

14 MAY 2007

Hon Alex Somlyay MP
Chairman
Standing Committee on Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Mr Somlyay

Thank you for your letter regarding the Commonwealth Parliamentary Inquiry into the Health Benefits of Breastfeeding. I apologise for the delay in providing you with a response.

There is now widespread evidence in support of the benefits of breastfeeding and its positive impacts on immediate and long-term health, social and economic outcomes. These benefits are comprehensively detailed in the Pan American Health Organisation's research paper, "*Quantifying the benefits of breastfeeding: a summary of the evidence*" (2002).

The Tasmanian Government remains committed to supporting breastfeeding mothers and their families and increasing the rates of breastfeeding in Tasmania.

Please find attached the Tasmanian Government's submission to the inquiry.

Thank you once again for providing the Tasmanian Government with the opportunity to comment.

Yours sincerely



Paul Lennon
Premier

Tasmanian Government Submission to the Commonwealth Parliamentary Enquiry into the Benefits of Breastfeeding

At the Council of Australian Governments (COAG) meeting on 14 July 2006, all jurisdictions recognised the importance of promoting good health and preventing ill health among children. Since then COAG Senior Officials have agreed to continue working on key areas of early childhood. Of particular relevance for breastfeeding is the work being done to improve antenatal care and to strengthen the health, development and learning of zero to five year olds. The Tasmanian Government advises that the Standing Committee take this process into consideration when developing its recommendations.

There is a significant range of national and jurisdictional guidelines that promote and support breastfeeding. Australian Government endorsed initiatives include the *National Breastfeeding Strategy*, *Dietary Guidelines for Australians*, and the *Baby Friendly Health Initiative*. Jurisdictional initiatives include the Queensland Government's *Optimal Infant Nutrition: Evidence Based Guidelines 2003-2008*, the NSW Government's *Breastfeeding in NSW: Promotion, Protection and Support*, and the Tasmanian Government's *Tasmanian Food and Nutrition Policy*. It is important that the Australian Government capitalises on the significant work already done to provide a uniform national agenda aimed at increasing breastfeeding rates.

In 2001 the World Health Organisation (WHO) recommended exclusive breastfeeding until six months of age with the introduction of complementary feeding and continued breastfeeding thereafter in order to maximise the benefits of breastfeeding.

The initiation rates for breastfeeding in Australia are generally high by international standards (over 80%) whilst the rates in Tasmania are slightly lower with 78% of infants being breastfed at the time of post-natal discharge from hospital. Of more concern, however, are the rates of breastfeeding at six months of age. In 2000, the *National Breastfeeding Strategy* set a target of 80% of infants to be breastfed at least partially at six months. There is evidence to suggest that Tasmania (and the nation at large) is achieving little over half this target.¹

The Tasmanian Government is committed to improving breastfeeding rates in the State. Through the Department of Health and Human Services (Family Child and Youth Health), it has implemented a statewide Service Delivery Model (2003) that is a framework for practice. This framework:

- Provides a service schedule (universal and opportunistic), clinical pathways (primary and secondary services response), and referral processes;
- Establishes partnership and collaboration between maternity services, community groups and the Family Child and Youth Health Service within the Department of Health and Human Services;

¹ Donath, S and Amir, L (2000), 'Rates of breastfeeding in Australia by State and socio-economic status: Evidence from the 1995 National Health Survey', *Journal of Paediatric Health*; 36:164-468.

- Aligns with the national breastfeeding definition for the collection of breastfeeding data at initial family contact, six weeks, three months and six months of age;
- Implements professional development curriculum in line with the *Baby Friendly Health Initiative's* minimum requirement for professional learning; and
- Incorporates resources from the *National Breastfeeding Strategy* as part of the essential professional resources of the Family Child and Youth Health Service. Examples of these resources include the '*Infant Feeding Guidelines for Health Professionals*' (2000), and '*Breastfeeding and You: A Handbook For Antenatal Educators*' (2000).

This framework is supported by the *Tasmanian Food and Nutrition Policy* (2004) that provides a whole of government agenda for the promotion and support of breastfeeding as the preferred method of infant feeding in Tasmania. It aims for an increase in community and environmental support for breastfeeding, an increase in the percentage of infants breastfed on post-natal discharge from maternity services and an increased percentage of infants exclusively and partially breastfed to six months of age.

Tasmania's three public hospitals - the Royal Hobart Hospital, Launceston General Hospital and the North West Regional Hospital - are currently accredited WHO/UNICEF Baby Friendly Hospitals. These hospitals will work towards reaccreditation in 2007.

Along with representatives from all States and Territories, Tasmania is assisting in the development of the national *Baby Friendly Health Initiative* accreditation for community health services. Additionally, Tasmania's Family Child and Youth Health Service is equipping itself to undergo accreditation state-wide once the program is obtainable.

In order to assist in increasing breastfeeding rates in Tasmania as well as the other States and Territories, the Tasmanian Government recommends that the Australian Government take leadership by providing a coordinated national approach and by providing support in key areas. We therefore recommend that the Australian Government:

- Continue to revise and provide national professional guidelines for practice;
- Continue to fund and support the national *Baby Friendly Health Initiative* for hospital and community accreditation;
- Rather than relying on industry, provide greater support for researching into the issues and barriers to breastfeeding;
- Mitigate the impact of marketing breastfeeding substitutes on the rates of breastfeeding by implementing the *WHO Code for the Marketing of Breast Milk Substitutes* (Strategy 1, Action 3 of the Australian Breastfeeding Leadership Plan: The Australian Breastfeeding Association 2004) (the Code). Currently the Code is merely voluntary for companies marketing breast milk substitutes. We

recommend that the Australian Government make the Code compulsory for these companies and provide for appropriate penalties if the Code is breached;

- Implement a national strategy to collect data on breastfeeding rates, with particular emphasis on duration rates. The data can be used to establish short and long term breastfeeding rate targets throughout jurisdictions. It can also be used to provide targeted support to vulnerable (e.g. lower socio-economic) groups;
- Coordinate a phased introduction of measuring breastfeeding rates at six months as a performance indicator for health care services;
- Work with States and Territories to remove financial disincentives to breastfeeding;
- Provide ongoing funding and support for the WHO/UNICEF *Breastfeeding Friendly Health Initiative* for both hospitals and the community;
- Develop national competencies in breastfeeding support for key health professionals;
- Support additional training for childcare staff to promote breastfeeding, including breastfeeding friendly practices being incorporated into childcare accreditation standards;
- Work with employers nationwide to promote and support breastfeeding in the workplace;
- Coordinate a national approach to educating women and their partners in the antenatal phase on the importance of breastfeeding. Also provide educational support in the postnatal phase to encourage women to continue breastfeeding;
- Provide ongoing funding and support for breastfeeding "peer support" groups and programs, particularly those targeting low income and younger women;
- Promote the acceptability and normalisation of breastfeeding in public by investing in a long-term media and marketing strategies and projects;
- Nationally implement the 2006 WHO Growth Charts,² which encourage the continuation of breastfeeding, as these are based on the growth rates of breastfed infants rather than the current growth charts that are based on the growth rates of bottle-fed fed infants; and
- Require the labelling of solid and artificial foods for infants to recommend their suitability for infants older than six months of age.

April 2007

² WHO (2006), 'Multi-centre Growth Reference Study', at http://www.who.int/childgrowth/standards/weight_for_age/en/index.html.