Position Statement on Breastfeeding

1998. 2001. Revised: 2007

Preamble

Breastfeeding has been found to provide physiological benefits to the infant, as well as physical, psychological and pragmatic benefits to the mother.[1] Breastfeeding can improve cognitive development,[2] reduce the risk of obesity,[3] diabetes,[4] infection,[5] cardiovascular disease and asthma in infants.[6] The maternal benefits of breastfeeding include decreased risk of breast cancer, decreased risk of ovarian cancer and osteoporosis. [7] [8]

Breastfeeding is also known to play an important role in the establishment of healthy attachment between mother and child. Secure early attachment is an important foundation for healthy child development. [9]

The Problem – Low rates of breastfeeding in Australia

There is strong evidence supporting the current recommendations for exclusive breastfeeding to six months, followed by the introduction of complementary food and continued breastfeeding until 12 months.

The NHMRC states that the goal for Australia should be a breastfeeding initiation rate in excess of 90 per cent with 80 per cent of infants being breastfed exclusively to six months. [10]

The most recent National Health Survey, conducted in 2001, showed approximately 83 per cent of infants being breastfed on discharge from hospital. This number drops to 48 per cent of infants exclusively fed at three months and further again to 18 per cent at six months. [11] This means less that 20 per cent of Australian infants are achieving the recommendations.

Why is this occurring?

While six months exclusive breastfeeding is accepted as standard advice, it appears that new mothers are not consistently advised. Outdated recommendations, such as exclusive breastfeeding to four months, only serve to increase confusion among new mothers. It is essential that advice given to new mothers, by medical and social welfare professionals is clear, consistent and evidence based. There is clearly a need to inform all professionals who work with new mothers about breastfeeding.

Other factors that can affect breastfeeding rates includes partner perception, decision to breastfeed made prior to pregnancy, mother's age and mother's country of birth. For those mothers that do breastfeed in Australia, the most common reason given for termination of breastfeeding is a perceived insufficient milk supply (the actual number of women who experience this is extremely low).

Workplace

Advocacy groups believe that return to work is one of the biggest factors affecting continuation of breastfeeding. Provisions such as maternity leave, flexible employment practices, lactation breaks, private rooms, access to refrigeration and breastfeeding resources may assist mothers returning to work to continue breastfeeding.

Indigenous

Due to the geographical isolation and associated costs, access to nutritious foods in rural and remote areas can be difficult. [12] Some Aboriginal and Torres Strait Islander mothers may be unable to continue exclusive breastfeeding to six months due to their own poor nutritional status. This is a concerning situation as low birth weight babies and early cessation of breastfeeding (among other variables) may increase the risks associated with Syndrome X or Metabolic Syndrome (See Barker Hypothesis: AMA Report card 2005). [13]

How can we improve rates of breastfeeding?

The data indicates that many mothers initiate breastfeeding but do not continue,[14] highlighting the need for a variety of interventions to be utilised to increase rates of exclusive breastfeeding to six months across all population groups.

Breast milk substitutes

Human milk is a dynamic fluid. Its composition changes diurnally, across the course of lactation and throughout individual feeds. Despite the advances in production, infant formula is unlikely to exactly replicate human milk with its spectrum of human milk proteins, milk sugars, live white cells and antibodies programmed by infections in the infant's environment, combined with constant variations in milk content to meet the needs of the growing infant.[15] Any active advertising of breast milk substitutes has the potential to have a detrimental effect on the rates of breastfeeding.

Breast milk banks

Countries such as Brazil, Germany, Scandinavia, Canada, Great Britain and the United States have breast milk banks, whereby a mother who is unable to breastfeed can access breast milk for their infant. It has been suggested that access to this service can prevent adverse health outcomes, especially in vulnerable infants. [16]

The AMA Position

The AMA believes that:

- Breastfeeding should be an easy choice that is regarded as 'the normal' way to feed infants in Australian society. Mothers should be provided with adequate information and education about breastfeeding to allow them to fully consider its importance to the health of their babies and themselves. They should also be provided with subsequent support to maximise their chance of successful breastfeeding.
- Governments need to provide policy that promotes breastfeeding in all environments and makes it 'the norm'.
- Australian growth standards for infants and children should be developed. These standards should be based on normative growth in Australia for non obese, breastfed infants and children.
- All facilities should provide maternity services and care for newborn infants by implementing 'The Ten Steps to Successful Breastfeeding' (WHO and UNICEF) – see Appendix 1.
- Promotion of breastfeeding not only to women of childbearing age but to all within the community (including men) may have a positive impact on breastfeeding rates.
- Further exploration of the potential benefits provided by breast 'milk banks' in cases where the mother is unable to breastfeed their child should be supported.
- Particular groups of mothers (including adolescent mothers, mothers of premature babies and mothers with multiple births) are at increased risk of weaning their babies from breastfeeding prematurely and should therefore receive additional support to establish and maintain breastfeeding. Also mothers of premature babies require additional support to establish and maintain breastfeeding for their children[17]
- Ongoing independent research in the area of breastfeeding is a national priority. This research should include evaluation of strategies to increase the rates of exclusive breastfeeding to six months.

Doctors

- All doctors as well as medical students and other health professionals who provide health advice should be appropriately trained and educated on the benefits of breastfeeding. This should include education on appropriate support for those mothers who experience difficulties with breastfeeding.
- All doctors and health professionals should use growth standards[18] that reflect normative growth for breastfed infants.[19]

- Doctors have a key influential role in ensuring that all pregnant women and their partners receive sufficient information and support to enable them to make an informed decision on the way to feed their infant.
- Doctors should avoid prescribing any substance that will interfere with exclusive[20] breastfeeding unless there is strong medical evidence to support such an intervention.
- Any mother experiencing difficulty in breastfeeding should consult their doctor. In some cases referral to a specialised service may be required.
- Doctors and all other health care professionals should advise new mothers on appropriate infant nutrition and should be responsive to the concerns and needs of those mothers who do not wish to breastfeed or are not able to, and ensure they are not discriminated against.

Workplace

- Workplaces should implement supportive practices and environments to encourage initiation and continuation of breastfeeding.
- All new workplace legislation must consider the needs of breastfeeding mothers.

Appendix 1: The Ten Steps to Successful Breastfeeding (WHO and UNICEF)

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 ti implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help all mothers initiate breastfeeding within the first hour of birth.
5. Show mothers how to breastfeed and maintain lactation even if separated from their infants.
6. Give newborn infants no food or drink unless medically indicated.
7. Practice rooming in: allow mothers and infants to stay together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.

References:

[1] Buckley KM and Charles GE. Review: Benefits and challenges of transitioning preterm infants to at-breast feedings. *International Breastfeeding Journal* 2006; Accessed from http://www.internationalbreastfeedingjournal.com/content/1/1/13 on 23 Jan 2007
[2] Anderson JW, Johnstone BM and Remley DT. Breast-feeding and cognitive development: a meta-analysis. *American J of Clin Nut.* 1999; 70(4): 525-535
[3] Arenz S, Ruckerl R, Koletzko B and van Kries R. Breastfeeding and childhood obesity – a systematic review. *Int J of Obesity.* 2004; 28: 1247-1256. Accessed from http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html on 23 January 2007
[4] Mayer-Davis EJ, Rifas-Shiman SL, Zhou LZ et al. Breast-feeding and risk for childhood obesity. *Diabetes Care*. 2006; 29(10): 2231-2237
[5] Kramer MS, Chamers B, Hodnett ED et al. Promotion of Breastfeeding Intervention Trial (PROBIT): a randomised trial in the Republic of Belarus. *JAMA* 2001;285:1-15
[6] Oddy WH, Holt PG, Sly PD et al. Association between breast feeding and asthma in 5 year old children: findings of a prospective birth cohort study. *BMJ* 1999; 319:815-9
[7] Gather LM, Morton J, Lawrence RA et al. Breastfeeding and the use of Human Milk. American Academy of Paediatrics Policy Statement published in *Paediatrics* 2005; 115(2): 496-506
[8] Ip S, Chung M, Raman G, Chew P, Magula N, De Vine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report / Technology Assessment no. 153 (Prepared by Tufts-New England Medical Centre Evidence-based Practice Centre, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007
[9] Drane DL, Logemann, JA. A critical evaluation of the evidence on the association between type of infant feeding and cognitive development. *Paediatric and Perinatal Epidemiology*. 2000; 14(4): 349-356
[10] NHMRC. Food for health: Dietary Guidelines for Children and Adolescents in Australia. Canberra: *AGPS* 2003
[11] Australian Bureau of Statistics. *Breastfeeding in Australia, 2001*. Canberra Accessed from

[12] Harrison MS, Coyne T, Lee AJ et al. The increasing cost of basic foods required to promote health in Queensland. Med J Aust. 2007; 186: 9-14
[13] AMA Report Card – Lifting the weight. Low Birth Weight Babies: An Indigenous Health Burden that must be lifted. Accessed from: http://www.ama.com.au/web.nsf/doc/WEEN-6PU89J on16 April 2007
[14] AIHW: A Picture of Australia's Children. 2005. AIHW cat.no. PHE 58. Canberra: AIHW
[15] McVeagh P. Is breast feeding best practice? (letter) *Med J Aust*. 2002, 177 (3): 128-129
[16] Arnold LW. Global health policies that support the use of banked donor human milk: a human rights issue. *International Breastfeeding Journal*. 2006, 1:26. Accessed from http://www.internationalbreastfeeding journal.com/content/1/1/26 on 23 January 2007
[17] Buckley KM, Charles GE. Review: Benefits and challenges of transitioning preterm infants to at-breast feedings. *International Breastfeeding Journal* 2006, 1:13. Accessed from http://www.internationalbreastfeeding journal.com/content/1/1/13 on 23 Jan 2007
[18] WHO. WHO Child Growth Standards. 2006. Accessed from: http://www.who.int/childgrowth/standards/Technical_report.pdf on 23 January 2007
[19] Davies PSW. Growth charts for use in Australia. *Journal of Paediatrics and Child Health*. 2007. 43:4-5
[20] Exclusive breastfeeding – allows drops, syrups (vitamins, minerals, medicines)