Submission by the Australian Breastfeeding Association

To

The ACT Budget Consultation 2019-2020

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The Australian Breastfeeding Association (ABA) welcomes the opportunity to make a submission to the ACT Budget consultation 2019–2010.

Importance of breastfeeding

Breastfeeding is important and mothers understand this because nearly all Australian mothers (96%) begin breastfeeding their babies [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 (an infection of the gut in which parts becomes inflamed and gangrenous) 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 them which may ameliorate adverse effects on the babies [6].

As a population, those who are breastfed and those who breastfeed are healthier and less of a burden on the health system.

Importance of exclusive[1] 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]

Breastfeeding rates in the ACT

The World Health Organization 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].

Despite the fact that in 2010, most (99.6%) 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 [Table 1, 2010 Australian Infant Feeding Survey, Ref 10].

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

Area-level characteristic	**Ever breastfed %**	**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

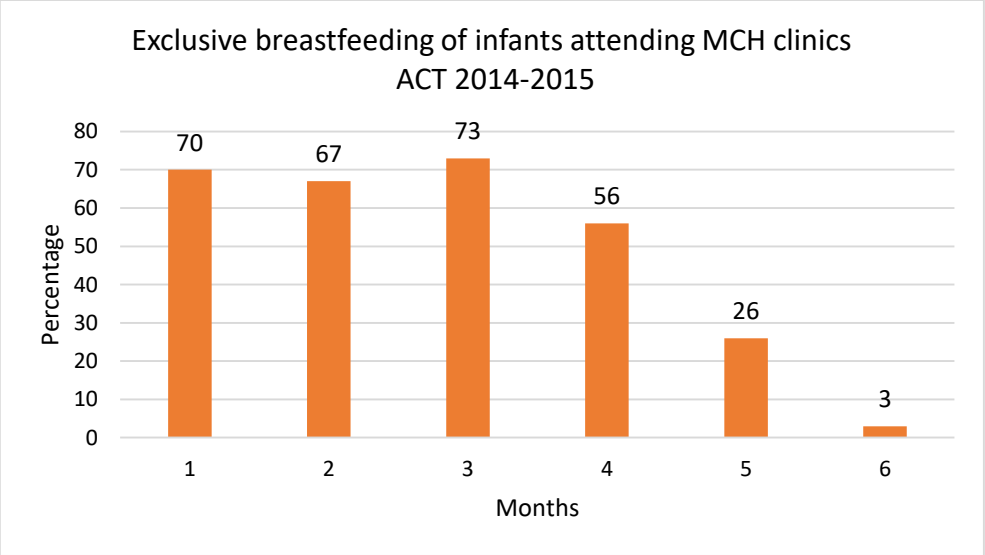
Source: Australian Institute of Health and Welfare (AIHW) 2011, 2010 Australian National Infant Feeding Survey: indicator results. Canberra.

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

[1] 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].

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

Figure 1. Excusive breastfeeding in the ACT



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

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].

Maximising health outcomes for ACT's babies and children

The health benefits of breastfeeding are understood by the Government of the ACT's Department of Health. The ACT Department of Health states [11]:

> *Evidence suggests that breastfeeding provides significant short- and long-term health benefits for both mother and baby.*
>
> *Breastmilk provides all the necessary nutrients for optimum physical and mental development of your baby and has unique qualities to help build their immune system, that are not found in infant formula.*

Research shows babies who are breastfed are protected against some infectious conditions such as gastroenteritis and respiratory infections and decreases their chance of a chronic illness later in life.

Mothers who breastfeed return to pre-pregnancy health sooner and have a reduced chance of breast and ovarian cancer, osteoporosis and type 2 diabetes.

Call to action

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

1. Breastfeeding is not accurately, nor sufficiently monitored in the ACT.
2. Not all places women give birth to babies in the ACT are Baby Friendly Health Initiative (BFHI) accredited.
3. The Infant Feeding Guidelines developed by the Australian Government's National Health and Medical Research Council (NHMRC) are not being followed.
4. Education of health professionals is deficient both during their initial training phase and when undertaking ongoing professional development
5. Models of birth that support breastfeeding most effectively are oversubscribed and many women cannot access either birth centre or continuity of care models.
6. Referrals for antenatal information and breastfeeding peer support, particularly when there is no medical intervention needed, are ad hoc or non-existent.
7. The *Infant Feeding Guidelines* developed by the Australian Government's National Health and Medical Research Council (NHMRC) are not being followed.
8. Mothers who want to breastfeed their babies are not getting the support they need in the community, once they leave hospital.
9. There is a lack of equity of access to lactation support and expertise.

The evidence:

1. Baby Friendly Health Initiative (BFHI)

There are very few BFHI-accredited organisations, departments and services in the health industry in the ACT. The only ones are:

- Canberra Hospital
- Calvary Hospital [12]

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 [13].

2. Australian Infant Feeding Guidelines

Despite the fact that most mothers in the ACT initiate breastfeeding, by 3 months only 50.7% of babies are exclusively breastfed and by around 6 months, only 17.8% of babies are exclusively breastfed [10].

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.

3. Reduced health system costs

Smith and her colleagues have 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 [14]. Australia- wide the attributable health system costs amounted to $100 million for just the four acute conditions. Exclusive breastfeeding of ACT (and all Australian) babies to 6 months would have substantially reduced health system costs.

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 [16]. The researchers stated that: *Further targeted training is needed to improve Australian GP registrars' breastfeeding knowledge, attitudes, confidence, and effectiveness.* A 2018 study of Australian GPs found that 9 out of 10 surveyed had no formal education in breastfeeding [17].

5. Referrals

A large peer breastfeeding support group already exists in Australia — the Australian Breastfeeding Association (ABA) [18]. Mothers are referred to this breastfeeding support group on an ad hoc basis, often without discussion of the work of the group and the expertise of the peer supporters [19].

Improved access to community/peer support is known to increase breastfeeding rates [19]. Well-informed referral to breastfeeding support groups has a positive impact on mothers accessing peer support. Mothers understand the role and expertise of peer support counsellors who are then empowered to make informed choices to seek out support.

6. ACT government services, particularly health services, to become accredited Breastfeeding-friendly workplaces

In the ACT, a heartening number, but not all local government services, State government services and health services are accredited Breastfeeding-friendly workplaces (BFW):

- 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
- ACT Health
- Department of Finance
- Department of Foreign Affairs and Trade
- Department of Jobs and Small Business
- Department of Veterans Affairs
- Fair Work Ombudsman
- National Archives of Australia
- Office of Parliamentary Counsel (OPC)
- Parliament of Australia — Parliamentary Departments:
    - Department of Parliamentary Services
    - Department of the House of Representatives
    - Department of the Senate
- Australian Sports Anti-Doping Authority (ASADA) [20].

Employer-based programs that support breastfeeding mothers when they return to work result in positive breastfeeding outcomes and/or employee satisfaction ratings [21]. BFW accreditation of all ACT government services, particularly health services, would send a strong message to health professionals that breastfeeding is important and would also send a strong, supportive message to their clients. A culture would be created where breastfeeding is protected, promoted and supported.

The Australian Breastfeeding Association calls on the Inquiry into Maternity Services in the ACT to:

1. Set aside funding to fully support the National Enduring Breastfeeding Strategy at the ACT level when it is published.

2. Review progress towards meeting objective 5 and associated strategies outlined in the ACT Breastfeeding Strategic Framework 2010–2015.

3. Collect annual statistics on BF outcomes 0–24 months for hospitals and clinics, and publish annual ACT breastmilk production, performance of ACT hospitals and health services on BF outcomes performance, especially for at risk groups.

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

5. Allocate funds to create supportive breastfeeding services in all communities by; adopting the Baby Friendly Community Initiative (BFCI); providing funding to enable the ABA to retain a staff member to work on community liaison within the ACT; and provide accommodation and funding for the ABA Breastfeeding Café.

6. Provide equality of access for all pregnant women in the ACT to models of birth that most effectively support breastfeeding such as Birth Centre and Continuity of Care.

7. 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.

8. Promote and subsidise ABA health professional seminars. The ABA provides annual health professional education (seminars) as well as workshops and study modules. 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.

9. Ensure well-informed referral by health professionals to breastfeeding support organisations, including ABA, and informing mothers adequately about the work of breastfeeding-support groups in the community.

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

11. Ensure Government services, particularly health services, lead by example by becoming accredited Breastfeeding-friendly Workplaces, so that their staff can continue to breastfeed after their return to work from maternity leave.

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