

Inquiry into Breastfeeding

Submitted by Elizabeth Cox

Comments have been provided on the Terms of Reference on sections A, B, D and E.

Recommendations and summary of main points

- Extensive evidence that not breastfeeding is a risk factor for a developing a wide variety of preventable acute and chronic diseases throughout the lifecycle
- Breastmilk substitutes are currently not being marketed appropriately and the International Code of Marketing of Breastmilk Substitutes should be implemented through government regulation or law.
- Evidenced-based initiatives to encourage breastfeeding include Baby Friendly Health Initiative, social marketing of breastfeeding and postnatal home visiting/postnatal support programs
- All research related to breastfeeding should use the WHO definitions of breastfeeding (in particular exclusive breastfeeding)

A. The extent of the health benefits of breastfeeding

- The evidence that not breastfeeding is a risk factor for developing a wide variety of preventable acute and chronic diseases throughout the lifecycle has been extensively documented and is widely recognized. Research has demonstrated that infants that are not breastfed have a greater incidence of diarrhoeal illnesses, respiratory infections, asthma, otitis media, eczema, necrotizing enterocolitis, bacteraemia, meningitis, botulism, urinary tract infection and sudden infant death syndrome (SIDS), and are at increased risk of developing cow's milk allergy, dental caries in infancy, some childhood cancers, type 2 diabetes during adolescence and adulthood, obesity in childhood and adulthood and risk factors associated with cardiovascular disease in adulthood (von Kries R et al 1999; Pettitt DJ et al 1997; Wilson AC et al 1998; Gdalevich M et al 2001; Davis MK 1998; UK Childhood Cancer, 2001; Arnold R et al 1997 (cited in Queensland Health 2003); Michaelsen KF et al 2000; Heinig MJ et al 1996; Heinig MJ et al 1997; Oddy W et al 1999 (cited in National Health and Medical Research Council 2003) and Ford et al 1993 (cited in Kramer & Kakuma 2002)).

- In addition to the health risks to the infant, evidence shows that not breastfeeding also presents a number of health disadvantages for mothers including increased rates of pre-menopausal breast cancer, ovarian cancer, osteoporosis, post-menopausal hip fracture, and a greater risk of mothers with gestational diabetes developing type 2 diabetes (Kjos SL et al 1993 (cited in Queensland Health 2003) and Michaelsen KF et al 2000; Heinig MJ et al 1996; Heinig MJ et al 1997; Oddy W et al 1999; Cummings SR et al 1985; Labbok MK 2001 (cited in National Health and Medical Research Council 2003)).

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

- Personal experience of a colleague: At our Indigenous Health Clinic they discovered a woman who had just had her fifth child who was feeding the child reconstituted powdered milk. Everyone had thought since it was her fifth child that she would understand the difference between breast milk substitutes and powdered cow's milk - she didn't. She thought it was a cheaper alternative. All her children had been fed on it. So the marketing of breast milk substitutes may result in the use of unsuitable milk powders from a lack of understanding compounding many health issues in indigenous babies eg iron deficiency.
- In Ipswich, Queensland during World Breastfeeding Week, 1st to 7th August 2006, a rapid assessment was conducted of all pharmacies and major supermarkets within the 4305 postcode to identify local violations of the International Code of Marketing of Breastmilk Substitutes (WHO Code). 22 pharmacies or major supermarkets in Ipswich were audited, and all but one had breached the WHO Code. Of particular concern was a baby clinic near a display of breastmilk substitutes.

C. The potential short and long term impact of the health of Australians of increasing the rate of breastfeeding

D. Initiatives to encourage breastfeeding

- Baby Friendly Health Initiative – hospital and community setting
- Mandatory compliance of International Code of Marketing of Breastmilk Substitutes (legally binding)
- Social marketing of breastfeeding
- Financial support for existing Australian Breastfeeding Association – local groups, activities and Breastfeeding Helpline
- Postnatal home visiting/postnatal support programs
- Use of the 2006 WHO growth standards instead of 2000 CDC Growth Charts
- Promotion of breastfeeding at school

E. Examine the effectiveness of current measures to promote breastfeeding

- Accurate measuring of breastfeeding rates (eg exclusive breastfeeding). The Infant Nutrition project aims to monitor *exclusive breastfeeding* rates at three and six months of age in the West Moreton, Logan Beaudesert and Bayside Health Service Districts (HSDs) using World Health Organisation (WHO) sample questions, and produce and disseminate a resource package outlining how to monitor exclusive breastfeeding rates at a district level. The project is due for completion by the end May 2007.
- Support for all initiatives to encourage breastfeeding to be appropriately evaluated. This will value add to the currently limited body of evidence of initiatives that are effective in improving breastfeeding

F. The impact of breastfeeding on the long term sustainability of Australia's health

Elizabeth Cox
Nutritionist