



**Submission by the Australian Breastfeeding Association  
To  
WA Sustainable Health Review**

**Contact details: Susan Day  
President  
Australian Breastfeeding Association**



**Susan Tawia  
Manager Breastfeeding Information and Research**



**Date: 20<sup>th</sup> October 2017**

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

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)  
ABN 64 005 081 523 / RTO 21659

The Australian Breastfeeding Association (ABA) welcomes the opportunity to make comment on the WA Sustainable Health Review in relation to a sustainable, patient-centred health system in WA.

This submission responds to the following:

- The **mix of services provided across the system**, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to **maximise health outcomes** and value to the public.
- Opportunities to **drive partnerships across sectors** and all levels of government to reduce duplication and to **deliver integrated and coordinated care**.

### **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 (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].

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\* 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]

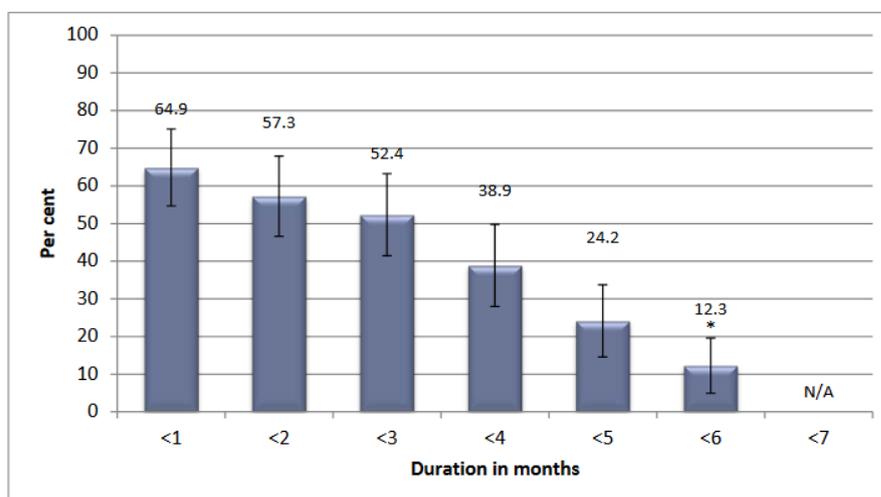
\*Exclusive breastfeeding means that the baby receives only breastmilk. No other liquids or solids are given – not even water – with the exception of an oral rehydration solution, or drops/syrups of vitamins, minerals or medicines [8].

### Breastfeeding rates in Western Australia

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].

Western Australia is falling well short of these recommendations. Despite the fact that most mothers in Western Australia initiate breastfeeding, by 1 month only 64.9% of babies are exclusively breastfed and by around 6 months, only 12.3% of babies are exclusively breastfed [10].

Figure 1. Proportion of babies exclusively breastfed to each month of age, 0 to 6 months. HWSS 2016 [10].



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 Western Australia's babies and children**

The health benefits of breastfeeding are understood by the Government of Western Australia's Department of Health. The Western Australian *Child and Antenatal Nutrition Manual Breastfeeding* [11] states:

*Breastfeeding and expressed breast milk have positive effects on the nutritional, physical, psychological and social health of the infant, and have health benefits for the mother. Economic benefits for the family and society can also be gained.*

The mix of services required to be provided across the system to support mothers to breastfeed have also been identified [11]:

*Lactating women need education in understanding the importance of breast milk and making breastfeeding the normal feeding option. The support of health professionals, early resolution of problems and family support are critical to breastfeeding initiation and duration. Family support, in particular partner support, is a positive determinant in a new mother's decision to initiate and continue with breastfeeding.*

*The majority of mothers can successfully breastfeed their infants, while some mothers may encounter difficulties with initiating and establishing breastfeeding, usually these can be overcome with support and encouragement from health workers, family and community organisations.*

And the role of health professionals, and the partnerships they need to engage in, have begun to be identified:

*Health professionals have an important role in protecting, promoting and supporting breastfeeding. It is essential that mothers and their support networks have access to evidence based information and support from trained Community health professionals and International Board Certified Lactation Consultants (IBCLC) to help them adjust to breastfeeding...*

### **Call to action**

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

1. Very few hospitals in Western Australia are Baby-friendly Health Initiative (BFHI) accredited.
2. The *Infant Feeding Guidelines* developed by the Australian Government's National Health and Medical Research Council (NHMRC) are not being followed.
3. Education of health professionals is deficient both during their initial training phase and when undertaking ongoing professional development
4. Referrals for antenatal information and breastfeeding peer support, particularly when there is no medical intervention needed, are ad hoc or non-existent.
5. Many breastfeeding women are unsupported by their work place when they return to work.

**The Australian Breastfeeding Association calls on the Western Australian Government to support breastfeeding mothers by:**

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

4. Ensure well-informed referral by health professionals to breastfeeding support organisations, including the ABA, and informing mothers adequately about the work of breastfeeding-support groups in the community, such as the provision of Breastfeeding Education Classes for expectant parents and local peer support groups, not just handing them a brochure or sticking a sticker on their baby book.
5. 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.

**The evidence:**

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

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

- Armadale Hospital
- King Edward Memorial Hospital
- Narrogin Regional 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 Western Australia initiate breastfeeding, by 1 month only 64.9% of babies are exclusively breastfed and by around 6 months, only 12.3% 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. 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 [14]. 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 [15].

## **4. Referrals**

A large peer breastfeeding support group already exists in Australia — the Australian Breastfeeding Association (ABA) [16]. 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 [17].

Improved access to community/peer support is known to increase breastfeeding rates [17]. 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.

## **5. Western Australian government services, particularly health services, to become accredited Breastfeeding-friendly workplaces**

In Western Australia, very few local government services, no State government services and only one health service are accredited Breastfeeding-friendly workplaces (BFW):

- City of Swan
- Town of Victoria Park
- Joondalup Health Campus [18]

Employer-based programs that support breastfeeding mothers when they return to work result in positive breastfeeding outcomes and/or employee satisfaction ratings [19]. BFW accreditation of Western Australian government services, particularly 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

1. Australian Institute of Health and Welfare. (2011). *2010 Australian National Infant Feeding Survey: Indicator results*. Canberra, Australia: AIHW. <http://www.aihw.gov.au/publication-detail/?id=10737420927>
2. Australian Breastfeeding Association. (2013). *Position statement on breastfeeding*. [https://www.breastfeeding.asn.au/system/files/content/POL-Statement%20on%20Breastfeeding-V2.2-201311\\_1.pdf](https://www.breastfeeding.asn.au/system/files/content/POL-Statement%20on%20Breastfeeding-V2.2-201311_1.pdf)
3. Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., ... & Group, T. L. B. S. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, *387*(10017), 475-490.
4. Schanler, R. J., Shulman, R. J., & Lau, C. (1999). Feeding strategies for premature infants: beneficial outcomes of feeding fortified human milk versus preterm formula. *Pediatrics*, *103*(6), 1150-1157
5. Red Nose. (2016). *Breastfeeding and the risk of sudden unexpected death in infancy*. <https://rednose.com.au/article/breastfeeding-and-the-risk-of-sudden-unexpected-death-in-infancy>
6. Kendall-Tackett, K. A. (2010). *Depression in new mothers: causes, consequences, and treatment alternatives* (2nd ed.). Abingdon, Oxon: Routledge.
7. Payne, S., & Quigley, M. A. (2017). Breastfeeding and infant hospitalisation: analysis of the UK 2010 Infant Feeding Survey. *Maternal and Child Nutrition*, *13*(1).
8. World Health Organization. (2003). *Global strategy for infant and young child feeding*. Geneva, Switzerland: WHO. <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>
9. National Health and Medical Research Council. (2012). *Infant feeding guidelines*. Canberra, Australia: NHMRC. [https://www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n56\\_infant\\_feeding\\_guidelines\\_summary\\_150916.pdf](https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines_summary_150916.pdf)
10. Powell, A., Joyce, S. and Radomiljac, A. 2017. Health and Wellbeing of Children in Western Australia in 2016, Overview and Trends. Department of Health, Western Australia. [http://ww2.health.wa.gov.au/~/\\_media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Children-in-Western-Australia-2016-Overview-and-Trends.pdf](http://ww2.health.wa.gov.au/~/_media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Children-in-Western-Australia-2016-Overview-and-Trends.pdf)
11. Government of WA, Dept of Health. 2014. *Child and Antenatal Nutrition Manual Breastfeeding*. [http://www.pmh.health.wa.gov.au/health/docs/CAN\\_Breastfeeding.pdf](http://www.pmh.health.wa.gov.au/health/docs/CAN_Breastfeeding.pdf)
12. BFHI Accredited Facilities List As At 02/06/17 [https://www.midwives.org.au/sites/default/files/uploaded-content/website-content/BFHI/bfhi\\_accredited\\_facilities\\_list\\_for\\_website\\_20170602.pdf](https://www.midwives.org.au/sites/default/files/uploaded-content/website-content/BFHI/bfhi_accredited_facilities_list_for_website_20170602.pdf)
13. Kramer, M. S., Chalmers, B., Hodnett, E. D., Sevkovskaya, Z., Dzikovich, I., Shapiro, S., ... & Shishko, G. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. *JAMA*, *285*(4), 413-420.
14. Brodribb, W., Fallon, A., Jackson, C., & Hegney, D. (2008). Breastfeeding and Australian GP registrars—their knowledge and attitudes. *Journal of Human Lactation*, *24*(4), 422-430.
15. Cantrill, R. M., Creedy, D. K., & Cooke, M. (2003). An Australian study of midwives' breast-feeding knowledge. *Midwifery*, *19*(4), 310-317.
16. Australian Breastfeeding Association website <https://www.breastfeeding.asn.au/>
17. Hunt, L., & Thomson, G. (2017). Pressure and judgement within a dichotomous landscape of infant feeding: a grounded theory study to explore why breastfeeding women do not access peer support provision. *Maternal and Child Nutrition*, *13*(2).
18. Australian Breastfeeding Association. Accredited workplaces: health. <https://www.breastfeeding.asn.au/workplace/accredited>
19. Dinour, L. M., & Szaro, J. M. (2017). Employer-based programs to support breastfeeding among working mothers: a systematic review. *Breastfeeding Medicine*, *12*(3), 131-141.

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

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)  
ABN 64 005 081 523 / RTO 21659