Public Health Association of Australia submission on Australian College of Midwives draft position statement on the use of infant formula for healthy, term infants

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to the Australian College of Midwives draft position statement on the use of infant formula for healthy, term infants. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to the draft position statement

1. Do you think the title ‘ACM position statement on the use of infant formula for healthy, term infants’ is appropriate? Why or why not?

PHAA has no comment on the title.

2. Do you think the introduction to the Draft Position Statement is adequate? Why or why not?

The PHAA supports the main messages in the introduction section. However, we have some alternative suggestions for reference documents and wording to ensure the position statement is comprehensive and current.

3. Please describe any suggested changes to the introduction to the Draft Position Statement

The first paragraph of the introduction references the National Health and Medical Research Council’s Infant Feeding Guidelines. PHAA suggests that the World Health Organization’s Infant Feeding recommendation\(^1\) should be referenced also.

The second paragraph states that the ACM supports the WHO Code of Marketing of Breast Milk Substitutes. The PHAA notes that the ACM has received sponsorship from Medela and Lansinoh (although they are not currently listed on the ACM website) which may be contradictory to the WHO Code. PHAA suggests clarification of whether current sponsorships are in breach of the WHO Code. Wording the statement as ‘ACM’s policy supports…’ may be helpful.


4. Do you agree with the Key Principles as outlined in the Draft Position Statement? Why or why not?

PHAA supports the key principles outlined in the draft position statement, and believes that breastfeeding is the normal and most healthy way for human babies and toddlers to be fed.

PHAA has suggestions for some additions.

5. Please describe any suggested changes to the Key Principles as outlined in the Draft Position Statement

Point 4 of the key principles outlines information which should be provided to women using infant formula. PHAA suggests the addition of ongoing costs of formula feeding be added to the information to be provided as this may be a consideration in circumstances where parents are choosing to formula feed.

Point 5 of the key principles outlines methods for developing and maintaining a close relationship with formula fed babies. PHAA suggests that this should include teaching parents to hold their baby close to their body during feeds, and not to prop up bottles.

6. Do you agree with the considerations for Achieving Best Practice as outlined in the Draft Position Statement? Why or why not?

PHAA supports in principle the considerations for achieving best practice in the draft position statement, and has suggestions for some additions and clarifications.
7. Please describe any suggested changes to the considerations for Achieving Best Practice in the Draft Position Statement

**Achieving Best Practice**

In the 4th dot point under number 1, information to be provided to mothers using infant formula is outlined. PHAA suggests the addition of information on the safe transportation of formula, including that formula needs to be made up each time and with appropriate water used.

Number 3 states that “all commercially prepared standard infant formulas available in Australia provide adequate nutrition for infants”. The PHAA is concerned that this may not be a sustainable statement over time since new products may be introduced which do not meet this standard. PHAA suggests the inclusion of reference to products meeting the Food Standards Australia and New Zealand Code.

The second sentence in Number 3 provides details on information which should be provided to mothers regarding the lack of additional benefits provided by specialty formulas. PHAA recommends reference to the NHMRC infant feeding guideline that no one formula product is recommended over others.

**Support of breastfeeding women who are supplementing**

In number 2, the first sentence refers to information and support to maintain breast milk supply while supplementing. However, the rest of the paragraph refers to methods of infant formula feeding. PHAA suggests the addition of information about the need to continually stimulate supply in order to maintain supply of breastmilk. For example, to regularly express or breastfeed for prevention of and as part of treatment of, mastitis.

In number 3, PHAA suggests the addition of information being provided to parents about infant stomach size and infant daily requirements, and that small amounts of formula should be given. Breastfeeding babies tend to naturally regulate the amount they consume. The ability to measure and record consumption of formula may actually introduce a tendency to increase the amount of formula ‘top-ups’, thereby decreasing the amount of breastmilk consumed. Maternal physiology means that unless breastmilk supply is stimulated, increasing formula top-ups will compromise longer term breastfeeding as supply is reduced. Specific information and support should be provided to prevent short-term interruptions to breastfeeding compromising longer term breastfeeding.

In number 4, PHAA suggests the inclusion of reference to ensuring adequate and skilled breastfeeding support has been provided, along with information regarding the health implications and costs associated with formula feeding.

8. Do you think any changes to the Resources to Guide Practice are required? Why or why not?

Yes - the resources could be more recent.

9. Please describe any suggested changes to the Resources to Guide Practice.

PHAA suggests the addition of Victora et al (2016) and Rollins et al (2016) to the references list.

10. Please provide any other comments or feedback in relation to the ‘ACM position statement on the use of infant formula for healthy, term infants’

The gender base of the language in this position statement should be carefully considered, to be inclusive of families of newborn babies, where the primary carer is not the mother.
Conclusion

PHAA supports the broad directions of the ACM draft position statement. However, we are keen to ensure complete and current information is provided, in line with this submission. We are particularly keen that the following points are highlighted:

- The WHO infant feeding recommendations should be included alongside the NHMRC recommendations
- References should include the most recent authoritative references available
- Information provided to parents should include comprehensive information about the physiology of breastfeeding for both mother and baby
- Information provided to parents using formula should include comprehensive safety and cost information

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the position statement.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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19 January 2018
References

