Submission No 39

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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To

Committee on Community Services inquiry into and report on support for new parents and babies in New South Wales

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The Australian Breastfeeding Association (ABA) welcomes the opportunity to make comment on the Committee on Community Services inquiry into and report on support for new parents and babies in New South Wales.

This submission responds to the following:

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.

4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.

5. Opportunities for new and emerging technology to enhance support for new parents and babies.

Any other related matters.**Importance of breastfeeding**

Breastfeeding is important and mothers understand this because nearly all mothers want to breastfeed their babies. We know this because in a large survey of infant feeding in Australia, 96% of Australian mothers initiated breastfeeding [1].

Breastmilk contains all the requirements for a baby's development for the first 6 months of life and remains the most important part of a baby's diet, with the addition of family foods, until around 12 months. Breastmilk continues to be a valuable source of nutrition and immunological protection for 2 years and beyond. Breastfeeding forms an important part of a mother's and her child's physical and emotional wellbeing for as long as the child breastfeeds [2].

In 2016, powerful evidence was published by *The Lancet*, which stressed the importance of breastfeeding, to both mothers and babies, including those in high-income countries like Australia [3]. Key messages around child and mother health included:

'*Children who are breastfed for longer periods have lower infectious morbidity and mortality, fewer dental malocclusions, and higher intelligence than do those who are breastfed for shorter periods, or not breastfed. This inequality persists until later in life. Growing evidence also suggests that breastfeeding might protect against overweight and diabetes later in life.'*

'Breastfeeding benefits mothers. It can prevent breast cancer, improve birth spacing, and might reduce a woman's risk of diabetes and ovarian cancer.'

In premature babies, breastmilk helps protect from necrotising enterocolitis (a serious illness in which tissues in the intestine (gut) become inflamed and start to die) and sepsis (a life-threatening, overwhelming response to an infection) [4].

In all babies, breastfeeding reduces the risk of Sudden Infant Death Syndrome (SIDS) and is included in the practices known to reduce risk in the Red Nose (formerly SIDS and Kids) safe sleep literature [5].

It is also important to protect the mental health of mothers during the perinatal period, for their welfare and the welfare of their babies. Breastfeeding is protective of maternal mental health because it buffers against negative mood, decreases anxiety and down regulates the stress response. The babies of mothers with postpartum depression are at increased risk of SIDS in the short-term and developmental and behavioural problems beyond infancy. Being breastfed is important for the babies of depressed mothers because it encourages mothers to interact with their babies which may ameliorate adverse effects on their babies [6].

Importance of exclusive* breastfeeding

Often the importance of exclusive breastfeeding in developed countries is dismissed because babies don't die of the types of infections that breastfeeding protects against, such as gastrointestinal infections, since there is access to clean water and good-quality medical and hospital care. However, the evidence is mounting that this view is misguided and in high-income, developed countries the way babies are fed is important and exclusive breastfeeding is paramount.

A recent, large prospective cohort study from the UK provided evidence that hospitalisation due to infections in the first 8–10 months of life is reduced when babies are breastfed and the effect is more pronounced when babies are exclusively breastfed for 6 weeks or more [7].

Any duration of breastfeeding is protective against SIDS, however, the protective effect is stronger for exclusive breastfeeding, reducing the risk by 73%. [5]

*Exclusive breastfeeding means that the baby receives only breastmilk. No other liquids or solids are given – not even water – with the exception of an oral rehydration solution, or drops/syrups of vitamins, minerals or medicines [8].

Breastfeeding in NSW

The WHO recommends exclusive breastfeeding for babies to 6 months of age and for breastfeeding to continue for up to 2 years and beyond to achieve optimal growth, health and development [8]. The Australian National Health and Medical Research Council (NHMRC) recommends exclusive breastfeeding for around 6 months and then for breastfeeding to continue until 12 months of age and beyond, for as long as the mother and child desire [9].

The NSW Health 2011 Policy Directive *Breastfeeding in NSW Promote, Protect Support*[10] listed the following actions to be completed within 5 years:

"1.1 Maintain application of the WHO standardised definitions for monitoring and reporting on population breastfeeding rates in all breastfeeding data collections.

1.2 Maintain use of nationally recommended questions and indicators for monitoring and reporting in all breastfeeding data collections27 where appropriate

1.3 Develop a breastfeeding dashboard indicator and encourage its use in relevant performance measurement tools at the state and local level.

1.4 Monitor breastfeeding rates in NSW with analysis and reporting on these rates through the NSW Population Health Survey.

1.5 Disseminate state breastfeeding reports to and within Local Health Districts and to partner organisations."

In 2017 the draft revision of this policy was completed, yet none of these actions from the previous Policy have been completed and we still have no reliable, consistent data collection on breastfeeding in NSW.

Whilst there are no readily available state-wide statistics on breastfeeding rates in NSW, what we do know is most mothers want to breastfeed and initiate breastfeeding, but very few meet

their own or the recommended breastfeeding goals. This is a problem for the families who feel they have "failed" to breastfeed and for society for the reasons stated above.

We know that, despite NSW having a Breastfeeding Policy in place now since 2006, breastfeeding rates have not improved:

- In 2015 in NSW, the percentage of infants fully breastfed* on discharge from hospital** was
    - 79.6% of infants born to non-Aboriginal women
    - 63.3% of infants born to Aboriginal women [11]

* Full breastfeeding, which includes babies who were reported to be only breastfed or to be receiving only expressed breast milk.

** From 2007, the Perinatal Data Collection has collected information on infant feeding at the time of discharge from hospital, public or private, (or discharge from care for home births) for all infants born in NSW.

- Since 2010, the percentages of infants fully breastfeeding on discharge from hospital has remained consistent. (See Table 1)

- In 2014, the percentage of infants exclusively fed with breast milk at six months of age was 22.9%. This rate has remained consistent since 2009 [12].

Table 1 Infant feeding at discharge from NSW hospital 2010 to 2015

NSW hospitals	**Year**					
Infant feeding at discharge	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
	%	%	%	%	%	%
Full breastfeed-ing	80	82.1	82.1	79.8	78.6	78.9
Any breastfeed-ing (some formula use)	7.5	6.1	6.8	8.8	10.5	10.5
Infant formula only	11.6	10.7	10.3	10.3	9.9	9.7
Use of infant formula	7.5 +11.6 =19.1	6.1+10.7=16.8	6.8+10.3=17.1	8.8+10.3=19.1	10.5+9.9=20.4	10.5+9.7=20.2

Centre for Epidemiology and Evidence. New South Wales Mothers and Babies 2015. Sydney: NSW Ministry of Health, 2016. [29]

Whilst we do not have statistics from NSW, what do have statistics from Victoria where some measures of breastfeeding rates are routinely collected by maternal child health nurses. Despite high initiation rates, Victorian breastfeeding rates continue to drop at an alarming rate and by 2 weeks only 66.1% of babies are fully breastfed#. The definition of 'fully breastfed' is not as strict as exclusively breastfed and, as such, even fewer babies would be exclusively breastfed [13].

#A fully-breastfed infant is defined as an infant who does not regularly (at least once a day) receive any milk other than breastmilk, but may receive some solids.

Babies supplemented with artificial baby milk in hospital are not and never will be exclusively breastfed.

Disturbingly, research published in *The Lancet* acknowledged that breastfeeding is one of the few positive health behaviours that is more prevalent in poor countries than in rich countries, including Australia [3].

Factors affecting breastfeeding practices and evidence-based breastfeeding guidelines

To our knowledge the last NSW report on interventions to support breastfeeding was in 2004 by the NSW Centre for Public Health Nutrition project for NSW Health prepared by Debra Hector, Lesley King and Karen Webb "Overview of recent reviews of interventions to promote and support breastfeeding" This report commented on a number of innovative strategies to support breastfeeding[14].

In 2010, Amir and her colleagues published a 157 page report on breastfeeding in Victoria which used the results of a literature review and consultation process to recommend an intervention/s that could be implemented and evaluated in Victoria to increase breastfeeding.

The following potential interventions were identified:

- An intensive home visiting program involving home visits from a MCHN or lactation consultant early in the postpartum period, thus providing prompt assistance and support to mothers and infants experiencing difficulties with breastfeeding;

- A drop-in centre (i.e. no appointment required) providing mothers and infants assistance with breastfeeding through professional and peer support in a relaxed and friendly environment, that is easily accessible;

- The introduction of an advanced communication skills education program for MCHNs aimed at updating, or reinforcing, breastfeeding knowledge, and strengthening MCHN-to-client communication skills;

- A breastfeeding intervention aimed at Aboriginal and Torres Strait Islander women, which provides culturally appropriate breastfeeding support, information and encouragement to mothers. Its development would require extensive consultation with the Aboriginal and Torres Strait Islander community;

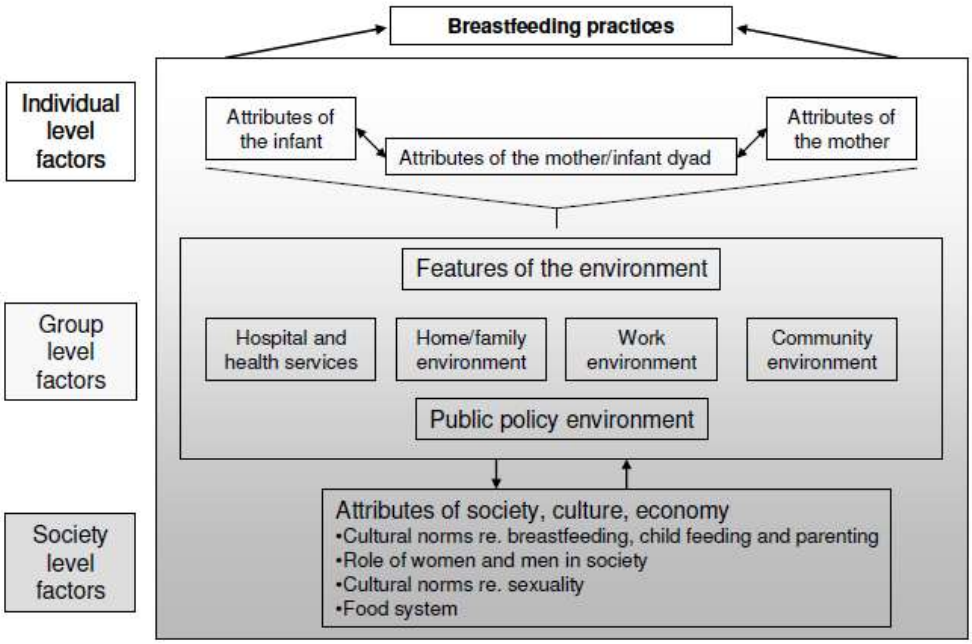
- A breastfeeding intervention which uses new technologies as the vehicle through which health professionals could provide advice, assistance and support to breastfeeding mothers and their families;

- An intervention designed around the expansion of the existing new mothers' groups whereby women are invited to attend a group prior to the commencement of the standard care package as offered in the existing new mothers program. During this early period a peer support person and/or breastfeeding specialist (MCHN or lactation consultant) would be available to provide breastfeeding information, advice and support [15].

Whose responsibility is it?

The influences on breastfeeding practices are multifactorial and encompass both enablers and barriers. Amir and her colleagues conceptualised these as operating at three levels — individual, group and societal — outlined in Figure 3 of *Breastfeeding in Victoria: A Report* undertaken on behalf of the Department of Education and Early Childhood Development Child and Adolescent Health and Wellbeing Division State Government of Victoria [15].

Figure 3: A conceptual framework of factors affecting breastfeeding practices



Source: Lisa H Amir, Della A Forster, Helen L McLachlan, Anita M Moorhead, Catherine R Chamberlain, Heather J McKay (2010). *Breastfeeding in Victoria: A Report* On behalf of the Department of Education and Early Childhood Development Child and Adolescent Health and Wellbeing Division State Government of Victoria Report Date: July 2010

- We all need to acknowledge that improving breastfeeding rates is not the responsibility of individual women. It is a public health challenge. Governments, community health facilities and groups, health professionals, peer support groups, as well as women and their supporters share the responsibility.

- Recognising this, UNICEF UK have appealed to governments of the United Kingdom, through their *Protecting health and saving lives: a call to action*, to implement key actions to 'create a supportive, enabling environment for mothers who want to breastfeed.' UNICEF UK [16]

Call to action

Despite what we know about the importance of breastfeeding, breastfeeding rates are not improving and formula use is increasing exponentially every year.

The Australian Breastfeeding Association is concerned that breastfeeding mothers in NSW are not being supported in their choice to breastfeed because:

1. Very few hospitals in NSW are Baby-friendly Health Initiative (BFHI) accredited.

2. The Tens Steps to Successful Breastfeeding (see text box below) which form the backbone of the BFHI initiative are not consistently followed, even in BFHI-accredited hospitals. In particular the 6th step — *Give newborn infants no food or drink other than breast milk, unless medically indicated* — is not followed and the 10th step — *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic* —is not fully understood and implemented.

3. The Infant Feeding Guidelines developed by the Australian Government's National Health and Medical Research Council (NHMRC) are not being followed.

4. Whilst NSW has had a breastfeeding policy since 2006, implementation of this policy has been patchy and not thoroughly evaluated.

5. Mothers who want to breastfeed their babies are not getting the support they need in the community, once they leave hospital.

6. There is a lack of equity of access to lactation support and expertise.

7. Education of health professionals is deficient both during their initial training phase and when undertaking ongoing professional development

8. Health professionals are seen to be ambivalent about breastfeeding.

9. Many breastfeeding women are unsupported by their work place when they return to work.

The Australian Breastfeeding Association calls on the Committee on Community Services inquiry into and report on support for new parents and babies in New South Wales to:

1. Support the overwhelming majority of mothers who want to breastfeed their babies by making Baby-friendly Health Initiative (BFHI) accreditation mandatory in all places babies are born.

2. Ensure the 6th and 10th steps of the Ten Steps to Successful Breastfeeding (see text box below) are adhered to:

   6th step: Ensure health professionals are educated to understand the need for this step, to adhere to it and to be accountable if they undermine it by unnecessarily introduce artificial baby milk to babies.

   10th step: Ensure well-informed referral by health professionals to breastfeeding support organisations including ABA; informing mothers properly about the work of breastfeeding- support groups in the community, not just handing them a brochure or sticking a sticker on their baby book.

3. Ensure all health professionals, who encounter mothers and their breastfed babies, understand and follow the evidence-based NHMRC Australian Infant Feeding Guidelines.

4. Make certain the policy Breastfeeding in NSW: Promotion Protection and Support is implemented and, importantly, evaluated.

5. Create breastfeeding friendly environments by adopting the Baby Friendly Community Initiative (BFCI) which aims to protect, promote and support breastfeeding and includes a broader focus on providing community support for the initiation of breastfeeding to improve exclusive breastfeeding rates.

6. Advocate for a Medicare item number for IBCLE-certified lactation consultants and stream-lined referral pathways for mothers from general practitioners.

7. Facilitate compulsory and adequate breastfeeding education of all health professionals who may encounter women of reproductive age, both during their initial training and when undertaking ongoing professional development.

8. Expect health professionals, particularly general practitioners, maternal child health nurses and midwives to protect, promote and support breastfeeding

9. Ensure Government health services lead by example by becoming accredited Breastfeeding-friendly Workplaces, so that their staff can continue to breastfeed after their return to work from maternity leave.

10. Provide funding for organisations such as the ABA to explore the use of technology and social media to enhance breastfeeding support for families especially at risk groups.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement published by the World Health Organization. https://www.unicef.org/newsline/tenstps.htm

The evidence:

1. Baby Friendly Health Initiative (BFHI)

Although it has been NSW Policy for facilities to be Baby Friendly since 2006, 11 years later there are a limited number of facilities in which this has been implemented:

- Broken Hill Base Hospital
- Canterbury Hospital
- John Hunter Maternity Services (& Belmont Birth Centre)
- Muswellbrook District Hospital
- Queanbeyan District Hospital

- Royal Hospital for Women
- Royal Prince Alfred Hospital
- St George & Sutherland Child and Family Health Service (COMMUNITY)
- St George Public Hospital
- Sutherland Hospital BFHI [17]

BFHI has a positive impact on breastfeeding rates. A large, cluster randomised controlled trial of a BFHI intervention showed that the BFHI: significantly increased the proportion of mothers breastfeeding throughout the first year and significantly increased exclusive breastfeeding at 3 and 6 months [18].

2. The Ten Steps to Successful Breastfeeding (part of BFHI) [19]

6th step - ***Give newborn infants no food or drink other than breast milk, unless medically indicated***

Healthy, term breastfed babies are leaving NSW public and private hospitals having been supplemented with artificial baby milk at high rates.

Exclusive breastfeeding has a positive impact on the health outcomes of babies. It protects against early childhood infections [3] and fewer exclusively breastfed babies are hospitalised for such infections [20]

10th step – ***Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic***

A large peer breastfeeding support group already exists in Australia — the Australian Breastfeeding Association (ABA) [21]. Mothers are referred to this breastfeeding support group on an ad hoc basis often without discussion of the work of the group and the expertise of the peer supporters [22].

Improved access to community/peer support is known to increase breastfeeding rates [21]. Well-informed referral to breastfeeding support groups has a positive impact on mothers accessing peer support. Mothers that understand the role and expertise of peer support counsellors are then empowered to make informed choices to seek out support.

3. Australian Infant Feeding Guidelines

Despite the fact that around 95% of mothers initiate breastfeeding, babies are leaving NSW public and private hospitals having been supplemented with artificial baby milk at high rates. Exclusive breastfeeding rates in Australia are extremely low. Exclusive breastfeeding rates have dropped to 61.4% by 1 month [1]. This means that, by 1 month of age, 38.6% of Australian infants are not being exclusively breastfed. Given that 100 079 infants were born in NSW in 2015, as many as 36,829 babies were not being exclusively breastfeed to 1 month that year.

As discussed above, exclusive breastfeeding has a positive impact on the health outcomes of babies. The Australian National Health and Medical Research Council (NHMRC) recommends exclusive breastfeeding for around 6 months [9] to ensure optimal growth, health and development of Australian babies.

4. Breastfeeding in NSW: Promotion Protection and Support:

> *Breastfeeding in NSW: Promotion, Protection and Support1 (PD2006-012), released in 2006, was a key initiative arising from the 2002 NSW Childhood Obesity Summit. This was the first comprehensive, evidence-based directive in Australia with specific actions to promote and support breastfeeding within a state health system. The Policy has been revised to better consider recent changes in the national and state policy context, most notably the Australian National Breastfeeding Strategy 2010-2015.2 In addition, revisions have been made in light of new evidence for effective breastfeeding interventions from recent systematic reviews and consideration of Policy implementation to date.* [23]

Whilst there has been robust breastfeeding policies in place since 2006 full implementation of these policies have been patchy, the ABA call upon NSW Health facilities to be held accountable for the implementation of this policy.

5. Baby Friendly Community Initiative (BFCI)

Currently St George & Sutherland Child and Family Health Service is the only BFCI accredited facility in NSW.

Improving breastfeeding rates is not the responsibility of individual women. It is a public health challenge. Governments, community health facilities and groups, health professionals, peer support groups, as well as women and their supporters share the responsibility. Governments need to 'create a supportive, enabling environment for mothers who want to breastfeed.' UNICEF UK [16]

The early days are challenging for new mothers and their breastfeeding babies and they need to be supported and enabled to breastfeed, particularly in public. The Baby Friendly Community Initiative (BCFI) aims to support mothers by improving attitudes and knowledge about breastfeeding in community centres, wherever mothers and babies go, particularly in the early days.

BFCI plays an important role in creating supportive breastfeeding services in the community, just as BFHI has in maternity services. The BFCI aims to protect, promote and support breastfeeding for healthy mothers and babies through the implementation of best practice standards of care which are based on current scientific evidence, and set guidelines [24].

6. Medicare item number for IBCLE-certified lactation consultants

The services offered by IBCLE-certified lactation consultants is currently not covered by a Medicare item number and so there is a lack of equity of access to lactation support and expertise. If the services of IBCLE-certified lactation consultants was subsidised by the Australian government, then equity of access would be assured.

Evidence from two randomised controlled trials showed that proactive care, both antenatally and postnatally, provided by lactation consultants can dramatically increase 'any' and exclusive breastfeeding rates in women traditionally resistant to breastfeeding. Women in the intervention group who received extra support from lactation consultants were significantly more likely to be exclusively breastfeeding at 1 and 3 months (four and three times, respectively) and providing any breastmilk at 1, 3 and 6 months [25].

7. **Compulsory and adequate breastfeeding education of all health professionals**

There is a lack of knowledge about breastfeeding in those health professionals who are most likely to encounter women of reproductive age. Such health professionals have an obligation, a duty of care, to ensure they provide women with correct information to help them make informed decisions when breastfeeding their babies.

Research on Australian GP registrars, who answered a 90-item questionnaire on their attitude to and knowledge of breastfeeding found that 40% of knowledge items were answered incorrectly by the majority of participants [26]. The researchers stated that: *Further targeted training is needed to improve Australian GP registrars' breastfeeding knowledge, attitudes, confidence, and effectiveness.*

In 2003, researchers found the level of basic breastfeeding knowledge of Australian midwives was adequate but there are deficits in key areas (including the management of low breastmilk supply) and suggested that knowledge variations by midwives may contribute to conflicting advice experienced by breastfeeding women [27].

A 2013 survey of pharmacology textbooks used in Australian universities found that there were significant gaps in their coverage of medicine use during breastfeeding, including the compatibility of medicines for breastfeeding women and medication transfer to breastmilk [28].

A review of social media mother discussion groups demonstrates the poor and often harmful breastfeeding advice given to mothers.

8. Expect health professionals to protect, promote and support breastfeeding

Not all health professionals are committed to protect, promote and support breastfeeding in NSW, evidenced by the very high rates of unnecessary supplementation of babies with artificial baby milk in hospital [29]. A health professional's attitude towards breastfeeding is important because women perceive an ambivalent attitude as not being supportive (even if it is meant to appear neutral) which then results in women breastfeeding at lower rates.

The influence of obstetric and paediatric care providers on whether women were exclusively breastfeeding at 1 and 3 months was determined using data from a large prospective cohort study, the Infant Feeding Practices Study II (2005-2007). Women who perceived that their obstetric care provider favoured exclusive breastfeeding were significantly more likely to be exclusively breastfeeding their babies at 1 and 3 months compared to women who perceived their obstetric care provider was neutral about the way infants are fed. Similar results were found when women were asked about the attitude of their paediatric care provider [30].

9. NSW government health services to become accredited Breastfeeding-friendly workplaces

In NSW, very few health services are accredited Breastfeeding-friendly workplaces (BFW):

- NSW Department of Health [31]

Employer-based programs that support breastfeeding mothers when they return to work result in positive breastfeeding outcomes and/or employee satisfaction ratings [32]. BFW accreditation of NSW government health services would send a strong message to health professionals that breastfeeding was important and would also send a strong, supportive message to their clients. A culture would be created where breastfeeding was protected, promoted and supported.

10. Provide funding for organisations such as the ABA to explore the use of technology and social media to enhance breastfeeding support for families especially at risk groups.

The Australian Breastfeeding Association's website has 22,000 visits per day. ABA Online Chat breastfeeding support trials have been well received. Online social media groups have large followings yet the information found on these may not always be evidenced based. Breastfeeding Apps are popular amongst parents. Funding to explore new and innovative ways to connect with families to provide timely breastfeeding support is essential to meet today's families in the space in which they like to connect.

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