Submission by the Australian Breastfeeding Association

To

Victorian Inquiry into Perinatal Services

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The Australian Breastfeeding Association (ABA) welcomes the opportunity to make comment on the Victorian Inquiry into Perinatal Services particularly in relation to the health, care and wellbeing of mothers and babies in the perinatal period.

**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 them which may ameliorate adverse effects on the 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 Victoria

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].

Victoria is falling well short of the above recommendations. Despite the fact that around 95% of mothers initiate breastfeeding, babies are leaving Victorian public and private hospitals having been supplemented with artificial baby milk at high rates, 25.2% and 38.7%, respectively (see Table 1 on next page). That’s at least 1 in 4 babies described as ‘term, breastfed babies’ receiving artificial baby milk in hospital [10].

Some measures of breastfeeding rates are routinely collected by maternal child health nurses in Victoria. Despite high initiation rates, Victorian breastfeeding rates continue to drop at an alarming rate and by 2 weeks only 66.1% of babies are fully breastfed*. The definition of ‘fully breastfed’ is not as strict as exclusively breastfed and, as such, even fewer babies would be exclusively breastfed [11].

*A fully-breastfed infant is defined as an infant who does not regularly (at least once a day) receive any milk other than breastmilk, but may receive some solids.
Table 1 Breastfeeding in Victorian hospitals [10]

<table>
<thead>
<tr>
<th>Indicators 8a, 8b and 8c</th>
<th>Victorian hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding in hospital</td>
<td>Public</td>
</tr>
<tr>
<td>Breastfeeding initiation in term babies (baby put to the breast or attempted to express breastmilk at least once)</td>
<td>94.8%</td>
</tr>
<tr>
<td>Use of artificial baby milk by term, breastfed babies</td>
<td>25.2%</td>
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<tr>
<td>Final feed before discharge ‘exclusive’ and directly from breast (no complementary expressed breast milk or artificial baby milk)</td>
<td>79.7%</td>
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Source: Victorian perinatal services performance indicators 2015−16

Babies supplemented with artificial baby milk in hospital are not and never will be exclusively breastfed.

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].

Factors affecting breastfeeding practices and evidence-based breastfeeding guidelines for Victoria: the work has already been done!

There is a wealth of information about breastfeeding practices and interventions that increase breastfeeding rates in the early childhood section of the Victorian State Government’s Education and Training website. It is there because, in 2006, the Victorian Department of Human Services (DHS) saw a need to develop a catalogue of evidence-based strategies to improve the health and wellbeing of children aged 0-8 years.

In the section on Early Childhood Indicators, strategies to increase breastfeeding rates were reviewed and the following were identified as important and evidence based:

- Recommended strategy 1: Peer support
- Recommended strategy 2: Health professional education initiatives
Recommended strategy 3: Community Outreach
Recommended strategy 4: Multi-strategy, community intervention
Recommended strategy 5: Baby-friendly Hospital Initiative [12]

In 2010, Amir and her colleagues published a 157 page report on breastfeeding in Victoria which used the results of a literature review and consultation process to recommend an intervention/s that could be implemented and evaluated in Victoria to increase breastfeeding.

The following potential interventions were identified:

- An intensive home visiting program involving home visits from a MCHN or lactation consultant early in the postpartum period, thus providing prompt assistance and support to mothers and infants experiencing difficulties with breastfeeding;
- A drop-in centre (i.e. no appointment required) providing mothers and infants assistance with breastfeeding through professional and peer support in a relaxed and friendly environment, that is easily accessible;
- The introduction of an advanced communication skills education program for MCHNs aimed at updating, or reinforcing, breastfeeding knowledge, and strengthening MCHN-to-client communication skills;
- A breastfeeding intervention aimed at Aboriginal and Torres Strait Islander women, which provides culturally appropriate breastfeeding support, information and encouragement to mothers. Its development would require extensive consultation with the Aboriginal and Torres Strait Islander community;
- A breastfeeding intervention which uses new technologies as the vehicle through which health professionals could provide advice, assistance and support to breastfeeding mothers and their families;
- An intervention designed around the expansion of the existing new mothers’ groups whereby women are invited to attend a group prior to the commencement of the standard care package as offered in the existing new mothers program. During this early period a peer support person and/or breastfeeding specialist (MCHN or lactation consultant) would be available to provide breastfeeding information, advice and support [13].

Subsequently, Amir and her colleagues developed the current Victorian breastfeeding guidelines — *Promoting breastfeeding: Victorian breastfeeding guidelines (2014)* — a source of evidence-based breastfeeding information for health professionals to use when working with women and families during the continuum of breastfeeding [14].

It was the first major update of the Victorian Breastfeeding Guidelines in 16 years, by a group of world-renowned breastfeeding experts, which lead to the development of a readily-accessible, concise guide for health professionals who work with pregnant and breastfeeding women.
All sections of the revised Victorian Breastfeeding Guidelines have been updated and include information on:

- How breastfeeding works – updated physiology;
- Breastfeeding advice during pregnancy;
- Establishing breastfeeding – guidance for best practice;
- Routine breastfeeding assessment – for mother and baby;
- Infant-related breastfeeding issues – including care of mothers establishing breastfeeding when their infants are pre-term;
- Care of the late pre-term baby in the maternity setting;
- Alternative methods of infant feeding when breastfeeding is not possible, including infant formula feeding and donor milk;
- Breast milk banks;
- Continuing breastfeeding including breastfeeding and sexuality and return to paid employment while continuing.

**Whose responsibility is it?**

The influences on breastfeeding practices are multifactorial and encompass both enablers and barriers. 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 [13].
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 [15]
**Call to action**

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

1. Only a few hospitals in Victoria are Baby-friendly Health Initiative (BFHI) accredited.
2. The Tens 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 6th step — *Give newborn infants no food or drink other than breast milk, unless medically indicated* — is not followed and 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. The Infant Feeding Guidelines developed by the Australian Government’s National Health and Medical Research Council (NHMRC) are not being followed.
4. The status and reach of the Victorian Breastfeeding Guidelines is unknown.
5. Mothers who want to breastfeed their babies are not getting the support they need in the community, once they leave hospital.
6. There is a lack of equity of access to lactation support and expertise.
7. Education of health professionals is deficient both during their initial training phase and when undertaking ongoing professional development.
8. Health professionals are seen to be ambivalent about breastfeeding.
9. Many breastfeeding women are unsupported by their workplace when they return to work.

The Australian Breastfeeding Association calls on the Family and Community Development Committee of the Parliament of Victoria to:

1. Support the overwhelming majority of mothers who want to breastfeed their babies by making Baby-friendly Health Initiative (BFHI) accreditation mandatory in all places babies are born.
2. Ensure the 6th and 10th steps of the Ten Steps to Successful Breastfeeding (see text box below) are adhered to:
   - 6th step: Ensure health professionals are educated to understand the need for this step, to adhere to it and to be accountable if they undermine it by unnecessarily introduce artificial baby milk to babies.
   - 10th step: Ensure well-informed referral by health professionals to breastfeeding support organisations including ABA; informing mothers properly about the work of breastfeeding-support groups in the community, not just handing them a brochure or sticking a sticker on their baby book.
3. Ensure all health professionals, who encounter mothers and their breastfed babies, understand and follow the evidence-based NHMRC Australian Infant Feeding Guidelines.
4. Make certain the evidence-based Victorian Breastfeeding Guidelines are implemented and, importantly, evaluated.

5. 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.

6. Advocate for a Medicare item number for IBCLC-certified lactation consultants and streamlined referral pathways for mothers from general practitioners.

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. Expect health professionals, particularly general practitioners, maternal child health nurses and midwives to protect, promote and support breastfeeding.

9. Ensure Government 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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**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)

There are very few BFHI-accredited organisations, departments and services in the health industry in Victoria:

- Bairnsdale Regional Health Service
- Ballarat Base Hospital (Ballarat Health Services)
- Benalla Health (Benalla and district memorial hospital)
- Maryborough District Health Service
- Royal Women’s Hospital
- Sunshine Hospital (Western Health)
- The Bays Healthcare (Formerly Hospital) private
- West Gippsland Healthcare Group
- Western District Health Service (Hamilton Hospital) [16]

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 [17].

2. The Ten Steps to Successful Breastfeeding (part of BFHI) [18]

6th step - Give newborn infants no food or drink other than breast milk, unless medically indicated

Healthy, term breastfed babies are leaving Victorian public and private hospitals having been supplemented with artificial baby milk at high rates, 25.2% and 38.7%, respectively [10].

Exclusive breastfeeding has a positive impact on the health outcomes of babies. It protects against early childhood infections [3] and fewer exclusively breastfed babies are hospitalised for such infections [19].

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) [20]. 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 [21].
Improved access to community/peer support is known to increase breastfeeding rates [21]. 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.

3. Australian Infant Feeding Guidelines

Despite the fact that around 95% of mothers initiate breastfeeding, babies are leaving Victorian public and private hospitals having been supplemented with artificial baby milk at high rates, 25.2% and 38.7%, respectively [10]. 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 73,568 infants were born in Victoria in 2015, as many as 28,397 babies were not being exclusively breastfeed to 1 month that year.

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.

4. Victorian Breastfeeding Guidelines

In 2014, an expert breastfeeding group published the Victorian Breastfeeding Guidelines [14] based on the best available evidence around ways to protect, promote and support breastfeeding in Victorian. Whether this valuable resource is being used and whether it is having an impact on breastfeeding rates, especially exclusive breastfeeding rates during the perinatal period, is unknown. ABA contacted the authors who are unaware of whether the guidelines have been implemented or evaluated.

*The purpose of the Victorian Breastfeeding Guidelines is to protect, promote and support breastfeeding in Victoria. They are a readily accessible, concise guide for health professionals who work with pregnant and breastfeeding women. Women receive perinatal care from a range of health professionals that include midwives, general practitioners, nurses, obstetricians, paediatricians, and maternal and child health nurses. Women often describe breastfeeding information and advice as inconsistent. These guidelines are a source of evidence-based breastfeeding information for health professionals to use when working with women and their families during the continuum of breastfeeding. Provision of breastfeeding information and advice may commence during prenatal counselling and continue until the child has ceased breastfeeding.* [14]
5. Baby Friendly Community Initiative (BFCI)

There are no facilities accredited as BFCI in Victoria.

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 [15].

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 (BFCI) 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 [22].

6. Medicare item number for IBCLE-certified lactation consultants

The services offered by IBCLE-certified lactation consultants is currently not covered by a Medicare item number and so there is a lack of equity of access to lactation support and expertise. If the services of IBCLE-certified lactation consultants was subsidised by the Australian government, then equity of access would be assured.

Evidence from two randomised controlled trials showed that proactive care, both antenatally and postnatally, provided by lactation consultants can dramatically increase ‘any’ and exclusive breastfeeding rates in women traditionally resistant to breastfeeding. Women in the intervention group who received extra support from lactation consultants were significantly more likely to be exclusively breastfeeding at 1 and 3 months (four and three times, respectively) and providing any breastmilk at 1, 3 and 6 months [23].

7. 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].

8. Expect health professionals to protect, promote and support breastfeeding

Not all health professionals are committed to protect, promote and support breastfeeding in Victoria, evidenced by the very high rates of unnecessary supplementation of babies with artificial baby milk in hospital [10]. A health professional’s attitude towards breastfeeding is important because women perceive an ambivalent attitude as not being supportive (even if it is meant to appear neutral) which then results in women breastfeeding at lower rates.

The influence of obstetric and paediatric care providers on whether women were exclusively breastfeeding at 1 and 3 months was determined using data from a large prospective cohort study, the Infant Feeding Practices Study II (2005-2007). Women who perceived that their obstetric care provider favoured exclusive breastfeeding were significantly more likely to be exclusively breastfeeding their babies at 1 and 3 months compared to women who perceived their obstetric care provider was neutral about the way infants are fed. Similar results were found when women were asked about the attitude of their paediatric care provider [27].

9. Victorian government health services to become accredited Breastfeeding-friendly workplaces

In Victoria, very few health services are accredited Breastfeeding-friendly workplaces (BFW):

- Mallee Track Health & Community Service
- mecwacare
- Mercy Health
- Peninsula Health
- The Pharmacy Guild of Australia
- The Royal Women’s Hospital

Level 3 Suite 2 150 Albert Rd South Melbourne VIC 3205
03 9690 4620

www.breastfeeding.asn.au
ABN 64 005 081 523 / RTO 21659
Western Private Hospital [28]

Employer-based programs that support breastfeeding mothers when they return to work result in positive breastfeeding outcomes and/or employee satisfaction ratings [29]. BFW accreditation of Victorian government health services would send a strong message to health professionals that breastfeeding was important and would also send a strong, supportive message to their clients. A culture would be created where breastfeeding was protected, promoted and supported.

References


16. BFHI Accredited Facilities List As At 02/06/17
   https://2-midwives.cdn.aspedia.net/sites/default/files/uploaded-content/field_f_content_file/bfhi_information_for_community_health_facilities.pdf


