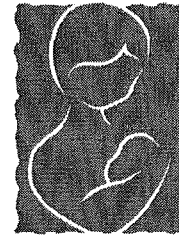


Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
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CANBERRA ACT 2600



australian
breastfeeding
association

20th February 2007

Submission by the Australian Breastfeeding Association to the Parliamentary Inquiry into Breastfeeding

The Australian Breastfeeding Association (ABA), formerly Nursing Mothers' Association of Australia, welcomes the opportunity to make this submission. The health of Australia's children is an important priority for any government. A significant body of research demonstrates that nutrition in infancy has a significant influence on health outcomes throughout life. Premature weaning from breastfeeding is known to be a significant indicator of health throughout life.

Since it was established by six mothers in 1964, the Association has spread to all Australian States and Territories to become one of the country's largest women's non-profit organisations and Australia's leading source of breastfeeding information and support.

The Association aims to support and encourage women who want to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk to infant and maternal health. The Association is a recognised authority on the management of breastfeeding and lactation. The Association's Breastfeeding Leadership Plan, launched in Canberra in August of 2004 by the Health Minister, Tony Abbott, underpins the submission that follows.

Australian Breastfeeding Association - Vision

- For breastfeeding and human milk to be the norm for human babies.
- For babies to breastfeed exclusively for six months, with continuing breastfeeding for 2 years and beyond.

Australian Breastfeeding Association - Mission

As Australia's leading authority on breastfeeding:

- To educate society and support mothers, using up-to-date research findings and the practical experiences of many women
- To influence society to acknowledge breastfeeding as normal, and important to skilled and loving parenting.

Our Lactation Resource Centre (LRC) provides a scientific basis for the Association's breastfeeding policies and complements the practical experience of breastfeeding mothers with one of the most comprehensive collections of breastfeeding information in the world. The Australian Breastfeeding Association has also been an integral part within the health sector in planning and assisting with implementing breastfeeding services to the community.

Australia is currently burdened with the health costs associated with poor breastfeeding practices. Investing in breastfeeding is investing in the health of our nation. The Association would like to see policy that addresses this issue through the promotion, protection and support of breastfeeding.

Please do not hesitate to contact me if you would like further information about the Australian Breastfeeding Association or this submission.

Yours sincerely

Margaret Grove

Margaret Grove

National President

Australian Breastfeeding Association

Submission by the Australian Breastfeeding Association Inquiry into Breastfeeding

What we do

The Australian Breastfeeding Association supports mothers who want to breastfeed. To this end, we offer a number of services, both to mothers and to the health care professionals who care for them.

Our 24hour, 7day a week Breastfeeding Helpline is available to assist mothers with breastfeeding issues at times when other services, such as Early Childhood Health Centres and doctors' surgeries are not. The helpline does not offer medical advice but can help mothers to address problems before they escalate and require medical intervention.

Our mother-to-mother support groups run at least monthly, and usually fortnightly, across the country. These provide mothers with the opportunity to learn from other mothers who have experienced successful breastfeeding and to speak with our trained volunteer counsellors. Many groups also keep a library of breastfeeding resources.

Our Breastfeeding Education Classes provide expectant families with a full afternoon of breastfeeding/lactation specific education. The educators who run these seminars have all breastfed children of their own and so are uniquely placed to answer the questions and concerns raised by expectant mothers. These seminars also provide antenatal mothers with the opportunity to meet our trained volunteer counsellors before the birth of their babies, so that they feel more comfortable approaching us afterwards.

Our annual Health Professionals' Seminars bring high quality evidence-based education about the management of breastfeeding/lactation to every capital city in the country.

As a Registered Training Organisation, the Australian Breastfeeding Association offers accredited Certificate IV courses in Breastfeeding Education and plans to offer Diploma level courses in the near future.

Our website contains a considerable collection of articles that contain evidence-based breastfeeding information to mothers and health care professionals

Our online forum offers mothers who might not be able to access group meetings the opportunity to take advantage of the mother-to-mother support for which the Association is known.

Our email counselling service increases the reach of our counselling services.

Our pod casts enable busy mothers to listen to evidence-based information while they engage in other tasks – such as feeding the baby.

Our Lactation Resource Centre is the largest repository of lactation-specific research articles in the southern hemisphere. It is open to health professionals and researchers. It also conducts periodic workshops and seminars for health professionals.

Themes of this submission

1. Breastfeeding and Health
2. Breastfeeding Rates in Australia
3. Economic Costs of Premature Weaning
4. Marketing of Breastmilk Substitutes
5. Interventions that promote Breastfeeding
6. Breastfeeding and Employment



EXECUTIVE SUMMARY

Breastfeeding is an important preventative health behaviour with implications for infant and maternal health, national health costs and the environment. The public health benefits of breastfeeding are well documented and continue to accumulate. Artificial feeding substantially increases an infant's risk of obesity, hypertension, diabetes and hypercholesterolemia throughout the life course. They are also significantly more susceptible to gastrointestinal illness, respiratory illness and infection, eczema, and necrotizing enterocolitis. Evidence of an association between artificial feeding and other chronic or serious illnesses or conditions such as urinary tract infection, certain types of cancers, diseases of the digestive system such as coeliac disease and Crohn's disease, liver disease and cot death is strengthening. Infants who are not breastfed are known to have poorer cognitive development and lower IQ, central nervous system development, visual acuity, and speech and jaw development. Breastfeeding also helps protect mothers against breast cancer and other cancers of the reproductive organs, and osteoporosis (1).

Most women in Australia want to breastfeed their babies. Almost 90% of mothers initiate breastfeeding; however, these rates are not sustained and are well below the levels recommended by health authorities. Very few Australian infants are exclusively breastfed to 6 months. Contrary to NHMRC recommendations that infants be exclusively breastfed for 6 months, one out of every two is no longer breastfed by that age.

The health costs associated with illnesses linked to premature weaning are substantial. The NHMRC noted the high costs of hospital care associated with early weaning. Based on Australian research, the attributable hospital costs of premature weaning would be at least \$60 -120 million per year nationally for just 5 illnesses.

The Marketing in Australia of Infant Formula – Manufacturers' and Importers' Agreement 1991 is significantly narrower in its scope than the International Code of Marketing of Breastmilk Substitutes 1981 (2). In addition it is significantly weakened by the fact that it is a voluntary code. Clearly the original aims and intentions of this agreement do not address the range of current marketing strategies employed by the infant feeding industry in Australia. As such, it is not an effective measure for protecting mothers' rights to informed choice about infant feeding.

Possible interventions aimed at improving breastfeeding practices have already been developed by various organisations, including the World Health Organization (3), the US Centers for Disease Control (4) and the Australian Breastfeeding Association (5).

The protection, promotion and support of breastfeeding are important public health practices. Most Australian mothers begin breastfeeding but they need support to continue. Breastfeeding is not a responsibility that lies just with mothers. Mothers need the support of their families, peers, communities, workplaces, health professionals and governments to continue breastfeeding. We encourage the Commonwealth to take a lead role in establishing a secure ongoing commitment to supporting mothers and their families to continue breastfeeding.

RECOMMENDATIONS

- Fund accredited, evidence-based breastfeeding education programs aimed at health care professionals, including general practitioners, emergency medicine specialists, practice nurses, midwives, pharmacists, pharmacy assistants and early childhood nurses.
- Establish a national toll-free Breastfeeding Helpline service staffed by personnel who have trained specifically in breastfeeding counselling and who have personal experience of breastfeeding. Currently, our 24-hour breastfeeding telephone helpline faces significant operational challenges owing to its limited budget. Mothers must bear STD call costs of what is frequently a lengthy consultation. Also, breastfeeding counsellors who staff the helpline are forced to provide personal contact details to the general public, in spite of police warnings that this is not a safe practice. We also recommend that this service supported with targeted publicity to ensure that all mothers are aware of it.
- Initiate a public health campaign to increase community awareness of the importance of breastfeeding and the role that everyone in the community plays in enabling mothers to breastfeed.
- Implement the International Code of Marketing of Breastmilk Substitutes effectively in Australia.
- Remove barriers and disincentives to breastfeeding. Include breastfeeding in the GDP. Remove current GST on lactation aids.
- Provide incentive for hospitals to become Baby Friendly Hospital Initiative accredited.
- Establish milk banks in capital cities and major regional centres.
- Provide funding for delivery of national policy, including a detailed action plan and adequate resources to ensure implementation. Appoint an Infant Nutrition Coordinator.
- Develop a national monitoring system that regularly reports on infant feeding practices within Australia.
- Develop and implement strategies that support mothers to combine breastfeeding and paid work by:
 - Introducing universal paid maternity leave and mandatory breastfeeding-friendly workplaces
 - Ratifying International Labour Organisation (ILO) Maternity Protection Convention 183 and enacting the right to paid lactation breaks in Commonwealth legislation, such that they become part of standard workplace practice
 - Enacting government legislation that supports the decisions on unpaid parental leave and flexible working-hours handed down by the Australian Industrial Relations Commission
 - Ensuring that the Commonwealth departments of Health and Ageing, and Employment and Workplace Relations fund breastfeeding education strategies and programs relating to breastfeeding and work, and that support legislative changes