

**SUBMISSION TO**  
**THE PARLIAMENTARY INQUIRY INTO**  
**THE HEALTH BENEFITS OF BREAST FEEDING**

**February 2007**

**From**

**City of Wodonga**  
**Maternal and Child Health Nurses**

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SIGNED ON BEHALF of The Maternal and Child Health Nurses – City of Wodonga.

NAME:.....

POSITION:.....

DATE:.....

## **Introduction**

Thank you for the opportunity to provide input to this inquiry.

The City of Wodonga provides primary health care services to families with children aged 0-6 years in the City of Wodonga. The vision of the maternal and child health services is to provide all children and their families with an opportunity to optimise their health, development and wellbeing during the period of a child's life from birth to school age. The City of Wodonga receives 520 birth notifications each year.

## **Our Submission**

We would like to highlight the extended research that has occurred both nationally and internationally that provides evidence based information regarding the key areas of the examination of the review. In particular we would like to acknowledge and draw attention to "Giving breastfeeding a boost: Community based approaches to improving breastfeeding rates, a literature review (Public Health Group, DHS Victoria 2005).

In addition, in our submission we wish to make concise comments in relation to the following key issues covered by the terms of reference:

- a. the extent of the health benefits of breastfeeding
- b. evaluate the impact of marketing or 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. examine the effectiveness of current measures to promote breastfeeding and,
- f. the impact of breastfeeding on the long term sustainability of Australia's health system.

## **Further information**

We would also be available to provide the Committee with further information in relation to matters raised in our submission.

It is preferable that this information remains confidential and not be placed on the website.

## **Key Issues**

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

Many strategies have been in place at local levels to explain the health benefits of breastfeeding to the public. This is usually targeted at antenatal clients and in practice does not address the knowledge base of the entire community. In practice, maternal and child health nurses find the public does not understand the current evidence in relation to the value and importance of breast milk for infants and young children. The general public, in Australia, believe that infant formula is just as good as breast milk.

As such, it would be advisable for the Commonwealth government to institute a national advertising campaign (similar to QUIT and Road Safety) that educates the whole population on these issues. This would include television coverage, radio, printed and electronic media. It needs to be ongoing and not just a campaign that runs for the duration of a project or the duration of a political party's time in government.

### **Evaluate the impact of marketing or breast milk substitutes on breastfeeding rates and in particular, in disadvantaged, Indigenous and remote communities.**

Marketing of breast milk substitutes is evident in the media in Australia. Not only do we see blatant advertising, for example, supermarkets such as Safeway and Coles routinely advertise infant formula in their weekly specials publication, we also see hidden advertising with the use of bottles, teats and other items of artificial feeding in general advertising. Concern has been raised around these issues and as the supermarket chains are not a signatory to the MAIF and WHO agreement, they appear to be out of the control of the advertising restrictions. The Commonwealth government needs to address these issues to prevent blatant and hidden advertising which reinforces to the general public that formula feeding is acceptable.

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

The short and long term benefits of breastfeeding have been researched and documented both nationally and internationally. Referring to these references, as provided by "Giving breastfeeding a boost – Community based approaches to improving breastfeeding" will highlight the impact on the health of Australians in the short and long term. These need to be acknowledged by the government and used to direct policy and in particular the education of the wider public on these impacts.

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

Mothers and their families need to be provided with consistent and supportive advice regarding breastfeeding. Many mothers report inconsistency of information, guidance and professional expertise in relation to breastfeeding

during the prenatal period, hospital stays and after discharge. Women are also discharged early from hospital, often on Day 3 or less, and have no access to 24 hour assistance with breastfeeding. Health Departments often suggest that they provide in home support, but this does not address the problems of women who need assistance with every feed. More often than not, the in home support is either on one occasion or provided by a telephone call.

Women who wish to breastfeed should be provided with their choice of length of postnatal stay rather than their length of stay dictated by the short term economics of health departments.

Access to qualified health professionals is paramount for breastfeeding mothers, particularly in the first 6- 8 weeks of establishing lactation. This access needs to be timely (within 24 hours) to prevent the incidence of weaning.

Access to the Australian Breastfeeding Association (ABA) for telephone support with an 1800 number is an initiative which can be provided by the Commonwealth government.

Initiatives and leadership from the Commonwealth can be provided around workplace strategies that support breastfeeding and maternity leave for those mothers breastfeeding.

Other initiatives that could be considered are family payments that reward mothers who breastfeed. This initiative was successful in increasing immunisation rates for the nation from 50% to over 90%.

### **Examine the effectiveness of current measures to promote breastfeeding**

Paramount to collecting information on the effectiveness of current measures to promote breastfeeding is the definition of breastfeeding and the consistency in definition and data collected nationwide. At the moment it is adhoc.

Reviewing the data that already has evaluated the effectiveness of current measures is of paramount importance. "Giving breastfeeding a boost (DHS Victoria) has provided a literature review to February 2005 and the information gained can be used to plan interventions.

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

There is overwhelming evidence both nationally and internationally that identifies the issues around populations not being breastfed. This needs to be well communicated to the Australian public so that they are well informed of the health risks of artificially feeding.

## Recommendations

- A national government advertising campaign similar to messages for Quit Smoking and Road Safety.
- Community education programs promoting disadvantages of artificial feeding and the advantages of breastfeeding.
- Eliminate all blatant and hidden advertising of breast milk substitutes in the general media and to health professionals.
- Increase funding for current prenatal, and in-hospital support for breastfeeding through the education of midwives and lactation consultants.
- Increase funding for current primary health services support for breastfeeding such as the maternal and child health services.
- National common approach to breastfeeding for nursing staff from prenatal care, through hospital and community.
- Introduce incentives for all maternity hospitals to achieve 'Baby Friendly' rating.
- Introduce incentives for all community health services (including maternal and child health) to achieve 'Baby Friendly' rating
- The government to legislate the compliance of maternity services and maternal and child health services with the WHO Code for the marketing of breast milk substitutes.
- Elimination of all samples and promotion of breast milk substitutes in the media, hospitals and community health services.
- Update the curriculum for midwifery and maternal and child health studies to include breastfeeding as a core subject.
- All maternal and child health nurses to be IBCLC certified (Lactation consultants). Such training to be subsidised or funded by the government.
- Changes to workplace conditions enabling women to incorporate work and breastfeeding and provide incentives for women to breastfeed through a reward system such as the family payment received when a child is fully immunised.
- Increase in the lactation consultancies available to all sectors of the community.
- Education of all health professionals, including GP's regarding breastfeeding
- Inclusion of breastfeeding education in undergraduate medical training and especially in post graduate GP specialisation studies.
- Provide increased funding for support agencies e.g. Australia Breastfeeding Association for community based and peer support for breastfeeding with the availability of an 1800 number.