

**House Standing Committee on Health and Ageing
Committee activities (inquiries and reports)
Inquiry into Breastfeeding.**

Submission to Parliament: Lactation 2007

To the Committee,

I am a mum of three growing teenagers, an ABA counsellor, and a Lactation Consultant working three days per week home visiting in a local council.

There are many complex factors that influence breastfeeding by women in the community. To increase the proportion of women breastfeeding, and increase the rates and duration beyond six months, a wide range of issues need to be explored. When designing strategies to increase the length of time that women choose to breastfeed, several views need to be taken into account.

Financial impact on the health system

Importance of Breastmilk to infant

Risk of health issues introducing Artificial Formulas

And importance of breastfeeding for mother

Community Views,

Positive Views,

Benefits to child, mother family and society.

Negative views,

- Impact of birth practices on the infant's ability to feed,
- Duration of feeding, delayed, brief interrupted first breastfeed compounds Initiation of good outcome.
- Breastfeeding in public,
- Pain and trauma to nipples, breasts.
- Early discharge figures and initiation of breastfeeding.

Initiatives that could be put into place.

Resource Funding for:

Update Maternal and Child Health Nurse Skills in the areas of Lactation.

Personal Development, Breastfeeding update, 10 hours compulsory per annum

Currently there is great need for a Professional development Breastfeeding module. Many studies have shown that health visitor's opinion has a major impact on breastfeeding rates. Funding to enable Health professional/staff access and time to enhance their skills.

Many health professionals have trained a long time ago; experience and self education go a long way in promoting breastfeeding, however conflicting and personal advice or suggestions can also do a great deal of damage to the uninformed parent and we need to provide excellent updated, breastfeeding information which allows the client to make informed choices. New parents are vulnerable at this point and require consistent information.

Please see study example below.*Appendix

Early Intervention Home Visit:

Intended for breastfeeding mothers, one home visit 3-4 days home from discharge. This would allow mother baby dyad to settle in at home and initiate management plan for breastfeeding. One off visit by community LC, to observe assess breastfeeding concerns within the first week.

Management early on could reduce the trauma of sore nipples, low supply, having to use extra complementary, supplementary feeding and saving the parents from hiring or buying expensive lactation aids. Eg Electric Breast Pump hire.

Encouragement, information and resources would be made available to parents. This would free the Maternal and Child Health Nurse to complete her home visit and attend to universal concerns, rather than focusing on breastfeeding.

Lactation Day Stay Clinic:

Partnership with Local Community Public Hospital and local councils. Setting up a service to see clients at a central clinic, this would benefit the client after the first home visit by the MCN or Lactation Consultant from the Council, and EPC nurse from the public hospital. There is a major difference, in after care between public and private hospitals.

If the mother or MCHN perceives there are continuing concerns, then they could be addressed by visiting a lactation day stay clinic. Enough funding and resources to provide the staff and equipment necessary to hold a day stay facility within the council. Staffed by Hospital and Council Lactation Consultants, the local MCN staff would be encouraged to rotate through the service maintaining and updating their skills working alongside qualified Lactation Consultants and enabling them to standardize breastfeeding information given to clients in their centers.

The local council/ hospital would provide staff and equipment and find a suitable building. Large enough to comfortably hold up to 4 clients per day, with sufficient space for observation and assessment in privacy, and room to settle infants.

Community Education Program:

Health Visitors into the Secondary Schools at year 10/11.

Educate and inform all male and female students and teachers. In planning the curriculum teachers could be offered a series of education packages, including "Nutrition" with the emphasis on introducing the idea that breast milk has all the early nutritional benefits at the start of life, self regulating the intake of food. That breastfeeding is the normal way to feed an infant, that with the choice of feeding comes the risks of introducing Artificial formula.

Food for thought in this age of obesity, diabetes and other related diseases of society.

Thankyou

Helen Sieker

* Appendix

The effect of health visitors on breastfeeding in Glasgow

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Background

The UNICEF Baby Friendly Initiative includes a community component to help women who want to breastfeed. This study aimed to document the health visitor role in promoting and supporting breastfeeding in Glasgow during 2000 and the effect it had on breastfeeding rates.

Methods

Glasgow, UK, has a population of 906,000, with approximately 10,000 births per year. Glasgow has high levels of material deprivation and traditionally low breastfeeding rates. This was a cross-sectional study in January 2000 which used a postal questionnaire to document individual health visitors' interventions, activities and attitude towards breastfeeding. Infant's breastfeeding data collected routinely by the Child Health Surveillance programme from 1 August 1998 to 28 February 1999 was directly matched with interventions, activities and attitudes reported by their own health visitor.

Results

146/216 (68%) health visitors completed and returned the questionnaire. 5401 child health records were eligible and 3,294 (58.2%) could be matched with health visitors who returned questionnaires. 2145 infants had the first visit from 8 to 20 days of age

and the second 3 to 7 weeks later. At the first postnatal visit 835 of 2145 (39%) infants were breastfed (median age of 13 days) and 646 (30%) continued to breastfeed at the second visit (median age 35 days).

Infants being breastfed at the first visit were significantly more likely to be fed infant formula at the second visit if their health visitors had had no breastfeeding training in the previous two years (OR1.74 95%CI 1.13, 2.68).

Conclusion

It is essential that Health Visitors are specially trained to support breastfeeding postnatally.” Dr David Tappin 2006.nd reproduction in any medium, provided the original work is properly cited.

References

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