

Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have adequate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from trained health workers, lay and peer counsellors, and formally certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems.¹

Breastfeeding in Australia

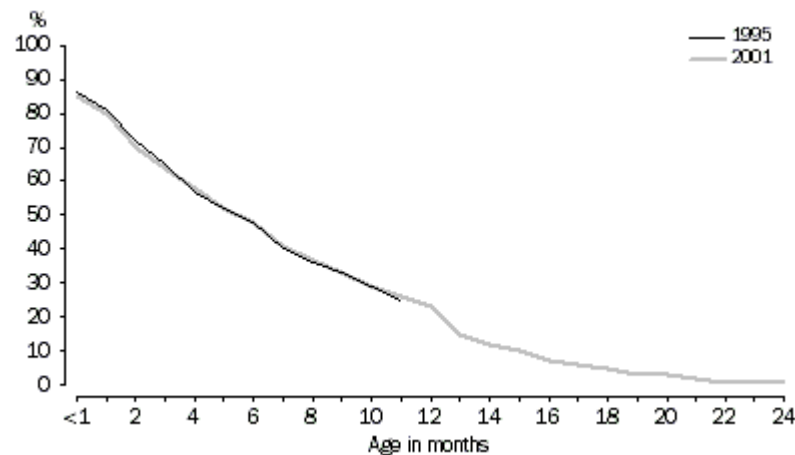
Overview

- 2.1 In Australia and internationally, breastfeeding receives attention as a focus for improving public health. Breastfeeding is one of the most important contributors to infant health, providing a range of benefits for the infant's growth, immunity and development. In addition, breastfeeding improves maternal health and contributes economic benefits to the family, health care system and workplace.
- 2.2 Breastfeeding in Australia begins well. The most recent National Health Survey, conducted in 2001, showed breastfeeding initiation rates in hospital have approximately 83 per cent of babies being breastfed upon discharge from hospital.

1 WHO Global strategy for infant and young child feeding report, viewed on 30 July 2007 at http://www.who.int/gb/ebwha/pdf_files/EB109/eeb10912.pdf.

- 2.3 In 2001, by age six months, around half (48 per cent) of all children were being breastfed. Results from the 1995 and 2001 National Health Surveys indicate that the proportion of children receiving any breast milk declines steadily with age, with the number of fully breastfed babies at three months decreasing to approximately 57 per cent, and at six months, decreasing to approximately 18 per cent being fully breastfed (see Figure 2.1). Finally, at one year of age there are only 23 per cent of babies still receiving any breast milk at all as part of their normal diet and one per cent of children being breastfed by age two.²

Figure 2.1 Proportion of children breastfed by age in months 1995³ and 2001



Source: Australian Bureau of Statistics, *Breastfeeding in Australia, 2001, 2001*, cat no 4810.0.55.001, p 2

NHMRC's Dietary Guidelines

- 2.4 Breastfeeding is included in the National Health and Medical Research Council's (NHMRC) *Dietary Guidelines for Children and Adolescents in Australia* because of the nutritional, health, social and economic benefits it provides for the Australian community and in acknowledgement of the need for family and community support. The purpose of the Dietary Guidelines is to promote the potential benefits of healthy eating, not only to reduce the risk of diet-related disease, but also to improve the community's health and well-being.
- 2.5 It is indicated in the Dietary Guidelines that exclusive breastfeeding until around six months should be the aim for every infant, which is in line with the World Health Organisation's recommendation. The Guidelines also recommend that mothers then continue breastfeeding

2 Australian Bureau of Statistics, *Breastfeeding in Australia, 2001 (2001)*, cat no 4810.0.55.001, p 2.

3 Note: data by age in months is only available from the 1995 NHS for children under the age of one.

until 12 months of age and beyond if both the mother and the infant wish.⁴

- 2.6 In 2003 when the Dietary Guidelines were published, they articulated the goal that 50 per cent of infants should be exclusively breastfed for the first six months within 'a few years'. It further proposed that within a decade 80 per cent of infants in Australia should be exclusively breastfed for six months.⁵
- 2.7 The most recent data on exclusive breastfeeding was obtained through the 1995 National Health Survey which indicated that only 18.6 per cent of infants were fully breastfed at six months (see Table 2.2 for definitions).⁶ It seems unlikely in 2007 that the rate of 50 per cent, let alone 80 per cent, exclusive breastfeeding at six months is being achieved.⁷ Additionally as there is no mechanism for national monitoring of infant feeding rates, it is not possible to measure the current rates of breastfeeding on a national basis.

The national perspective

- 2.8 Many individuals and organisations are increasingly concerned about the incidence and duration of breastfeeding in Australia. Australia has included breastfeeding in its national health goals and targets and all states and territories have accorded high priority to maximising initiation rates and the duration of breastfeeding.⁸ In 2001, the Australian Health Ministers endorsed *Eat Well Australia 2000-2010*, a national framework for population based action in public health nutrition for all Australians.⁹
- 2.9 The Commonwealth Government funded a range of activities through the \$2 million National Breastfeeding Strategy (1996 – 2001) including research and breastfeeding projects and resources. The

4 National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 14.

5 Key Centre for Women's Health in Society, University of Melbourne, sub 294, p 5; National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 307.

6 National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 3.

7 Key Centre for Women's Health in Society, University of Melbourne, sub 294, p 6.

8 National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 306.

9 Government of Western Australia, sub 475, p 1.

Commonwealth provided support for the work of the Australian Breastfeeding Association for the last ten years at \$90,000 per year. The Commonwealth Government has also supported the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (1992) (MAIF Agreement) as the Government's response to the World Health Organisation's International Code of Marketing of Breast-milk Substitutes (WHO Code).¹⁰

2.10 State governments also provide financial support for breastfeeding programs and encourage breastfeeding through policy documents. In Queensland the *Optimal Infant Nutrition: Evidence-Based Guidelines 2003 – 2008* were developed to improve the healthy growth and development of infants and children by promoting and supporting the WHO and NHMRC infant feeding recommendations.¹¹ The plan identified priority population groups in addition to outlining partnerships and key actions required to influence the provision of optimal infant nutrition. The guidelines aim to achieve by 2008:

- breastfeeding rates at discharge from hospital of at least 90 per cent;
- exclusive breastfeeding at three months of at least 60 per cent; and
- exclusive breastfeeding at six months of at least 50 per cent.¹²

2.11 In recent years promoting breastfeeding has been a priority for NSW Health. They have developed a comprehensive NSW Health Breastfeeding Policy which was released in April 2006 and is mandatory for all Area Health Services. NSW Health has also run area level planning workshops for Area Health Services to ensure adequate local compliance. The policy includes five strategic areas for action for the NSW Department of Health and Area Health Services:

- organisational support for an enhanced, coordinated NSW Health effort;
- workplace development and provision of breastfeeding-friendly workplaces;
- provision of evidence-based health services;
- intersectoral collaboration with organisations outside of the NSW Health system; and

10 Department of Health and Ageing, sub 450, p 3.

11 Bligh A, Deputy Premier, Queensland Government, sub 12, p 1.

12 Queensland Health, sub 307, p 8.

- monitoring and reporting of breastfeeding rates.¹³
- 2.12 Groups such as the Public Health Association of Australia¹⁴, the Royal Australasian College of Physicians¹⁵, the Australian Medical Association¹⁶ and the Pharmaceutical Society of Australia¹⁷ have also published position statements in support of breastfeeding.

Recommendation 1

- 2.13 **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.**

The Australian Breastfeeding Association

- 2.14 The Australian Breastfeeding Association, the ABA (formerly the Nursing Mothers Association of Australia), is one of the country's largest women's non-profit organisations and is Australia's leading source of breastfeeding information and support. It was established by six mothers in 1964, when the breastfeeding rates were approaching their lowest point. The ABA is represented in all Australian states and territories.
- 2.15 The ABA provides support and encouragement for women who want to breastfeed their babies, and raises community awareness of the importance of breastfeeding and human milk to infant and maternal health. They run a volunteer-based 24 hour telephone hotline for mothers who are experiencing breastfeeding difficulties, breastfeeding education classes and seminars for health professionals. The ABA has a Lactation Resource Centre with one of the most comprehensive collections of breastfeeding information in the world. The ABA plays an integral part within the health sector in planning and assisting with implementation of breastfeeding services in the community.

13 NSW Health, sub 479, p 6.

14 Public Health Association of Australia, sub 181.

15 The Royal Australasian College of Physicians, sub 174.

16 Australian Medical Association, sub 358.

17 Pharmaceutical Society of Australia, sub 154.

Breastfeeding rates in Australia

- 2.16 Breastfeeding rates reach their peak when women are discharged from hospital. However, the exclusivity and duration of breastfeeding decline dramatically once women are discharged from hospital, and both fall well short of the World Health Organisation recommendations and the Dietary Guidelines.¹⁸ A study in the ACT in 2002 found that while breastfeeding was initiated by 92 per cent of participants, only one in ten babies in the ACT is exclusively breastfed for the recommended six months.¹⁹
- 2.17 When Australia's breastfeeding rates are compared with those of developed countries it can be seen that the initiation rate is similar, but the continuing rate lags behind Sweden and Norway and is similar to other countries such as the US and Britain.

Table 2.1 Breastfeeding rates around the world in 2002

Country	% of mothers who start	% who continue 6 months or longer
Sweden	98	53
Norway	98	50
Poland	93	10
Canada	80	24
Netherlands	68	25
Britain	63	21
United States	57	20
Australia (2001/1995)	83 ²⁰	18 ²¹

Source <http://kellymom.com/writings/bf-numbers.html> viewed on 24 July 2007

- 2.18 Breastfeeding rates in Australia began to decrease in the 1950s, reaching a low point in the late 1960s – early 1970s (see Figure 2.2). There are complex reasons as to why these rates dropped, including the increase in availability of infant formula and its promotion by the health system.²²

18 Women's Electoral Lobby, sub 310, p 9.

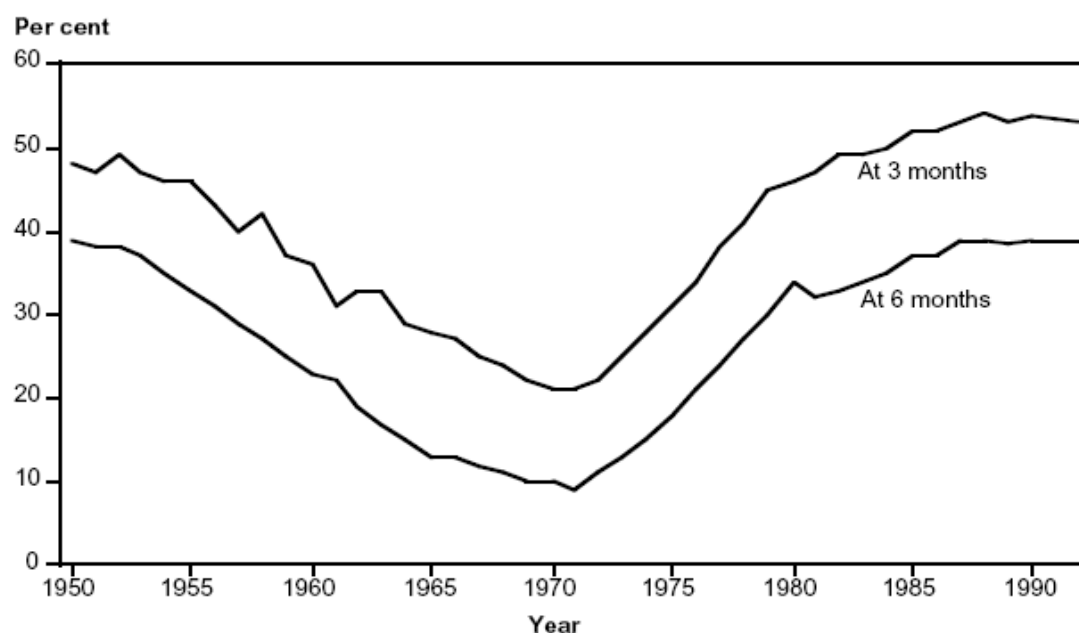
19 Lording R, sub 186, p 13.

20 Australian Bureau of Statistics, *Breastfeeding in Australia, 2001* (2001), cat no 4810.0.55.001, p 2.

21 National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia* (2003), p 3.

22 Minchin M, *Breastfeeding Matters* (1998), 4th Ed, Alma Publications, p 223.

Figure 2.2 Mothers fully breastfeeding at three and six months, Victoria, 1950-1992



Source <http://www.aihw.gov.au/publications/index.cfm/title/3800> p 194

Monitoring breastfeeding

- 2.19 Australia has no reliable national data collection system in place to effectively monitor infant feeding practices.²³ The most recent nationally reliable data was sourced by the Australian Bureau of Statistics in 2001, which included breastfeeding as a health risk factor topic but there are no recent figures to monitor trends in infant feeding practices. Additionally, the 2007 National Health Survey has not included breastfeeding as a health risk factor; however, it may be considered for the survey in 2010.
- 2.20 The committee is concerned that the rates of breastfeeding in Australia are not appropriately monitored. One reason is that terms and definitions are not consistent which can make it difficult to compare studies of breastfeeding rates. This lack of clear definitions has made the interpretation of data linking breastfeeding with infant health, nutrition, growth and development and maternal fertility difficult.²⁴

23 Tyler C, sub 242, p 1.

24 Australian Food and Nutrition Monitoring Unit, *Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps*

- 2.21 There are varying definitions of breastfeeding terms and time periods. For example 'breastfed' may mean exclusively breastfed or it may mean that an infant took breast milk at some time in the survey period. The age at which breastfeeding occurs is also subject to interpretation: 'at three months' may mean over the three-month period or until some time in the third month.²⁵
- 2.22 The 2001 document, *Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps*, commissioned by the Commonwealth Government, highlighted the need for, and was a first step towards, standardising the monitoring and reporting of breastfeeding practices in Australia. It included the development of standardised approaches to monitoring breastfeeding, adoption of WHO standard definitions of breastfeeding practices and a 'core' set of breastfeeding indicators (see Table 2.2). This national system, however, has never been implemented.

(2001), p 31.

25 Australian Institute of Health and Welfare, *Australia's Food and Nutrition* (1994), cat no 8904.0, p 192.

Table 2.2 Summary of the WHO definitions of breastfeeding

<i>Category of infant feeding</i>	<i>Requires that the infant receive</i>	<i>Allows that the infant receives</i>	<i>Does not allow the infant to receive</i>
Exclusive breastfeeding (EBF)	Breast milk (BM) including colostrum, expressed breast milk (EBM) or breast milk from wet nurse	Drops, syrups (vitamins, minerals, medicines)	Anything else
Predominant breastfeeding (PBF)	BM, including EBM or from wet nurse, as the predominant source of nutrition	Liquids (water and water-based drinks, fruit juice, ORS), ritual fluids and drops or syrups (vitamins, minerals, medicines)	Anything else (in particular, non-human milk, food based fluids)
Full breastfeeding (FBF)	BM, including EBM or BM from wet nurse	Substances specified for EBF or those specified for PBF	Anything else (in particular, non-human milk, food based fluids)
(Sum of Exclusive and Predominant BF)			
Complementary breastfeeding (CBF)	BM and solid or semisolid foods or non-human milk	Any food or liquid including non-human milk, as well as BM	
Non-breastfeeding (NBF)	No BM	Any food or liquid including non-human milk	BM, including EBM or from wet nurse
Breastfeeding (BF)	BM	Any food or liquid including non-human milk, as well as BM	

Source: Australian Food and Nutrition Monitoring Unit, *Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps (2001)*, p15.

2.23 The Australian Breastfeeding Association is amongst the chorus of voices that consider the national monitoring of breastfeeding practices inadequate. The Women's Electoral Lobby notes that there is currently no comprehensive national monitoring and surveillance system in place to monitor and report breastfeeding patterns and consider that the data is important to inform policy.²⁶ The Dietitians Association of Australia consider adopting the recommendations of the report *Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps* would be of great value in determining the barriers to initiation and continuation of breastfeeding and possible initiatives to increase breastfeeding rates.²⁷

2.24 The New South Wales and Queensland health departments have used the recommendations from the *Towards a national system for monitoring*

26 McKenzie I, Women's Electoral Lobby, transcript, 7 May 2007, p 31; Tyler C, sub 173, p 1.

27 Dietitians Association of Australia, sub 223, pp 3-4.

breastfeeding in Australia report to develop and refine the indicators and measurements in their state wide computer assisted telephone interview (CATI) surveys. CATI surveys have been used to survey mothers on their breastfeeding rates. This information could be usefully shared with other states and territories and with federal agencies such as the ABS to improve methods for monitoring breastfeeding.²⁸

- 2.25 As mentioned earlier, the committee has recommended that the Commonwealth provide national leadership in the area of monitoring, surveillance and evaluation of breastfeeding data. The committee considers that having systematic collection, analysis, interpretation and evaluation of breastfeeding data will enable a more accurate picture of breastfeeding rates to be obtained and enable a clearer evaluation of the effects of breastfeeding. To this end, the committee considers the adoption of the recommendations in the *Towards a national system for monitoring breastfeeding in Australia* document is a vital step in ensuring consistency of terms in data collection and research. The committee responds accordingly.

Recommendation 2

- 2.26 **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.**

Research

- 2.27 There is a lack of quality Australian data on the effectiveness of measures to promote breastfeeding and improve initiation and duration of breastfeeding. This can be attributed to the fact that it has been difficult to obtain funding for applied breastfeeding research in Australia. Competition for medical research funding in general is significant and breastfeeding may not be considered 'cutting edge or sexy'.²⁹ The Public Health Association considers it is time for a competitive funding round for grants, scholarships and fellowships for further research into breastfeeding.³⁰ Dr Julie Smith noted that the

28 New South Wales Centre for Public Health Nutrition, sub 178, pp 12-13.

29 Binns C, transcript, 26 March 2007, p 14.

30 Amir, L, Public Health Association, transcript, 4 June 2007, p 20.

quantum of research into breastfeeding in Australia is minuscule and it parallels the meagre resources applied to collection of any national data on breastfeeding which might assist with such research.³¹

- 2.28 There is support for the focus of research to be directed towards doing more to help women to continue breastfeeding.³² Professor Colin Binns noted that there is a marked lack of good intervention trials to promote the increased duration of breastfeeding in Australia and it is important that funds be made available to fund such trials.³³ This will provide more information as well as building capacity in the area which should assist with increasing breastfeeding duration.
- 2.29 Dr Smith also notes that it is important to consider whether that research funding is really supporting national policy goals for breastfeeding. Consideration of the NHMRC funded projects purportedly 'related to breastfeeding' confirms that most of its funded research is not focused on the goal of increasing breastfeeding. Rather it is predominantly directed to investigating the immunological, biochemical or nutritional properties of human milk. This research field is more relevant to the research and marketing needs of the infant food industry than it is to a public health agenda of promoting or supporting breastfeeding. It is also an area where current empirical knowledge is already sizable.³⁴
- 2.30 The nature of breastfeeding research can be complex. Queensland Health noted that it is difficult to desegregate the various behavioural characteristics and identify breastfeeding as a single issue of interest when research is being conducted. For example, behavioural issues associated with the decision of whether or not to breastfeed may also depend upon other practices conducted in the family, such as the early introduction of solids and the beliefs within the family about the appropriate introduction of solids.³⁵
- 2.31 The Division of Nursing and Midwifery at La Trobe University noted that it may be beneficial to establish a national specialised research centre, which could build a research program, such as was established for immunisation research (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases).³⁶

31 Smith J, sub 474, p 2.

32 Jones L, sub 137, p 1.

33 Binns C, sub 86, p 6.

34 Smith J, sub 474, pp 2-3.

35 Lee A, Queensland Health, transcript, 17 April 2007, p 6.

36 Division of Nursing & Midwifery, La Trobe University, sub 184, p 4.

2.32 Infant formula manufacturers may fund research and provide support for health professionals but this is a complex and controversial topic.³⁷ The Australian Lactation Consultants Association noted that when formula companies provide information to health professionals about their products, it is not always supported by research.³⁸ The Royal Australasian College of Physicians (RACP) has developed guidelines for its members for the funding of paediatric research by formula companies.

Research sponsored by a formula company may become a vehicle for the promotion of the formula and the concept of artificial feeding. It is inappropriate for professional associations in the field of human health to accept from formula companies funding for the running of conferences, airfares of speakers or delegates, sponsorship of sessions, meals or secretariat assistance with organisation. Trade displays are acceptable. Gifts or financial incentives for health workers are ways of ensuring formula market share. Regular education during in-service training to increase awareness of these ethical matters would benefit health professionals.³⁹

2.33 The committee is pleased that there is a research and program evaluation component in the May 2007 breastfeeding budget initiative. The committee encourages the Department of Health and Ageing to promote further research ensuring that it supports breastfeeding initiation and duration and not supporting research into making infant formula more like breast milk.

Recommendation 3

2.34 **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.**

37 Weller J, sub 61, p 1.

38 Moody G, Australian Lactation Consultants Association, transcript, 4 June 2007, p 33.

39 'Guidelines for the Funding of Paediatric Research by Formula Companies', viewed on 30 July 2007 at <http://www.racp.edu.au/download.cfm?DownloadFile=AE98B656-2A57-5487-DF63DE35C7581397>.

Factors affecting breastfeeding

- 2.35 The high rates of breastfeeding initiation suggest that most women want to breastfeed. As stated earlier, breastfeeding initiation rates in hospital have approximately 83 per cent of babies being breastfed upon discharge from hospital.⁴⁰ However, after initiating breastfeeding, many women are not continuing to breastfeed beyond a couple of weeks after the birth.
- 2.36 A woman's decision to breastfeed is influenced by many factors: demographic, psychological, cultural and social, and it is often difficult to identify which, if any, is of greater importance. Additionally different mothers will not necessarily place the same emphasis on each factor.⁴¹
- 2.37 The Centre for Public Health Nutrition developed a conceptual framework that illustrates the individual, group and social level influences on breastfeeding (see Figure 2.3). This framework demonstrates that breastfeeding can be influenced by many factors.⁴² Group level and societal level influences may interact in either positive or negative ways with individual factors such as maternal knowledge and skills. For example, a mother may plan to breastfeed, but a non-supportive environment in the hospital may lead to her deciding to stop breastfeeding early. Similarly, even if breastfeeding is still occurring at hospital discharge, a lack of support at home or in the community may also lead to her stopping early.⁴³

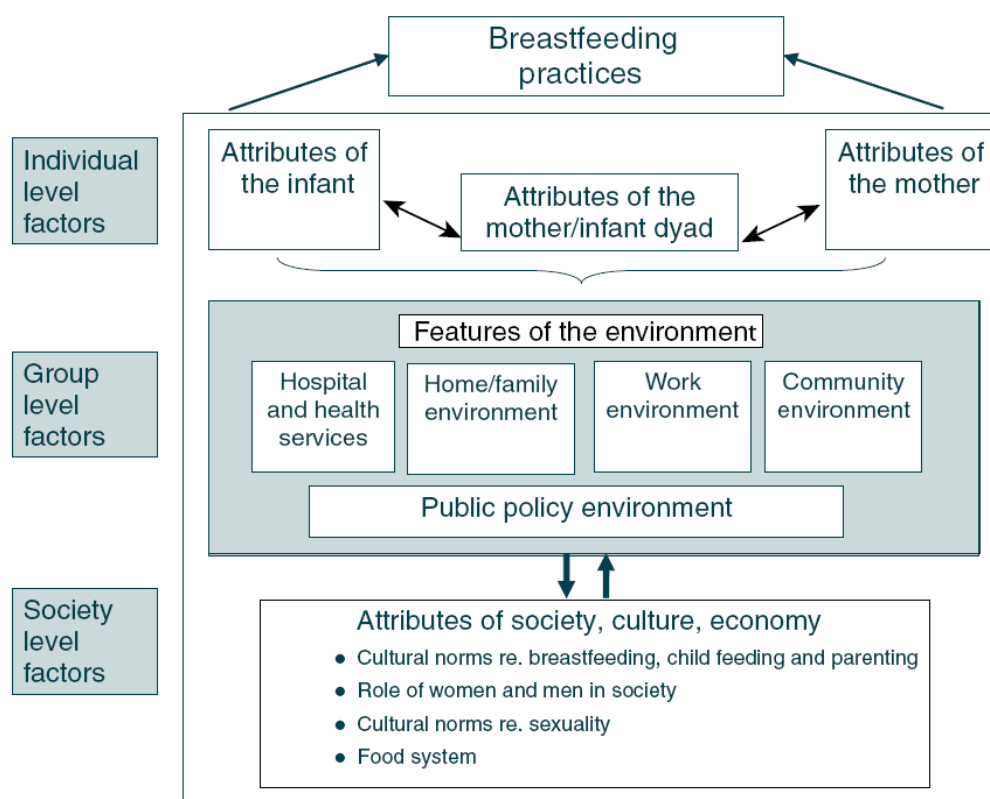
40 Australian Bureau of Statistics, *Breastfeeding in Australia, 2001* (2001), cat no 4810.0.55.001, p 2.

41 Brodribb W, sub 312.

42 Hector D, King L, Webb, K, 'Factors affecting Breastfeeding Practices – applying a conceptual framework', NSW Public Health Bulletin (2005), vol 16, no 3-4, p 53.

43 Hector D, King L, Webb, K, 'Factors affecting Breastfeeding Practices – applying a conceptual framework', NSW Public Health Bulletin (2005), vol 16, no 3-4, p 54.

Figure 2.3 A conceptual framework of factors affecting breastfeeding practices



Source Hector D, King L, Webb, K, 'Factors affecting Breastfeeding Practices – applying a conceptual framework', *NSW Public Health Bulletin*, (2005), vol 16, no 3-4, p 53.

- 2.38 The loss of collective knowledge about breastfeeding, due in part of the decrease in breastfeeding in the 1970s, has led to a community and a health system where breastfeeding is not regarded as the default source of nutrition for a baby. There are many women having babies who have never seen a baby being breastfed. Their own mothers may not have breastfed. This has meant that women in Australia have lost a wealth of knowledge and confidence which would enable them to see breastfeeding as the normal and only way to feed their babies.⁴⁴
- 2.39 The main reason women give for choosing to breastfeed is the health benefits of breastfeeding for their baby. Other reasons included family influence, and because it was more convenient than formula feeding. The decision to breastfeed or formula feed is often made early in pregnancy or before conception and women who decide to breastfeed before they become pregnant tend to breastfeed for longer.
- 2.40 The lack of support and information from health professionals, as well as from the wider community are seen as two of the more

44 Heppell M, sub 291, p 4.

significant factors which make the task of continuing to breastfeed more difficult.⁴⁵

Individual factors that influence breastfeeding

2.41 Individual factors which are positively associated with a longer duration of breastfeeding are:

- an intention to breastfeed;
- earlier timing of the decision to breastfeed;
- increasing maternal age;
- higher maternal education;
- not smoking or smoking less; and
- being married or being in a relationship.⁴⁶

2.42 Women, in general, are less likely to choose to breastfeed if they:

- are of low socio-economic status;
- are less educated;
- have language, literacy or cultural barriers limiting access to impartial information;
- are younger mothers (less than 25 years of age);
- smoke (which may be linked to that fact that smoking inhibits lactation capacity);
- feel that breastfeeding labels them solely as a mother and they want to re-establish their identity as an individual; or
- are depressed.⁴⁷

2.43 If women in these groups do breastfeed, they tend to do so for a shorter duration. Women also tend to breastfeed for a shorter duration if they are obese or have insufficient breastfeeding

45 Cheers A, sub 29, p 6; BellyBelly.com.au, sub 441.

46 Forster D, McLachlan H, Lumley J, Factors associated with breastfeeding at six months postpartum in a group of Australian women, *International Breastfeeding Journal* (2006), Vol 1 no 18.

47 Department of Health and Ageing, sub 450, pp 5-6.

knowledge. However, first-time mothers are more likely to breastfeed.⁴⁸

- 2.44 The timing of the decision to breastfeed plays a role in both breastfeeding initiation and duration. Deciding to breastfeed while pregnant as distinct from deciding after birth is a strong predictor across almost all groups of women, including those with less formal education, younger women and those with less social support.⁴⁹

Group and social factors that influence breastfeeding

- 2.45 Group and social factors that undermine a woman's confidence or negatively influence initiation as well as duration of breastfeeding include:
- lack of support by a partner;
 - perceived or genuine lack of freedom and independence;
 - inconsistent advice from health professionals and peers;
 - lack of role models;
 - the misconception that infant formula is nutritionally equivalent to breast milk;
 - embarrassment caused by negative and ill-informed community attitudes;
 - lack of community support for breastfeeding in public places; and
 - cultural attitudes.⁵⁰

Partners

- 2.46 Partners are a critical link in both the initiation and duration of breastfeeding. The Perth Infant Feeding Study Mark II found that the mother's perception of her partner's infant feeding preferences was a common factor in both breastfeeding initiation and duration.⁵¹ Four

48 Department of Health and Ageing, sub 450, pp 5-6.

49 Forster D, McLachlan H, Lumley J, Factors associated with breastfeeding at six months postpartum in a group of Australian women, *International Breastfeeding Journal* (2006), Vol 1:18.

50 Department of Health and Ageing, sub 450, p 8.

51 Binns C, Graham K *Perth Infant Feeding Study II: Report to the Department of Health and Ageing* (2005), Curtin University, p 78.

fathers wrote in support of their partners' breastfeeding.⁵² One commented on the lack of encouragement from the wider community for breastfeeding mothers:

It is truly unfortunate when we consider the ease with which we have come to accept many less than positive images of women in public, that so many are embarrassed by one of the most beautiful interactions between two human beings.⁵³

- 2.47 Evidence given to the committee indicated that clientele of John Flynn Private Hospital in Queensland have little or no family around them and research indicated that partners were their main support structure.⁵⁴ In response to this, the hospital chose to focus on the fathers, invite them to antenatal classes and educate them about what the baby does, what is normal and what to expect:

You will find a dad up in the middle of the night making sure that the baby is on properly, helping and that sort of thing which is lovely. The fathers have been instrumental in the mothers successfully breastfeeding.⁵⁵

- 2.48 Queensland Health noted that their data did not support the role of men to the same degree; in comparison, family, friends and mothers were seen to be the most important source of support in Queensland. However, this was seen to exemplify the difficulty of making state comparisons when there is no standard question or approach or coordinated response, as referred to earlier.⁵⁶

- 2.49 As the support of partners is important, many hospitals include partners in antenatal classes or special classes just for partners. The Royal Women's Hospital in Melbourne runs a men-only program called 'Talking Dads'.⁵⁷ This program was designed to try and better support men in the whole pregnancy, labour, birth and early parenting continuum; to give them more information and show them how they can help.

- 2.50 However, if a partner was not breastfed himself, then his attitude can have a negative influence on the woman who is trying to breastfeed.

52 Valente P&M, sub 257, p 1; Hendriks M, sub 262, p 2; Cameron B, sub 266, p 1; Dawson B, sub 309, pp 1-4.

53 Cameron B, sub 266, p 1.

54 Ryan M, Mothers Milk Bank, transcript, 18 April 2007, p 22.

55 Ryan M, Mothers Milk Bank, transcript, 18 April 2007, p 22.

56 Lee A, Queensland Health, transcript, 17 April 2007, p 9.

57 Moorhead A, Royal Women's Hospital, transcript, 7 June 2007, p 33.

There is a whole generation out there who did not breastfeed and were not breastfed, and their attitude tends to be, 'It did not do me any harm.'⁵⁸

Successful strategies to encourage breastfeeding

- 2.51 There are successful strategies already in existence in Australia to promote breastfeeding and support breastfeeding mothers. Community organisations such as the ABA play a significant role in breastfeeding promotion and breastfeeding success. Hospitals that have implemented the Baby Friendly Hospital Initiative (see chapter 6) report an increase in breastfeeding initiation and there are community based initiatives which show a noticeable increase in rates.⁵⁹
- 2.52 There are a certain types of programs which have been seen to be more successful. These include structured education programs such as breastfeeding classes as well as education programs that also include ongoing support. Peer support or counselling programs have also been shown to work.⁶⁰ The Baby Friendly Hospital Initiative's 10 Steps to Successful Breastfeeding marries together the concept of peer and professional support (see chapter 6).⁶¹
- 2.53 Coordination of services can be an issue. While the value of breastfeeding support from health professionals is well documented and is well established in Australian health care services, there is little coordination between the various providers of this support. For example, prenatal and postnatal counselling and education, hospital policies and procedures, and follow-up support given by child and family health nurses, lactation consultants, general practitioners and other groups are often developed in isolation and with little cross-discipline consultation.⁶²
- 2.54 The committee was pleased to hear about the programs that are working in the community and in the health system but considers

58 Brittain H, Logan Hospital, transcript, 18 April 2007, p 26.

59 Australian College of Midwives, Baby Friendly Health Initiative, sub 185, p 11.

60 Centre for Community Child Health, *Breastfeeding Promotion Practice Resource* (2006) p 10; Gardiner N, sub 420, p 1.

61 New South Wales Baby Friendly Health Initiative, sub 339, p 21.

62 Webb K, Stickney B, Heywood P, 'Breastfeeding and the Public's Health', NSW Public Health Bulletin (2005), vol 16, no 3-4, p 40.

there needs to be more coordination of programs such as these to reduce duplication of resources and increase consistency. In particular it commends the work of the Queensland Government in implementing the *Universal postnatal contact service* and the NSW Government in developing and implementing the *Breastfeeding in NSW: Promotion, Protection and Support Policy*.⁶³

Box 2.1 Queensland's universal postnatal contact service - 2007

The Queensland Government announced a universal postnatal contact service, a \$29.67 million program, expected to be rolled out across the state by 2012.

Under this program, all mothers of newborns will receive follow-up contact after they leave hospital to ensure they are coping with the early stresses of parenthood. Under the Universal Postnatal Contact Service:

- all mothers of newborns will receive one occasion of contact by a qualified health professional – mostly a nurse – through a phone consultation, a home visit or by visiting their nearest community health centre;
- the contact will occur within ten days of discharge and will aim to assess how the baby and family are coping and to provide appropriate support where necessary;
- further assistance from the health system will be managed by Queensland health services or other government agencies and relevant non-government organisations;
- offers to provide the contact service will occur prior to mothers being discharged from hospital to determine the level of need and how the family would like to be contacted.

Source: Hon Peter Beattie, Premier, Queensland, media release, Beattie Government to enhance support to new parents, 20 May 2007.

Recommendation 4

- 2.55 **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.**

63 NSW Department of Health, *Breastfeeding in NSW: Promotion, Protection and Support* (2006); Develin L, NSW Health, transcript, 4 June 2007, p 76.

Breastfeeding education

- 2.56 There is a clear need for breastfeeding education to occur, at a variety of times and to an audience beyond the expectant mother. Education has an impact on the initiation of breastfeeding, with women who report attendance at antenatal classes or receiving breastfeeding information and education either antenatally or postnatally more likely to initiate breastfeeding.⁶⁴
- I think that a part of the success of breastfeeding must be to find the balance of forewarning expectant mothers that there can be difficulties, but reassuring them that these will improve.⁶⁵
- 2.57 Programs which offer both education and support, deliver information from structured education programs in one-on-one sessions with a new mother, either when she is still in hospital or when she first goes home and then follow-up with support through telephone calls and home visits have been shown to have been successful.⁶⁶
- 2.58 Most education about breastfeeding takes place as part of the antenatal classes program run by hospitals prior to the birth.⁶⁷ However, breastfeeding education needs to be more than a single 30 minute discussion.⁶⁸ It should be the subject of a specialised class which includes information on breastfeeding being the normal way to nourish a baby, provides practical information on positioning and attaching, gives realistic expectations about infant behaviour and discusses the barriers to breastfeeding.⁶⁹ It is also important that breastfeeding educators are qualified and have relevant and up-to-date experience.⁷⁰
- 2.59 The ABA, through its volunteer network, regularly offers breastfeeding education classes which are highly regarded.⁷¹ Although attendance is not free, the cost includes 12 months
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64 Brodribb W, sub 312, p 4.

65 Bertoli T, sub 176, p 1.

66 Centre for Community Child Health, *Breastfeeding Promotion Practice Resource* (2006) p 10; Barnwell M, sub 255, p 2.

67 Ball R, Cairns Base Hospital, transcript 4 April 2007, p 32.

68 How M, sub 146, p 2; Eldridge S, sub 214, p 2; Torepe R, sub 220, p 1; Brook B, sub 236, p 2; McCarthy C, sub 396, p 1.

69 Thorley V, sub 97, p 4; Bull M, sub 114, p 1; Roberts J, sub 372, p 2.

70 Cheers A, sub 29, p 4; Ward K, sub 56, p 5.

71 Pile C, sub 38, p 1.

- membership to the ABA, which allows mothers to receive ongoing support.
- 2.60 Not all women choose to access antenatal education.⁷² The NT Government estimates that only five per cent of women access childbirth education classes in the territory.⁷³ Outreach programs that support these women need to be implemented in areas where attendance rates for antenatal classes are low.
- 2.61 A significant factor in initiating breastfeeding is the timing of the decision to breastfeed, as mentioned earlier.⁷⁴ Whether the woman's partner is supportive of breastfeeding is the other significant factor.⁷⁵ Both of these factors should be considered in the development and timing of any education program and partners should be included where possible.
- 2.62 Breastfeeding education should ideally start as early as possible. To effect community change and for breastfeeding to be seen as the norm, breastfeeding should be modelled at all opportunities, including as a component of sex-education programs run in schools.⁷⁶

72 Logan Hospital, sub 351, p 1.

73 Northern Territory Department of Health & Community Services, sub 334, p 3.

74 Forster D, McLachlan H, Lumley J, Factors associated with breastfeeding at six months postpartum in a group of Australian women, *International Breastfeeding Journal* (2006), Vol 1:18.

75 See for example see Robertson M, sub 84, p 1; Galilee M, sub 385, p 1, Campbell A, sub 226, p 1; Daniel A, sub 78, p 3; Pile C, sub 38, p 2; Binns C, Graham K, *Perth Infant Feeding Study II: Report to the Department of Health and Ageing* (2005), Curtin University, p 3.

76 Hastie C, sub 18, p 5; Hunter New England Health Representatives, sub 22, p 1; Clayton-Smith D, sub 43, p 1; McKeown N, sub 83, p 1; Ferluga R, sub 108, p 3; Myers F, sub 140, p 2; Sheehan D, Australian Lactation Consultants Association - Victoria, sub 166, p 1; New South Wales Aboriginal Maternal & Infant Health Strategy, sub 171, p 5; Australian College of Midwives, Baby Friendly Health Initiative, sub 185, p 10; Addison M, sub 268, p 2; Hensby J, sub 269e, p 6; Bowen M, sub 337, p 6; Felsch J, Royal Flying Doctor Service, transcript, 4 April 2007, p 7; Moorhead A, Royal Women's Hospital, transcript, 7 June 2007, p 33.

Box 2.2 Core of Life in Pormpuraaw, Far North Queensland

The remote community of Pormpuraaw, visited by the community as part of the inquiry, undertook Core of Life through the Royal Flying Doctor Service.

We tried a program called Core of Life last year in Pormpuraaw. It is a school based as well as a teenage based program, teaching the realities of pregnancy, breastfeeding and things like that. We had a good response. In the two sessions we covered approximately 60 people, including schoolchildren and young mums. Education through something like Core of Life, which teaches about the realities of pregnancy and the issues of breastfeeding and things like that – is very important for these young people and for the young, teenage mums.

Source: Felsch J, Royal Flying Doctor Service, transcript, 4 April 2007, p 7.

- 2.63 The committee considers that the right type of breastfeeding education at the right time can have a significant effect on breastfeeding initiation and duration.⁷⁷ Breastfeeding needs to be an integral part of education programs, for schools, the community and women and their partners, both prior to and during pregnancy.⁷⁸

Peer support or counselling programs

- 2.64 Professional and peer support have had a significant impact on short term duration and exclusivity of breastfeeding. Peer support is particularly effective for low income, ethnic minority or disadvantaged groups.⁷⁹ One type of peer support or counselling involves pairing volunteers with first hand breastfeeding experience with new mothers in order to offer breastfeeding support in the first few weeks after the birth. The types of support provided are varied; for example, educational support relating to breastfeeding practices, emotional support, and feedback on ways to make breastfeeding easier and more relaxed. The program is based on the premise that practical support from a woman with direct breastfeeding experience is a particularly effective way of increasing the likelihood that women will breastfeed for longer and be more satisfied with the process.⁸⁰
- 2.65 Breastfeeding support groups have been found to normalise women's experiences and are important to the success of continued breastfeeding. The ABA noted that the strength in mother-to-mother support may lie in the fact that the women providing the support are,

77 Dyson T, sub 32, p 1.

78 Sieker H, sub 348, p 3.

79 Government of Western Australia, sub 475, p 10.

80 Centre for Community Child Health, *Breastfeeding Promotion Practice Resource* (2006) p 14.

or have been, in a similar situation to the one coming to them for assistance. This provides equality in the relationship within which both empathy and friendship can develop. It has been found that a large part of the reason why women find peer-to-peer groups helpful is due to the psychosocial support they provide, resulting in increased confidence in breastfeeding for the women and greater satisfaction with their breastfeeding experience.⁸¹ For some mothers the support they received from mother-to-mother support groups was the only source of support or guidance outside of professional support.⁸²

2.66 The ABA's 24-hour telephone helpline provides non-medical peer support over the phone. It is estimated that the state based breastfeeding helplines receive about 200,000 calls a year.⁸³ Trained volunteer counsellors are rostered to provide support to women who are experiencing difficulties with breastfeeding.⁸⁴ Mothers wishing to use this service need to make two calls, an initial call to receive the home number of the counsellor then the actual call to the counsellor. The calls can be either local calls or STD and the mother may need to bear the cost of what could be a long counselling call.

...when we talk to mothers on the helpline a lot of calls are really reassurance calls to clarify. Mothers sometimes know what the answer is for themselves and have received some conflicting advice, or sometimes they do not know what the answer is for their circumstance and five people have told them five different things so they are just confused. They just want to do the best for their baby and they just want whatever is happening to them to improve.⁸⁵

81 Australian Breastfeeding Association, sub 306, p 25.

82 Mackay A, sub 3, p 1; Jackson B, sub 9, p 1; Gifford J, sub 42, p 3; McCormack J, sub 48, p 1; Newman P, sub 66, p 2; Christoff A, sub 72, p 2; Sands B, sub 73, p 5; Daniel A, sub 78, p 4; Rothenbury A, sub 87, p 4; Boswell D, sub 99, p 1; Foley K, sub 112, p 1; Gaskill K, sub 119, pp 1-2; Jeffrey L, sub 138, p 1; Tattam A, sub 199, p 1; Smith D, sub 234, p 3; Boomsma C, sub 252, p 1; Austin P, sub 254, p 2; Colman C, sub 260, p 1; Messner S, sub 264, p 15; Kelly M, sub 265, p 1; Radel E, sub 286, p 1; Toxward J, sub 297, p 3; Parker L, sub 305, p 1; Australian Breastfeeding Association, sub 306, p 26, Women's Electoral Lobby, sub 310, p 9; Smith J, Australian Centre for Economic Research on Health, sub 313, p 2; Hirsch H, sub 326, p 1; Nichols B, sub 368, p 1; Buckley S, sub 456, p 1; Phillips J, sub 460, p 11.

83 Berry N, Australian Breastfeeding Association, transcript, 7 June 2007, p 8.

84 Taylor K, sub 135, p 1.

85 Hamilton R, Australian Breastfeeding Association (QLD Branch), transcript, 17 April 2007, p 12.

- 2.67 The committee believes that at the least, the Commonwealth can assist the ABA in providing this valuable service by funding a toll-free number for mothers to use. The committee recommends accordingly.

Recommendation 5

- 2.68 **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.**

Breastfeeding - a community responsibility

- 2.69 The committee believes it is the responsibility of the entire community to see that the best possible nutrition and health is available to all of its members, beginning with its youngest. Additionally the committee believes that a major attitude change is required across all levels of society which will enable women to breastfeed and see others breastfeed, in a society that values breastfeeding.⁸⁶
- 2.70 Australia no longer has a breastfeeding culture.⁸⁷ The culture in Australia is that breastfeeding is the ideal and it is a 'nice thing to do', but if it gets difficult, bottle feeding is seen as a reasonable alternative.⁸⁸ Myths and misconceptions about breastfeeding continue to be perpetuated through generations (see chapter 5).
- 2.71 The health benefits of breastfeeding for the mother and baby seem to be poorly understood by the community. There also seems to be a lack of understanding of the long-term benefits that breastfeeding bestows. In many cases a mother can be surrounded by a community which provides minimal or no support for her decision to breastfeed and may actively discourage the continuance of breastfeeding.⁸⁹

86 Department of Human Services (Vic), *Giving breastfeeding a boost – community based approaches to improving breastfeeding rates – a literature review* (2005), p vii.

87 Wheatley N, sub 59, p 1.

88 Moody G, Australian Lactation Consultants Association, transcript, 4 June 2007, p 30; Australian Association for Infant Mental Health, sub 120, p 2; de Villiers S, sub 388, p 1.

89 Stephenson C, sub 222, p 1; Gray N, sub 10, p 2; Smith J, Australian Centre for Economic Research on Health, sub 313, p 10; Crosbie R, sub 415, p 1.

A new mother who is confident that she is doing the correct thing for her baby is much more likely to withstand negative pressure from well meaning, but ignorant, friends and relations.⁹⁰

2.72 There is a perception in the community that infant formula is as good as breast milk. Many people believe that infant formula is nutritionally equal to breast milk, which was what the previous generation were told 30 years ago and what retailers and manufacturers continue to imply.⁹¹

2.73 The community's views on breastfeeding can actively discourage mothers from breastfeeding in public.⁹² It is unacceptable to the committee that mothers feel that they have to express and feed from a bottle as they feel it is more publicly acceptable than breastfeeding.⁹³ Conversely, mothers report that the community can be judgemental when they are feeding using a bottle, even when it is to feed expressed breast milk.

The looks I receive in public giving my daughter a bottle breaks my heart, people naturally assume its formula, not something I put a lot of effort into getting.⁹⁴

2.74 The perception by many in the community that the breast is a sexual or provocative object rather than maternal and primarily for the purpose of nurturing young, can lead to women feeling uncomfortable with breastfeeding and less likely to initiate it.⁹⁵ Young women are concerned with the idea of breastfeeding and may decide to feed using infant formula rather than undertake what they see as an embarrassing activity.⁹⁶

Have a campaign to educate the rest of the population (particularly men and the older generation) that breastfeeding is natural and nothing to be ashamed of. It's not sexual and

90 Binckes E, sub 323, p 3.

91 Wighton M, sub 41, p 2; Clapperton S, sub 88, p 2; Trinder M, sub 128, p 1; Stafford R, sub 192, p 1; Smit W, sub 209, p 1; Nichols B, sub 368, p 1.

92 Mussared D, sub 23, p 1; name withheld, sub 424, p 1.

93 Gribble K, School of Nursing, University of Western Sydney, sub 251, p 13.

94 Pedrana D, sub 389, p 1.

95 van Galen L, sub 170, p 2; Victorian Maternal & Child Health Coordinators Group, sub 293, p 6.

96 Propadalo L, sub 40, p 5.

we should feel comfortable breastfeeding in any place or situation without feeling embarrassed or ashamed.⁹⁷

- 2.75 Mothers or parents rooms can be uncomfortable, dirty, smelly and isolated, leading to mothers feeling very vulnerable when breastfeeding.⁹⁸ The location of such rooms, often in close proximity to public toilets and isolated from the main shopping area, can imply that breastfeeding is something that needs to be hidden away. The absence of breastfeeding in public places sets up a vicious cycle, where breastfeeding is less common and becomes increasingly marginalised.

Box 2.3 Man assaults breastfeeding mother

A mother of a week-old boy says she was left shaken and embarrassed after a man indecently assaulted her as she breastfed her son at a shopping centre in Melbourne's north. Police and the victim, "Janelle", say they are concerned the offender will strike again and today begged other women to come forward if they had experienced a similar scare.

The 37-year-old Romsey woman said she was breastfeeding her son in a curtained area of a baby change room in the Broadmeadows Shopping Centre about 3.45pm on Monday when a man entered the room and pulled back the curtain. She said the man asked if she had seen his sister and told her his wife was pregnant. He asked questions about breastfeeding, such as whether it hurt. When Janelle's son stopped feeding, leaving her breast exposed, the man assaulted her. Janelle said she told the man several times to back off before he left.

She said she was very shaken and felt stripped of her "dignity and pride".

Source: Hill-Douglas O, 'Man gropes breastfeeding mother', The Age, 3 May 2007, viewed on 30 July 2007 at <http://www.theage.com.au/news/national/man-gropes-breastfeeding-mother/2007/05/03/1177788264018.html>.

- 2.76 The committee would like to see mothers/parents rooms more centrally located in shopping centres and public spaces, not isolated down corridors near toilets. Mothers should be able to feel safe and still part of the community, while having the necessary privacy and facilities to breastfeed.
- 2.77 The committee considers there is a need for a community based campaign that highlights the benefits of breastfeeding, reaffirms breastfeeding as the normal way to feed an infant, and informs the public that infant formula is not equivalent to breast milk.⁹⁹

97 Attard H, sub 449, p 3.

98 Leng S, sub 47, p 1; Campbell Y, sub 53, p 1; Nussey C, sub 148, p 2; Messner S, sub 264, p 1; Cameron B, sub 266, p 1; Cawthera J, sub 453, p 2.

99 Forster S, sub 62, p 1; Maack E, sub 273, p 1.

Recommendation 6

2.78 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

2.79 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.

