Public Health Association of Australia
submission on Australian National Breastfeeding Strategy: 2018 and Beyond

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Preamble

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.
Introduction

PHAA welcomes the opportunity to provide input to the Australian National Breastfeeding Strategy: 2018 and Beyond. The reduction of social and health inequities should be an overarching 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 provide 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 Strategy

Section B Structure

Is the overall structure of the strategy appropriate and easy to follow? Anything missing or should be changed?

Several countries including the United Kingdom and Germany, use the Becoming Breastfeeding Friendly toolbox, which includes an evidence-based index to guide the development and tracking of large scale, well-coordinated, multisector national breastfeeding promotion programs. PHAA suggests that this may provide a suitable monitoring and evaluation framework for this Strategy.

Part 1 Setting the Scene

Does this provide adequate context and background for the Strategy? Explain.

- ASCIA's position does not fully align with NHMRC or WHO recommendations which may be confusing for readers. PHAA suggests deleting reference to ASCIA's position in favour of the globally accepted WHO recommendation which NHMRC follows.
- The language in this section mentions that breastfeeding “prevents/reduces” and “benefits” various conditions. PHAA recommends that the language be clarified to reflect that breastfeeding is the normal way to feed infants, and that rather than breastfeeding decreasing risks, the use of infant formula increases the risks to the health of children and their families.

Part 2: Challenge of breastfeeding in Australia

Does this provide sufficient coverage of the challenges? Explain.

- Infant formula sales grew by 41% from 2008-2013, particularly in East Asia, likely driven by weak and inadequately implemented formula marketing regulation.
- P. 11. Settings – BFHI. Present data around the proportion of accredited hospitals over time, to show how BFHI in Australia has stagnated.
- p. 15. Policy and law – many women are concerned about receiving negative comments, but the numbers reporting receiving negative comments is small. Frequent media stories lead to the perception that many women have received negative comments.
- Improve health professionals’ infant feeding education to ensure evidenced based advice.
**PHAA submission on Australian National Breastfeeding Strategy: 2018 and Beyond**

**Anything missing or should be added?**

- Lack of clear understanding regarding normal infant sleep patterns – developmentally inappropriate – leads to early introduction of solids, formula feed before bed, mistakenly believed to increase sleep duration.\(^6\)
- Unregulated ‘lactation cookies’ increase perception that maternal milk production is likely to be insufficient\(^7\) – may substitute for professional breastfeeding support.
- Governance p 19 – lack of detail on proposed “national coordination body” especially funding, meeting frequency, membership. Refer to Innocenti Declaration (1990 & 2005).
- Evidence gaps compound the challenges associated with improving infant feeding outcomes – absence of sustainable internationally comparable infant feeding data severely constrains translational research.

**Part 3: National Breastfeeding Strategy for 2018 and beyond**

**Does the Vision reflect the intent of the Strategy and its Objectives? Explain**

The vision should more clearly articulate the significance of breastfeeding to human health throughout the life-course.

**Do the Objectives reflect the intent of the Strategy?**

- Objectives need to be well defined and measureable for evaluation, and require internationally comparable infant feeding data.
- 96% of women choose breastfeeding but most stop before they planned. Replace with “Equip mothers to breastfeed for as long as planned” OR “Reduce number of mothers who stop breastfeeding before they are ready”
- Change ‘value’ to ‘significance’
- An indication of resourcing would assist the development of achievable objectives.

**Are the Principles appropriate and comprehensive? Is anything missing or that should change?**

- P20 Principles 6. Evidence-based
  - PHAA suggests expanding the research to include the full range of research into lactation and breastfeeding.
  - Second sentence – “care” is missing. Health professionals provide clinical care as well as information and support.
  - To ensure health professionals provide evidence-based infant feeding information to mothers and families, industry should not be involved in providing education or information.
- 7. Accountability
  - Reword to ensure transparency around who will be held accountable
- 8. Monitoring
  - Insert ‘using internationally comparable indicators’ and include an indication of timeframes, which PHAA suggests may be every 5 years.
Will the Initiatives identified assist in achieving the Vision and Objectives? Is there anything missing or that should change?

- Community education and awareness
  - Change “implement lactation education in schools” to “education about infant feeding and behaviour”
  - Requires design and evaluation
- Restriction of advertising of infant formulas
  - MAIF Agreement to be mandatory until WHO Code fully implemented; and include toddler-milk, follow-on-formula, pregnant-and-BF-formula - unnecessary and promotes infant formula
  - Increase sanctions to meaningful level
- Dietary guidelines and growth charts
  - Health professionals’ education regarding management of infant growth patterns formula vs breastfed infants to prevent misinformation
  - Use WHO Growth Standards as default in My Health and Learning Development Record
  - Timeline for updating – 5 yearly?
  - Need national guidelines – see Victorian Breastfeeding Guidelines 2014
- Health Professional education and training
  - Research should be a separate item with funding commitment, details of timing etc, and broader than just clinical
- Milk banks
  - Need to differentiate between mil banks for premature infants and for infants in the community
  - Support for Australian Red Cross Blood Service Milk Bank pilot project in NSW/SA
- Support for breastfeeding in the workplace
  - Legislative support for all businesses and employers to provide flexible work practices, work breaks and facilities to combine breastfeeding and work.
- Requires regular, comprehensive, sustainable, internationally comparable data collection

Part 4: Monitoring and evaluation framework

Are the topics/headings appropriate? Explain

- ‘Stages of the breastfeeding continuum’ table is incomplete. We suggest measuring
  1. Intention: intended duration at antenatal T3 & postnatal discharge
  2. Initiation: within 1hr of birth & prior to discharge
  3. Exclusive breastfeeding: infant formula or other fluids given during postnatal inpatient stay; prevalence of EBF 1m <6m using WHO indicator; duration of EBF (age at introduction of food or fluid other than breastmilk)
  4. Duration (age at cessation— WHO 24hr recall indicator)
- Data collection required for preterm infants: consistent routine measures of infant feeding at each gestational age to be collected at each hospital, with collation for benchmarking.

Is the Strategy logic meaningful and feasible? Explain

The Strategy requires measurable outcomes or targets, and/or the collection of baseline data to provide context and to be meaningful and feasible. For example, “more milk banks” is not a measurable outcome
(more than what? when?) and requires the existence of baseline data; alternatively ‘banked human milk available in every L3 NICU’ is a measurable outcome that does not require baseline data.

Under ‘Initiatives’, data collection is missing. The strategy cannot be evaluated in the absence of a program of regular, sustainable, nationally representative, internationally comparable infant feeding data collection. Outcomes should include making raw, cleaned data available to the research community (as Confidentialised Unit Record Files) for secondary analysis.

Any other comments

PHAA strongly supports the Australian National Breastfeeding Strategy. Breastmilk is the physiological standard for normal infant growth and development, and is a living fluid, impossible to replicate with differences in composition adjusting daily to the specific needs of the child at that time. Breastfed babies learn to self-regulate according to hunger – leptin functions to assist this. In contrast, excess calories/protein in infant formula affects metabolism and increases the number of fat cells laid down in the body.

In particular, PHAA applauds the commitment to a 5 yearly national infant feeding survey to improve data availability on breastfeeding in Australia. We strongly encourage the inclusion of WHO indicators in this survey instead of, or in addition to, those previously used in Australia. This will facilitate a move towards internationally comparable trend data, which will in turn facilitate comprehensive evaluation of the strategy and development of effective measures to secure public health in Australia through improved infant feeding practices.

We strongly support the inclusion of the Baby Friendly Health Initiative (accreditation, monitoring, and reaccreditation) in national accreditation requirements.

The PHAA acknowledges the key role of health professionals in supporting, assessing, and managing breastfeeding in the community and supports inclusion of improved access to, and requirement for, skills-based training and education, free from commercial influence, for all health professionals. Initiatives should initially target GPs, MCHFNs, Paediatricians, and community health workers.

The PHAA also acknowledges the support provided to Australian families by the Australian Breastfeeding Association (ABA), sustained by financial support from the Australian Government for the National Breastfeeding Helpline, LiveChat service, and volunteer training. Although ABA also provides sustained psychosocial support through community groups, this work could be expanded.

The PHAA is concerned that marketing and promotion of infant feeding products to the general public and health professionals neutralises initiatives designed to improve infant feeding outcomes in Australia. The Australian Government cannot hope to match the infant feeding industry’s investment in the promotion of alternatives to recommended infant feeding patterns. We encourage regulation of promotion of infant feeding products to maximise the return on Australian Governments’ investments in this Strategy and implementing initiatives.

PHAA is also concerned that there seems to be no funding committed to this Strategy. Improving breastfeeding rates in Australia will require substantial support from governments, and both Commonwealth and State/Territory level. Australia lags behind other countries in showing support for breastfeeding with national programs and significant dedicated funding.
Conclusion

PHAA supports the broad directions of the Australian National Breastfeeding Strategy, and strongly supports the commitment to a 5 yearly national infant feeding survey. However, we are keen to ensure measureable outcomes, evaluation, and funding in line with this submission. We are particularly keen that the following points are highlighted:

- A program of regular, sustainable data collection using internationally recognised measures, should be initiated.
- Significant evidence gaps around effective interventions at both clinical and population levels must be addressed through allocation of adequate research and evaluation funding, perhaps through establishing targeted NHMRC funding schemes.
- Changes in breastfeeding rates in Australia requires substantial support from governments. Australia lags behind other countries in showing support for breastfeeding with national programs and significant dedicated funding.

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

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

Terry Slevin
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18 June 2018
References