

Submission no. 280

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Attention:

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Chairman of the House of Representatives

Standing Committee on Health and Ageing

Introduction

Tresillian Family Care Centres [Tresillian] is a statewide organisation that has been providing support and care for families with children under 5 in NSW since 1918. Tresillians' mission is to optimise the health and well being of families and young children and therefore strongly supports any initiative that enhances the mother's ability to initiate and maintain breastfeeding. Medical research strongly indicates that breastfeeding is the best source of nutrition for infants, providing a range of benefits for the infant's growth, immunity, physical development, and cognitive development. Recognising these benefits and being aware of the many factors that influence a mother's capacity to breastfeed, Tresillian aims to support mothers through the provision of education and best practices that increase the mother's ability to breastfeed successfully. Research also indicates that the partner and /or support person's attitude to breastfeeding can impact on the mother's experience. Tresillian therefore encourages the involvement of their partner and/or support person by promoting the importance of their role in supporting the mother.

The following submission is in response to the NSW Health Policy Directive 'Breastfeeding in NSW: Promotion Protection and Support', to assist health workers with promoting and assisting the initiation of breastfeeding and the maintenance up to 6 months and beyond. Tresillian recommends that the Commonwealth Government demonstrates its support and commitment to the promotion of breast feeding through leadership and allocation of specific resources.

Terms of Reference

'The Committee shall inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding.' The Committee shall give particular consideration to:

A. The extent of the health benefits of breastfeeding;

The National Health and Medical Research Council in 1996 and again in 2003 clearly identify the benefits of supporting mothers to breastfeed noting the nutritional health, social and economic benefits for the Australian community. In 2006 The NSW Department of Health launched the Policy Directive 'Breastfeeding in NSW: Promotion Protection and Support,' to assist health workers with supporting the initiation of breastfeeding the maintenance of breastfeeding up to 6 months and beyond. [Policy Directive PD2006_012]

B. Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous, and remote communities;

In 2001 the Australian Bureau of Statistics reported 90 percent of Indigenous children under the age of 13 had been or were currently being breastfed in the Northern Territory. In New South Wales, Victoria and South Australia, however, over one third of Indigenous children had not been breastfed. This data could indicate populations with a higher exposure to the marketing of breast milk substitutes are less likely to breastfeed. The marketing of formula is recognized as influencing mothers feeding choices. The World Health Organization [WHO] in its global strategy for infant and child health recommends that the WHO International Code on the marketing of breastmilk substitutes be strictly implemented.

C. The potential short and long term impact on the health of Australians by increasing the rate of breastfeeding;

The National Health and Medical Research Council Infant Feeding Guidelines for Health Workers 2003, clearly identify the many short term and long term benefits of breastfeeding. Evidence indicates that breastfeeding is protective against infectious diseases such as upper and lower respiratory tract infections, gastrointestinal illnesses, and otitis media, during infancy and beyond. (Heinig 1996, cited in Allen & Hector, 2004). Recent studies suggest links between breast feeding and protection against urinary tract

infections, reduction of the incidence of asthma and protection against childhood acute lymphoblastic leukaemia and acute myeloblastic leukaemia. (Allen & Hector, 2004)

Several recent studies have shown that breastfeeding may be protective against chronic diseases such as ischemic heart disease and atherosclerosis and risk markers for diabetes and heart disease, including reduced insulin response, lipoprotein profile, and diastolic blood pressure. (Allen & Hector, 2004).

The benefits of breastfeeding in children born pre-term or small-for-gestational-age have been shown in relation to neurodevelopment and the prevention of neonatal necrotizing enterocolitis. Childhood obesity has also been linked to the increasing numbers of infants being bottle fed. A number of recent meta-analyses and quantitative reviews indicate a protective effect of breastfeeding, even for a short duration, against childhood obesity and may extend to adulthood. (Allen & Hector, 2004).

Recent research indicates that breastfeeding reduces the risk of depression and has the potential to increase maternal infant bonding (Allen & Hector, 2004). Other benefits include the promotion of good recovery after childbirth. It also limits maternal fertility, protects against pre and post menopausal breast cancer and protects against ovarian cancer

The economic benefits of supporting breastfeeding has been clearly recognised .Jon Weimer (2001) in his report, "The Economic benefits of breastfeeding: A review and Analysis" states

"A minimum of \$3.6 billion would be saved if the prevalence of exclusive breastfeeding increased from current rates to those recommended by the Surgeon General. These savings would result from reducing both direct costs (such as formula costs and physician, clinic, hospital, laboratory, and procedural fees) and indirect costs (such as time and wages lost by parents attending to an ill child)."

D. Initiatives to encourage breastfeeding;

Initiatives to encourage breastfeeding that have been shown to be effective include:

- ❖ Leadership and adequate funding to support the NSW Health (2006) policy Breastfeeding in NSW: Promotion Protection and Support

- ❖ Hospital practices that involve less medical interference in labour
- ❖ Initiation of early breastfeeding [within the first hour following delivery]
- ❖ Rooming in options for infants with a mother as an inpatient
- ❖ Employment of more midwives and child and family health nurses to enable longer postnatal support either within the hospital [longer inpatient stay] or within the community including child and family nurse including universal home visiting
- ❖ Education and resources for health workers [including general practitioners] that support the initiation of breastfeeding and the maintenance of breastfeeding up to 6 months and beyond
- ❖ Breastfeeding policy and practice guidelines that are standardised across the Area Health Services
- ❖ Incentives for health professionals to update their knowledge and skills related to breastfeeding.
- ❖ Free antenatal education promoting the benefits of breastfeeding [ensuring cultural sensitivity]
- ❖ Support for hospitals to initiate and maintain Baby Friendly Hospital Initiatives [The Baby Friendly Hospital Initiative (BFHI) is an international project jointly developed in 1991 by the World Health Organization (WHO) and UNICEF]
- ❖ Strict implementation of the WHO International Code on the marketing of breastmilk substitutes
- ❖ Financial support for maternity leave across the NSW workforce
- ❖ Management support for staff who are breastfeeding including the provision of workplace breastfeeding facilities
- ❖ Media campaigns that promote the short and long term benefits of breastfeeding for the family and the larger community
- ❖ Initiatives that educate and encourage partner's support.

E. Examine the effectiveness of current measures to promote breastfeeding

Current Australian data indicates that the breastfeeding rates at hospital discharge is approximately 90 percent, but the duration of exclusive breastfeeding falls well short of national targets of 80 percent at 3 months and 50 percent at 6 months postpartum, respectively. This would strongly

indicate the need for increased postnatal support initiatives. Funding for new and/or existing initiatives aimed at increasing the duration of breastfeeding must be addressed to change future trends.

Conclusion

Breastfeeding is a simple yet crucial, strategy that promotes the future good health of Australian citizens. Tresillian Family Care Centres recommends that the NSW Health Policy Directive 'Breastfeeding in NSW: Promotion Protection and Support' be used as a model for the care of all Australian mothers. For this to be achieved the State Government needs to demonstrate its commitment by providing assistance with its implementation.

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References

Allen, J. & Hector, D. (2005) *Benefits of Breastfeeding*. N S W Public Health Bulletin March –April 2005; Vol 16, (3–4) 42–46

Australian Bureau of Statistics (2006) *National Aboriginal and Torres Strait Islander Health Survey, 2004-2005* - 4715.0
www.abs.gov.au/AUSSTATS/abs@.nsf/PrimaryMainFeatures/4715.0?OpenDocument

Australian College of Midwives Incorporated (2005) *Infant Friendly Initiative Australia*, ACMI
<http://www.bfhi.org.au>.

Baby Friendly Hospital Initiative (1995) Citation: N S W Public Health Bull 2005; 16(3–4) 63–66
www.bfhi.org.au

National Health and Medical Research Council (2003) *Infant Feeding Guidelines for Health Workers*, NHMRC; Commonwealth Printing Services. www.nhmrc.gov.au

NSW Department of Health (2006) *Breastfeeding in NSW: Promotion, Protection and Support*, Policy Directive PD2006_012 www.health.nsw.gov.au

Weimer J. (2001) *The economic benefits of breastfeeding: A review and analysis*. ERS Food Assistance and Nutrition Research Report No. 13. USDA Economic Research Service, Washington, D.C. 2001.

Win, N. Binns. C, Zhao. Y, Scott. J, & Oddy.W, (2006) Breastfeeding duration in mothers who express breast milk: a cohort study. *International Breastfeed Journal*. 2006; 1: 28. December 22. 10.1186/1746-4358-1-28.
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1764725