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New South Wales Lactation
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The following submission has been prepared by the Executive Committee of
The New South Wales Lactation College Incorporated (NSWLC) to address
The Parliamentary Inquiry into Breastfeeding.

The New South Wales Lactation College Incorporated was formed in 1995
and is a constituted body of health professionals with the following
Statement of Purpose:

To protect, encourage and promote breastfeeding

To support and encourage lactation consultants

To foster lactation education for health professionals

NSWLC Inc is part of the Network of Australian Lactation Colleges (NALC)

NSWLC Inc. is an affiliate of ILCA (International Lactation Consultant
Association)

NSWLC Inc. currently has 247 members.

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Summary

This submission will attempt to address all points in the Terms of Reference. The benefits of breastfeeding for the child, the mother and the wider community will be described. Discussion on the marketing of breast milk substitutes will reflect how subtle inferences in advertising can undermine a woman's confidence in her ability to adequately nourish either her newborn baby or her toddler. The impact on the health of Australians is far reaching and can be viewed from a disease prevention perspective for all age groups.

Initiatives to encourage breastfeeding need to be multi faceted to stimulate a culture that sees breastfeeding not only as the ideal but also as the norm. Current measures to promote breastfeeding leave individuals and families disappointed with the services available to them. Health professionals would welcome increased funding for service provision and an infrastructure that evolves to support evidence based practice and development.

When changes are made it will be exciting to anticipate the dynamic shift in the health of the Australian population.

a) The Extent of the Health Benefits of Breastfeeding

- Benefits to babies/ children

- Breastfeeding is the biological norm – babies need no other food or drink for the first 6 months of life. Breast milk will be an important part of the diet for as long as mother and baby continue to breastfeed. There is no time when breast milk becomes non- nutritious; it always provides biologically appropriate proteins, fats , carbohydrates vitamins and minerals, which are well absorbed and utilised and are ideal for optimal growth and development. Breast milk also provides anti-infective, anti-viral and anti-parasitic protection for as long as breastfeeding continues.
- Breast milk optimises cognitive development, increases visual acuity, increases psychomotor development and increases IQ.
- Breastfeeding is associated with a decreased risk of the following conditions:- acute respiratory disease, otitis media, necrotising enterocolitis, gastro-enteritis, respiratory syncytial virus, urinary tract infection, septicaemia, meningitis, atopic disease, childhood cancer, diabetes,, obesity and nutritional deficiencies.
- There are very few health risks associated with breastfeeding, the notable exception being HIV infection in the mother, this is a qualified risk depending on the living situation.
- The body of evidence for the health benefits of breastfeeding is constantly growing. The major bodies concerned with the health of children – the Royal Australian College of General Practitioners, the Royal Australian College of Physicians, the National Health and Medical Research Council, the World Health Organisation and the American Academy of Paediatrics have published statements which support breastfeeding as the biological norm.

Benefits to Mothers who Breastfeed

- Able to lose the weight gained during pregnancy more easily than women formula feeding.
- Increased uterine muscle contraction – increases the efficient expulsion of the remaining products of conception and returns the uterus to its non pregnant state.
- Increased rest time as the mother sits or lies down to feed.
- Increased sense of wellbeing from being able to nourish and nurture her child
- Decreased risk of certain breast and uterine cancers. Decreased risk of osteoporosis

Benefits to the Wider Community

- Breastfeeding prevents or markedly reduces the incidence and severity of many diseases and conditions as previously described.
- Reducing the incidence and impact of acute and chronic conditions will relieve the emotional and financial stress on the family, the extended family and the community. Parents and carers will need less time off from their paid work. Demand placed on medical and health care services would be decreased. This is particularly relevant to the Public Hospital System and the Medicare System.
- Families choosing to breastfeed would not need to spend money on formula, sterilising equipment, bottles and teats. For low income families this would mean reduced dependence on welfare services.
- People enjoying increased health benefits could have more time and energy for leisure, sport, fitness and developing their local community.

b) Evaluate the Impact of Marketing of Breast Milk Substitutes

The World Health assembly adopted the International Code of Marketing of Breast-milk Substitutes in 1981 to protect and promote breastfeeding, through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breast milk substitutes, bottles and teats

- The Code stipulates that there should be absolutely no promotion of breast milk substitutes, or bottles and teats to the general public; that neither health facilities nor health professionals should have a role in promoting breast milk substitutes; and that free samples should not be provided to pregnant women, new mothers or families.
- Even partial formula feeding to supplement breastfeeding greatly augments the risks to infant health.
- In communities with poor sanitation or access to clean water the conditions necessary for adequate and safe formula feeding may not exist.
- Breast milk substitutes donated as humanitarian aid often end up in the local market and can have a negative influence on feeding practices generally.
- Marketing and Supplying infant formula has an undermining effect on a mother's ability to breastfeed in a number of ways. The product may be marketed as "close to mother's milk", and used as a supplement for the infant without sufficient regard for warnings, which may not be clearly marked.

Supplementing breastfeeding interferes with lactation and makes an early end to breastfeeding more likely.

- The supply of free milk substitutes has the potential to increase the likelihood of women adopting artificial feeding if difficulties are encountered with breastfeeding. It may also influence women against commencing breastfeeding.
- Health professionals are seen as an important target for baby food industry promotion. If a company succeeds in persuading a health worker to endorse a product it can influence the infant feeding choices of many mothers.
- Health care facilities which display products give the impression of endorsing such products. This includes the donation of materials with company logos.
- In marginalized communities, with young mothers / lower levels of education, there is a significantly higher rate of childhood illness. With less experienced mothers and a lack of social networks supporting breastfeeding, there is a higher likelihood of these families being influenced by commercial marketing of breast milk substitutes, or accepting free products.
- In Australia companies marketing breast milk substitutes are aggressively marketing the use of formula with older babies and toddlers. Code compliance necessitates that accompanying literature acknowledges that breast milk is the best but strategies used can also imply that breastfeeding may be complicated or fail. Additives to breast milk substitutes are marketed as substances that may appear to equal the properties of breast milk. Mothers may wean prematurely believing they are not compromising their child's health or in the case of toddlers may continue to use formula believing their child will receive additional health benefits.

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

Illnesses and diseases that breastfeeding protects against are major health problems in this country. Increasing our breastfeeding rates would reduce these problems with a favourable impact on both the social and the economic wellbeing of our nation. The conditions commented on in this section are referred to in "Report on Breastfeeding in NSW 2004", NSW Centre for Public Health Nutrition.

- **SIDS** : Breastfeeding may reduce the risk of SIDS by a factor of about two. SIDS is the most common cause of death outside the perinatal period in infants under 12 months of age.
- **Gastroenteritis**: Breastfeeding reduces the rate of gastroenteritis, even where the exposure to the pathogens is low compared to formula fed infants. As the amount of breast milk given decreases the risks for gastroenteritis infection increases. Those infants only fed formula have an 80% increased risk of developing gastroenteritis compared to exclusively breastfed infants. This protection against diarrhoea extends beyond the breastfeeding period by at least 12 months.
- **Otitis media**: Infection of the middle ear if untreated can lead to hearing loss, tinnitus and brain abscess. Some studies have shown a two fold increase in the rate of otitis media in formula fed infants compared to exclusively breastfed infants. The longer the child is breastfed the more protected they are against

otitis media. The long term effects of chronic otitis media is played out by the child experiencing delay in meeting speech milestones, learning difficulties and often behavioral problems if not diagnosed.

- **Respiratory infections:** These include pneumonia, bronchitis, bronchiolitis, respiratory syncytial virus. These are reduced if the child is fully breastfed compared to formula fed, especially to 6 months and beyond.
- **Gastroenteritis, Otitis Media and respiratory illnesses are the primary causes for hospital admissions and presentations to General Practitioners for conditions in babies and children under 4 years of age**
- **Obesity:** Breastfeeding reduces the risk of obesity in children and adults. (Cited in the Report on the weight status of NSW 2003) obesity accounts for over 4% of the total burden of ill health in NSW
- **Asthma and Allergy:** The “Report on Breastfeeding in NSW 2004”, NSW Centre for Public Health Nutrition states, “whilst two recent studies have provided contrary evidence, the majority of studies still show a protective effect of breastfeeding against asthma and atopy”.
- **Other chronic diseases such as Type 1 diabetes, coeliac disease, childhood cancer, high cholesterol, hypertension, and cardiovascular disease:** The risk of developing these diseases are reduced the longer the infant is breastfed especially over 6 months.
- **Breast cancer:** Breastfeeding is especially protective for pre menopausal breast cancer and appears to be a dose response, that is the longer the woman breastfeeds the less the risk. Breastfeeding for 2 years or longer reduced the risk of breast cancer for both pre and post menopausal breast cancer by 50% in comparison to those who breastfed for only 1- 6 months. Shorter periods of breastfeeding were significantly protective but it was a reduced effect. Breast cancer has a much higher incidence in developed countries as does shorter breastfeeding duration.
- **Ovarian Cancer:** Research has shown there is a 20 – 25% decrease in the risk of ovarian cancer for those women who breastfed for at least two months.
- **Endometrial Cancer:** If the lifetime duration of breastfeeding is greater than 12 months then the risk of endometrial cancer is significantly reduced.
- **Osteoporosis:** Women who breastfeed have a higher bone mineralization after weaning leading to less risk of fracture.
- **Rheumatoid arthritis:** Women who spent 2 or more years breastfeeding had a 50% less chance of getting rheumatoid arthritis over those who breastfed for 3 months or less.
- **Weight loss:** In the first year after giving birth, breastfeeding women lose on average 2 Kg more than those who did not breastfeed.
- **Mental Health:** Recent Swedish research of 9,000 children show that babies who are breastfed cope better with stressful events in later life. (BBC News 2006/08/03)

The potential impact on the health of Australians of increasing the rate of breastfeeding has an exponential effect as the more women breastfeed for longer the more visible it becomes and then the more women will see it as the norm. Formula feeding is not the norm. This in turn flows on to the workplace so that wherever women are employed there are breastfeeding friendly working conditions as the women are doing the whole community and future population an service.

d) Initiatives to Encourage Breastfeeding

- Many antenatal programs provide education on breastfeeding- health professionals who are lactation consultants and members of volunteer groups such as the Australian Breastfeeding Association are ideal facilitators. Education could be extended to include family members who will be providing support.
- Providing funding and support to facilitate the implementation of the baby Friendly Health Initiative. Seek to provide consistent information and training – utilize WHO / UNICEF training packages.
- Increased provision of postnatal support for women initiating breastfeeding in the hospital and community settings. Increase the number of Clinical Nurse Consultant positions dedicated to lactation – currently in the NSW Health Service many Area Health Services only employ one person in this role. Many registered nurses and midwives chose to study and sit the examination to obtain International Board Certified Lactation Consultant (IBCLC) certification at their own expense, but having certified there is no financial remuneration in NSW for this additional speciality and limited opportunities for career advancement. This certification once obtained requires recertification every 5 years.
- Enable Community Health Services to offer universal home visiting to new mothers with the first 2 weeks of giving birth, and increase the number of disadvantaged families able to receive sustained home visiting.
- Provide more staff and funding to offer Lactation Clinics within Public Hospitals and Community Health Facilities.
- Foster the work of community support organisations such as Australian Breastfeeding Association and encourage collaboration with health services. New parent group programs could be jointly facilitated.
- Recent research shows that these supports can influence the duration of total breastfeeding and encourage exclusive breastfeeding. (Support for breastfeeding mothers. The Cochrane Collaboration, 2007).
- Increase the provision of health professional lactation services to women from CALD backgrounds, Indigenous and remote communities – offer incentives such as funding or scholarships for training within these groups.
- Provide funding for organisations that distribute quality information via the internet as this is a resource commonly used by families.
- Support workplace practices that encourage breastfeeding such as paid maternity and paternity leave, on site childcare, lactation breaks and milk storage facilities, and flexible working hours.
- Review current marketing practices that infringe the WHO code re marketing of breast milk substitutes. Strengthen the APMAIF Agreement.
- Federal, State and Local Governments need to work together at all levels to make any significant change.

e) Examine the Effectiveness of Current Measures to Promote Breastfeeding

The current measures to promote breastfeeding are varied as many attempts are made to improve the low breastfeeding rates. This is against a backdrop where majority of infants seen being fed in public are bottle fed. Thus, this is seen as normal. Obviously manufacturers of formula, bottles and teats want it to stay this way. Most women think that at some stage their baby will feed from a bottle as they grow older and bigger and this is “normal”. Bottles are frequently included in gift packs and pictured on cards given to new mothers- therefore a new mother is confronted with images of bottle feeding. Younger women or those from a lower socio-economic background may be more vulnerable to these images and have less experience and knowledge to make informed choices. Parents frequently have expectations for their baby based only on comparison with the feeding behaviours of formula fed infants.

- Antenatal education – may have a breastfeeding component but this may be ineffective if not backed up with sufficient postnatal support.
- Early postnatal experience – there will be great variation in the support available – very few hospitals are Baby Friendly accredited, many are working towards this but need managerial and financial assistance to implement staff training and make policy changes. For example it is desirable that mother and baby have early skin to skin contact and are kept together immediately after the birth, and with the current Caesarean Section rate at a high level of deliveries many hospitals are not able to keep mother and baby together.
- Midwifery Early discharge programs have a high case load and may be unable to provide enough support for the mother experiencing difficulties.

f) The impact of breastfeeding on the long term sustainability of Australia's health system.

Environmental benefits and costs have a direct impact on health systems, the wellbeing of the environment and its populations.

- With the challenge of climate change affecting our future society, the ecological costs of artificial feeding must surely be a major concern when considering the sustainability of feeding our nation's babies.
- Global warming, and efforts to deal with the changing climate will require significant economic costs that will divert money from health to other areas of government expenditure. Breastfeeding's carbon and ecological footprints are virtually insignificant, not requiring any external energy or other inputs beyond the mother's normal requirements.
- The impacts relating to formula production and use go across all facets of environmental impact, including greenhouse gas production, use of non-renewable resources and related pollution. Energy, primarily in the form of fuel and electricity as well as other natural resources, are required at various stages of the production, transportation, storage, preparation of formula and breastmilk substitutes. This energy use results in production of carbon dioxide, a greenhouse gas.

- There is much to be gained from the direct, pleasant and resource-saving transfer of milk from mother to baby, compared to the far more energy-costly and environmentally damaging use of cartons, cans, bottles, nipples and energy for production of artificial substitutes at the various steps of the process. (WABA, 2007)
- The annual value of breastmilk, as calculated as breastfeeding capital stock, according to Australian breastfeeding rates, currently equates to around \$37 billion with a potential value of \$100 billion (Smith, J. P. and Ingham, L. H. 2001). Australia would save \$11.5million per year on health care if exclusive breastfeeding up to 3months of age increased from 60% to 80% Drane D (1979).
- Estimates of potential savings to the health care system have been estimated at \$5.368 billion nationally (Smith ,J 1997)
- Savings in foreign exchange and reduced burdens on health care facilities make protection and promotion of breastfeeding a good investment for the future. This will be especially important with the projected disease burdens of conditions such as obesity, diabetes, breast cancer and osteoporosis as breastfeeding has been found to be significantly protective against these conditions.
- As the health budget will be stretched in the coming decades, due to increasing costs of medical technologies and an aging population, disease prevention will be a necessity.

Breastfeeding is a sustainable and sound health practice that achieves direct and indirect costs savings to the Australian health system now and in the future. It results in a healthier population with significantly less projected health problems at a minimal cost.

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