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ON HEALTH AND AGEING

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The Hon Alex Somlyay MP  
Chairman  
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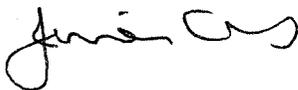
Dear Mr Somlyay

Thank you for your invitation to prepare a submission to the Commonwealth Parliamentary Inquiry into the health benefits of breastfeeding.

Please find attached the submission from the Northern Territory Department of Health and Community Services (DHCS). The acceptance of this late submission as discussed with your office is appreciated.

If you have any further enquiries relating to this matter, please contact Ms Jill Davis, Branch Head, Health Development and Oral Health, DHCS on (08) 8985 8014.

Yours sincerely



Jenny Cleary

7 March 2007

## **Inquiry into the health benefits of breastfeeding**

The NT Department of Health and Community Services (DHCS) acknowledges and supports the proposed Commonwealth parliamentary enquiry into the health benefits of breastfeeding and supports all initiatives that assist and encourage all women to breastfeed their infants.

### **Address to the terms of reference**

#### **a. The extent of the health benefits of breast feeding**

##### ***The Northern Territory (NT)***

- NT hospital discharge data indicates that the rate of breastfeeding initiation is high.
- A chart audit (n =780) conducted in 2003 indicated that 92.7% of Northern Territory infants were breastfed at discharge. There was some variation between groups. Compared to the national targets, the rate of breastfeeding at hospital discharge for Indigenous infants from remote areas was high (98%), while the proportion of urban Indigenous infants who were breastfed at hospital discharge (84.1%) was below the national target. Urban Indigenous infants had the lowest rates of breastfeeding in the NT at 3 and 6 months, however these rates cannot be compared to national rates due to inconsistent definitions.
- The NT has adopted the NHMRC (2003) and WHO (2002) recommendations for infant feeding and supports exclusive breastfeeding to about 6 months of age and continued breast-feeding for at least the first year of life. This information has been disseminated throughout the NT and is established in protocols such as the Women's Business manual, the Central Australian Rural Practitioner's manual, and the NT Infant Feeding Guidelines.
- The NT breast feeding policy review in 2004 recommended that NT breastfeeding rates be monitored every 3 years through existing information systems using recommended indicators for Australia (NAPA, 2004b).

##### ***Identified gaps***

There is a need for:

- A national monitoring system to determine rates of breastfeeding and a commitment to implementing and supporting this in the NT.
- A routine system to monitor breastfeeding rates post hospital discharge.
- A commitment to national reporting of breastfeeding rates every 3 years through existing information systems using recommended indicators for Australia.
- Consistent terminology, resources and tools to support and encourage breastfeeding across the continuum of care including acute, community based and remote services.
- Consistent terminology when reference to infant formula is made.

**b. Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and in particular, in disadvantaged, indigenous and remote communities**

***The Northern Territory***

- Traditionally, breast feeding babies was normal practice for indigenous women and breastfeeding was thought to continue until the child reached several years of age (Gracey, 1989, Hitchcock, 1989, Hamilton, 1981).
- A small number of studies have been conducted to measure current breastfeeding rates in Indigenous populations. Of these studies, comparison of data is difficult due to variations in breastfeeding definitions and sampling methods.
- Recent anecdotal evidence suggests that the rates of breastfeeding amongst Indigenous women in the NT may be decreasing:
  - Feedback documented during the NT infant feeding guidelines project (2005) indicated that the use of infant formula in remote communities was becoming more common, particularly amongst young mothers. In response to requests from remote store managers and health centre staff, the project developed a set of guidelines to selling infant formula in remote stores. The guidelines suggest that stores do not promote infant formula and bottles, and stock only one type of both. Stores are encouraged to stock and promote a range of infant feeding cups.
  - At the NT Aboriginal Nutrition and Physical Activity forum (Alice Springs, 2004) a large group of Indigenous women shared their concerns in relation to infant feeding. These women were particularly concerned about breastfeeding rates reducing over time, particularly amongst young women and the use of inappropriate choices for feeding young infants (NAPA, 2004).
  - Nursing staff working at Alice Springs hospital paediatric ward indicated that over the past few years there has been an increase in the number in Indigenous infants and toddlers admitted to the ward that are not breast fed. This was estimated to be up to 20% and increasing.

***Identified gaps***

**There is a need for:**

- A national monitoring system to determine rates of breastfeeding and a commitment to implementing and supporting this in the NT.
- A system to monitor the sale of infant formula in remote communities and monitor the implementation of the marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement) across all sectors.
- Appropriate resources to support women to breastfeed after they are discharged from hospital especially in remote and rural areas.
- Further expansion and compulsory implementation of the marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement).

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

- The short, medium and long-term health benefits to infants and mothers are well documented.
- Improving infant feeding practices is one of the most cost effective public health interventions (DHCS, 2005).
- Breastfeeding in the NT provides the best start to all infants, particularly in light of the higher than average rates of poor growth, anaemia, respiratory and gastrointestinal illness in infants and young children.
- There are also many studies on the economic benefits to be gained from breastfeeding. These benefits include the potential for decreased annual health care costs. In the United States, an estimated \$3.6 billion would be saved if breastfeeding were increased to recommended targets (American Academy of Paediatrics, 2005).
- The health costs of weaning 30% of Australian infants onto infant formula by 3 months of age could be around \$290 million per year (NHMRC, 2003).

***Identified gaps***

**There is a need for:**

- A national breastfeeding monitoring system and a commitment to implementing this in the NT.

**d. Initiatives to encourage breastfeeding**

***The Northern Territory***

- Three of the five public hospitals in the NT, Alice Springs, Katherine and Gove have Baby Friendly Hospital (BFHI) status.
- Darwin Private hospital has BFHI status.
- Alice Springs, Katherine and Gove hospitals are all due for re accreditation at the end of 2007.
- Royal Darwin hospital is planning to apply for BFHI accreditation.
- There is anecdotal evidence that the momentum gained from BFHI status in the NT may be diminishing, due in part to the withdrawal of commonwealth funding to maintain and further implement the program.
- The women's health standard practice manual (Women's Business manual) is in the process of being updated and will include a protocol on breastfeeding and infant feeding for remote health practitioners.
- Breastfeeding information is provided in antenatal education classes in Alice Springs, Darwin, Katherine and Gove. It is estimated that only 5% of women access childbirth education classes in the NT.
- There is an established home birth service in the NT that offers continuity of care and continuity of carers. Breastfeeding encouragement and support is provided as part of this service.
- There is an established lactation consultant position in Alice Springs that also provides a service to the community health centre and some remote communities.
- There is a new lactation consultant position in Royal Darwin Hospital. The primary focus of this position will be to implement BFHI over the next 12-18 months. It is currently being recruited to.
- Darwin Private Hospital has an established lactation consultant position.

- Currently there are 13 registered midwives in remote health centres in Central Australia and 24 in remote health centres in the Top End.
- Work is underway to expand early years services to include more breast-feeding advice and support in remote communities.
- The NT is currently considering ways to develop a surveillance system using routine service contacts that could potentially form the basis for a breastfeeding monitoring system based on the national strategy.

### ***Identified gaps***

There is a need for:

- Commonwealth support for the full implementation of the BFHI program.
- Supported community midwifery practices that provide continuity of care and continuity of carers.
- Improved integration between midwifery services and early childhood services in the community.
- Established lactation consultants in community health and Aboriginal Medical Services where urban women are referred to following discharge.
- Baby friendly practices established in remote health centres may be an effective means of supporting women post-discharge.
- Improved systems to follow up and support mothers and babies from remote communities post discharge, particularly those most vulnerable eg young mothers.
- Use of standard and consistent terminology and resources.
- A commitment to standard and resourced antenatal education.
- A national policy to support NT initiatives to promote breastfeeding.
- Reorientation of workplaces and schools to support and encourage breastfeeding for return to work/school mothers.

## **e. Examine the effectiveness of current measures to promote breastfeeding and the impact of breastfeeding on the long-term sustainability of Australia's health system**

### ***The Northern Territory***

- The NT Breastfeeding Policy (1994-2000) was reviewed in 2004. Whilst progress was made on some initiatives (eg BFHI), the effectiveness of these initiatives could not be measured due to differences in data collection methods and definitions.

### ***Identified gaps***

There is a need for:

- Evaluation of all initiatives that support and encourage breastfeeding.
- Implementation of a national monitoring system to examine rates and trends of exclusive breastfeeding and duration of breastfeeding in the NT.
- A National breastfeeding policy.

## Conclusions

In conclusion, the Northern Territory Department of Health and Community Services welcomes the Australian Government's interest in further developing strategies to improve the rates of breastfeeding throughout Australia. Priorities for the Northern Territory include:

- Establishment of national definitions for breastfeeding that could be used to monitor breastfeeding rates and compare rates between jurisdictions and internationally. This work could be done through the State/Territory/Australian Government cost share arrangement.
- Australian Government funding for a project to implement the recommendations for monitoring breastfeeding throughout Australia.
- A national media campaign to promote breastfeeding, with additional targeted promotion for Indigenous Australians and groups at risk of poor initiation and maintenance of breastfeeding.
- Australian Government support and funding for continuation and expansion of the Baby-Friendly Initiatives for all hospitals and health services.
- Further expansion and compulsory implementation of the marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement).

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