Public Health Association
AUSTRALIA

Breastfeeding

Policy Position Statement

Key messages:

Infant feeding practices have important implications for public health in Australia. To achieve optimal growth, development, and health, Australian infants should be exclusively breastfed for the first six months of life and continue breastfeeding as part of an increasingly diversified diet into the second year of life and beyond. Available data suggests most infants born in Australia initiate breastfeeding. However, very few are exclusively breastfed to six months and most have stopped breastfeeding at 12 months. Increasing the duration and prevalence of exclusive and continued breastfeeding would improve public health in Australia. Achieving this will require a commitment to monitoring infant feeding practices and allocating resources to protecting and supporting breastfeeding in health services and the wider community.

Key policy positions:

1. The PHAA encourages the Australian Government to increase its support for the work of the Australian Breastfeeding Association and endorses its vision that: "breastfeeding is recognised as important by all Australians and is a valued cultural norm.
2. The PHAA welcomes the release of the *Australian National Breastfeeding Strategy: 2019 and Beyond* and calls on the Australian Government to allocate sufficient funding to implementation and evaluation of the Strategy

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Women's Health Special Interest Group

Date adopted: 18 September 2019

Contacts: Angela Dawson & Mearon O'Brien – Co-Convenors, Women's Health SIG

Breastfeeding

Policy position statement

This position statement should be read in conjunction with the Breastfeeding background paper, which provides further supporting arguments, evidence and data.

PHAA affirms the following principles:

1. Breastfeeding affects public health in Australia. Improving adherence to the NHMRC recommendations for infant feeding will improve public health in Australia and reduce health care costs for all Australians.
2. *The Lancet* editorial states *"Breastmilk makes the world healthier, smarter, and more equal…genuine and urgent commitment is needed from governments and health authorities to establish a new normal: where every woman can expect to breastfeed, and to receive the support she needs to do so."*[1]

PHAA notes the following evidence:

3. When babies are not breastfed they have a higher risk of illness, such as necrotising and enterocolitis, diarrhoea, respiratory infections and otitis media, thus increased rates of hospitalisation.[2] In the long term there is also a higher risk of overweight and obesity in children who were breastfed for shorter periods as babies.[2]
4. Most mothers in Australia initiate breastfeeding but the majority cease exclusive breastfeeding earlier than recommended.
    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.[3] The World Health Organization (WHO) recommends exclusive breastfeeding (with no other foods or liquids) for the first six months of life with continued breastfeeding for up to two years and beyond.[4, 5]
    b. In 2017-18, 92% of children aged 0-4 years had received breastmilk at some stage, with 61% exclusively breastfed to at least 4 months, and 29% to at least 6 months.[6] Data from the Longitudinal Study of Australian Children (LSAC) indicate that only 28% of infants are continuing to be breastfed at 12 months and beyond, and suggest that early breastfeeding cessation is associated with social determinants of health such as younger maternal age and low educational attainment.[7]
5. The Australian *National Breastfeeding Strategy: 2019 and Beyond* recognises that infant feeding decisions are influenced by societal pressures, societal attitudes to mothering, access to breastfeeding education and professional lactation support, employment arrangements and workplace settings, her partner, her mother, religious and cultural beliefs, and mental health barriers.[8]

6. The Strategy aims to increase rates of exclusive breastfeeding to around 6 months of age to 40% by 2022, and to 50% by 2025, and provides support for the Baby Friendly Health Initiative.[8]

7. Breastfeeding rates have been collected in an ad hoc manner using the Australian and National Health Surveys in 1995, 2001, 2011-12, 2014-15 and 2017-18; the Australian National Infant Feeding Survey in 2010; and the Australian Longitudinal Study in Children's Health survey. This means there is little reliable information to inform promotion strategies, policy development and understand the impact suboptimal breastfeeding rates has on the Australian health system.

8. The *International Code of Marketing Breast Milk Substitutes*[9] (International Code) is not legally enforceable in Australia.[10]

9. The *Marketing in Australia of Infant Formulas (MAIF)* Agreement was Australia's response to the International Code.[11] The MAIF agreement was a voluntary agreement between the Australian Government and companies that import and/or manufacture breast milk substitutes and had a much narrower scope than the International code. The Advisory Panel of MAIF was disbanded in 2014. In July 2016, the Australian Competition and Consumer Commission (ACCC) announced the reauthorisation of the MAIF Agreement and associated guidelines until August 2021.[12]

10. When maternal breast milk is not available in sufficient quantity, donor breast milk is an important alternative source of nutrition, particularly for low birth weight or premature infants.[13] Processed human milk should be available to preterm and low birth weight infants in all states and territories.

11. Health professionals and consumers need accurate information about safe use of medicines for breastfeeding women. Most prescriptions and over-the-counter medicines are compatible with breastfeeding, but each case should be specifically assessed by a health professional.[14] Uncertainty amongst parents and health professionals means that mothers may cease breastfeeding unnecessarily.[15]

12. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

13. Full implementation and funding for the *National Breastfeeding Strategy 2019 and Beyond*.

14. Ongoing funding provided for breastfeeding research in Australia, particularly for evaluation of independent and cumulative effects of breastfeeding interventions aimed at individuals, group (health services, home, work and community environments) and societal levels.

15. Breastfeeding knowledge, clinical competence and attitudes of health professionals to be regularly audited and updated.

16. Antenatal and postnatal breastfeeding education provided as part of normal clinical care including:

    a. Funding for the production and dissemination of nationally consistent, accessible information on breast and artificial feeding for parents and parents-to-be

    b. Breastfeeding education and support, including evidence of continuity throughout the perinatal and postnatal periods, included in clinical governance and audit mechanisms

17. Legislative support for breastfeeding at environmental and social levels:
    a. All businesses and employers provide flexible work practices, work breaks and facilities to allow employees to combine breastfeeding and work
    b. Large organisations encouraged to provide on-site child care
    c. Paid parental leave for at least 6 months, and preferably 12 months, adopted nationally
    d. Provision of parenting facilities (to enable breastfeeding) in public places, included in local government planning requirements for all large public amenities such as shopping centres
18. The Commonwealth, State and Territory Governments legislate the International Code, including:
    a. Mandate that free or subsidised supplies of breastmilk substitutes and other products covered by the Code are not provided to any part of the health care system
    b. Develop a Code of Practice or agreement in line with the Code for:
        i. Manufacturers and importers of bottles and teats
        ii. Retailers and advertisers of breastmilk substitutes
        iii. Manufacturers, retailers and advertisers of follow-on (toddler) formulas
    c. Widely disseminate information to health professionals about their obligations under the Code
    d. Encourage health professionals and other relevant professionals to report breaches of the Code.
19. Address sponsorship and conflicts of interest issues:
    a. Government departments and health professional organisations not accept any funding or other support from infant formula manufacturers for health professional education, including conference sponsorship and exhibition.
    b. Editors and publishers of journals and magazines for health professionals not accept infant formula advertisements.[16, 17]
    c. Editors and publishers of journals for health professionals not accept manuscripts submitted by authors who have received funding or support from infant formula manufacturers.
20. Governments to explore the best way to provide easily accessible evidence-based accurate information on medicines for breastfeeding women for health professionals and consumers.
21. Government support financially, the development and ongoing operation of human milk banks in all states and territories. Volunteer donor milk available free of charge to any infant who requires human milk.

PHAA resolves to:

22. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED September 2019

ADOPTED 1995, REVISED AND RE-ENDORSED IN 2002, 2007, 2010, 2013 AND 2016

References

1. The Lancet editorial. Breastfeeding: achieving the new normal. The Lancet. 2016;387(10017):404.
2. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet. 2016;387(10017):475-90.
3. National Health and Medical Research Council. Australian Dietary Guidelines 2013 [Available from: https://www.nhmrc.gov.au/guidelines-publications/n55.
4. World Health Organization Executive Board. Maternal, infant and young child nutrition. Report by the Secretariat. EB 138/8. https://apps.who.int/iris/handle/10665/250636: WHO; 2016.
5. World Health Organization. Global Strategy for Infant and Young Child Feeding. https://www.who.int/nutrition/publications/infantfeeding/9241562218/en/: WHO and UNICEF; 2003.
6. Australian Bureau of Statistics. National Health Survey: First Results, Australia 2017-18. ABS Catalogue no. 4364.0.55.001. http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-18?OpenDocument: ABS; 2018.
7. Baxter J, Cooklin AR, Smith J. Which mothers wean their babies prematurely from full breastfeeding? An Australian cohort study. Acta Paediatrica. 2009;98(8):1274-7.
8. COAG Health Council. Australian National Breastfeeding Strategy 2019 and beyond. http://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20Final.pdf: Commonwealth of Australia; 2019.
9. World Health Organization. International Code of Marketing of Breast-Milk Substitutes. https://www.who.int/nutrition/publications/code_english.pdf: WHO; 1981.
10. World Health Organization. Marketing of breast-milk substitutes: National implementation of the International Code Status Report 2018. https://apps.who.int/iris/bitstream/handle/10665/272649/9789241565592-eng.pdf?ua=1: WHO; 2018.
11. Department of Health. Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement) https://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-foodpolicy-apmaif.htm: Commonwealth of Australia; [updated 26 February 2019; cited 2019 10 July].
12. Australian Competition and Consumer Commission. Determination - Application for revocation of authorisations A90539 and A90540 and substitution with authorisations A91506 and A91507 lodged by the Infant Nutrition Council for the *Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement*. https://www.accc.gov.au/system/files/public-registers/documents/D16%2B92879.pdf: Commonwealth of Australia; 2016.
13. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? The Lancet. 2016;387(10017):491-504.
14. Sachs HC, Committee On Drugs. The transfer of drugs and therapeutics into human breast milk: an update on selected topics. Pediatrics. 2013;132(3):e796-809.
15. Amir LH, Ryan K, Barnett C. Delphi Survey of International Pharmacology Experts: An Attempt to Derive International Recommendations for Use of Medicine in Breastfeeding Women. Breastfeeding Medicine. 2015;10(3):168-74.
16. Godlee F, Cook S, Coombes R, El-Omar E, Brown N. Calling time on formula milk adverts. BMJ (Clinical research ed). 2019;364:l1200.
17. Morgan SA, Waterston T, Kerac M. Formula adverts have no place in medical journals. BMJ (Clinical research ed). 2019;364:l369.