



PUBLIC HEALTH ASSOCIATION
of Australia Inc

BREASTFEEDING

The Public Health Association of Australia notes that:

1. Breastfeeding is a normal process that requires social and structural support for mothers to ensure supportive environments for optimal breastfeeding benefit.
2. WHO recommends that all babies are exclusively breastfed for at least the first six months of life and together with complementary food, breastfed ideally for up to two years.¹ Whilst, exclusive breastfeeding for 6 months is optimal,^{2b} breastfeeding for even a few weeks, or partially, is beneficial and has definite advantages over not breastfeeding at all.² Breastfeeding reduces the risk of adolescent and childhood obesity³ and helps to prevent gastrointestinal, chest, ear and urinary tract infections in young children.^{1,2,2a} In both term and pre-term infants a beneficial effect of breastfeeding on cognitive development has been found^{3,4,5,5a} and differences in visual performance between breastfed and formula-fed term infants have also been reported.⁵
3. The risks of not breastfeeding may be long term. Lack of breastfeeding has been associated with increased risk of development of insulin-dependent diabetes and, possibly, multiple sclerosis.^{6,7} Breastfeeding helps to limit fertility, and there is strong evidence that breastfeeding is associated with a lower risk of breast cancer in proportion to the length of breastfeeding.^{8,8a} There are also psychological, cultural, economic and environmental benefits to breastfeeding.
4. There is a proposal for national standardised data on breastfeeding rates. The 1993 Health Goals and Targets for Australian Children and Youth documented a goal of 90% breastfeeding at hospital discharge and 75% breastfed at 6 months of age by the year 2000. In 2002, these Health Goals and Targets have not been met.
5. The proportion of infants being breastfed has a strong inverse relationship to socio-economic status.¹¹ In 1981 Australia voted in support of the introduction of the World Health Assembly's International Code of Marketing of Breast Milk Substitutes (the WHO Code). The aim of the Code is the safe and adequate nutrition of infants by protecting and promoting breastfeeding, and by ensuring that when breast milk substitutes are necessary, they are properly used with adequate information. The WHO Code recognises that there is a legitimate market for infant formula when mothers do not breastfeed, but seeks to ensure that infant formula is not marketed or distributed in ways that may undermine breastfeeding.

Implementation of the WHO Code in Australia must be done in the context of Australian laws, in particular the Trade Practices Act. In 1992 Australian manufacturers and importers of infant formula signed the Australian Agreement on

the Marketing of Infant Formula.⁸The Infant Nutrition Panel of the NHMRC has the "responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition" (Article 4.1 of WHO Code).

6. Several aspects of the Code have not yet been implemented in Australia. These include the cessation of free and subsidised supplies of breast milk substitutes in the health care system, guidelines for the marketing of bottles and teats, and a code of marketing for retailers.
7. In 1998, the Commonwealth Government funded the Australian Food and Nutrition Monitoring Unit (AFNMU) to review breastfeeding monitoring in Australia and recommend steps to standardise the collection of information about breastfeeding.

The Public Health Association of Australia believes that:

8. Australia's breastfeeding rate would be enhanced by the following:
 - all maternity hospitals working towards becoming accredited Baby Friendly hospitals; Workplace provision supporting breastfeeding times and location, so that women can return to paid work and maintain breastfeeding;
 - enhanced education of health service providers such as GPs, paediatricians, pharmacists and maternal and child health nurses about effective breastfeeding practice;
 - greater community awareness about the benefits of breastfeeding and acceptance of public breastfeeding anywhere; and,
 - the establishment of human milk banks in Australia to support the babies of women who have difficulty establishing or maintaining breastfeeding.

The Public Health Association of Australia recommends that:

9. All State and Territory Government health departments should collect standardised data on breastfeeding rates, with agreed definitions of 'exclusive' and 'partial' breastfeeding, which should be collated by the Australian Institute of Health to provide national data.¹³ Every hospital should be accredited as a Baby Friendly Hospital, to encourage breastfeeding as the norm.
10. Human milk banks should be established so that human milk is available for Australian infants who require it.
11. The Commonwealth Government should provide sufficient funding for the "Guidelines on breastfeeding for health professionals" manual produced by the Infant Nutrition party of the NHMRC to be widely distributed and regularly revised. Funding should be set aside for the production of appropriate information materials for parents on both breast and artificial feeding to be distributed through the health care system.
12. The benefits of breastfeeding and management of breastfeeding problems should be included in the training of all who provide health services to families and children including medical students.

13. Editors of medical and health journals should not accept advertisements from infant formula companies that breach the Australian Agreement on Marketing in Australia of Infant Formula.
14. The Commonwealth, State and Territory health departments take all necessary steps to implement the 47th World Health Assembly Resolution 47.5, which Australia voted for in 1994. Subparagraph 2(2) of the resolution urges member states to take action: "... to ensure that there are no donations of free or subsidised supplies of breast milk substitutes and other products covered by the "International Code of marketing of breast milk substitutes" in any part of the health care system."
15. The Commonwealth Government should act without delay to develop a code of practice for the manufacturers and importers of bottles and teats and for the retailers of breast milk substitutes.
16. When legislation concerning social security benefits, employment conditions or labour laws are developed the need to protect and support breastfeeding should be considered.
17. The Commonwealth Government should establish a national peak body or breastfeeding committee to oversee the protection, promotion and support of breastfeeding in Australia, as outlined in the 1990 Innocenti Declaration.¹⁵

The Public Health Association of Australia resolves that:

18. The Board and Branches will write to urge the Commonwealth Minister for the Department of Health and Aged Care, the Minister for Consumer Affairs and the Chairman of NHMRC to provide support, including financial support, for the above actions.

References:

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15. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. WHO/ UNICEF policymakers' meeting, Florence, Italy August 1990.

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