



## Public Health Association of Australia: Policy-at-a-glance – Breastfeeding Policy

- Key message:**
1. Breastfeeding is an important public health issue.
  2. Most mothers in Australia initiate breastfeeding but the majority of mothers cease breastfeeding early.
  3. Health professionals and consumers need accurate information about safe use of medicines for breastfeeding women.
  4. PHAA supports the implementation of the *Australian National Breastfeeding Strategy 2010-2015* and ongoing monitoring/data collection to inform future policy and program development.

**Summary:** This policy seeks to outline a series of recommendations and tangible actions in line with addressing the issues and principles outlined above.

**Audience:** Australian, State/Territory and Local Governments, policy makers and program managers. Industry, health service and community stakeholder groups.

**Responsibility:** PHAA's Women's Health Special Interest Group (SIG)

**Date policy adopted:** September 2010

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## **BREASTFEEDING POLICY**

**See also the *Public Health Association of Australia Breastfeeding Background Paper* for more information.**

***The Public Health Association of Australia notes the following:***

1) *Breastfeeding is an important public health issue*

Breastfeeding is the optimum method, the natural and most healthy way, of feeding infants. Breast milk is a perfectly balanced source of nutrition and contains a variety of nutrient and immunological factors that cannot be replicated [1, 2]. The evidence for the health risks of not breastfeeding is extensive and increasingly derived from good quality studies including meta-analyses and systematic reviews [3].

2) *Most mothers in Australia initiate breastfeeding but the majority of mothers cease breastfeeding early*

a) The National Health and Medical Research Council (NHMRC) recommends that all babies are exclusively breastfed for the first six months of life, and, together with complementary food, continue to be breastfed for at least 12 months [4]. The World Health Organization also recommends exclusive breastfeeding for the first six months of life, but extends the recommendation of continued breastfeeding with complementary foods for up to two years and beyond, if mother and child both wish [1].

b) National data from the 2001 National Health Survey show that although most mothers in Australia (around 90%) initiate breastfeeding, the rate rapidly declines to less than half of all mothers breastfeeding at six months and less than a fifth breastfeeding for the recommended 12 months [5].

3) *There is no national monitoring of breastfeeding in Australia, and a lack of consistency in survey methods, analysis and reporting of breastfeeding data across Australia (and internationally)*

No national data on breastfeeding rates have been collected since the National Health Surveys in 1995 and 2001. Another 'one-off' Australian Infant Feeding Survey is occurring in 2010.

4) *The International Code has no authority in Australia, and monitoring of compliance is limited*

The Marketing in Australia of Infant Formula (MAIF) agreement is a voluntary agreement between the Australian Government and companies that import and/or manufacture

breastmilk substitutes. Not all infant formula companies have signed the agreement and it does not cover several aspects of the Code.

- 5) *Health professionals and consumers need accurate information about safe use of medicines for breastfeeding women.*

There are very few medicines which are unsafe for breastfeeding women [6]. The amount of maternal medicine an infant would receive is less than 1% of an infant dose for the vast majority of medications [7].

- 6) *Australian National Breastfeeding Strategy 2010-2015*  
Following the 2007 House of Representatives Standing Committee on Health and Ageing's public inquiry into breastfeeding [8], the Australian Health Ministers' Conference has launched an Australian National Breastfeeding Strategy in November 2009 [9]. The report on the inquiry into the health benefits of breastfeeding listed 22 recommendations to Government [8]. PHAA supports these recommendations. The implementation plan of the National Strategy has not been released (as of September 2010); however the ten action areas that the Implementation Plan will focus on have been listed in the Commonwealth's 'Taking Preventive Action' report (11 May 2010) and are supported by the PHAA.

***The Public Health Association of Australia believes that the following steps should be undertaken:***

- 7) The Australian Government should **establish a national committee** to devise and coordinate a strategic approach to promoting, protecting and supporting breastfeeding in Australia, including breast feeding research and the monitoring, surveillance and evaluation of breast feeding data.
- 8) **State and local health services should establish broad coalitions** (including non-health and community partners) to support coordination of breastfeeding promotion, protection and support efforts.
- 9) National monitoring of breastfeeding needs to occur on a regular and frequent basis and consensus and consistency in **monitoring breastfeeding** should be achieved:
  - a) A national working group with state and territory representatives should be established to reach consensus on the optimal monitoring and reporting of breastfeeding at the national, state and local levels.
  - b) This working group should specifically be engaged to consult on the analysis, interpretation and reporting of the data collected in the upcoming Australian Infant Feeding Survey (2010), particularly in relation to data from previous national surveys which have used different questionnaires.
  - c) Appropriate breastfeeding questions must be included in national health surveys.
  - d) All State and Territory Government health departments should collect standardised data on population breastfeeding rates, using the agreed definitions and indicators of breastfeeding.
  - e) A minimal number of nationally standardised breastfeeding questions should be developed and included in all perinatal, hospital-based data collections.
- 10) There should be policy and national funding support linked to routine implementation of the **Baby Friendly Health Initiatives:**

- a) Every maternity hospital in Australia should be accredited as a Baby Friendly Hospital, to encourage breastfeeding as the norm.
  - b) Ongoing monitoring of compliance with the Ten Steps should be implemented.
  - c) The community section of the Baby Friendly Initiative needs to be implemented nationally.
  - d) Baby Friendly Guidelines for Australian paediatric units need to be developed and implemented.
- 11) **Increased funding should be provided for public health research** into breastfeeding promotion and support in Australia:
- a) Regular expert reviews of local and international literature on the optimal strategies and methods for breastfeeding promotion and support should be made to inform practice in Australia.
  - b) Specific funding should be allocated for the evaluation of local-level programs.
- 12) **Competent and consistent advice and support from all relevant health professionals** needs to be ensured:
- a) Nationally consistent training and education materials for health professionals need to be developed (following an audit of currently used materials).
  - b) All relevant health professionals should receive adequate training so that they are competent in supporting women to establish and maintain breastfeeding.
- 13) **Antenatal and postnatal breastfeeding education and support** should be provided as part of normal clinical care, including:
- a) Funding should be provided for the production and dissemination of nationally consistent, accessible information on breast and artificial feeding for parents and parents-to-be. Parents need to be aware of the risks of not breastfeeding. Those who do not breastfeed should be provided with information as to how to formula feed in a safe manner.
  - b) Health professionals should be encouraged to actively collaborate with the Australian Breastfeeding Association; and to refer mothers with breastfeeding issues to this key support organisation.
  - c) Breastfeeding education and support, including evidence of continuity throughout the perinatal and postnatal periods, should be included in clinical governance and audit mechanisms.
- 14) There should be **legislative support** for combining breastfeeding and work:
- a) The PHAA supports the planned government scheme for 18 weeks of paid parental leave; although advocates for an extension of the scheme to 26 weeks.
  - b) All businesses and employers should provide flexible work practices, work breaks and facilities to allow employees to combine breastfeeding and work.
  - c) Large organisations should be encouraged to provide on-site child care.
- 15) Provision of **parenting facilities** in public places should be encouraged by state and federal governments and included in local government planning requirements for all large public amenities such as shopping centres. These should include facilities for changing nappies, and also quiet spaces suitable for feeding if these are not available elsewhere in the amenity. Education of management and all relevant staff employed in public amenities regarding the rights of breastfeeding women should also be encouraged in this context.

- 16) **Public education** about breastfeeding is needed and should include support for women's rights to breastfeed whenever and wherever necessary.
- 17) The Commonwealth, State and Territory health departments should move towards **mandating the International Code**, including:
- a) Mandate that free or subsidised supplies of breast milk substitutes and other products covered by the Code are not provided in any part of the health care system.
  - b) Develop a code of practice or agreement in alignment with the Code for:
    - i) manufacturers and importers of bottles and teats;
    - ii) retailers and advertisers of breast milk substitutes; and
    - iii) manufacturers, retailers and advertisers of follow-on (toddler) formulas.
  - c) Change labelling requirements of foods for infants so that they align with the NHMRC Infant Feeding Guideline that a baby should be exclusively breastfed for the first six months.
  - d) Widely disseminate to health professionals information about their obligations under the Code.
  - e) Encourage health professionals and other relevant professionals to report breaches of the MAIF agreement/ International Code.
- 18) The '**NHMRC Infant Feeding Guidelines** for Health Workers' should be regularly reviewed to incorporate the latest research evidence and widely-disseminated.
- 19) **Sponsorship and conflict of interest** issues need to be addressed. Advocacy towards ensuring the following is recommended:
- a) Government departments and health professional organisations should not accept any funding or other support from infant formula manufacturers for health professionals' education, including conference sponsorship and exhibition.
  - b) Editors and publishers of journals and magazines for health professionals should not accept infant formula advertisements [10].
- 20) Government should explore the best way to provide easily accessible evidence-based accurate information on **medicines for breastfeeding women** for health professionals and consumers. Mothers who are **drug-dependent** should be encouraged to breastfeed with appropriate support and precautions.
- 21) Government should support, financially, the development and ongoing operation of **human milk banks** in all states and territories. Volunteer donor milk should be available free of charge to infants who require human milk.
- 22) Application of the **new WHO growth charts** in Australia [11] should be explored as a matter of urgency; and resolution reached on the optimal standard growth chart for use in Australia.
- 23) The implementation plan for the National Breastfeeding Strategy 2010-2015 should include the recommendations from the 2007 national inquiry and the recommendations listed above.

***The Public Health Association of Australia resolves that:***

- 24) The National Office and Board will write to urge the Australian Government Minister for Health & Ageing, the relevant Minister for Consumer Affairs, the Chairman of the

NHMRC and the Chairman of the Australian Research Council (ARC), to provide support, including financial support, for the above actions.

- 25) Opportunities and avenues to elicit action on, or work towards the implementation of, the recommendations contained in this policy will be identified by members wherever possible.

**ADOPTED 1995, REVISED AND RE-ENDORSED 2002, 2006, 2007 AND 2010**  
*Adopted at the 1995 Annual General Meeting of the Public Health Association of Australia. Revised and re-endorsed in 2002, 2006, 2007 and 2010.*

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