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

# Promoting the use of commercial discharge packs to encourage breastfeeding

by



fresh, passionate & restless

# Emap Australia Pty Limited (Parenting Division)

February 2007

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### References

# **Executive summary**

- This submission responds to "(d) Initiatives to encourage breast-feeding" in this Inquiry's terms of reference.
- Emap Australia Pty Limited ("Emap") was formed in 1997 and publishes more than 25 magazine and website brands. Our Parenting Division communicates with approximately 95 per cent of new mothers and approximately 82 per cent of pregnant women in Australia through a range of parenting magazines available at news stands, in "Bounty" sample bags distributed in public and private hospitals and in our in-hospital ante-natal television program. Since Bounty bags' commencement more than 20 years ago we have proactively adapted to emerging trends relating to pregnancy, birthing, breastfeeding and infant nutrition.
- Our Bounty bags have never contained infant formula, contain no related products (bottles, teats, soothers) and routinely contain educational material about breastfeeding and items supportive of breastfeeding, such as breast pumps and breast pads.
- In addition, we liaise with the Australian Lactation Consultants Association to ensure that Bounty complies with the WHO International Code of Marketing of Breast Milk Substitutes ("the WHO Code").
- Emap's Bounty bags are taking a lead role in ensuring hospital discharge packs are and will continue to be part of a supportive environment for prolonged breastfeeding. We make the following recommendations to this Inquiry:

#### Recommendations

- That commercial discharge packs the contents of which are WHO code compliant be recognised by public health authorities and policy-makers and in relevant legislation, regulations and policies as being a source of useful and helpful information to mothers and as having the potential to encourage breast feeding and contribute to a supportive environment for breast feeding.
- 2. That public and private hospitals throughout Australia support the use of commercial discharge packs which are WHO Code compliant.
- 3. That perspective is observed in efforts to increase breastfeeding rates to recognise that those mothers unable to breastfeed for the desired length of time receive accurate information, support and 'permission' in their decisions about breastfeeding alternatives in order to – as recommended by the WHO Code - ensure the proper use of breast milk substitutes.

Emap Australia Pty Limited, February 2007

# 1. Introduction

This submission has particular reference to "(d) Initiatives to encourage breast-feeding" in this Inquiry's terms of reference.

Our interest in contributing to this Inquiry is to suggest that commercial discharge packs can encourage breastfeeding and support women who choose to breast feed.

Much of the material (literature and studies from around the world<sup>1</sup>) we have examined both routinely and in preparing this submission - appears to assume that "commercial discharge packs" and "infant formula" are mutually inclusive. From this it is inferred that "commercial discharge packs" support declining breastfeeding rates and contain "promotional material" (which encourages declining breastfeeding rates) and not "educational material" (which encourages breastfeeding).

These associations are understandable and, historically, not inaccurate. They developed through the commonplace practice over time of giving 'useful' items to mothers such as nappy cream, nappies, sample products, educational and promotional literature in what were traditionally referred to as discharge packs as they were provided to mothers on discharge from hospital.

We accept that the promotion of infant formula and related products<sup>2</sup> via <u>any</u> means – commercial discharge pack, non-commercial discharge pack, advertisement, shop display, mail-out, leaflet etc – may contribute to declining breastfeeding rates according to research findings. However we also assert that not all commercial discharge packs do this - only commercial discharge packs which contain infant formula and related products.

Since the commencement of Emap's commercial discharge packs (called "Bounty" sample bags) over 20 years ago the bags have proactively adapted to emerging trends and changing health initiatives relating to pregnancy, birthing, breastfeeding and infant nutrition. When local and international studies on breast feeding began to produce evidence that infant formula and related products were associated with declining breastfeeding rates, Emap without delay made modifications in all relevant areas of our advertising to reflect this.

Our Bounty bags:

- Have never contained infant formula;
- Contain no infant formula related products (bottles, teats, soothers); and
- Routinely contain educational material about breastfeeding and items supportive of breastfeeding, such as breast pumps and breast pads.

Emap's Bounty bags are taking a lead role in ensuring hospital discharge packs are part of a supportive environment for prolonged breastfeeding. We regard our Bounty bags and parenting magazines as important tools in encouraging breastfeeding and supporting women who choose to breast feed.

Emap Australia Pty Limited, February 2007

<sup>&</sup>lt;sup>1</sup> Including Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW (2000) *Commercial Hospital Discharge Packs for Breastfeeding Women*, <u>The Cochrane Database of Systematic Reviews Issue 2</u>. DOI: 10.1002/14651858.CD002075 comprising nine studies examining the impact of commercial discharge packs on breastfeeding practices of over 3,000 mothers from a diversity of socio-demographic backgrounds in the US and Canada, found that such packs containing infant formula and related products may interfere with the successful initiation and establishment of breastfeeding; disrupt the supply and demand cycle of breast milk production; expedite the introduction of solids to the infant's diet; and/or undermine a women's confidence in her ability to successfully breastfeed.</u>

 $<sup>^2</sup>$  ... such as teats, feeding bottles, pacifiers (dummies) and free samples of infant formula – all termed in this submission as "infant formula and related products".

# 2. Who is Emap

Emap Australia Pty Limited ("Emap") was formed in 1997 and publishes more than 25 magazine and website brands.

Emap's Parenting Division communicates with approximately 95 per cent of new mothers and approximately 82 per cent of pregnant women in Australia through a range of parenting magazines available at news stands, in our Bounty sample bags distributed to expectant and new mothers in public and private hospitals and in our in-hospital antenatal television program, *Bounty Vision*.

The Bounty bags contain a range of sample items, leaflets and educational material for mothers and include our annual publications, *Pregnancy Book* and *Babycare Book*, the annual magazine *Shopping For Baby* and the market leading magazine *Mother and Baby*. (Please refer to <u>Appendix 1</u> for a typical list of the contents of the Bounty bags). Two of the Bounty bags are delivered by maternity hospital nursing staff to mothers; one at their first ante natal clinic visit and one the day after their new baby is born. A third bag can be collected at nationwide Target stores. Each sample product and piece of literature contained in the bags is vetted by editorial staff by our Bounty midwife and individual hospitals. In addition, we liaise with the Australian Lactation Consultants Association (ALCA) to ensure WHO Code compliance (see 3.4 below).

For over 20 years 'Bounty' has been regarded as a trusted brand in Australia by mothers and paediatric health professionals through extensive distribution networks. Our Bounty clients have included government departments and agencies - such as Centrelink, the Commonwealth Department of Health and Ageing, the WA Department of Consumer and Protection, NSW Railcorp and the Australian Taxation Office – as a means of communicating public health messages. This 20 year heritage, knowledge base and editorial expertise has resulted in publications which are credible, informative and compatible with contemporary views, practices and research.

# 3. Emap's active support for breast feeding

Our position on breastfeeding is as follows:

- 1. We declare our unconditional support for studies which demonstrate that:
  - the optimal nutritional start for newborn infants is breastfeeding until around six months of age followed by the introduction of solids with continued breastfeeding;
  - continued breastfeeding leads to long and short term health benefits in terms of reduced morbidity and mortality;
  - specific hospital practices can improve breastfeeding initiation and short term breastfeeding duration.
- Our Bounty bags (and, as of April 2007, our news stand magazines) do and will not contain any sales promotion of infant formula or related products which encourage alternatives to breast feeding;
- 3. Our Bounty Bags and news stand magazines do and will continue to contain educational material which actively encourages breastfeeding;
- 4. Emap's Parenting Division ensures, through dialogue with ALCA, that Bounty bags are compliant with the code developed by the World Health Organisation and UNICEF, known as the WHO International Code of Marketing of Breast Milk Substitutes ("the WHO Code"). In an attempt to curb declining world breastfeeding rates and in response to concerns by consumer groups, health professionals and organisation such as WHO and the UN Children's Fund (UNICEF) about inappropriate marketing of infant formula, the WHO Code aims to protect and

promote breastfeeding and ensure the proper use of breast milk substitutes to pregnant women or nursing mothers, when these are necessary, through adequate information and appropriate marketing and distribution. Relevant to the Bounty bags, the WHO Code prohibits the inclusion of any breast milk substitute, bottle teat or pacifier in a discharge pack<sup>3</sup>.

- 5. Emap's Parenting Division:
  - will continue to support the following conferences: The Australian College of Midwives, the Australian Lactation Consultants' Association and the Australian Breastfeeding Association;
  - supports the NSW State Midwives and the Victorian Branch of the ACMI;
  - sponsors individual hospital education and seminar days including at the Royal Hospital for Women, Westmead Hospital and at the Wollongong, Fairfield, Hornsby, Nepean, St George, Sutherland and Ryde Hospitals;
  - regularly prints information booklets and posters used in hospitals for teaching purposes
- 6. Emap will continue to take a lead role in encouraging support for prolonged breast feeding in our parenting advertising material.

# 4. Our in principle support for breast feeding

The abovementioned support is complemented by our in principle endorsement for:

- The 1985 recommendation 3.1 (h) of the National Health and Medical Research Council's *Report of the Working Party on Implementation of the WHO International Code of Marketing of Breast-Milk Substitutes* that "hospital care of the normal, fullterm newborn infant should discontinue the practice of providing routine discharge packs which include infant formula to mothers leaving the hospital after the birth of their infants"<sup>4</sup>.
- The national system for monitoring breastfeeding recommended in 2001 by the Australian Food and Nutrition Monitoring Unit (AFNMU) as part of a national food and nutrition monitoring and surveillance system for Australia.
- The Global Strategy for Infant and Young Child Feeding launched in 2003 by the WHO and UNICEF calling on governments around the world to protect breastfeeding through policy development and implementation, coordination of effort, monitoring and evaluation and provision of adequate resources.
- The voluntary agreement signed by the larger Australian infant formula manufacturers and importers to conform to the WHO Code on the Marketing in Australia of Infant Formulas – the MAIF Agreement.

We also acknowledge that despite the evidence and measures mentioned above, and despite a documented increase in breastfeeding rates after BFHI implementation, breastfeeding rates in Australia remain below levels recommended by health authorities and few Australian infants are apparently exclusively breastfeed to 6 months. It is thought that a number of complex lifestyle and cultural factors may be responsible for this trend.

We therefore support the view that interventions made only at one time - for instance in the hospital - may need to be complemented by broader interventions to encourage

<sup>&</sup>lt;sup>3</sup> The WHO Code is also an intrinsic requirement of the "Ten Steps to Successful Breastfeeding" under the *Baby Friendly Hospital Initiative* developed in 1991 by WHO and UNICEF which summarises the practices that maternity wards need to adopt to support breastfeeding as a standard for good infant health and nutrition practice, and where evidence for each 'step' has been confirmed by systematic reviews.

<sup>&</sup>lt;sup>4</sup> National Health and Medical Research Council (1985) *Report of the Working Party on Implementation of the WHO International Code of Marketing of Breast-milk Substitutes*, P2.

prolonged breastfeeding, such as those directed at the home, at work, in the community and in society. We support this view and endorse the contribution of Bounty bags within this broader continuum of possible interventions to encourage breastfeeding.

# 5. A snapshot of our mothers' views

One of the recommendations made in the Cochrane study examining the impact of commercial discharge packs on breastfeeding practices<sup>5</sup> was that future studies should examine women's reactions to contents of discharge packs viz a viz their breastfeeding behaviour and the introduction of solid foods.

## 5.1 Our online survey

We decided to focus on these issues in research of our own readers' breastfeeding attitudes and practices. From 15 to 22 February 2007 we conducted a survey on our website examining our mothers' breastfeeding practices, what influenced them to breastfeed, their views on the benefits of breastfeeding and their reactions to the contents of the Bounty bags viz a viz their breastfeeding behaviour.

We were pleased that 460 women Australia-wide participated in the survey.

#### Summary of results

A summary of the survey results are that:

- 412 of 460 (or 90%) had received a Bounty bag;
- **402** of 460 (or 87%) had breastfed their baby. Of these:
  - o 96 (or 24%) breastfed for 12 months or more;
  - o 140 (or 35%) breastfed for 6-12 months;
  - o 79 (or 20%) breastfed for 3-6 months;
  - o 41 (or 10%) breastfed for 6 weeks-3 months; and
  - o 46 (or 11%) breastfed for less than 6 weeks.
- Of the 402 breastfeeders:
  - o 137 (or 34%) were influenced by family;
  - o 126 (or 31%) were influenced by a midwife;
  - o 112 (or 28%) were influenced by cultural attitudes;
  - o 110 (or 27%) were influenced by magazines;
  - o 45 (or 11%) were influenced by information in the Bounty bags;
  - o 186 (or 46%) were influenced by personal choice or general knowledge.
  - o 96% believed breastfeeding promotes bonding with the baby;
  - o 94% believed breastfeeding is healthier for baby;
  - o 86% believed breastfeeding is healthier for mother.
  - o 230 (or 57%) wished to have breast fed for longer;
  - o 172 (or 43%) did not wish to have breast fed for longer.
  - 334 (or 85%) found the Bounty bag information encouraged breastfeeding;
  - 68 (or 17%) did not find the Bounty bag information encouraged breastfeeding.

# Of the 57% who wished to have breast fed for longer:

- 57 (or 25%) said more support from health professionals would have enabled longer breastfeeding;
- 42 (or 18%) cited relief from work commitments would have enabled longer breastfeeding;

<sup>&</sup>lt;sup>5</sup> Donnelly et al, <u>The Cochrane Database of Systematic Reviews</u>, *Op cit*, Px.

- 38 (or 14%) cited greater access to information about breastfeeding would have enabled longer breastfeeding.
- 58 of 460 (13%) had formula fed their baby. Of these:
  - o 28 (or 48%) experienced difficulties with breastfeeding this time;
  - 8 (or 14%) experienced difficulties with breastfeeding previously;
  - o 5 (or 9%) had formula fed previously;
  - o 44 (or 76%) were happy with their decision to formula feed;
  - o 14 (or 24%) were not happy with their decision to formula feed.

#### Specific survey comments

#### On the Bounty bags

Case Id 1293211: "I loved the Bounty bags".

Case Id 1293222: "They are Fantastic!!".

Case Id 1293235: "They are fabulous".

Case Id 1293236: "I find the bounty bags very helpful and full of great things".

**Case Id 1293263**: "They are fabulous and the samples really encouraged me to use a greater variety of products".

Case Id 1293273: "I found them to be very helpful".

Case Id 1293289: "The samples and vouchers in the Bounty Bags were fantastic".

Case Id 293392: "I did enjoy Bounty Bags".

**Case Id 1293462:** "They are a great help for new mothers/mothers to be. Helped me to make choices with decisions in products".

Case Id 1293508: "I thought they were absolutely brilliant!"

**Case Id 1293520**: "I think they are great and with the samples you can try things out and see if it works with your baby".

**Case Id 1293657**: "These bags are invaluable. I loved trying all the samples and reading all the brochures".

**Case Id 1293676**: "Good resources for mothers to keep to record important information about their pregnancies.

Case Id1923696: "Very handy, loads of info & samples to help make the right decisions".

#### On the Bounty bags and breast feeding

We were encouraged that 85% of survey participants said they found the information contained in the Bounty bags had encouraged breastfeeding.

#### On breastfeeding alternatives

**Case Id 1293248**: "I think that there needs to be additional information for people wanting to bottlefeed, or as an alternative anyway. It is all about breastfeeding, and although they say breast is best...people need to be aware and be able to make informed decisions."

**Case Id 1293420**: "We all know breast is best for baby, but instead of pressuring mothers (cause it makes them feel bad if they just can't do it) convince them to try and least give them the first feed from the breast, or even the first 2-3 days gives the baby a head start on life. Give information on how they may feel while pregnant or new mum, its not all a pretty picture. They need to know that its ok to feel sad and depressed and that not everyone can breastfeed".

**Case Id 1293616**: "I experienced a lot of trouble breastfeeding due to a flat or inverted nipple. Unfortunately no-one had ever explained that this may cause problems with feeding. In all the information that was given to me prior to having my daughter this was never mentioned, so i really wasn't prepared for how much harder it was going to be for me. After I went through it, it was amazing how many women said they had the same issue."

**Case Id 1293805**: "I would like more emphasis on the problems associated and the fact that some mothers just aren't able to breastfeed. I suffered a lot of guilt after the birth of my second child, as it was just not possible for me to feed."

A copy of the survey results is included at Appendix 2.

## 5.2 Our Mother and Baby magazine website postings

And, following our confirmation of Bounty and *Mother and Baby's* WHO Code compliance early in 2007, we received the following postings on Emap's *Mother and Baby* website discussion forum:

#### On confirming our 'WHO Code compliance'

"Wow, congratulations ... M&B on following the WHO Code. You know that I will now keep a close eye on it ..."

"Well done M&B for supporting the Aust Government initiatives for breastfeeding and the WHO recommendations to support, encourage and protect breastfeeding. M&B will be the only parenting magazine I buy too!"

"I think it is great that you are standing up for mothers' and babies' health in this way. So many mums want to breastfeed and by discontinuing advertising that undermines breastfeeding you are doing them a great service".

"I think it is good to know also that the WHO code was also developed to protect formula feeding mums. ... So while the WHO Code is made to protect and support breast feeding it also hopes to improve the quality and delivery of formula products to the benefit of those babies who are not breastfed".

#### On breastfeeding alternatives

"If you cannot breastfeed, formula is a lot better now than it used to be. Both of my midwives didn't want me to persevere with breastfeeding. My nipples were flat and ..."

"As for formula feeding and breast feeding in the magazines. I see and understand the Code ... but I still think it is a bit unfair to the formula feeding mothers .. esp when there is little to no support for us".

#### 5.3 Common themes

Although these surveys and postings are small samples, we noted some common themes arising which are worth reporting:

- <u>Not every mother can breastfeed for the desired length of time</u>. Even though it is acknowledged that more mothers would breastfeed if they were better supported, not every mother can breastfeed for the desired length of time. Those in this situation need accurate information, support and permission in their decisions to find appropriate alternatives to breast feeding.
- <u>The WHO Code also aims to ensure the proper use of breast milk substitutes</u>. Even though the WHO Code aims to protect and promote breastfeeding and prohibit the inclusion of any breast milk substitute, bottle teat or pacifier in a discharge pack, it also aims to "*ensure the proper use of breast milk substitutes* (italics ours) to pregnant women or nursing mothers, when these are necessary, through adequate information and appropriate marketing and distribution".

These themes suggest that perspective should be observed in efforts to increase breastfeeding rates

# 6. Recommendations

We believe we can make an important contribution to encouraging improved breast feeding rates in Australia through our Bounty bags and we are keen to play a lead role in our industry in working with public policy-makers, other breastfeeding stakeholders and our readers to achieve this.

We make the following recommendations to this Inquiry:

- That commercial discharge packs the contents of which are WHO code compliant be recognised by public health authorities and policy-makers and in relevant legislation, regulations and policies as being a source of useful and helpful information to mothers and as having the potential to encourage breast feeding and contribute to a supportive environment for breast feeding.
- 2. That public and private hospitals throughout Australia support the use of commercial discharge packs which are WHO Code compliant.
- 3. That perspective is observed in efforts to increase breastfeeding rates to recognise that those mothers unable to breastfeed for the desired length of time receive accurate information, support and 'permission' in their decisions about breastfeeding alternatives in order to – as recommended by the WHO Code - ensure the proper use of breast milk substitutes.

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**APPENDIX 2** 

# FEB 2007 ONLINE SURVEY INTO OUR MOTHERS' BREASTFEEDING PRACTICES AND VIEWS

1 Have you ever received a Bounty Bag? Total Resp	onses: 460	
Answers	No. of Respondents	% of Respondents
Yes	412	· · · · ·
No	48	
2 Did you breastfeed your baby? Total Responses:		
Answers	No. of Respondents	% of Respondents
Yes	402	,
No	58	
3 How long did you breastfeed your baby? Total Res		
Answers	No. of Respondents	% of Respondents
Under 6 weeks	46	11%
6 weeks - 3 months	41	10%
3 - 6 months	79	
6 - 12 months	140	
12 months or more	96	
4 What influenced you to breastfeed? Total Response		2170
Answers	No. of Respondents	% of Respondents
Midwife	126	
Doctor	51	13%
Family	137	
Magazines	107	
Cultural / social attitudes	112	
Information in the Bounty Bags	45	
	43	
Breastfed previously	186	
Other (please specify below) 5 Do you agree with the following statements about		
5 bo you agree with the following statements about	Yes	No
Promotes bonding with the baby	96%	
More convenient	88%	
More economical	98%	
Easier	70%	
Healthier for mum	86%	
Healthier for baby	94%	
6 Why did you decide to stop breastfeeding? Total F		0,0
Answers	No. of Respondents	% of Respondents
Had to return to work	45	•
Experienced problems	91	23%
Breastfed for long enough	104	
Baby weaned by itself	92	
Other (please specify below)	143	
7 Would you like to have breast fed for longer? Tota		30 %
Answers	No. of Respondents	% of Respondents
Yes	230	-
No	172	
8 What do you think may have enabled you to achie		
	No. of Respondents	% of Respondents
Answers More support from family	33	
	57	
More support from health professionals	38	
Greater access to information about breastfeeding	30	
	odi 00	1/10/
More social / cultural acceptance of prolonged breastfee		
More social / cultural acceptance of prolonged breastfee Relief from work commitments Other (please specify below)	edi 32 42 119	18%

9 Did you find the information in the Bounty Bags encouraged breastfeeding? **Total Responses: 402** Answers No. of Respondents % of Respondents Yes 334 83% No 68 17% 10 Did you consider weaning at any stage and then decide to continue to breastfeed? Total Responses: 402 % of Respondents Answers No. of Respondents Yes 128 32% No 274 68% 11 What influenced your decision to continue breastfeeding? Total Responses: 128 % of Respondents No. of Respondents Answers Help from health professionals 45 35% Help from family and friends 51 40% Information on breastfeeding in the Bounty Bag 5 4% Information in Mother and Baby magazine 15 12% Cultural / social norms regarding breastfeeding 13 10% 63 49% Other (please specify below) 12 Did you ever express milk? Total Responses: 402 No. of Respondents % of Respondents Answers 91% Yes 366 No 36 9% 13 Where did you find information about expressing? Total Responses: 366 % of Respondents Answers No. of Respondents Midwife 197 54% Early Childhood Nurse 121 33% 121 Magazine 33% Information in Bounty Bag 71 19% Doctor 31 8% Other (please specify below) 129 35% 14 Did you find the Bounty Bag provided enough information about expressing? **Total Responses: 402** Answers No. of Respondents % of Respondents Yes 146 36% 256 64% No 15 Why did you decide to formula feed? Total Responses: 58 No. of Respondents % of Respondents Answers Experienced difficulties breastfeeding in the past 8 14% Experienced difficulties breastfeeding this time 28 48% Formula fed previously 5 9% Wanted to share the feeding experience 4 7% 3 5% External pressure Other (please specify below) 27 47% 16 Were you happy with your decision to formula feed? Total Responses: 58 No. of Respondents % of Respondents Answers Yes 44 76% 14 No 24% 17 Was there any information that you felt you missed out on in pregnancy and /or during your stay in hospital? Total Responses: 58 Answers No. of Respondents % of Respondents Yes 20 34% 38 66% No 18 Did you find the breastfeeding information in your Bounty bag helpful? Total Responses: 58 Answers No. of Respondents % of Respondents Yes 35 60% No 23 40%

# Mother To Be Bag

r childcare cost DVD Store DL Leaflet M Leaflet 4 Calalogue ??p 4 QLD Calalogue ??p unting Leaflet e Cino Catalogue nen Ointment nen A6 Brochure Tablets (x6) Leaflet chure : Iron Sample urniture Catalogue 32p aby Shops Catalogue y chocolate 250 grm e Brochure A4 e Brochure
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