

Marjorie Barnwell

The House Standing Committee on Health and Ageing

Dear Committee Secretary,

Re: Inquiry into Breastfeeding 2007

I would like to thank the House of Representatives Standing Committee on Health and Ageing for the opportunity to comment on what I believe to be a crucial issue facing our country today. The Committee is to be commended for initiating this inquiry. However it is disappointing that there was only one small media release, dated 6 December 2006 and that the period for submissions covered the time of year when many of those likely to respond take leave. In addition to this five weeks is too short a time frame for many Area Health services to meet and agree on a combined representative response. Consequently I am writing this, not as the Clinical Midwifery Consultant – Lactation of my area health service but as an individual.

This submission recommends that the Australian government immediately enact initiatives that will demonstrate leadership and support for breastfeeding. Protecting, promoting and supporting breastfeeding is critical to the health and wellbeing of our entire society. The effects of not breastfeeding have been clearly demonstrated to be an immense drain on this country's already stretched resources.

#### Recommendations

1. Formation of a national breastfeeding committee and coordinator who reports directly to a federal minister whose portfolio includes all infant feeding related matters. The members of the committee to be representatives from each State or Territory.
2. Implementation of comprehensive policies and legislation that protects, promotes and supports all women and their families including paid maternity leave and appropriate, accessible and affordable childcare facilities.
3. Development of a national monitoring system that measures the success of the implementation of legislation, policies, strategies and initiatives.
4. Recognition and active, multi-media, sustained promotion of breastfeeding as the normal way to feed a baby to change public perception that formula feeding is a comparable option.
5. Significantly increase the funding of the national Baby Friendly Hospital/Health Initiative committee to enable all Australian hospitals and health care facilities to become successfully accredited as 'baby friendly'.
6. Allocate and release (ongoing) funding to the States for the sole purpose of employing skilled clinical midwifery consultants in lactation who will in turn drive the provision of timely, accurate and appropriate information and assistance to health professionals, women and their families at a service and local level.

7. Provide funding for milk banks to be set up in strategic positions throughout the country to provide breastmilk for both premature and term babies who require complementary feeds and their mother is unable to provide sufficient breastmilk.
8. As part of primary care provision increase the support that women receive in their own home and community in the first six weeks post birth to assist them with the transition to motherhood and to establish breastfeeding.
9. Increase funding for the Australian Breastfeeding Association to enable them to provide a more comprehensive support service for the women of Australia and thousands of volunteers. Research has clearly shown that for women to be successful at breastfeeding they need to receive support for a variety of sources.
10. Review and revise the current Manufacture of Artificial Infant Formula (MAIF) agreement to ally it more closely with the International Code for Marketing of Breastmilk Substitutes, with provision for dealing with infringements to the Code.

#### Supportive Documentation

Recent documents that have clearly demonstrated the benefits of breastfeeding include:

- the NHMRC Infant Feeding Guidelines for Health Workers (2003) National Health and Medical Research Council, Canberra  
*<http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>*
- Allen J. and Hector D. (2005) Benefits of Breastfeeding. The NSW Public Health Bulletin. NSW Health ISSN 1034 7674 State Health Publication PH050080  
*[http://www.health.nsw.gov.au/public\\_health/phb/phb.html](http://www.health.nsw.gov.au/public_health/phb/phb.html)*
- Breastfeeding in NSW: Promotion, Protection and Support PD 2006\_012 (2006) NSW Dept of Health ISBN 0 7347 3928 1 *<http://www.health.nsw.gov.au>*

Documents that have examined the current breastfeeding practices of all women in NSW include:

- the NSW Public Health Bulletin March-April 2005 NSW Health ISSN 1034 7674 State Health Publication PH050080  
*[http://www.health.nsw.gov.au/public\\_health/phb/phb.html](http://www.health.nsw.gov.au/public_health/phb/phb.html)*
- the NSW Centre for Public Health Nutrition (2004) State of Food and Nutrition in NSW Series: Report on Breastfeeding in NSW 2004 NSW Centre for Public Health Nutrition/NSW Dept of Health  
*[http://www.health.nsw.gov.au/pubs/2005/breastfeeding\\_rep.html](http://www.health.nsw.gov.au/pubs/2005/breastfeeding_rep.html)*
- the NSW Centre for Public Health Nutrition (2004) State of Food and Nutrition in NSW Series: Overview of recent reviews of interventions to promote and support breastfeeding NSW Centre for Public Health Nutrition/NSW Dept of Health  
*[http://www.health.nsw.gov.au/pubs/2004/bf\\_interventions.html](http://www.health.nsw.gov.au/pubs/2004/bf_interventions.html)*
- the NSW Centre for Public Health Nutrition (2004) State of Food and Nutrition in NSW Series: Promoting and supporting breastfeeding in NSW – Case studies. NSW Centre for Public Health Nutrition/NSW Dept of Health. Guideline No. GL2005-068 *[http://www.health.nsw.gov.au/policies/gl2005/GL2005\\_068.html](http://www.health.nsw.gov.au/policies/gl2005/GL2005_068.html)*
- Breastfeeding in NSW: Promotion, Protection and Support PD 2006\_012 (2006) NSW Dept of Health ISBN 0 7347 3928 1 *<http://www.health.nsw.gov.au>*

Documents that discuss and indicate the economic savings include:

- the NSW Centre for Public Health Nutrition (2004) State of Food and Nutrition in NSW Series: Report on Breastfeeding in NSW 2004 NSW Centre for Public Health Nutrition/NSW Dept of Health  
[http://www.health.nsw.gov.au/pubs/2005/breastfeeding\\_rep.html](http://www.health.nsw.gov.au/pubs/2005/breastfeeding_rep.html)
- Weimer J. P. (2001) The economic benefits of breastfeeding: a review and analysis. Food and Rural Economics Division, Economic Research Service, US Dept of Agriculture. Food Assistance and Nutrition Research Report No 13.
- Smith J. (2006) The economics of breastfeeding and the market for mother's milk. NSW Lactation College Inc – Annual Conference 2006 – 4 & 5 August 2006
- Smith J. (2003) Valuing mother's milk. *Essence* 39 (5) 4-5

Documents that support global breastfeeding initiatives include:

- WHO (1981) International Code of Marketing of Breastmilk Substitutes World Health Organisation, Geneva <http://www.ibfan.org/english/resource/who/fullcode>
- WHO/UNICEF (1990) Innocenti Declaration on the protection, promotion and support of breastfeeding. World Health Organisation, Geneva and UNICEF <http://www.waba.org/my/>
- WHO and UNICEF (1991) Baby Friendly Hospital Initiative. World Health Organisation, Geneva and United Nation's Children's Fund <http://www.bfhi.org.au>
- WHO (2001) Global Strategy for Infant and Young Child Feeding. World Health Organisation, Geneva Doc. A54/INF.DOC.14 <http://www.who.int/nut/#inf>

### Personal Reflection

Despite a philosophical commitment on the part of the Divisional Manager of my health facility it is very difficult to provide a truly equitable and accessible service to both health professionals and women and their families. This is due to the need for financial constraint in an increasingly strained health service. Unfortunately the immediate dollar value often outweighs the potential 'in kind' benefits. Breastfeeding is not a political enough topic to be able to be utilised to gain extra funding. It is my belief that unless the government wholeheartedly embraces breastfeeding, and provides incentives to create and sustain a breastfeeding culture within a health care setting, that this situation will not change.

The many and varied benefits of breastfeeding are not valued by the wider health community, politicians and the public at large. This is evidenced by the lack of acknowledgment by the Australian government that breastfeeding is a positive indicator for later maintenance of a healthy weight. Another example is found with major health organisations such as Diabetes Australia who continue to ignore the growing, substantive proof that breastfeeding significantly reduces the risk of developing Diabetes Type 1. Again it is my belief that organisations and all departments won't "come on board" unless there is a combined and concerted effort by the government to display unity of purpose in getting out positive messages about breastfeeding .

It would appear that we live in a society that values the apparent ease that formula feeding appears to provide. This is evidenced by advertisements for products not conducive to exclusive breastfeeding becoming increasingly common and

strategically placed within a multimedia setting to attract the greatest overt or covert attention possible. Little consideration is given to the immediate and long term costs to the individual, the family, the workforce and the environment. The ease of which "toddler milks" have been allowed to enter the market is a further indicator. It is widely acknowledged that in countries who develop an economic dependence on formula there is a greater potential for political lobbying to occur that benefits the formula company's interests.

Finally, education. It is widely acknowledged that medical education on lactation is sparse and needs to be improved significantly as it has a negative impact on the accuracy and appropriateness of lactation information women receive (Freed et al 1995). I would suggest that there is a minimum standard of education for all medical practitioners during their medical training, irrespective of their desired speciality. In specialties where there was greater potential to provide advice or assistance to breastfeeding women this basic knowledge would need to be updated on a regular basis.

This submission barely touches the tip of the iceberg. Lactation related issues are an integral part of all our lives.

Here is a unique opportunity for the Committee to prioritise breastfeeding, to demonstrate to the Australian public, and indeed to other governments across the globe that Australians recognise that the only way to move towards a healthy future is to invest in today. Developing and implementing appropriate policies will indicate the immense value that this government places on women, breastfeeding, children's health, the family, the health system, the workforce and the environment.

References:

Freed G., Clark S., Cefalo R. & Sorenson J (1995) Breastfeeding education of obstetrics-gynaecology residents and practitioners. American Journal of Obstetrics and Gynaecology 173 1607-1613

Yours Sincerely

Signed: Marjorie Barnwell RN, RM, BN, MEd&Wrk C&FH Cert. Grad Cert Ad Ed (Community), IBCLC  
27 February 2007