Australian Breastfeeding Association

Submission by the Australian Breastfeeding Association

To

The inquiry into the future sustainability of health funding in the ACT

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The Australian Breastfeeding Association (ABA) welcomes the opportunity to make comment on the inquiry into the future sustainability of health funding in the ACT particularly in relation to the impact that breastfeeding can have on short- and long-term health outcomes for babies and adults and concomitant reductions in health system costs.

Importance of breastfeeding

Breastfeeding is important and mothers understand this because nearly all mothers want to breastfeed their babies. We know this because in a large survey of infant feeding in Australia, 96% of Australian mothers initiated breastfeeding [1].

Breastmilk contains all the requirements for a baby's development for the first 6 months of life and remains the most important part of a baby's diet, with the addition of family foods, until around 12 months. Breastmilk continues to be a valuable source of nutrition and immunological protection for 2 years and beyond. Breastfeeding forms an important part of a mother's and her child's physical and emotional wellbeing for as long as the child breastfeeds [2].

In 2016, powerful evidence was published by *The Lancet*, which stressed the importance of breastfeeding, to both mothers and babies, including those in high-income countries like Australia [3]. Key messages around child and mother health included:

'*Children who are breastfed for longer periods have lower infectious morbidity and mortality, fewer dental malocclusions, and higher intelligence than do those who are breastfed for shorter periods, or not breastfed. This inequality persists until later in life. Growing evidence also suggests that breastfeeding might protect against overweight and diabetes later in life.'*

'Breastfeeding benefits mothers. It can prevent breast cancer, improve birth spacing, and might reduce a woman's risk of diabetes and ovarian cancer.'

In premature babies, breastmilk helps protect from necrotising enterocolitis (a serious illness in which tissues in the intestine (gut) become inflamed and start to die) and sepsis (a life-threatening, overwhelming response to an infection) [4].

In all babies, breastfeeding reduces the risk of Sudden Infant Death Syndrome (SIDS) and is included in the practices known to reduce risk in the Red Nose (formerly SIDS and Kids) safe sleep literature [5].

It is also important to protect the mental health of mothers during the perinatal period, for their welfare and the welfare of their babies. Breastfeeding is protective of maternal mental health because it buffers against negative mood, decreases anxiety and down regulates the stress response. The babies of mothers with postpartum depression are at increased risk of SIDS in the short-term and developmental and behavioural problems beyond infancy. Being breastfed is important for the babies of depressed mothers because it encourages mothers to interact with their babies which may ameliorate adverse effects on their babies [6].

Importance of exclusive* breastfeeding

Often the importance of exclusive breastfeeding in developed countries is dismissed because babies don't die of the types of infections that breastfeeding protects against, such as gastrointestinal infections, since there is access to clean water and good-quality medical and hospital care. However, the evidence is mounting that this view is misguided and in high-income, developed countries the way babies are fed is important and exclusive breastfeeding is paramount.

A recent, large prospective cohort study from the UK provided evidence that hospitalisation due to infections in the first 8–10 months of life is reduced when babies are breastfed and the effect is more pronounced when babies are exclusively breastfed for 6 weeks or more [7].

Any duration of breastfeeding is protective against SIDS, however, the protective effect is stronger for exclusive breastfeeding, reducing the risk by 73%. [5]

*Exclusive breastfeeding means that the baby receives only breastmilk. No other liquids or solids are given – not even water – with the exception of an oral rehydration solution, or drops/syrups of vitamins, minerals or medicines [8].

Breastfeeding rates in the Australian Capital Territory

The WHO recommends exclusive breastfeeding for babies to 6 months of age and for breastfeeding to continue for up to 2 years and beyond to achieve optimal growth, health and development [8]. The Australian National Health and Medical Research Council (NHMRC) recommends exclusive breastfeeding for around 6 months and then for breastfeeding to continue until 12 months of age and beyond, for as long as the mother and child desire [9].

The ACT is falling well short of the above recommendations. Despite the fact that in 2010, most (94.1%) mothers in the ACT initiated breastfeeding, only 17.8% of babies were exclusively breastfeeding for the recommended 6 months, mainly due to supplementation or premature weaning onto formula in the first 3 months [10] (Table 1).

Breastfeeding data has been collected more recently in the ACT, but the data is limited because:

- data is not collected in hospital, so initiation rates and formula supplementation rates in hospital are not known, and
- data is only collected from clients who attend Maternal and Child Health (MCH) clinics for their immunisations and only represents approximately 45% of infants in the ACT [11].

This fact clearly influenced the data, most notably at 6 months, with very different results obtained for exclusive breastfeeding — 17.8% on the national, representative survey [10] and 3% on the immunisation-based survey [11] (Figure 1). There is a clear need for the accurate, representative collection of breastfeeding data in the ACT.

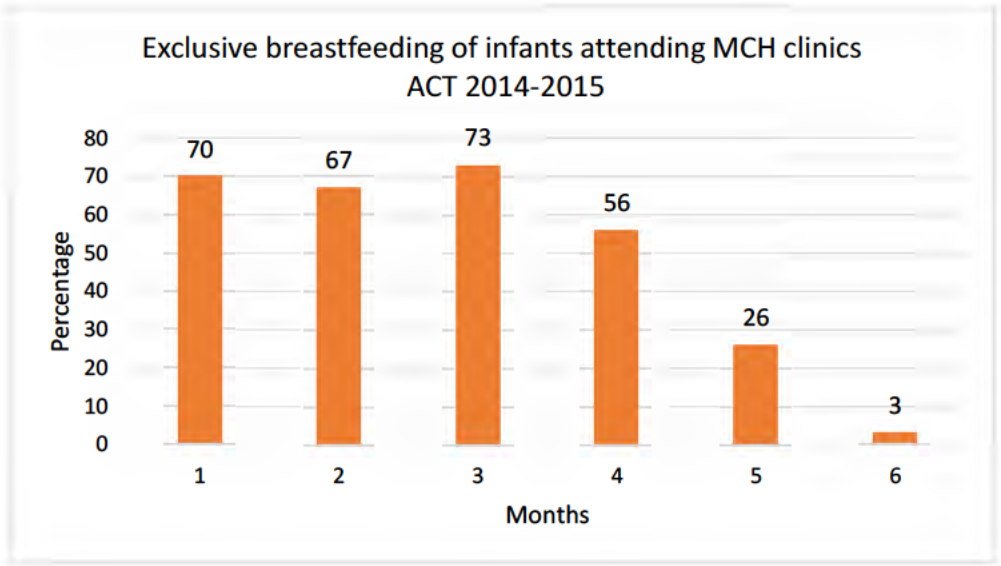
Disturbingly, research published in *The Lancet* acknowledged that breastfeeding is one of the few positive health behaviours that is more prevalent in poor countries than in rich countries, including Australia [3].

Table 1. How babies were fed in the Australian Capital Territory in 2010

	Ever breast-fed	Initiated exclusive breastfeeding %	Exclusive breastfeeding at 3 months (<4 months) %	Exclusive breastfeeding at 5 months (<6 months) %	Any breastfeeding at 1 month %	Any breastfeeding at 3 months %	Any breastfeeding at 6 months %
ACT	99.6	94.1	50.7	17.8	82.6	74.5	76.1

Source: Australian Institute of Health and Welfare (AIHW) 2011, 2010 Australian National Infant Feeding Survey: indicator results. Canberra. [10]

Figure 1. Excusive breastfeeding in the ACT



Source: ACT Government Health (2010) The ACT Breastfeeding Strategic Framework 2010–2015 Australian Capital Territory, Canberra.

The value of breastfeeding to the Australian Capital Territory

Reduced health system costs

In 2001, a world-class economic researcher based at ANU, Assoc Prof Julie P Smith and her colleagues calculated the hospital-related costs associated with the premature introduction of formula to babies in the ACT. Using data from 1996-1997, more than 20 years ago, Smith determined that hospitalisation for just five illnesses (gastrointestinal illness, respiratory illness, otitis media, eczema and necrotising enterocolitis) in babies and children (aged 0–4 years), cost the ACT economy about $1-2 million a year [Ref 12 Smith Thompson & Elwood, 2002]. Australia-wide the attributable health system costs amounted to $100 million for just the four acute conditions. Exclusive breastfeeding of all babies to 6 months in the ACT would have substantially reduced health system costs and still has the potential to reduce health system costs today.

Reduced rates of chronic diseases

In 2010, Smith and Harvey [13] calculated the difference in the risk of developing a chronic disease depending on whether Australians had been breastfed or formula fed as infants. By using the data on disease development and data about breastfeeding rates in Australia from 1945 to 2005, they calculated the proportion of chronic disease in the adult population that can be attributed to not being breastfed exclusively to 6 months (Table 2).

So, for example, if 90% of the population are not exclusively breastfed to six months, then 20% of obesity in that population, 37% of Type 2 diabetes and 15% of cardio-vascular disease can be attributed to formula feeding. If only 10% of the population are not exclusively breastfed to six months, that is, almost all babies are exclusively breastfed to six months, then the rates of obesity, Type 2 diabetes and cardio-vascular disease drop to 3%, 6% and 2% respectively. Remember, currently about 82% of babies in the ACT are not exclusively breastfed to six months [10].

Smith and Harvey concluded that '*encouraging greater duration and exclusivity of breast-feeding is a potential avenue for reducing future chronic disease burden and health system costs.*' [13]

Table 2. Attributable proportion of chronic disease risk for different percentages of population not being breastfed exclusively to 6 months. It must be remembered that these figures calculate the proportion of chronic disease in a population, not the risk to individuals.

	% of chronic disease in the population that is attributable to **not** being breastfed exclusively for 6 months		
% of population **not** being breastfed exclusively for 6 months	**Obesity**	**Type 2 diabetes**	**Cardio-vascular disease**
90	20	37	15
30	8	16	6
10	3	6	2

Women's contribution to sustainable infant and maternal health through breastfeeding

Breastfeeding women contribute to sustainable infant and maternal health outcomes and these contributions to the quality of human health and human capital have long-term consequences.

> *The invisibility of this household food production seriously distorts public policy priorities. This works to the disadvantage of women and children because it means fewer economic and financial resources are allocated to important economic outcomes such as protecting and supporting breastfeeding, through for example, financing adequate quality maternity care services and mother and child health programs, and to regulating and funding labour*

market measures such as unpaid and paid maternity leave and breastfeeding accommodations in the workplaces. [14]

More and more, the research clearly shows that exclusive breastfeeding to 6 months has both public health and economic benefits which need to be acknowledged and used to develop more accurate and soundly-based economic and health policies. Mothers who exclusively breastfeed their infants to 6 months contribute both to the physical and economic health and welfare of their own infants and society at large.

By tracking the time usage of Australian mothers, Smith and Forrester [15] found that mothers exclusively breastfeeding 6-month-old babies spent on average 18 hours per week or 2.6 hours a day breastfeeding their babies. They spent 7 hours a week longer breastfeeding compared with mothers who had introduced artificial baby milk or others foods.

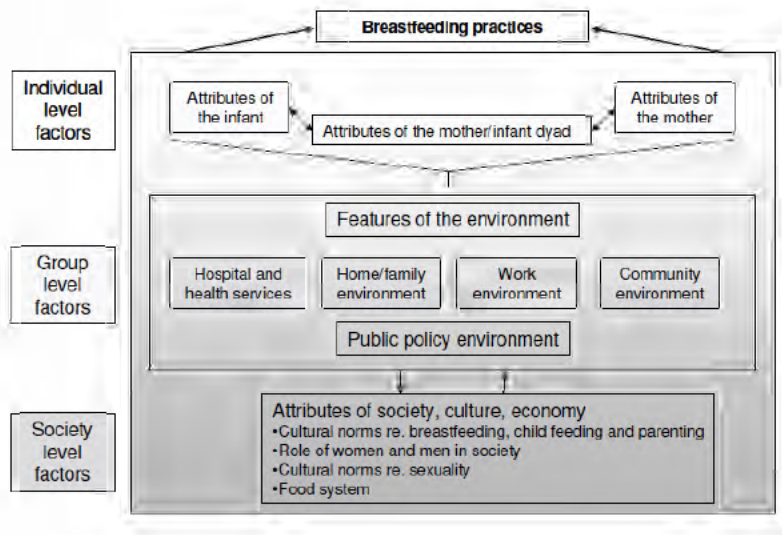
Exclusive breastfeeding was found to be time intensive and economically costly to women, which may lead to premature weaning before 6 months. Women who exclusively breastfeed to 6 months should not be economically penalised for doing so.

In order to gain the public health benefits of exclusive breastfeeding, policies giving mothers the time to exclusively breastfeed to 6 months are required and workplaces need to support to continue to breastfeed when they return to work.

Whose responsibility is it?

The influences on breastfeeding practices are multifactorial and encompass both enablers and barriers. An Australian breastfeeding researcher and advocate, Dr Lisa Amir and her colleagues conceptualised these as operating at three levels — individual, group and societal — outlined in Figure 3 of *Breastfeeding in Victoria: A Report* undertaken on behalf of the Department of Education and Early Childhood Development Child and Adolescent Health and Wellbeing Division State Government of Victoria [16].

Figure 3: A conceptual framework of factors affecting breastfeeding practices



Source: Lisa H Amir, Della A Forster, Helen L McLachlan, Anita M Moorhead, Catherine R Chamberlain, Heather J McKay (2010). *Breastfeeding in Victoria: A Report* On behalf of the Department of Education and Early Childhood Development Child and Adolescent Health and Wellbeing Division State Government of Victoria Report Date: July 2010

We all need to acknowledge that improving breastfeeding rates is not the responsibility of individual women. It is a public health challenge. Governments, community health facilities and groups, health professionals, peer support groups, as well as women and their supporters share the responsibility.

Recognising this, UNICEF UK have appealed to governments of the United Kingdom, through their *Protecting health and saving lives: a call to action*, to implement key actions to 'create a supportive, enabling environment for mothers who want to breastfeed.' UNICEF UK [17]

Call to action

The Australian Breastfeeding Association is concerned that breastfeeding mothers in the ACT are not being supported in their choice to breastfeed because:

1. Not all places women give birth to babies in the ACT are Baby Friendly Health Initiative (BFHI) accredited.
2. The Ten Steps to Successful Breastfeeding (see text box below) which form the backbone of the BFHI initiative are not consistently followed, even in BFHI-accredited hospitals. In particular the 10th step — *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic* —is not fully understood and implemented.
3. Referrals for antenatal information and breastfeeding peer support, particularly when there is no medical intervention needed, are ad hoc or non-existent.
4. Education of health professionals is deficient both during their initial training phase and when undertaking ongoing professional development.
5. The *Infant Feeding Guidelines* developed by the Australian Government's National Health and Medical Research Council (NHMRC) are not being followed.
6. Breastfeeding mothers and their babies are not always supported in places in their communities including (but not limited to) childcare centres, healthcare centres and the broader community.
7. Many breastfeeding women are unsupported by their workplace to continue to breastfeed when they return to work.
8. Breastfeeding is not accurately, nor sufficiently monitored in the ACT.

The Australian Breastfeeding Association calls on the Health, Ageing and Community Services Standing Committee of the ACT legislative Assembly to:

1. Support the overwhelming majority of mothers in the ACT who want to breastfeed their babies by making Baby-friendly Health Initiative (BFHI) accreditation mandatory in all places babies are born.

2. Ensure the 10th step of the Ten Steps to Successful Breastfeeding (see text box below) is adhered to and that health professionals are accurately informing mothers about the availability of breastfeeding support in their community, and the benefits of such support, not just handing them a brochure or sticking a sticker on their baby book.

3. Ensure well-informed referral by health professionals, both antenatally and postnatally to breastfeeding support organisations, including the Australian Breastfeeding Association. Ensure all health professionals are adequately informing mothers about the work of breastfeeding support groups in the community, such as the provision of Breastfeeding Education Classes for expectant parents, face-to-face peer support groups and the National Breastfeeding Helpline.

4. Facilitate compulsory and adequate breastfeeding education of all health professionals who may encounter women of reproductive age, both during their initial training and when undertaking ongoing professional development.

   The Australian Breastfeeding Association provides annual health professional education seminars as well as workshops and study modules. ABA health professional seminar attendees include, but are not limited to, midwives, IBCLCs, child health nurses, nurses and ABA volunteer counsellors or community educators. The promotion of these existing opportunities for staff education and professional development would save the health department from the need to duplicate these services which already exist.

5. Ensure all health professionals, who encounter mothers and their breastfed babies, understand and follow the evidence-based NHMRC Australian Infant Feeding Guidelines.

6. Create breastfeeding-friendly environments by adopting the Baby Friendly Community Initiative (BFCI) which aims to protect, promote and support breastfeeding and includes a broader focus on providing community support for the initiation of breastfeeding to improve exclusive breastfeeding rates.

7. Ensure ACT government departments and workplaces lead by example by becoming accredited Breastfeeding Friendly Workplaces, so that their staff can continue to breastfeed after they return to work.

8. Fully fund and implement regular, ongoing, accurate monitoring of breastfeeding initiation and duration rates: initiation, in hospital formula use, at hospital discharge, at 1, 2, 3, 4, 5, and 6 months, and at 12, 18 and 24 months, including at risk groups.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The evidence:

1. **Baby Friendly Health Initiative (BFHI)**

Not all birthing facilities in the ACT are BFHI accredited, the following are:

- Calvary Health Care (public hospital only)
- Canberra Hospital & Health Services [18]

The BFHI has a positive impact on breastfeeding rates. A large, cluster randomised controlled trial of a BFHI intervention showed that the BFHI: significantly increased the proportion of mothers breastfeeding throughout the first year and significantly increased exclusive breastfeeding at 3 and 6 months [19]. A 2016 systematic review found that, around the world:

> *Adherence to the BFHI Ten Steps has a positive impact on short-term, medium-term and long-term breastfeeding (BF) outcomes. There is a dose–response relationship between the number of BFHI steps women are exposed to and the likelihood of improved BF outcomes (early BF initiation, exclusive breastfeeding (EBF) at hospital discharge, any BF and EBF duration). Community support (step 10) appears to be essential for sustaining breastfeeding impacts of BFHI in the longer term.* [20]

2. The Ten Steps to Successful Breastfeeding (part of BFHI)

10th step – *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic*

A large peer breastfeeding support group already exists in Australia — the Australian Breastfeeding Association (ABA) — so hospitals and birthing centres do not need to 'foster the establishment of breastfeeding groups', but they do need to accurately inform mothers about the availability of breastfeeding support in their community, and the benefits of such support [21].

Well-informed referral to breastfeeding support groups has a positive impact on mothers accessing peer support. When mothers understand the role and expertise of peer support counsellors, they are then empowered to make informed choices to seek out support. [22]

The recent, comprehensive systematic review of the impact of BFHI components revealed that Step 10 proved to be crucial to maintaining the improved breastfeeding rates achieved in BFHI-accredited hospital and birthing facilities [20].

3. Referrals to community support groups

Women are referred to the Australian Breastfeeding Association [21] on an *ad hoc* basis often without discussion of the work of the group and the expertise of the peer supporters.

All women in the ACT should be confident that they are being appropriately referred by health professionals, both antenatally and postnatally, to the Australian Breastfeeding Association and other breastfeeding support groups, for information, resources and peer support. The Australian Breastfeeding Association, offers Breastfeeding Education Classes for expectant parents, written resources (website, print and ebooklets, and books), face-to-face peer support groups and the National Breastfeeding Helpline which are available to women, their partners and support people and health professionals who support mothers to breastfeed.

A 2017 Cochrane systematic review confirmed that *providing women with extra organised support helps them breastfeed their babies for longer.* [23]

4. Compulsory and adequate breastfeeding education of all health professionals

There is a lack of knowledge about breastfeeding in those health professionals who are most likely to encounter women of reproductive age. Such health professionals have an obligation, a duty of care, to ensure they provide women with correct information to help them make informed decisions when breastfeeding their babies.

Research on Australian GP registrars, who answered a 90-item questionnaire on their attitude to and knowledge of breastfeeding found that 40% of knowledge items were answered incorrectly by the majority of participants [24]. The researchers stated that: *Further targeted training is needed to improve Australian GP registrars' breastfeeding knowledge, attitudes, confidence, and effectiveness.*

In 2003, researchers found the level of basic breastfeeding knowledge of Australian midwives was adequate but there are deficits in key areas (including the management of low breastmilk supply) and suggested that knowledge variations by midwives may contribute to conflicting advice experienced by breastfeeding women [25].

A 2013 survey of pharmacology textbooks used in Australian universities found that there were significant gaps in their coverage of medicine use during breastfeeding, including the compatibility of medicines for breastfeeding women and medication transfer to breastmilk [26].

5. Australian Infant Feeding Guidelines

Exclusive breastfeeding rates in Australia are extremely low. Exclusive breastfeeding rates have dropped to 61.4% by 1 month [1]. This means that, by 1 month of age, 38.6% of Australian infants are not being exclusively breastfed. Given that 5152 infants were born in the ACT in 2016, as many as 1988 babies were not being exclusively breastfeed to 1 month that year. [27]

As discussed above, exclusive breastfeeding has a positive impact on the health outcomes of babies. The Australian National Health and Medical Research Council (NHMRC) recommends exclusive breastfeeding for around 6 months [9] to ensure optimal growth, health and development of Australian babies.

6. Baby Friendly Community Initiative (BFCI)

There are no facilities accredited as BFCI in the ACT.

Improving breastfeeding rates is not the responsibility of individual women. It is a public health challenge. Governments, community health facilities and groups, health professionals, peer support groups, as well as women and their supporters share the responsibility. Governments need to *create a supportive, enabling environment for mothers who want to breastfeed*. UNICEF UK [17]

The early days are challenging for new mothers and their breastfeeding babies and they need to be supported and enabled to breastfeed, particularly in public. The Baby Friendly Community Initiative (BCFI) aims to support mothers by improving attitudes and knowledge about breastfeeding in community centres, wherever mothers and babies go, particularly in the early days.

BFCI plays an important role in creating supportive breastfeeding services in the community, just as BFHI has in maternity services. The BFCI aims to protect, promote and support breastfeeding for healthy mothers and babies through the implementation of best practice standards of care which are based on current scientific evidence, and set guidelines [28].

7. All ACT government departments and workplaces to become accredited Breastfeeding Friendly Workplaces.

The following ACT workplaces are accredited Breastfeeding Friendly workplaces [29]:

- ACT Health
- ACT Chief Minister Treasury and Economic Development Directorate
- ACT Justice and Community Safety Directorate
- ACT Economic Development Directorate

- ACT Environment and Planning Directorate
- ACT Legislative Assembly
- University of Canberra
- YWCA Canberra

ACT Health is an accredited Breastfeeding Friendly Workplace, this is admirable and clearly shows that this health service recognises the importance of supporting mothers to continue to breastfeed after they return to work.

Employer-based programs that support breastfeeding mothers when they return to work result in positive breastfeeding outcomes and/or employee satisfaction ratings [30]. BFW accreditation of all ACT government departments and workplaces would send a strong message to all workers, including mothers returning to work, that breastfeeding was important and a culture would be created where breastfeeding was protected, promoted and supported.

8. Collect meaningful, comprehensive breastfeeding statistics in the ACT

It was acknowledged in the Australian National Breastfeeding Strategy 2010-2015 (ANBS 2010-2015) that to increase the percentage of babies who are fully breastfed from birth to six months of age, with continued breastfeeding and complementary foods to twelve months and beyond several principles needed to be adhered to. **Principle 7. Evidence Based** stated that: *Protection, promotion and support activities are consistently informed by the best available evidence, **the percentage of babies breastfed is regularly monitored** and activities are evaluated.* [31]

The authors of the ANBS 2010-2015 go on to state:

> *Monitoring, research and evaluation are important to provide further insight into breastfeeding initiation and duration rates, as well as a better understanding of ways in which breastfeeding can be protected, promoted and supported. Research, monitoring and evaluation are required at all stages of the breastfeeding continuum.*(p38, ANBS 2010-2015)

Monitoring breastfeeding amongst other priority groups such as young mothers, mothers from a low socio-economic status and mothers from culturally and linguistically diverse backgrounds is not undertaken in Australia in a standardised or regular manner. This is a deficiency of the current monitoring system that could be addressed through a monitoring framework to support the Australian National Breastfeeding Strategy. (p 39, ANBS 2010-2015)

Currently, the Federal Department of Health is developing a high level enduring breastfeeding strategy [32] and states on its information webpage that: *The Australian Government is committed to protecting, promoting, supporting and **monitoring** breastfeeding throughout Australia.*

All Australian governments, state and territory, need to be committed to monitoring breastfeeding.

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