Public Health Association
AUSTRALIA

Breastfeeding

Background Paper

This paper provides background information to the PHAA Breastfeeding Policy Position Statement, providing evidence and justification for the public health policy position adopted by Public Health Association of Australia and for use by other organisations, including governments and the general public.

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Contents

Summary

1. The PHAA recognises that breastfeeding is an important public health issue that affects the health of women and children in Australia.
2. Improving breastfeeding exclusivity and duration in Australia will improve public health and reduce health care costs for all Australians.
3. Although most mothers initiate breastfeeding in Australia, few continue to breastfeed exclusively for six months or continue to breastfeed after complementary feeding begins, until their child is at least twelve months old, as recommended by the National Health and Medical Research Council (NHMRC) Australian Dietary Guidelines.
4. Creating supportive environments is necessary to improve infant feeding in Australia. This will require attention to the complex social and ecological factors that determine these practices. Infant feeding decisions and practices are not simply the result of individual women's choices.
5. The PHAA recognises that families caring for infants who are not breastfed, or not exclusively breastfed, need information about the available alternatives, and support to manage risks associated with their use.
6. The PHAA welcomes the release of the *National Breastfeeding Strategy, 2019 and Beyond*, and calls on the Australian Government to allocate sufficient funding to the implementation, monitoring and evaluation of the Strategy.

Background

Infant and young child feeding is a human rights issue. A recent statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination Against Women in law and in practice, and the Committee on the Rights of the Child reminded member states "of their obligations under relevant international human rights treaties to provide all necessary support and protection to mothers and their infants and young children to facilitate optimal feeding practices".[1]

Recommendations about infant and young child feeding are remarkably consistent and reflect established scientific consensus on the health implications of infant and young child feeding for women and children. The 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.[2] 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.[3]

Divergence from recommended infant and young child feeding practices increases health risks for both infants and their mothers.

Infant and young child feeding and public health

Breastmilk is a perfectly balanced source of nutrition with immunological factors that cannot be replicated.[4, 5]

The health risks for a non-breastfed infant are many and include:[6,7]

- Gastrointestinal illnesses
- Respiratory infections
- Asthma
- Otitis media
- Necrotising enterocolitis
- Sudden Infant Death Syndrome

There is increasing evidence that not being breastfed increases the risk of overweight and obesity and Type II diabetes in childhood and later life[8] and that the chances of reaching full intelligence potential are reduced.[9]

When women are not supported to reach their full reproductive potential, there are significant implications for health including:

- An increased risk of certain cancers such as breast and ovarian, Type II diabetes, and potentially cardiovascular disease[6, 10, 11]
- Duration of breastfeeding is also a factor with a shorter cumulated duration increasing risk
- An increased risk of postnatal depression when there is a desire to breastfeed but not able to continue due to pain or other difficulties.[12-15]

The poor health outcomes from not meeting recommended breastfeeding practices presents an economic and social burden on individuals, families and the health system.[16, 17] Non-communicable diseases (NCDs) and their burden to Australia's health system are on the rise and breastfeeding has been associated with a decreased risk of NCDs in offspring and mothers alike.[8, 18]

Globally, billions of dollars in health costs could be saved if women are enabled/supported to achieve the recommended breastfeeding durations.[19, 20]

Global guidance

Aligning with their breastfeeding recommendations, the WHO have set *Global Nutrition Targets* for 2025 including 50% of babies being exclusively breastfed to 6 months.[21]

The United Nations Children's Fund (UNICEF) in partnership with WHO, created the *Global Strategy for Infant and Young Child Feeding* (*GSIYCF*) to set standards for global action in support of increasing breastfeeding rates and duration.[22] *The Strategy* includes steps required to achieve improvements, and the

Baby Friendly Health Initiative (BFHI) is a global program of WHO and UNICEF to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding.

The WHO International Code of Marketing of Breastmilk Substitutes (the International Code) was adopted by the WHO in 1981 as World Health Assembly (WHA) resolution 32.22 by 118 member states.[23] Australia voted in favour of the resolution (the USA alone voted against). The aim of the Code is to protect and promote breastfeeding and ensure proper use of breastmilk substitutes, when these are necessary. The Code prohibits all advertising and promotion of products to the general public, prohibits the use of the health care system to promote breastmilk substitutes, demands that product information be factual and scientific, and allows health professionals to receive samples but only for research purposes. In 2016, the WHA welcomed and approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children which broadens the regulation of relevant foods to the age of 36 months in order to protect ongoing breastfeeding to 2 years and beyond.[24]

Since 1981, there have been a number of WHA resolutions related to infant and young child feeding. In 1996, the WHA expressed concern that "health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health" and urged countries "to ensure that the financial support for professionals working in infant and child health does not create conflicts of interest…". In 2002, the WHO endorsed the GSIYCF, and in 2016 and 2018 continued to urge member states to implement the International Code.[23]

The Innocenti Declaration was adopted by participants at the WHO/UNICEF policy makers meeting in Florence, Italy in 1990.[25] All governments were urged to develop national breastfeeding policies; set national targets; monitor prevalence of breastfeeding; appoint a national breastfeeding coordinator or appropriate authority; and establish a multisector national breastfeeding committee composed of representatives from relevant government departments, non-government organisations and health professional associations; ensure all maternity facilities fully practise the Ten Steps to Successful Breastfeeding; take action to give effect to the principles and aim of the International Code; and protect the breastfeeding rights of working women.

In 2005, another Innocenti Declaration called for all governments to revitalise the BFHI and to expand the initiative to include maternity, neonatal and child health services, and community based support for lactating women and caregivers of young children.[26]

Breastfeeding contributes to the United Nations Sustainable Development Goals (SDGs) through its impact on health (Goal 3: Good Health and Wellbeing), nutrition (Goal 2: Zero Hunger), intelligence and human capital (Goals 1: No Poverty; Goal 4: Quality Education; Goal 8: Decent Work and Economic Growth), and increased sustainability (Goal 13: Climate Action). In addition, breastfeeding provides these benefits to all,

regardless of social situation, making it applicable to Goal 10: Reduced Inequalities.[27] The contribution of breastfeeding to the SDGs has been recognised by the WHO.

Current situation in Australia

Breastfeeding policy and practice in Australia

Most mothers in Australia initiate breastfeeding but the majority do not breastfeed exclusively for six months or continue breastfeeding for twelve months or more according to 2010 Australian National Infant Feeding Survey data. While improvements have been seen since 2010 when only 15% of infants were exclusively breastfed to 5 months, rates have not improved in recent years.[28, 29] The most recent national data from the 2017-2018 National Health Survey estimated 29.1% of infants were exclusively breastfed to six months.[30] The Australian Bureau of Statistics revised their estimates from the 2014 National Health Survey, and have concluded there is no change since that time.

Australia is lagging behind the rest of the world in its efforts to promote and support breastfeeding. The World Breastfeeding Trends Initiative (WBTi), launched in 2004 by the International Baby Food Action Network (IBFAN), provides a tool to assess a country's breastfeeding policies and programs against the GSIYCF.[31] This assessment of Australia was carried out recently with a report released in 2018.[32] Australia scored 25.5 out of 100, placing the nation in the bottom 3 of 97 countries (95 out of 97). The WBTi report showed that the main issues for Australia to address are an absence of a national breastfeeding policy and national advisory committee, lack of legislation on the WHO Code, currently, only 22% of Australia's hospitals which provide maternity services are BFHI accredited and there is no routine national collection of data on how infants are fed.[32]

The last time there was any large scale national data collection focusing on how infants are fed was in 2010. This was the Infant feeding Survey by the Australian Institute of Health and Welfare.[28] Since then National Health Surveys (NHS) in 2014 and 2017-2018 included some breastfeeding questions to a portion of their samples. These surveys had a relatively small sample size and relied on participant recall of up to 18-20 months.[33]. In August 2019, the Government announced the Intergenerational Health and Mental Health Study to commence in 2020. It is not clear yet whether this will include breastfeeding.

While human milk banks services are available in several states and territories, there are no national guidelines regarding the establishment and operation of human milk banks in Australia. 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.[16] Processed human milk should be available to preterm and low birth weight infants in all states and territories.

The *National Breastfeeding Strategy: 2019 and Beyond*, identifies priority actions to protect and support breastfeeding in Australia and was released in July 2019.[34] This new and enduring strategy is ambitious and extensive, including the interaction of macro and micro factors enabling and constraining breastfeeding in Australia. It recognises that a mother's breastfeeding 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.

The vision for the strategy is "Australia provides an enabling and empowering environment that protects, promotes, supports and values breastfeeding as the biological and social norm for infant and young child feeding", with stated objectives to:

- Increase the proportion of babies who are breastfed – including rates of exclusive breastfeeding to around 6 months of age increasing to 40% by 2022 and 50% by 2025
- Enable access to evidence-based, culturally safe breastfeeding education, support and clinical care services for informed decision making
- Increase the number of breastfeeding-friendly settings/environments
- Strengthen the regulatory arrangements for marketing of infant formula and breastmilk substitutes so that inappropriate marketing and distribution ceases
- Increase the proportion of health professionals who receive adequate, evidence-based breastfeeding education and training that is free from commercial influence
- Raise awareness in the broader community of the significance of breastfeeding (and the risks associated with not breastfeeding)

The priority areas are:

- Structural enablers: community education and awareness; prevent inappropriate marketing of breastmilk substitutes; policy coordination, monitoring, research and evaluation; dietary guidelines and growth charts
- Settings that enable breastfeeding: Baby Friendly Health Initiative; Health professionals' education and training; breastfeeding-friendly environments; milk banks
- Individual enablers: universal access to breastfeeding support services; breastfeeding support for priority groups

A National Breastfeeding Committee will be established to oversee the implementation, monitoring and evaluation of the Strategy, with annual reports to the Australian Health Ministers. However, while funding is mentioned for some specific items within the Strategy, there is no indication of amounts, timing, or funding for the overall Strategy.

WHO Code and the Marketing of Infant Formula Agreement

Australian consumers are exposed to advertising that promotes the use of breastmilk substitutes including infant formula, feeding bottles and teats, and processed complementary foods. The International Code has not been legislated in Australia, despite being one of the original countries that voted to adopt the Code in 1981. The Marketing of Infant Formula (MAIF) agreement is a voluntary agreement between the Australian Government and certain importers and manufacturers of infant formula. The agreement is only binding upon those manufacturers and importers who are signatories to it, and is not binding upon non-signatories. Not all manufacturers and importers of infant formula have signed the agreement.

The MAIF Agreement does not apply to retailers and does not cover several aspects of the Code relating to, for example, the cessation of free and subsidised supplies of breast milk substitutes in the health care system, guidelines for the marketing of bottles, teats and complementary foods, and a code of marketing for retailers. It does not protect consumers from advertising messages that promote infant formula via marketing of "toddler milk drinks", which Australian parents understand to be infant formula for children over 12 months.

In 1992, the Department of Health's Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF) was established to monitor compliance with and advise the Government on the MAIF Agreement. From 2014 to 2017, the complaints process became the responsibility of an Independent Tribunal which was overseen by the Ethics Centre. However, after a review in 2017, the complaints handling process became the responsibility of the Department of Health in July 2018. Regulation of the Agreement relies upon "individuals, members of industry, community and consumer groups" lodging complaints, rather than the Department regulating or initiating investigations into breaches.

Recommended actions

1. Full implementation and funding for the *National Breastfeeding Strategy 2019 and Beyond*
2. 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.
3. Breastfeeding knowledge, clinical competence and attitudes of relevant health professionals to be regularly audited and updated.
4. Antenatal and postnatal breastfeeding education provided as part of normal clinical care including:
    - Funding for the production and dissemination of nationally consistent, accessible information on breast and artificial feeding for parents and parents-to-be. Parents needs to be aware of the risks of not breastfeeding and how to formula

feed in a safe manner. Breastfeeding women need easy access to support and advice.
- Breastfeeding education and support, including evidence of continuity throughout the perinatal and postnatal periods, included in clinical governance and audit mechanisms.

5. Legislative support for breastfeeding at environmental and social levels:
    - All businesses and employers provide flexible work practices, work breaks and facilities to allow employees to combine breastfeeding and work.
    - Large organisations encouraged to provide on-site child care.
    - Paid maternity leave for at least six months, and preferably 12 months, adopted nationally.
    - 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.

6. The Commonwealth, State and Territory Governments legislate the International Code, including:
    - Mandate that free or subsidised supplies of breast milk substitutes and other products covered by the Code are not provided to any part of the health care system.
    - Develop a Code of Practice or agreement in line with the Code for:
        - Manufacturers and importers of bottles and teats
        - Retailers and advertisers of breast milk substitutes
        - Manufacturers, retailers and advertisers of follow-on (toddler) formulas
    - Widely disseminate information to health professionals about their obligations under the Code.
    - Encourage health professionals and other relevant professionals to report breaches of the International Code.

7. Address sponsorship and conflict of interest issues:
    - 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.
    - Editors and publishers of journals and magazines for health professionals not accept infant formula advertisements[35, 36]
    - Editors and publishers of journals for health professionals not accept manuscripts submitted by authors who have received funding or support from infant formula manufacturers.

8. Governments to explore the best way to provide easily accessible evidence-based accurate information on medicines for breastfeeding women for health professionals and consumers.

9. 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.

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References

1. Office of the High Commissioner for Human Rights. Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E: UNHCR; 2016 [updated 22 Nov 2016; cited 2019 3 July].
2. National health and Medical Research Council. Eat for Health: Infant feeding guidelines - Information for health workers. https://www.nhmrc.gov.au/_files_nhmrc/file/publications/170131_n56_infant_feeding_guidelines.pdf: NHMRC; 2012.
3. World Health Organization. Infant and young child feeding fact sheet https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding: WHO; [updated 16 February 2018; cited 2019 3 July].
4. Cacho NT, Lawrence RM. Innate Immunity and Breast Milk. Front Immunol. 2017;8:584.
5. Andreas NJ, Kampmann B, Mehring Le-Doare K. Human breast milk: A review on its composition and bioactivity. Early human development. 2015;91(11):629-35.
6. 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.
7. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Evidence report/technology assessment. 2007(153):1-186.
8. Horta BL, Loret de Mola C, Victora CG. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis. Acta Paediatr. 2015;104(467):30-7.
9. Horta BL, Loret de Mola C, Victora CG. Breastfeeding and intelligence: a systematic review and meta-analysis. Acta Paediatr. 2015;104(467):14-9.
10. Ziegler AG, Wallner M, Kaiser I, Rossbauer M, Harsunen MH, Lachmann L, et al. Long-term protective effect of lactation on the development of type 2 diabetes in women with recent gestational diabetes mellitus. Diabetes. 2012;61(12):3167-71.
11. Nguyen B, Gale J, Nassar N, Bauman A, Joshy G, Ding D. Breastfeeding and Cardiovascular Disease Hospitalization and Mortality in Parous Women: Evidence From a Large Australian Cohort Study. J Am Heart Assoc. 2019;8(6):e011056.
12. Brown A, Rance J, Bennett P. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. Journal of Advanced Nursing. 2016;72(2):273-82.
13. Dennis C-L, McQueen K. The Relationship Between Infant-Feeding Outcomes and Postpartum Depression: A Qualitative Systematic Review. Pediatrics. 2009;123:e736-51.
14. Groer M, Kendall-Tackett K. How breastfeeding protect women's health throughout the lifespan: The psychoneuroimmunology of human lactation. Clinics in human lactation volume 9. Amarillo, Texas: Praeclarus Press; 2017.
15. Kendall-Tackett K, Cong Z, Hale T. The Effect of Feeding Method on Sleep Duration, Maternal Well-being, and Postpartum Depression. Clinical Lactation. 2011;2:22-6.
16. 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.
17. Australian Institute of Health and Welfare. Australian Burden of Disease Study: impacts and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW; 2019.
18. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatr. 2015;104(467):96-113.
19. Bartick MC, Schwarz EB, Green BD, Jegier BJ, Reinhold AG, Colaizy TT, et al. Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal & Child Nutrition. 2017;13(1):e12366.

20. Walters DD, Phan LTH, Mathisen R. The cost of not breastfeeding: global results from a new tool. Health Policy Plan. 2019;34(6):407-17.
21. World Health Organization. World Health Assembly Global Nutrition Targets 2025: Childhood overweight policy brief. http://www.who.int/nutrition/topics/globaltargets_overweight_policybrief.pdf: WHO; 2014.
22. World Health Organization. Global Strategy for Infant and Young Child Feeding. https://www.who.int/nutrition/publications/infantfeeding/9241562218/en/: WHO and UNICEF; 2003.
23. 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.
24. World Health Organization. Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Report by the Secretariat to the Sixty-Ninth World Health Assembly A69/7 Add.1 13 May 2016. http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1: WHA; 2016.
25. WHO/UNICEF, editor Innocenti Declaration on the protection, promotion and support of breastfeeding. Breastfeeding in the 1990s: A Global Initiative; 1990 30 July- 1 August; Spedale degli Innocenti, Florence, Italy.
26. WHO/UNICEF. Infant and Young Child Feeding Innocenti Declaration 2005. https://www.unicef-irc.org/publications/pdf/declaration_eng_v.pdf: UNICEF; 2005.
27. Food and Agriculture Organization of the United Nations and World Health Organization. Strengthening nutrition action: A resource guide for countries based on the policy recommendations of the Second International Conference on Nutrition (ICN2). http://www.fao.org/3/ca1505en/CA1505EN.pdf: FAO and WHO; 2018.
28. Australian Institute of Health and Welfare. 2010 Australian National Infant Feeding Survey: indicator results. Canberra: AIHW; 2011.
29. Hunt R, Davey M-A, Ryan-Atwood T, Hudson R, Wallace E, Anil S on behalf of the Maternal and Newborn Clinical Network INSIGHT Committee. Victorian perinatal services performance indicators 2017-18. Melbourne: Safer Care Victoria, Victorian Government; 2018.
30. 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.
31. Gupta A, Suri S, Dadhich JP, Trejos M, Nalubanga B. The World Breastfeeding Trends Initiative: Implementation of the Global Strategy for Infant and Young Child Feeding in 84 countries. Journal of Public Health Policy. 2019;40(1):35-65.
32. International Baby Food Action Network (IBFAN) Asia. World Breastfeeding Trends Initiative Report: Australia. http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-Australia-2018.pdf: IBFAN; 2018.
33. Australian Bureau of Statistics. National Health Survey: First Results. Australia 2014-15. ABS Catalogue no. 4364.0.55.001. Canberra ABS; 2015.
34. 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.
35. Morgan SA, Waterston T, Kerac M. Formula adverts have no place in medical journals. BMJ (Clinical research ed). 2019;364:l369.
36. Godlee F, Cook S, Coombes R, El-Omar E, Brown N. Calling time on formula milk adverts. BMJ (Clinical research ed). 2019;364:l1200.