

AUSTRALIAN BREASTFEEDING ASSOCIATION, TASMANIA BRANCH
SUBMISSION, FEBRUARY 2007
Inquiry into the health benefits of breastfeeding

Contact Information

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Australian Breastfeeding Association

Inquiry Submission: Summary

The Australian Breastfeeding Association, Tasmania Branch, is committed to promoting and supporting breastfeeding as the normal method of infant feeding and would like to see increased government support of breastfeeding and its promotion.

The following summary proposes actions, recommended in the Australian Breastfeeding Leadership Plan¹, in four strategic areas that will result in breastfeeding rates and duration in Australia moving closer to the six months exclusive breastfeeding recommended by the World Health Organization (WHO)², the Dietary Guidelines for Australians³ and the Tasmanian Food and Nutrition Policy⁴

- Strategy 1 Establish policies, legislation and institutions protective and supportive of breastfeeding
- Strategy 2 Develop a breastfeeding-friendly healthcare system - hospitals, health professionals, and pharmacies
- Strategy 3 Promote breastfeeding-friendly workplaces and childcare services
- Strategy 4 Strengthen breastfeeding-friendly communities and families

The strategies and actions are based on the premise that breastfeeding is the normal and expected way to feed a baby.

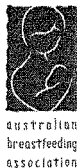
To implement each strategy, the Australian Breastfeeding Association, Tasmania Branch, recommends that the Commonwealth Government:

¹ Australian Breastfeeding Association 2004 Australian Breastfeeding Association Leadership Plan; <http://www.breastfeeding.asn.au/advocacy/030804abastrategy.pdf> accessed February 24, 2007

² World Health Assembly (Fifty Fourth) 2001, Infant and Young Child Nutrition: Resolution 54.2, Geneva

³ National Health and Medical Research Council 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, National Health and Medical Research Council, Canberra, p. 305

⁴ Tasmanian Government 2004, Tasmanian Food and Nutrition Policy, Hobart



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Inquiry Submission: Summary cont.

- increase its commitment and support for breastfeeding, including a national health advertising campaign and legislative changes to protect breastfeeding mothers against discrimination;
- commits to establishing a target, for 2008, of 50% exclusive breastfeeding for the first six months, increasing to 80% by 2012;
- commits to a national program to address training of health professionals, pharmacists and pharmacy assistants to ensure that new mothers receive consistent, accurate and evidence-based advice on breastfeeding;
- commits to a national program to address training of childcare workers to ensure that breastfeeding mothers are supported in the childcare sector;
- commits to supporting a nation-wide breastfeeding helpline;
- commits to national implementation of a breastfeeding peer support program amongst those groups identified as more likely to not breastfeed, such as young women, those in isolated areas and those on low incomes (such as Mum's the Word)⁵

⁵ Australian Breastfeeding Association (Tasmania Branch), 2004. Mum's the Word (Peer Breastfeeding Project), Final Project Report



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Inquiry Submission: Terms of reference

How the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding.

a) the extent of the health benefits of breastfeeding:

Breastfeeding is the normal and most appropriate method for feeding infants and is closely related to immediate and long-term health outcomes⁶

The past decade has seen increasing evidence of the important role of breastfeeding in assisting mother-child bonding⁷ and prevention of chronic disease⁸, including breast cancer and cardiovascular disease⁹. The risks of **not** breastfeeding include: reduced development of a baby's eyesight, intelligence/cognitive development and speech, and increased risk of gastro-intestinal, respiratory tract and middle ear infection. Not breastfeeding may increase the risk of SIDS and asthma, increase the development of allergies, and, in later life, increase the risk of obesity¹⁰, diabetes mellitus, inflammatory bowel disease and lymphomas. Premature weaning also increases the risk to women of pre-menopausal breast cancer, ovarian cancer and osteoporosis¹¹.

Population ageing also makes supporting breastfeeding important both to help avoid unnecessary future health cost burdens and to build a healthy, productive workforce. The attributable costs (of hospitalisation alone) of weaning babies prematurely is around \$60-\$120 million annually, in Australia, for just five common childhood illnesses¹².

⁶ National Health and Medical Research Council 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, National Health and Medical Research Council, Canberra, p. 305

⁷ R. Lawrence, *Breastfeeding: a guide for the medical profession*, Fifth ed, Mosby, St Louis, 1999.

⁸ Joint WHO/FAO Expert Consultation 2003. Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation, WHO, Geneva.

⁹ Collaborative Group on Hormonal Factors in Breast Cancer 2002, .Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease., *Lancet*, vol. 360, no. 9328, pp. 187-95; Singhal, A., Cole, T.J., M., F., and Lucas, A. 2004, .Breastmilk feeding and lipoprotein profile in adolescents born preterm: follow up of a prospective randomised study., *Lancet*, vol. 363, no. May 15, pp. 1571-78.

¹⁰ Healthy weight 2008 - Australia's future: Report of Obesity Task Force, Canberra, 2003.

¹¹ American Academy of Pediatrics 1997, Breastfeeding Policy of American Academy of Pediatrics., *Pediatrics*, vol. 100, no. 5, Dec, pp. 1035-39.

¹² Smith JP, Thompson JF, Elwood DA. Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory.



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b) evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities:

Most Australian mothers and babies breastfeed initially, but the National Health Survey for 2001 shows worrying trends. Exclusive breastfeeding rates across Australia are far below the recommended guidelines, with an increasing proportion of infants being fed solids or formula prior to six months. On discharge from hospital, 83% of babies were breastfed. However, of all infants 3 months or less in age only 54% were fully breastfed, and only 32 % of all infants aged 6 months or less were fully breastfed. The survey recorded no infants being fully breastfed at age six months of age in either 1995 or 2001¹³.

The World Health Organisation (WHO) *Code on the Marketing of Breast Milk Substitutes*¹⁴ aims to ensure practices of governments, health workers and the private sector protect and promote breastfeeding. The primary vehicle established for the implementation of the WHO Code in Australia is the *Marketing in Australia of Infant Formula* (MAIF). The MAIF agreement is voluntary, and narrow in scope and membership¹⁵. It does not apply to retailing, or to the marketing of other products within the scope of the WHO Code such as baby food, baby juices, or bottles and teats. The Knowles independent review (2001) warned that 'if there is not a commitment by Industry to cooperatively work with Government on issues that are outside the current MAIF Agreement, then it is recommended that serious consideration be given to legislative reform to achieve the required public health outcomes, and to ensure Australia's commitment and integrity to the WHO Code remains strong'¹⁶. Infant feeding raises unique issues that make usual commercial marketing and promotion arrangements inappropriate¹⁷.

¹³ Australian Bureau of Statistics report on Breastfeeding in Australia, 17 September 2003

¹⁴ WHO, International Code of Marketing of Breastmilk Substitutes, Geneva, World Health Organization, 1981, and subsequent Resolutions of the World Health Assembly.

¹⁵ As at 30 June 2001, six manufacturers and distributors of infant formula were signatories to the MAIF Agreement.

¹⁶ Knowles, R. 2001, Independent Advice on the Composition and Modus Operandi of APMAIF and the Scope of the MAIF Agreement, Department of Health and Aging, Commonwealth of Australia, Canberra, p. 16.

¹⁷ WHO, International Code of Marketing of Breastmilk Substitutes, Geneva, World Health Organization, 1981, Preamble, p. 12.



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

An increase in the rates of initiation and continuation of breastfeeding (in reference to past research, data gathering and studies) indicate that breastfeeding, and having been breastfed, contribute to the prevention of chronic disease¹⁸: including breast cancer and cardiovascular disease¹⁹. The risks of **not** breastfeeding include: reduced development of a baby's eyesight, intelligence/cognitive development and speech, and increased risk of gastro-intestinal, respiratory tract and middle ear infection. Not breastfeeding may increase the risk of SIDS and asthma, increase the development of allergies and, in later life, increase the risk of obesity²⁰, diabetes mellitus, inflammatory bowel disease and lymphomas. Premature weaning also increases the risk to women of pre-menopausal breast cancer, ovarian cancer and osteoporosis²¹. The improved health outcome for Australians is potentially infinite.

d) initiatives to encourage breastfeeding:

The following initiatives are documented in the Australian Breastfeeding Leadership Plan²²
Strategy 1 Establish policies, legislation and institutions protective and supportive of breastfeeding

- Action 1: Appoint a breastfeeding advocate, as recommended in the *Innocenti Declaration*²³.
- Action 2: Breastfeeding targets and benchmarking
- Action 3: Implementation of the World Health Organisation Code for the *Marketing of Breastmilk Substitutes*
- Action 4: Raise health policy priority of breastfeeding
- Action 5: Remove financial disincentives to breastfeeding
- Action 6: Maternity Leave

¹⁸ Joint WHO/FAO Expert Consultation 2003. Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation, WHO, Geneva.

¹⁹ Collaborative Group on Hormonal Factors in Breast Cancer 2002, .Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease., *Lancet*, vol. 360, no. 9328, pp. 187-95; Singhal, A., Cole, T.J., M., F., and Lucas, A. 2004, .Breastmilk feeding and lipoprotein profile in adolescents born preterm: follow up of a prospective randomised study., *Lancet*, vol. 363, no. May 15, pp. 1571-78.

²⁰ Healthy weight 2008 - Australia's future: Report of Obesity Task Force, Canberra, 2003.

²¹ American Academy of Pediatrics 1997, .Breastfeeding Policy of American Academy of Pediatrics., *Pediatrics*, vol. 100, no. 5, Dec, pp. 1035-39.

²² Australian Breastfeeding Association 2004 Australian Breastfeeding Association Leadership Plan; <http://www.breastfeeding.asn.au/advocacy/030804abastrategy.pdf> accessed February 24, 2007

²³ Innocenti Declaration 2005 on young child feeding; <http://innocenti15.net/declaration.pdf.pdf> , accessed February 24, 2007



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Strategy 2 Develop a breastfeeding-friendly healthcare system - hospitals, health professionals, and pharmacies

Action 1: Support and extend Baby Friendly Hospital Initiative²⁴

Action 2: Enhance health professionals' breastfeeding knowledge and breastfeeding management skills

Action 3: Recognise and value acquisition of breastfeeding knowledge skills and qualifications

Action 4: Develop a human milk bank network in Australia

Strategy 3 Promote breastfeeding-friendly workplaces and childcare services

Action 1: Information for employees

Action 2: Information for employers

Action 3: Incorporate breastfeeding friendly criteria into childcare accreditation

Action 4: World Health Organisation Code on the *Marketing of Breastmilk Substitutes* implemented for Childcare Services

Strategy 4 Strengthen breastfeeding-friendly communities and families

Action 1: Adopt operational and funding policies to ensure viability and enhance the effectiveness of community based peer support for breastfeeding

Action 2: Encourage participation by indigenous, young, english as a second language and other disadvantaged groups

Action 3 Educate future parents on breastfeeding

Action 4 Promote acceptability of breastfeeding in public

Action 5 Improve amenities for breastfeeding mothers in public

Strategy 1: Governments must take the lead in ensuring structural barriers to breastfeeding are removed and protective legislative environments are created²⁵. The Australian Breastfeeding Association, Tasmania Branch, recommends legislative and policy changes to protect breastfeeding mothers against discrimination as consumers or in the workplace. These may include: legislation and policies that all new and redeveloped commercial and public buildings have a baby care room²⁶; requirements for the Maternity payment to be linked to evidence of accessing *Breastfeeding Education Classes*²⁷, or having subscribed to the Association²⁸.

²⁴ <http://www.bfhi.org.au> accessed February 24, 2007

²⁵ Australian Breastfeeding Association 2004 Australian Breastfeeding Association Leadership Plan; <http://www.breastfeeding.asn.au/advocacy/030804abastrategy.pdf> accessed February 24, 2007, p 11

²⁶ Detailed plans are available from the Australian Breastfeeding Association, www.breastfeeding.asn.au

²⁷ Offered throughout Australia by Australian Breastfeeding Association volunteers

²⁸ <http://www.breastfeeding.asn.au/subs/index.html> accessed February 24, 2007



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Strategy 2: Governments must also implement measures to ensure breastfeeding friendly policies are implemented throughout the health system, workplaces and childcare system, and this requires support and commitment to breastfeeding by health professionals and their organizations²⁹. That government has a commitment to establish a target of 50% exclusive breastfeeding by 2008, for the first six months, increasing to 80% by 2012.

The Australian Breastfeeding Association, Tasmania Branch, recommends a nationwide policy for the training of health professionals (e.g. general practitioners, specialists, pharmacists and staff, maternity and child health nurses), and evidence of on-going breastfeeding education as a requirement for recertification (provided by an acknowledged authority, and not supported by or provided by, companies which manufacture artificial baby milk, or violate the WHO code). We also recommend that government hospitals employ lactation consultants to cover all shifts; that on discharge further lactation support is provided through community outreach services (via hospitals, parenting centres, and FCYHS); and that all maternity, specialist women's and children's hospitals achieve Baby Friendly Hospital status. These initiatives would ensure that all new mothers have access to consistent, accurate and evidence based advice on breastfeeding. We recommend that the government adopt the *WHO child growth standards*³⁰ as the standards are based on growth patterns for infants who have been fed breastmilk. We recommend that the government establish human milk banks³¹ so that breastmilk is available to all infants.

Strategy 3: Businesses, employers and employees, whether they are based in the public or private sector, need to be made aware of the direct economic benefits of supporting women to continue to breastfeed if they return to the paid workforce with a young baby. This should include the types of institutional and low cost practical support required. The creation of institutional healthy settings will complement community based activities, education and support mechanisms³².

Increased labour force participation by mothers of infants present challenges to protecting breastfeeding. Based on the 2001 National Health Survey, one in ten mothers weaned their baby before six months in order to return to work³³. In Australia in 1996, 25% of mothers, with a child less than 12 months of age, were in the paid labour force³⁴. This means some 50,000 mothers may reduce or stop breastfeeding because of pressures of employment. Recently quoted figures suggest that some 70% of mothers are now employed in the paid workforce and one third of these women return to work before their child is six months old,

²⁹ Australian Breastfeeding Association 2004 Australian Breastfeeding Association Leadership Plan; <http://www.breastfeeding.asn.au/advocacy/030804abastrategy.pdf> accessed February 24, 2007, p 11

³⁰ <http://www.who.int/childgrowth/en> accessed February 24, 2007

³¹ <http://www.wirf.com.au> accessed February 24, 2007; <http://www.alca.asn.au/milkbank.html> accessed February 24, 2007

³² Australian Breastfeeding Association 2004 Australian Breastfeeding Association Leadership Plan; <http://www.breastfeeding.asn.au/advocacy/030804abastrategy.pdf> accessed February 24, 2007, p 11

³³ Australian Bureau of Statistics, *Breastfeeding in Australia*, 17 September 2003

³⁴ Organisation for Economic Cooperation and Development 2002, *Babies and bosses: Reconciling work and family life*, Australia, Denmark and the Netherlands, OECD, Paris.



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some after only a few weeks³⁵. Only 23% of Australian workplaces offer paid maternity leave to working mothers, and the average period of leave is 8 weeks. For Australia to improve breastfeeding rates in line with the NHMRC recommendations, a new approach is required, backed up by active measures to protect, promote and support breastfeeding. Breastfeeding should be seen as the normal and expected way to feed not only newborn babies, but babies up to the age of 12 months and beyond following introduction of family foods after six months of age³⁶.

The Australian Breastfeeding Association, Tasmania Branch, recommends Commonwealth Government policy to fund a national program to address training of childcare workers to ensure that breastfeeding mothers are supported in the childcare sector. The Association has implemented a *Breastfeeding Friendly Workplace Award*³⁷ and recommends that government policies provide incentives for private and public sector businesses to meet these criteria.

Strategy 4: Practical and well informed support is vital for a mother to successfully breastfeed. The Australian Breastfeeding Association provides free counselling through telephone, face-to-face, and email. The Tasmania Branch recommends a single call national Helpline be provided. The *Breastfeeding Welcome Here*³⁸ initiative encourages commercial businesses to advertise their support of mothers who breastfeed in public, by displaying an identifiable logo. The *Mum's the Word*³⁹ peer support project was implemented by The Australian Breastfeeding Association, Tasmania Branch, (funded by the Commonwealth Child Nutrition Initiative). The program implemented a breastfeeding oriented peer support program in remote and rural regions. We encourage the government to commit additional funding to support a national implementation of a breastfeeding peer support program, amongst those groups identified as more likely to not breastfeed, such as young women, those in isolated areas, and those on low incomes. The Australian Breastfeeding Association, Tasmania Branch also recommends a nationwide on-going television and radio advertising health campaign, which informs the public about the importance of breastfeeding, the risks of artificial feeding, the importance of fathers and community support for breastfeeding success. This campaign should indicate that support and encouragement to breastfeed is available from Australian Breastfeeding Association, lactation consultants, baby-friendly hospitals, doctors, child health centres, and midwives.

³⁵ Figures quoted by the Sex Discrimination Commissioner, Ms Pru Goward, in an interview with Mr Philip Lasker on the Business Report, Radio National, August 2003

³⁶ National Health and Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers*, Canberra, National Health and Medical Research Council, 2003, p. 305.

³⁷ <http://www.breastfeeding.asn.au/bfinfo/mfwp.html> accessed February 24, 2007

³⁸ <http://www.breastfeeding.asn.au/advocacy/welcome.html> accessed February 24, 2007

³⁹ Australian Breastfeeding Association (Tasmania Branch), 2004. *Mum's the Word (Peer Breastfeeding Project)*, Final Project Report



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Many of the recommendations in the four outlined strategies are currently implemented using volunteer hours and resources provided by fundraising and grant applications. We encourage the Commonwealth Government to provide assistance to the Australian Breastfeeding Association to continue these projects.

e) examine the effectiveness of current measures to promote breastfeeding:

It is widely acknowledged that community-based breastfeeding support networks have an important role to play and need be recognised, supported and encouraged as an effective partner in planning and providing services⁴⁰. Professional interventions increase breastfeeding duration to two months but have limited long term effects, whereas peer support interventions have potentially longer lasting effects⁴¹. The Cochrane Review found that lay breastfeeding supporters were effective in extending exclusive breastfeeding durations⁴². In Australia, mothers who sought support from Australian Breastfeeding Association in a 2004 Victorian infant feeding practices study were nearly twice as likely to be breastfeeding beyond three months⁴³. Community organisations like the Australian Breastfeeding Association are well placed to identify areas of need, to provide grass roots peer support and mentoring programs, and to develop and advocate innovative and evidence-based breastfeeding support and promotion strategies.

The Australian Breastfeeding Association, Tasmania Branch, received funding from the Commonwealth Government's Child Nutrition Initiative (2001-2004) to implement and evaluate the 'Mum's the Word' project. This project used a peer education approach to increase the level of support for breastfeeding. The report on the project indicated that quantitative data was difficult to obtain, mainly because of the nature of the project and its target demographic, but that anecdotal evidence indicated that the project had been successful in meeting its 'target of increasing, over time, the initiation and duration rates of breastfeeding, especially in young women, isolated women and women from low socio-economic backgrounds in the targeted (remote and rural) areas'⁴⁴.

⁴⁰ National Health and Medical Research Council 2003, Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, National Health and Medical Research Council, Canberra, 10 April 2003; WHO, Infant and young child nutrition Global strategy on infant and young child feeding, Geneva, World Health Organization, 2002.

⁴¹ Wood K and Mortensen K, 2004. Breastfeeding and Peer Support, Lactation Resources Centre Hot Topic, Australian Breastfeeding Association, 1-4

⁴² Sikorski J, Renfrew MJ, Pindoria S et al, 2002. Support for breastfeeding mothers (Cochrane Review) In: The Cochrane Library, issue 1, Oxford: Update Software cited in Sachs M, 2002. MIDIRS Midwifery Digest, 12:2, 245-247

⁴³ James JP, 2004. An analysis of the breastfeeding practices of a group of mothers living in Victoria, Australia, Breastfeeding Review 12:2, 19-27 cited in Wood K and Mortensen K, 2004. Breastfeeding and Peer Support, Lactation Resource Centre Hot Topic, Australian Breastfeeding Association, 1-4.

⁴⁴ Australian Breastfeeding Association (Tasmania Branch), 2004. Mum's the Word (Peer Breastfeeding Project), Final Project Report



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It is difficult to evaluate the effectiveness of efforts to promote and protect breastfeeding in Australia because infant feeding data is not collected regularly and when it is collected, the survey instruments used are inaccurate and unreliable⁴⁵.

The Australian Bureau of Statistics last collected data about infant feeding practices in the 2001 National Health Survey⁴⁶. The previous National Health Survey to collect breastfeeding data was undertaken in 1995. The Australian Breastfeeding Association understands that the ABS has no plans to collect breastfeeding data for the 2007 National Health Survey.

In section *c) the potential short and long term impact on the health of Australians of increasing the rate of breastfeeding*, statistics were quoted on the protective and preventative effects of breastfeeding or having been breastfed. We would like to encourage this inquiry to recommend to the relevant support groups (e.g: Cancer Council, Diabetes Australia, Heart Foundation, Asthma Foundation, Osteoporosis Australia, Kidney Health) that they highlight this preventative information in future campaign strategies.

⁴⁵ Webb, K., G. C. Marks, et al. (2001). *Towards a national system for monitoring breastfeeding in australia: Recommendations for population indicators, definitions and next steps*. C. D. o. H. a. A.-A. F. a. N. M. Unit. Canberra, Commonwealth Department of Health and Ageing Donath, S. M. and L. H. Amir (2002). "The introduction of breast milk substitutes and solid foods: Evidence from the 1995 national health survey." *Australian and New Zealand Journal of Public Health* 26(5): 481-4.

⁴⁶ Australian Bureau of Statistics (2003). *4810.0.55.001 - breastfeeding in australia, 2001. National Health Survey*. 2006



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Organisation's Roles and Functions

The Australian Breastfeeding Association (ABA), formerly the Nursing Mothers Association of Australia, is a voluntary organisation established in 1964 to encourage and support mothers who wish to breastfeed their babies, and to promote skilled and loving mothering, while creating in the community an awareness of the importance of human milk. At present there are eight ABA groups and 56 trained breastfeeding counsellors in Tasmania. There are 17 community educators and 16 trainees. We currently have 394 subscribers. In the past 40 years, over 145 000 Australians have become members of the Association. Currently there are 14 221 subscribers (January, 2007)

Our vision is for breastfeeding and human milk to be the norm for human babies; for babies to be breastfed exclusively for six months, with continuing breastfeeding for two years and beyond.

As Australia's leading authority on breastfeeding, our mission is to educate and support mothers, using up-to-date research findings and the practical experiences of many women; and to influence society to acknowledge breastfeeding as normal, and important to skilled and loving parenting.

Local groups provide a range of services including up-to-date information, literature and resources about breastfeeding; counselling and support to mothers through group libraries, local bulletins and meetings; regular discussion meetings and opportunities to develop other support networks; free, confidential telephone counselling; face-to-face counselling; internet counselling and forums via a national website; electric breast pump hire; talks to school groups; antenatal information; postnatal visits at local hospitals; representation on various community organisations, for instance, the Breastfeeding Coalition and Eat Well Tasmania. These services are provided and maintained by trained volunteer breastfeeding counsellors and community educators and are available to any member of the community who requests it. The Tasmania Branch of the Australian Breastfeeding Association is committed to improving the nutritional wellbeing of all Tasmanians through collaborative efforts.

Organisation Contact Information

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