting breastfeeding initiation or duration, such as breastfeeding and work, or marketing effects. Despite the markedly different cultural environment for breastfeeding in the USA or the UK, policymakers in Australia rely heavily on overseas research from these countries because relevant Australian research is lacking. **In fact, it is difficult to identify in the DHAC submission any policy relevant Australian research evidence on breastfeeding that was directly funded by Australia's national research funding bodies.** For example, in the area of economics of breastfeeding, the research cited therein, by Drane and by Smith et al,^{2, 3} was mainly funded out of their own pockets by the individuals concerned.ⁱⁱ For example, my own research on the economics of breastfeeding has been entirely self-funded from 1997 to 2004, apart from a \$10,000 grant from Rotary. If I am to continue my research on the economics of breastfeeding beyond mid 2007, it will again be entirely self-funded.

Likewise, the ARC in 2005 rejected funding for a Linkage research project application by the Australian National University (ANU), in partnership with the Australian Breastfeeding Association (ABA). This was a potentially far-reaching project, to which the ABA was prepared to commit substantial resources, which aimed to;

'promote understanding of how to increase breastfeeding, fusing a multidisciplinary team of leading academic researchers with expertise and data gathered via a national breastfeeding support organisation. This will deliver for the first time an academic understanding of community-based breastfeeding support strategies grounded in knowledge from service delivery.'

Conclusion

There is a need for an independent review, and major refocusing, of the national research effort on breastfeeding to ensure that it is more relevant to national policy objectives on breastfeeding, and is directed to achieving public health goals. This should be supported by major and urgent improvements in national data collection on breastfeeding.

References

- 1 Brown LP, Bair AH, et al. Does Federal Funding for Breastfeeding Research Target Our National Health Objectives? *Pediatrics* 2003; 111:e360-364.
- 2 Drane D. Breastfeeding and formula feeding: a preliminary economic analysis. *Breastfeeding Review* 1997; 5:7-16.
- 3 Smith JP, Thompson JF, et al. Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory. *Australian and New Zealand Journal of Public Health* 2002; 26:543-551.

ⁱⁱ The research on the economics of breastfeeding cited for NSW (Report on Breastfeeding in NSW 2004 (revised): NSW Centre for Public Health Nutrition, University of Sydney and NSW Department of Health, 2005) applied the research conducted by Smith to NSW figures rather than being a separate study.