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House of Representatives
Standing Committee on Health and Ageing

Submission to the Parliamentary Inquiry into Breastfeeding

Summary Statement

This submission is being lodged on behalf of the College of Lactation Consultants Victoria Inc (CLC-Vic). It will demonstrate with evidence from research and other literature not only the health and economic outcomes of breastfeeding to the community. Such evidence will then be used to support the promotion of breastfeeding as a major public health initiative under the terms of reference as outlined in the media alert from the Standing Committee on Health and Ageing released on 6th December 2006.

CLC-Vic aims –

- To protect, encourage and promote breastfeeding,
- To support and encourage lactation consultants, and
- To foster lactation education for health professionals.

To this end, the membership comprises experienced and new practitioners all of whom are committed to supporting the breastfeeding relationship between the mother and her infant in the context of the family.

Introduction

Breastfeeding is a major public health issue for Australia. Allen and Hector, in the NSW Public Health Bulletin (2005, 16) stated that, "the illnesses for which there is convincing evidence of a protective effect of breastfeeding are among the major health problems in Australia and contribute significantly to the health burden". These childhood illnesses include asthma, eczema, obesity, SIDS, and breast cancer in the mother.

CLC-Vic believes that the Australian Government is in a position to make a major contribution to the health of the citizens, both now and in the future through the support of breastfeeding by considering the following –

- The extent of the health benefits of breastfeeding;
- Evaluation of the impact of beast milk substitutes on breastfeeding rates and in particular, in disadvantaged, indigenous and remote communities;
- The potential short and long-term impact on the health of Australians of increasing rates of breastfeeding;
- Initiatives to encourage breastfeeding;
- Examination of the effectiveness of current measures to promote breastfeeding; and
- The impact of breastfeeding on the long term sustainability of Australia's health system

These points will now be discussed at length.

1. The extent of the health benefits of breastfeeding.

The health benefits of breastfeeding should be discussed in terms of the benefits to the infant/child and also the mother.

Mothers

Within the Australian context it is clear that not only is the median age for women giving birth is continuing to increase significantly, but that the percentage of mothers giving birth over the age of 35 is rising sharply – from 8.4% in 1986 to 20.5 in 2002 (VPDCU, 2003). Older mothers present not only as high-risk obstetrically, but with a higher chance of them already suffering medical conditions that have been shown to be on the rise within the general population. It is therefore imperative that the government considers as a priority the promotion of breastfeeding as an important tool in the fight against long and short-term health problems for women.

The health benefits to mothers from breastfeeding include –

- Assistance with the expulsion of the placenta and contraction of the uterus immediately following the birth, especially if the first breastfeed occurs within the birthing suite. Such assistance will decrease the potential of post-partum complications such as haemorrhage and the subsequent need for costly medical interventions and also decreasing the risk of infections and other complications.
- Hormonal changes associated with breastfeeding have been shown to assist with the mother's general postpartum recovery process. The extent of these changes appear to be dependant on the frequency, initiation and exclusivity of breastfeeding.
- Delay in the return of menses – women who exclusively breastfeed their infants for at least the first six months are known to have a delay in the return of the menses. The benefits of this extended period of amenorrhoea include increased birth spacing and reduced blood loss. In combination these factors mean that there is a lowered risk of anaemia and for the need for iron supplementation in the breastfeeding mother, even at six months. Breastfeeding mothers utilize minimal iron in the production of milk.
- Increased mother-baby attachment and bonding. This has a direct impact on the emotional well-being of the mother. Postnatal depression has been acknowledged as a significant health issue, into which there is already significant research and government funding. Encouraging maternal-infant attachment will enhance this work and with further research be shown to decrease the severity or even the incidence of this costly and disabling condition and its sequele.
- Breast cancer – There is compelling evidence that breastfeeding is protective against this, and also that there is a dose-response effect. That is, the longer the duration of exclusive breastfeeding, the less likelihood of breast cancer occurring. This insidious cancer has now been recognized as a major health issue and the research would suggest that there is not only a health benefit, but a flow-on cost benefit to the population with the promotion of breastfeeding in the population.
- Weight Loss – There is research to suggest that women who exclusively breastfeed are more likely to return to a healthy weight range and lose weight

faster in the postpartum period than those women who do not breastfeed. This weight loss may also be beneficial for those women at risk of developing diabetes later in life, which includes those women who had the condition whilst pregnant.

- Diabetes – The above finding regarding weight loss is of particular interest fro those women who have had diabetes in their pregnancies. Mothers who breastfeed have a lower blood glucose level than mothers who do not. (Laleche,2001). Women who have gestational diabetes are already at higher risk of developing diabetes later in life, and this weight loss may in some way help to prevent this. Those women who are already diabetic before pregnancy have been shown to require less insulin due to a reduced blood sugar level.
- Cholesterol – Breastfeeding mothers tend to have a higher HDL level (Lalache, 2001). This, combined with the above-mentioned factors of weight loss and lower blood sugar levels will assist in the prevention of ischaemic heart disease later in life.

Infants and Children

The benefits of breastfeeding to infants and children are many and include –

- Infectious Diseases – It has long been recognised that breastfeeding provides significant protection against infectious diseases in infancy and beyond into later childhood. In particular, breastfed infants have a lower risk of developing common childhood illnesses such as "respiratory tract infections, gastro-intestinal illnesses and otitis media" (Allen and Hector, 2005).
- Asthma and other Atopic conditions (eg. Eczema) – The studies into this have been less than conclusive. It is an area of controversy, particularly with respect to children with a family history of atopy. While more work needs to be done, it is still the current recommendation that even for these infants, breastfeeding is to be recommended and encouraged.
- SIDS – It is well-established that formula-fed infants are twice as likely to die from SIDS as breastfed infants.
- Neurodevelopment– Breastmilk has been shown to be beneficial in the area of neurodevelopment for preterm, small for gestational-age and full-term infants.
- Obesity – There is a growing interest not only in the Australian population, but worldwide, in the increase in obesity in childhood. Childhood obesity carries the inherent risk of obesity in later adult life, a factor in many adult medical and other health problems. Research has shown that breastfeeding provides a level of protection against childhood obesity. Grummer-Strawn and Zuogo (2004) demonstrated this and their research is of particular interest because they specifically looked at a population from a lower-socio-economic population. Such populations are of importance because of their historically poorer health outcomes and status which inevitably means a higher allocation of public funds for their health care. Another study, (Gillman,et al,2001) showed that the risk of overweight in adolescence, a known predictor of morbidity in adulthood was lowered in those individuals who had been breastfed as infants.
- Growth – Infants who are breastfed show different growth patterns from those of formula-fed infants. In support of the previous point, breastfed babies are leaner, while still maintaining adequate length and head circumference measurements.

2. **Evaluate the impact of marketing of breastmilk substitutes on breastfeeding and in particular in disadvantaged, indigenous and remote communities.**

The health status of the disadvantaged, indigenous and remote communities within Australia is known to be of a lower standard than the general population. For example, indigenous Australians have a life expectancy 15-20 years shorter, and higher incidences of all chronic illnesses such as diabetes, ischaemic heart disease, kidney disease and acute chest infections (Anderson, 2000). In this group the onset generally happens at an earlier age, and the risk of complications is higher. If we consider that indigenous Australians are representative of a disadvantaged group and are more likely to live in remote communities, then it is the responsibility of governments to promote breastfeeding within this group as preventative health promotion. In #1 above, the potential health benefits have been described, and these take on a new importance when considering disadvantaged population sub-groups. The marketing of breastmilk substitutes also takes on a heightened significance fro these groups.

The Advisory Panel on the Marketing in Australia of Infant Formulas (APMAIF) is meant to be the regulatory body which enforces breaches of the World Health Organisation (WHO) code on such matters. Signatories to this agreement are voluntary by the formula company and may be reported to the panel for breaches of the code. However, "where a breach has been found to have been committed by a signatory to the agreement, the panel has no powers to impose a penalty: it can only recommend remedial steps." (McVeagh, 2005). Breaches are merely tabled in Parliament in the APMAIF annual report.

Given the poorer health status of the groups described above, the marketing of breastmilk substitutes should be monitored more closely and breaches of the WHO Code should carry penalties commensurate to the health costs that will undoubtedly flow on as a result of the use of this an alternative to breastfeeding. It is of interest to note that in Norway promotion of artificial infant feeding does not occur and 98% of mothers leave hospital breastfeeding. After 3mths 90% are still doing so. This is in the general population, and is much greater than the Australian figures – an example of one municipality's data is attached to this document (Appendix 1).

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

There can be no doubt about the health benefits for the Australian population bu increasing the current rate of breastfeeding. The health benefits in item #1 of this document are evidence of this fact.

4. **Initiatives to encourage breastfeeding.**

Such initiatives will be considered under the following categories –

- ***Health System***

The current system of early discharge, especially from the public hospital sector, following a birthing experience means that many women go home while there is only still a supply of colostrums. For some women this will not impact on the establishment of breastmilk, but for others without the knowledge and/or adequate supports in the community, it will create difficulties and compromise the situation, leading to early weaning. The hospital system ought to be more flexible in it's approach to the length of postnatal stays in hospital to allow those who require extra help to receive it.
Funding should be available to support the establishment of a Lactation Day Stay program in every hospital.

Early Childhood Nurses all have different levels of qualifications nationally. With the current push for a National Register for Health Workers, it seems an appropriate time for ensuring that these nurses all have the requirement of General Nursing, Midwifery and then undertake an Early Childhood qualification. This is the current situation in Victoria. In other states, where they do not have this requirement, there is a lack of breastfeeding expertise among the staff who must deal with these families. National registration of this group of professionals must insist that these three qualifications are in place in every state ensuring that women receive help from nurses with appropriate skill levels. The current system of several differing levels of qualifications means that this care is currently not universal. The push in Victoria by the Municipal Association (the peak employer body) and the Department of Human Services to abolish these levels of qualification in favour of lesser-qualified nurses will undermine the breastfeeding and other specialist care that families receive.

In Victoria, breastfeeding data is collected via the Maternal and Child Health service's software program. It is the most comprehensive collection system in Australia and should be used as a guideline for other states. This would ensure accurate data collection nationwide, thus giving short-term base for the current situation, and then the ability to assess the effects of any initiatives implemented.

- ***Educational System***

Beginning in the later years of primary school, breastfeeding must be incorporated into the reproductive health programs. When children enter secondary school, this education needs to be compulsory and as a matter of importance, all such programs should include the topic of breastfeeding.

At tertiary institutions, breastfeeding needs to be a compulsory subject in both undergraduate nursing programs and in midwifery programs. Universities need support for them to also run stand-alone, intensive education for health professionals (eg. doctors, occupational therapists, etc), wanting to register as Lactation Consultants.

In conjunction with the tertiary education system, the Australian Breastfeeding Association must be funded as the key organization to develop and evaluate such educational packages.

- ***Community***

Currently most new babies on Australian television are shown to be bottle-fed. There needs to be an ongoing and regular media campaign to reverse this and promote breastfeeding.
There could be an incentive program for Australian television programs to include breastfeeding and reduce/cease bottle-feeding being depicted.
Removal of tins of formula from television sets when filming so that they are not evident. This subliminal form of advertising can be considered a breach of the code of marketing such substitutes, and should be immediately instituted.

- ***Government policy***

Government policy needs to reflect the WHO code which was meant to promote breastfeeding exclusively for the first six months of life. The NH&MRC in their dietary guidelines (November, 2003) recommends this and lifted the age of complimentary foods to six months from 4 months, not only in recognition of this fact, but also in the belief that this would help in potentially decreasing the incidence of allergies and other childhood illnesses.

The scope of APMAIF needs to be investigated. Either it should be disbanded and breaches be dealt with under the Trade Practices Act, or at least it be given the power to apply significant monetary and other sanctions against formula companies for breaches of the agreement and the WHO Code.

Breastfeeding should be considered preventive medicine in the same way as Pap Smears, Mammography and prostate screening. Programs such as 'Sunsmart' and 'Quit' and the SIDS campaign have been effective in heightening the public's awareness and lowering the rates of their associated conditions.

5. Examine the effectiveness of current measures to promote breastfeeding.

One of the current measures already in place to promote breastfeeding is the Baby Friendly Hospital Initiative (BFHI). Walker (2002) points out that this international initiative, launched in 1991, was designed to "remove hospital barriers by creating a supportive environment with trained and knowledgeable workers" (p610) and "to rid hospitals of their dependence on breastmilk substitutes and to encourage maternity services to be supportive of breastfeeding" (p609). In Australia, it is the current

situation that not all of the maternity hospitals are considered as "Baby Friendly". It appears that sixteen years after this initiative was introduced we are still lagging behind. This should become a priority and given the fact that the frameworks and systems for accreditation of hospitals thus are already in place it would be a relatively cost-effective measure to promote breastfeeding in the population.

6. The impact of breastfeeding on the long term sustainability of Australia's health.

The impact of breastfeeding on the long term sustainability of Australia's health can be considered in terms of both the improved health status and also the effect that such better health status would impact on the health budget. The cost to this country of the largely-preventable health conditions of obesity, diabetes, ischaemic heart disease, and asthma among others, is great and on the increase. These conditions are taking an increasing percentage of the available health dollar. In combination with an ageing population, also consuming the health budget, health care for future Australians will pose a significant burden on the overall budget of the country.

The promotion of breastfeeding as a priority issue for the government has the potential to produce not only better health outcomes, but could also lower the cost of treating these illnesses throughout the lifespan.

Bibliography

Advisory Panel on the Marketing in Australia of Infant Formula, http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-foodpolicy-apmaif.htm

Allen,J & Hector,D (2005), *Benefits of Breastfeeding,* in NSW Public Health Bulletin, 16(3-4)

Anderson, I (2004), *Aboriginal Health*, in Grbich,C (ed), Health in Australia, Pearson Education Australia, NSW.

Gillman,M, Rifas-Shiman,S,Camargo,C, Berkey,C, Frazier,L,Rockett,H, Field,A,& Colditz,G, (2001), *Risk of Overweight Among Adolescents Who Were Breastfed as Infants*, Journal of the American Medical Association, Vol 285:2461-2467

Grummer-Strawn,LM, & Zuogo,M (2004) *Does breastfeeding protect against paediatric overweight? Analysis of longitudinal data from the Centre fos Disease Control and Prevention Paediatric Nutrition Surveillance System,* Paediatrics Vol 118: *e*81-6

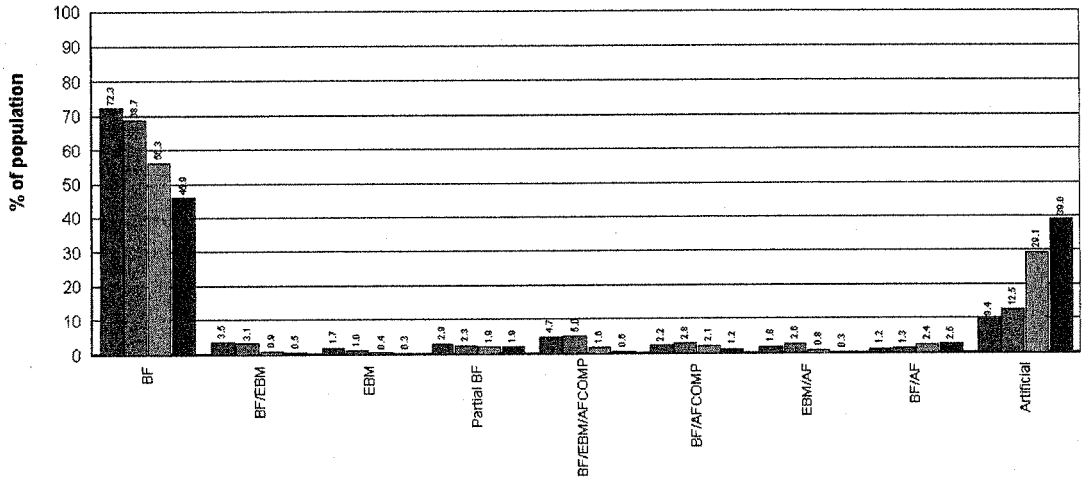
McVeagh,P (2005), *The World Health Organization Code Of Marketing Of Breastmilk Substitutes And Subsequent Resolutions (The WHO Code),*NSW Public Health Bulletin 16(3-4), 67-68

NH&MRC Dietary Guidelines for Australians (2003), http://www.nhmrc.gov.au/publications/subjects/nutrition.htm

Victorian Perinatal Data Collection Unit Annual Report (2003)

Walker,M (2002), *Core Curriculum for Lactation Consultant Practice,* Jones and Bartlett Boston.

Appendix One



This data is from the Moreland City Council's data collection for the FY04-05. It demonstrates the significant drop in the breastfeeding rates. Moreland City Council is an inner Melbourne municipality with a wide socio-economic demographic profile.

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