This submission will present information on breastfeeding, lactation education and support 
prenatally (antenatally) and postnatally.

It is acknowledged that breastfeeding is the normal way to feed infants and that breastmilk 
substitutes, formulas, have numerous health risks for babies, mothers and the wider community.

It is also been proven through comprehensive research that breastfeeding reduces the incidences of 
numerous illnesses in both the infant and the mother. These include otitis media, upper and lower 
respiratory diseases, SIDS, eczema, obesity, adult type 2 diabetes for the infant. For the mother the 
reduction of risks include breast and ovarian cancers, and Rheumatoid arthritis. Other risk 
reductions have probably links, but are less researched. These include weight reduction, 
osteoporosis and postpartum depression. For the wider community there are reduced health care 
costs for much of the life of the infant. In the last 5-7 years research has demonstrated that 
breastfeeding and the close care of infants that this provides reduces the incidences of neglect and 
abuse. In turn these reduce health care costs in the immediate postpartum period and over the long 
term. (WHO, NHMRC 2013 Dietary Guidelines, Victorian Government Dept of Education and 

The Australian Bureau of Statistics states that greater education improves health (2009). While this 
looked at adverse behaviours such as smoking, there can be a correlation in that more education 
about the reduction of risks in not breastfeeding improves breastfeeding outcomes. Hahn and 
Truman describe the general evidence that education improves public health (2015). Women who 
have taken part in surveys and research about their health care describe the inconsistency of 
information from health professionals and family as causing them anxiety and concerns. (Renfrew 

Thus, there is a need for not just providing education for health professionals that work in women’s 
health, especially prenatal care, but also, consistent education for the perinatal period to the mother 
and her family. There are already programs in place that do provide this consistent education. This 
is the Baby Friendly Health (Hospital) Initiative (BFHI). BFHI was launched by WHO and 
UNICEF in 1991 and research has shown that by adopting the standards, educating the staff and 
auditing the facilities to ensure standards and education are reached and maintained.

**Point 1:** Ensure **all** maternity facilities and maternal and child health centres meet and maintain 
the BFHI and Baby Friendly Community Initiative (BFCI) standards. This would improve 
education about the normality of breastfeeding and how to breastfeed.

Mothers and their babies also need support within their homes at the times that can meet their 
needs. This can be due to health, ethnic or religious reasons. International Board Certified 
Lactation Consultants (IBCLC) can and frequently do provide these services. Some hospital 
domiciliary services do provide support. However, this depends upon the skills of the visiting nurse 
and the amount of time that they are allocated per home visit patient. While their techniques and 
skills may vary, they do have a Code of Professional Conduct and Scope of Practice which does 
help to ensure consistent education and information about breastfeeding is provided.
Maternal and Child Health Nurses now should use the Victorian Breastfeeding Guidelines (Promoting Breastfeeding, 2014) to support and assist mothers in breastfeeding. They should have also completed further education to enhance and improve their skills in this area.

The Australian Breastfeeding Association (ABA) provides peer support counsellors that have a Certificate IV in Breastfeeding Counselling. The ABA also has a Code of Ethics that all volunteers work within. This sets their scope of practice.

ABA hold Breastfeeding Education Classes for prenatal families. Many IBCLCs also provide such a service. Many maternity hospitals provide classes about breastfeeding. However, these all do cost. Thus, a number of prenatal families do miss out of these classes whether because of the cost or the time at which they are held.

**Point 2:** Breastfeeding Education should be provided free of cost at maternity hospitals and/or through subsidise attendance at ABA classes, which are held throughout the state. Potentially, a method for subsidy to private practice IBCLCs who provide such classes where the prenatal mother and family are unable to attend hospital or ABA classes.

This would improve the knowledge and educate families about breastfeeding and the reduction of health risks by breastfeeding. Currently, breastfeeding classes often attract extra costs and are seen as an “add-on” to birthing classes. They should be deemed as essential and important as birthing.

It may be feasible to provide education in the immediate postpartum period. However, women are discharged from hospitals at different times and are often not able to take in information from a class type setting. There may be a need for more individual care, which should include specialist care in the hospital over the weekend periods.

**Point 3:** Provision of additional breastfeeding support through peer support, lactation clinics, access to private IBCLCs and hospital support that is provided within a short (24-48 hour/1-2 days) timeframe. This would help the new mothers and their families be reassured and have skills improved in their breastfeeding, provide lactation support to improve issues that often arise in the postpartum period that can be within the immediate time and without having to wait for seven to ten days postnatally for even an initial consultation.

This final point is the postnatal period. New mothers need support in order to implement the education of breastfeeding that they learnt during the prenatal period. They need that in a timely manner without the need to wait. Their health care providers, general practitioners, obstetricians, midwives and paediatricians, all should have basic knowledge and have an understanding that there is often the need for more specialist support.

There is little consistent or comprehensive breastfeeding education for general practitioners, obstetricians and paediatricians. Further ongoing education is needed, especially for general practitioners. Practical guides such as the Best practice guide to common breastfeeding problems (NMAA/now ABA & Commonwealth of Australia, 1999) should be updated and provided on a continuing basis.
There is also a need for support in the immediate postpartum period, not at 2 weeks or longer as often occurs when a mother needs and wishes to receive that support immediately to improve her breastfeeding. Again, research clearly shows that support that is immediate, e.g. within a very short timeframe, provides greater continuation of breastfeeding and longer exclusive breastfeeding. (Cameron et al 2010, Saadeh & Akre 1999, Feldman-Winter, et al 2010, Ridgway et al 2016)

Respectfully submitted,

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References:


Saadeh R, Akré J. Ten steps to successful breastfeeding: A summary of the rationale and scientific evidence. BIRTH 1996, 23(3); 154-160.


Commonwealth of Australia, Nursing Mothers’ Association of Australia (Now The Australian Breastfeeding Association). Best practice guide to common breastfeeding problems. 1999


Smith JP. **Mothers’ milk and markets.** *Australian Feminist Studies.* 2004. 19(45), 369-379.

Strahearn L, Mamun AA, Najman JM, O’Callaghan MJ. **Does breastfeeding protect against substantiated child abuse and neglect?**. *Pediatrics.* 2009. 123(2); 483-493.


