
The Parliament of the Commonwealth of Australia

The Best Start

Report on the inquiry into the health benefits of breastfeeding

**House of Representatives
Standing Committee on Health and Ageing**

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Canberra

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Foreword

Australia is currently experiencing a 'baby boom' with the number of births in 2006 being at its highest level since 1971, and the second-highest since 1911.¹ During the last 'baby-boom' breastfeeding rates were at their lowest. However, since that time, due to the work of groups such as the Australian Breastfeeding Association, breastfeeding rates have increased and more evidence has been found about the health benefits of breastfeeding for the baby and mother.

Breastfeeding is the normal way to feed a baby. The majority of Australian women intend to breastfeed their baby and most initiate breastfeeding after the birth. However, after several weeks or months many women have stopped breastfeeding and are feeding their baby infant formula.

There is a level of concern from government, the community and individuals that when babies are not being breastfed to the recommended six months, they are missing out on the scientifically proven short and long-term health benefits. It is the responsibility of the entire community to ensure the best possible nutrition and health is available to all of its members, beginning with its youngest.

The issues around the low rates of breastfeeding are complex. When a woman makes the decision to breastfeed, what her partner thinks and what the community around her thinks are three of the factors that can influence this decision. Additionally the effect of the interactions with health professionals and provision of breastfeeding support have an effect on the duration of breastfeeding. The effect of having to return to work is also important on breastfeeding duration.

The committee was initially surprised by the level of interest in the inquiry, particularly from members of the community. Much of the evidence obtained was

1 Australian Bureau of Statistics media release 'New ABS population estimates show births second highest and deaths highest on record' June 5, 2007; 63/2007

from individuals who wanted to share their own experience and the depth of feeling in these submissions was unmistakable.

However, this is not a simple 'breast versus bottle' argument. The passionate advocates of breastfeeding through those who had an incredibly difficult breastfeeding experience or chose not to breastfeed all have a voice in this inquiry. The committee observed that most mothers are at some point along this spectrum and it is vital that all mothers are supported. The amount of guilt and emotion that surrounds a mother's decision of how to feed her baby was a recurrent theme in the inquiry and one that the committee recognises. The marketing and availability of infant formula was considered by some in the community to be a critical factor in breastfeeding rates. Although there are certainly views in the community that infant formula is 'as good as' breastmilk, the committee contends that most mothers revert to infant formula because they experience significant difficulties with breastfeeding.

The committee considers many of the issues affecting breastfeeding initiation and duration could be addressed by ensuring that all expectant and new mothers have availability to consistent, accurate and timely support for breastfeeding from the health system and the community at large.

Further research into breastfeeding in Australia is also required to develop successful strategies to increase the rate of exclusive breastfeeding to six months. For example, Margaret Barnes of the University of the Sunshine Coast was recently awarded a research grant to investigate the link between breastfeeding problems and assisted conception treatments. She also hopes to develop a midwifery intervention program to educate mothers who have difficulty breastfeeding. This and other research programs will undoubtedly assist efforts to increase breastfeeding duration in Australia.

The committee received 479 submissions, held 10 public hearings and made 3 site inspections. I would like to thank those who put in so much time and effort into their submissions and travelled to appear at public hearings and assist the committee.

It was pleasing to receive submissions and hear evidence from the governments of Queensland, South Australia, New South Wales, Western Australia, Tasmania and the Northern Territory. The committee thanks the remote communities of Pormpuraaw and Kowanyama, on the Gulf of Carpentaria in far north Queensland for hosting a site inspection as part of this inquiry. The committee appreciated the communities' candour.

Finally, I would like to especially thank the Deputy Chair, Steve Georganas MP, the previous Deputy Chair, Jill Hall MP and all the members of the committee.

The committee's focus on fully comprehending the issues that arose from this inquiry is to be commended.

Hon Alex Somlyay MP

Chair



Membership of the Committee

Chair Hon Alex Somlyay MP

Deputy Chair Mr Steve Georganas MP (from 06/12/06)

Ms Jill Hall MP (until 06/12/06)

Members Hon Alan Cadman MP

Mrs Justine Elliot MP

Mrs Kay Elson MP

Hon Warren Entsch MP

Mr Michael Johnson MP

Ms Catherine King MP

Mr Ross Vasta MP

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Secretary	Mr James Catchpole
Inquiry Secretary	Ms Pauline Brown
Research Officer	Ms Meg Byrne (22/05/07 to 17/08/07)
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Terms of reference

The House of Representatives Standing Committee on Health and Ageing has reviewed the 2005-2006 annual report of the Department of Health and Ageing and resolved to conduct an inquiry.

“The Committee shall inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding.

The Committee shall give particular consideration to:

- (a) the extent of the health benefits of breastfeeding;
- (b) evaluate the impact of marketing of 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.”

(29 November 2006)



List of abbreviations

ABA	Australian Breastfeeding Association
ABS	Australian Bureau of Statistics
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ALCA	Australian Lactation Consultants Association
AMIHS	Aboriginal Maternal and Infant Health Strategy
APMAIF	Advisory Panel on the Marketing in Australia of Infant Formula
ART	Assisted Reproductive Technology
BFHI	Baby Friendly Hospital Initiative
BFWA	Breastfeeding Friendly Workplace Accreditation
CATI	Computer Assisted Telephone Interview
CDC	Centers for Disease Control (US)
DHA	Department of Health and Ageing
FAO	Food and Agriculture Organisation (UN)
FSANZ	Food Standards Australia New Zealand
GAA	Growth Assessment and Action
GDP	Gross Domestic Product

GP	General Practitioner
GST	Goods and Services Tax
HIV	Human Immunodeficiency Virus
IBCLC	International Board Certified Lactation Consultant
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IFMAA	Infant Formula Manufacturers Association of Australia
IVF	In Vitro Fertilisation
JIM	Justice and International Mission (Unit of the Uniting Church in Australia)
LBW	Low Birth Weight
LCPUFA	Long Chain Polyunsaturated Fatty Acid
MAIF	Marketing in Australia of Infant Formula
MCHN	Maternal and Child Health Nurse
MGRS	Multicentre Growth Reference Study
MMB	Mothers Milk Bank
NATSINS AP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NCHS	National Centre for Health Statistics (US)
NCSMC	National Council of Single Mothers and their Children
NEC	Neonatal Necrotising Enterocolitis
NHANES	National Health and Nutrition Examination Survey (US)
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
PANDA	Post and Antenatal Depression Association

PATS	Patient Assisted Travel Scheme
PND	Postnatal Depression
PROBIT	Promotion of Breastfeeding Intervention Trial
RACP	Royal Australasian College of Physicians
RFDS	Royal Flying Doctor Service
SIDS	Sudden Infant Death Syndrome
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organisation



List of recommendations

2. Breastfeeding in Australia

Recommendation 1

That the Department of Health and Ageing coordinate and oversee the implementation of a national strategy to promote and support breastfeeding in Australia, including providing leadership in the area of monitoring, surveillance and evaluation of breastfeeding data.

Recommendation 2

The Department of Health and Ageing implement the recommendations in the *Towards a national system for monitoring breastfeeding in Australia* document commissioned by the Commonwealth Government in 2001.

Recommendation 3

That the Department of Health and Ageing fund research into:

- the long-term health benefits of breastfeeding for the mother and infant; and
- the evaluation of strategies to increase the rates of exclusive breastfeeding to six months.

Recommendation 4

That the Department of Health and Ageing fund research into best practice in programs that encourage breastfeeding, including education programs, and the coordination of these programs.

Recommendation 5

That the Department of Health and Ageing fund the Australian Breastfeeding Association to expand its current breastfeeding helpline to become a toll-free national breastfeeding helpline.

Recommendation 6

That the Department of Health and Ageing fund a national education campaign to highlight:

- the health benefits of breastfeeding to mothers and babies;
- that breastfeeding is the normal way to feed a baby;
- that the use of breast milk is preferable to the use of infant formula; and
- the supportive role that the community can play with breastfeeding.

Recommendation 7

That the Department of Health and Ageing fund an awards program, which provides recognition for workplaces, public areas and shopping centres that have exemplary breastfeeding facilities.

3. The health and economic benefits of breastfeeding

Recommendation 8

That the Department of Health and Ageing fund a feasibility study for a network of milk banks in Australia including the development of a national regulatory and quality framework within which a network of milk banks in Australia could operate. The feasibility study should include funding pilot programs at the Mothers Milk Bank at the John Flynn Private Hospital, Gold Coast and the King Edward Memorial Hospital milk bank in Perth.

Recommendation 9

That the Department of Health and Ageing commission a study into the economic benefits of breastfeeding.

5. Breastfeeding challenges

Recommendation 10

That the Speaker of the House of Representatives and the President of the Senate take the appropriate measures to enable the formal accreditation by the Australian Breastfeeding Association of Parliament House as a Breastfeeding Friendly Workplace.

Recommendation 11

That the Department of Health and Ageing provide additional funding for the Australian Breastfeeding Association to expand the Breastfeeding-Friendly Workplace Accreditation (BFWA) Program nationally to enable the accreditation of more workplaces.

Recommendation 12

That the Treasurer move to exempt lactation aids such as breast-pumps, nipple shields and supply lines from the Goods and Services Tax.

Recommendation 13

That the Attorney General investigate whether breastfeeding is given suitable consideration in the implementation of shared custody arrangements and also provide advice to the Family Law Court and Family Relationships Centres on the importance of breastfeeding.

6. The health system**Recommendation 14**

That the Department of Health and Ageing fund the Australian College of Midwives to run the Baby Friendly Hospital Initiative in Australia, to facilitate the accreditation of all maternity hospitals.

Recommendation 15

That the Department of Health and Ageing work with the Australian Council on Healthcare Standards (and/or equivalent accreditation organisation) towards including Baby Friendly Hospital status as part of the accreditation process.

Recommendation 16

That the Commonwealth Government, when negotiating future Australian Health Care Agreements, require state and territory governments to report on the number of maternity wards in public hospitals that have been accredited under the Baby Friendly Hospital Initiative.

Recommendation 17

That the Minister for Health and Ageing, in consultation with state and territory health ministers, decide on a standard infant growth chart to be used in all states and territories.

Recommendation 18

That the Minister for Health and Ageing provide Medicare provider/registration numbers to International Board Certified Lactation Consultants (IBCLC) as allied health professionals.

7. Regional, remote and Indigenous communities**Recommendation 19**

That the Department of Health and Ageing provide leadership in the area of monitoring, surveillance and evaluation of breastfeeding rates and practices in Indigenous populations in both remote and other areas.

Recommendation 20

That the Commonwealth Government promote breastfeeding within Indigenous Australian communities as a major preventative health measure.

8. The impact of breast milk substitutes**Recommendation 21**

That Food Standards Australia New Zealand change the labelling requirements for foods for infants under Standard 2.9.2 of the Food Standards Code to align with the NHMRC Dietary Guidelines recommendation that a baby should be exclusively breastfed for the first six months.

Recommendation 22

That the Department of Health and Ageing adopt the World Health Organisation's International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions.

