

no policy. The Association respects the right of families to make individual decisions in such matters and will offer appropriate support to the breastfeeding couple.

THE SOCIETY

Breastfeeding and breastmilk have substantial economic value because of their importance to the short and long-term health and development of babies as well as to the health of mothers. Reducing premature weaning could save the community and the health system substantial costs because of reduced rates of illness and chronic disease among those who were not breastfed or who are prematurely weaned.

Breastfeeding also places minimal economic demands on environmental resources, avoiding substantial land and energy costs incurred in producing artificial baby milks, feeding and cleaning equipment, extra sanitary products and commercial baby foods.

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Position Statement on Breastfeeding

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The Australian Breastfeeding Association supports the right of women to choose whether or not to enter the paid work force. The Association believes that access to lactation breaks in the workplace is fundamental to maintaining a breastfeeding relationship after a return to work. The Association supports the concept of paid maternity leave in order to give women the optimal chance of establishing breastfeeding before a return to work. With information and practical education, time to establish breastfeeding, support from employers and contact with positive role models, women can combine working outside the home with breastfeeding.

THE CHILD

Breastfeeding alone does not provide sufficient immunity to childhood diseases and parents need to seek appropriate guidance on immunisation from their medical advisers.

The breastfeeding relationship facilitates a close bond between mother and child and forms the basis for psychological health for the child's entire lifetime.

The World Health Organization recommends the feeding of another mother's milk or banked human milk, when the mother or her own expressed breastmilk is not available, in preference to the use of artificial baby milks. In those circumstances where mothers are unable to provide milk, human milk banks can provide the most vulnerable babies with the nutritional support they need.

Breastfeeding another mother's child (sometimes called wet/cross/sister nursing) is practised in many traditional societies and less commonly in Western societies. The Australian Breastfeeding Association supports this practice when all parties are aware of any possible risks and informed consent is given.

THE FAMILY

Many aspects of and decisions about parenting have a direct or indirect effect on the breastfeeding couple. Issues such as contraception and birthing options are matters for personal choice. These are areas in which ABA has

GROWTH

Breastmilk is sufficient for the growth and development of healthy, full-term babies for at least 6 months. Other fluids, solids or vitamins are unnecessary before this, unless medically indicated.

Babies need to grow and gain weight, but weight gain is not the sole indicator of health and wellbeing. Healthy breastfed babies may gain weight irregularly. After the first few months, they will often gain less than those fed artificial baby milks. Artificial infant feeding increases the likelihood of childhood obesity.

Breastfeeding should continue as long as a mother and child wish. Weaning should be a gradual process taking into account the physical and emotional needs of the baby and mother.

THE MOTHER

Mothers are encouraged to eat a balanced diet according to the Dietary Guidelines for Australian Adults and to drink to satisfy their thirst. No specific foods should be eaten or avoided for most women during lactation. Most healthy women consuming a varied diet do not need to take any vitamin/mineral or herbal supplements while breastfeeding. If a mother is concerned that her diet is lacking in certain nutrients, she should consult a dietitian on this matter.

A mother can continue to breastfeed when she is pregnant. A mother may also simultaneously breastfeed two children of different ages — this is called tandem feeding. It is possible to relactate (resume breastfeeding after a break). It is also possible to establish a breastfeeding relationship with an adopted baby.

Mothers who need to take medication while breastfeeding should consult with a pharmacist or a specialist drug information helpline, as some drugs are known to affect the baby or lactation and alternatives may be available. Illegal drugs, some over-the-counter medications, cigarettes and alcohol may also have an effect on the baby or the milk supply. However their use and risks need to be considered in light of the known risks of the use of artificial baby milks.

Position Statement on Breastfeeding

ABA endorses the following statement from the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, Geneva, October, 1979.

‘Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development.’

Each mammalian milk is unique and suited to the young of that species. Breastmilk is the normal food for human infants. It contains all the nutritional requirements for a baby's growth for the first 6 months and remains the most important part of the infant's diet, with the addition of family foods, until around 12 months. Breastmilk continues to be a valuable source of nutrition for as long as mother and baby breastfeed.

The production of milk is a natural process. Babies are born with the innate ability to locate, move to and suckle at the breast if given the opportunity; however the establishment of breastfeeding is a process that is easily disrupted. The value of colostrum to the newborn infant is undisputed, and a baby needs to receive it frequently from birth. Education and support enables almost all mothers to breastfeed and overcome any difficulties that might arise.

The close physical relationship between a breastfeeding mother and her baby contributes to the formation of close emotional ties. The World Health Organization recommends that breastfeeding should continue to 2 years of age and beyond.¹

It is the right of every baby to have the opportunity to be breast or breastmilk fed.

A baby has the right to be breastfed wherever and whenever necessary.

Every baby is an individual, with different feeding, sleeping and crying patterns.

A mother should be encouraged to respond to all her baby's needs.

¹ WHO Global Strategy on Infant and Young Child Feeding

ANTENATAL

Breastfeeding is a life skill and should be covered in the curriculum of all schools. The importance of human milk for human babies is a basic foundation stone for health education. During pregnancy, women and their partners should be educated about the importance of breastfeeding for the infant, mother and the family. Knowledge about breastfeeding and support from family members empowers women to succeed. Nipple preparation is usually unnecessary although it can help women to become accustomed to handling their breasts prior to breastfeeding. Care must be taken not to remove the natural oils by excessive washing, use of soaps or other drying agents. A well-fitting bra may be worn if desired, for comfort and support.

POSTNATAL

Mothers and their well newborn infants should have continuous skin-to-skin contact, uninterrupted by routine procedures. Procedures can be performed while the newborn and mother are skin-to-skin or can be safely delayed until after the first feed. Mother and baby should be encouraged and supported to breastfeed after birth as soon as the baby indicates readiness. This facilitates the establishment of breastfeeding, and enhances their relationship. Positive steps to establish and support lactation should be implemented if either the mother or baby is unwell. Colostrum is all that is needed for baby's nutrition until lactation is fully established unless medical advice indicates otherwise.

Unlimited access of the mother to her newborn baby is desirable for establishing and maintaining lactation. Mothers and their babies should not be separated unless medically indicated. Newborn babies breastfeed frequently to satisfy the need to suck and to establish their mother's milk supply. Drugs administered during labour may affect a baby's behaviour and ability to suck at the breast.

Nipple sensitivity, particularly in the first few days after birth, is common. Hindmilk on the nipples may be helpful. Nipple creams are unnecessary. Prolonged or severe nipple pain is an indication that specialised attention is urgently required.

Self-attachment by the baby is the preferred method for initiating breastfeeding. Careful attention to attachment and positioning is essential.

This will help prevent sore and cracked nipples. Breastfeeding can continue, while the underlying cause is treated, when problems such as sore/cracked nipples or mastitis occur.

A baby's need to suck is very strong. This will usually be satisfied at the breast. The use of dummies (pacifiers), finger or thumb sucking may cause a decrease in milk supply when they are used to satisfy the baby's sucking urge. They should not be used routinely to postpone a breastfeed. The use of teats and dummies may affect the baby's sucking action at the breast.

Milk supply is established in the first month and therefore the use of a dummy is not recommended during this time. Dummy use is associated with shorter duration of breastfeeding.

SUPPLY

The more milk a baby removes from the breast, the more milk a mother will make. To develop and maintain a good milk supply, babies should breastfeed frequently. A young baby will generally require a minimum of six breastfeeds in 24 hours and will probably have many more. If the baby is suckling well, the mother's milk supply can usually be increased by breastfeeding more frequently. When an infant is unable to feed at the breast, such as when sick or premature, it is important that the mother commence expressing soon after the birth and thereafter frequently to stimulate her milk supply.

Most babies require breastfeeding during the night. An adequate milk supply may depend on this, especially for newborn babies. There is a great variation in age when night feeds are no longer required.

Additional fluids, such as water, juice or artificial baby milks are unnecessary in newborn or young infants, even in hot weather, provided they have unrestricted access to the breast. These fluids interfere with the establishment and maintenance of lactation. Artificial baby milks may also cause allergy in susceptible infants. Teats and dummies may affect the sucking action at the breast.

If extra fluids are necessary for medical reasons, it is preferable that expressed breastmilk is given by cup or spoon.