

Maternity Services Review
Department of Health and Ageing
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Submission by the Australian Breastfeeding Association to the Maternity Services Review

The Australian Breastfeeding Association congratulates the Federal Government on undertaking the Maternity Services Review and presents this submission for consideration.

The Australian Breastfeeding Association aims to support and encourage women who want to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk to infant and maternal health. The Association is recognised as Australia's leading authority on breastfeeding.

Recommendations from the Australian Breastfeeding Association are:

1. Appoint a national breastfeeding coordinator with appropriate authority, and establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Financially support the Australian Breastfeeding Association to ensure continual delivery of services throughout Australia.
3. Facilitate awareness within the health sector of the Australian Breastfeeding Association and promote referral to the Association.
4. Financially support the Baby Friendly Health Initiative (BFHI) in Australia to ensure the viability of the Initiative and its reach throughout Australia.
5. Encourage all health facilities to implement BFHI standards.
6. Incorporate comprehensive breastfeeding programs and minimum standards into the curriculum of all health professional training including medical, nursing, midwifery and early childhood.
7. Ensure that health professional education regarding infant feeding is not associated with commercial interests of artificial baby milk or breastmilk substitutes.
8. Implement national standards and definitions for the collection of breastfeeding statistics.
9. Implement Medicare rebates for lactation consultancy.
10. Establish models of care that support the establishment of breastfeeding.

Please do not hesitate to contact me if you would like further information about the Australian Breastfeeding Association or this submission.

Yours sincerely

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Australian Breastfeeding Association Submission to Maternity Services Review October 2008

The Australian Breastfeeding Association (ABA) has many strengths that make it unique in providing support to women in the Australian community, including:

- 1140 trained volunteer breastfeeding counsellors, 300 community educators and 400 trainees who provide a national network of mother-to-mother support for women who wish to breastfeed their babies
- 290 local groups in all parts of Australia. Nearly 50% of ABA's subscribers reside outside of metropolitan areas
- 16,500 subscribers of many diverse backgrounds
- 24-hour, 7-days-per-week free telephone Helpline providing peer support to breastfeeding mothers in each State/Territory. Over 260,000 calls per year are taken through this counselling service which is operated by volunteer breastfeeding counsellors. The majority of the callers to the counselling service are not subscribers to ABA and 50% of calls are received from rural and regional areas.

Like birth, a woman's breastfeeding experiences — positive or negative — are something she carries with her throughout her life and will also affect the ongoing health of the woman and her offspring.

The establishment of breastfeeding is an integral part of the birthing process, and therefore support for breastfeeding needs to be integrated within maternity services from the very beginning of a pregnancy. The breastfeeding learning process starts well before a pregnancy and new parents may have already made a choice about infant feeding long before a baby is conceived.

It is important that parents have access to reliable breastfeeding information throughout the antenatal period, and that mothers birth their babies in an environment that not only promotes breastfeeding but provides the conditions that will allow for successful breastfeeding. It is then just as important that the mother enters a community where breastfeeding is considered the norm and she is surrounded by skilled and caring individuals to support her in the establishment and continuation of breastfeeding.¹

¹ Clifford J, McIntyre E, 2008 Who supports breastfeeding? *Breastfeeding Review*. 16(2): 9–19 — Summarises the main issues around support for mothers including lack of HP knowledge

What models for maternal services for rural, regional and remote communities are working well?

Examining this question in the context of breastfeeding support, there are three particular models particularly suitable for these communities:

1. The Australian Breastfeeding Association (ABA) provides mother-to-mother support for breastfeeding throughout Australia; for many rural, regional and remote women ABA may be their only link to other mothers and for expert advice and over 50% of ABA members come from these areas. These services are provided through the ABA Breastfeeding Helpline in which 50% of the calls come from rural, regional and remote areas; local ABA counsellors and community educators provide personal support and facilitate local group meetings. The ABA website provides information, discussion forums, podcasts and email counselling.
2. The second model is the Baby Friendly Health Initiative (BFHI). The BFHI *Ten Steps to Successful Breastfeeding* are the global standard by which health services are assessed and accredited. A 'Baby Friendly' health service is one where mothers' informed choice of feeding is supported, respected and encouraged.

The BFHI is an international project that aims to give every baby the best start in life by creating a health care environment where:

- Breastfeeding is the norm
- Practices known to promote the health and wellbeing of all babies and their mothers are followed
- Those who are unable to breastfeed or who choose not to are given individual support for the safe preparation of artificial baby milk.

The BFHI program is a quality improvement process with strong evidence-based foundations in the *Ten Steps to Successful Breastfeeding*. This program may be implemented in any health facility, large or small, and therefore has particular relevance for rural, regional, and remote health facilities. Being born in a hospital that implements the BFHI program increases a baby's chance of being breastfed. The BFHI is currently expanding into the community health sector; therefore, expanding its reach especially in rural, regional, and remote areas.

The Baby Friendly Health Initiative is currently administered by the Australian College of Midwives with no government support and so is unable to expand at the rate necessary to ensure all babies are born in an environment which supports the establishment of breastfeeding.

3. The third relevant model of care is that of International Board Certified Lactation Consultants (IBCLC). IBCLCs are specialists in lactation management. IBCLCs are the members of the health care team who have specialist knowledge of and primary focus on breastfeeding. They are the consultants whom mothers and other health professionals turn to when skilled assistance is required.
4. In many State and Territory health services there is currently no recognition of the IBCLC qualification in either remuneration or designation. This means that there is often no pathway for health professionals to follow when a mother has a complex breastfeeding problem. This may be during the days immediately after birth when breastfeeding is being established or if a woman or her breastfeeding baby is later hospitalised for other reasons.
Like ABA breastfeeding counsellors, IBCLCs contribute to improved breastfeeding practices and success rates. In addition, they have the ideal qualifications to help their

hospitals become BFHI accredited. By supporting and educating their colleagues the standard of breastfeeding care is improved amongst all staff.

Outside the public health services, Lactation Consultants who operate privately in the community can provide immediate, skilled assistance for breastfeeding mothers, offering women another choice for support.

What are the key elements to applying such models more broadly?

Whilst the Australian Breastfeeding Association has been in operation for 44 years, there are many within the health sector that have little understanding of what ABA offers, why peer support is important and why referral to peer support is often the key to breastfeeding success. ABA offers expertise in breastfeeding information as well as mother-to-mother support.

Evidence shows that where there is health professional referral and links, ABA services thrive, therefore an increased awareness of ABA and its services within the health sector may be the key to providing quality accessible support in rural, regional and remote areas. These links are vital to the capacity building of health services.

The Baby Friendly Health Initiative and the *Ten Steps to Successful Breastfeeding* provide all of the ingredients for breastfeeding to be successful and whilst there are many health workers on the ground working hard to create Baby Friendly Health facilities, they often lack the support from the top that will facilitate the institutional change required for successful implementation. The Federal Government can show leadership by funding the BFHI within Australia. Accreditation for BFHI should be part of general hospital accreditation requirements.

There is little incentive for IBCLCs to establish practice in Australia, especially in rural, regional and remote areas where families are least able to afford to pay for such services. A Medicare rebate for the services of a qualified International Board Certified Lactation Consultant would mean that this care was accessible to all mothers and would strengthen the effectiveness of those services already in place, which often do not have the resources to help all the mothers in need in a timely manner.

What aspects of the Australian context are driving intervention rates?

What actions are required to address this?

The increase in caesarean section and other birth interventions in Australia have the potential to adversely affect breastfeeding rates. It is well accepted that breastfeeding within the first hour after birth is a vital link to the successful establishment of breastfeeding. However, birth by caesarean section often means that mothers and babies miss this vital first hour together. The BFHI requires that all mothers, including those who have caesarean sections, have this opportunity for breastfeeding and skin-to-skin contact and hospitals all around the world have found creative ways to facilitate this outcome.

In addition, midwifery models of care that provide care to women by a known midwife throughout labour and birth provide the opportunity for the support of breastfeeding within an hour of birth for women who have undergone caesarean births.

Epidurals and other pharmacological pain relief are known to affect babies' feeding behaviours in the early days of life. These early days are crucial in the establishment of breastfeeding.² Models of care that reduce intervention rates, such as care by a known midwife with appropriate referral where medically necessary to specialist services, lead to increased rates of breastfeeding.

² Walker, M, *Breastfeeding Management for the Clinician*, and references contained therein, Jones and Bartlett Publishers, 2006 pp137–42
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What, if any, are key support services, including peer support, that warrant national coverage?

The fact that most women in Australia initiate breastfeeding demonstrates that they understand the importance of breastfeeding. However, the poor continuation rate points to a problem with ongoing support. Brooker, Olienikova and Wand (2002) found that most mothers (87%) who stop breastfeeding in the first 6 weeks wished that they had breastfed their babies for longer. Mothers who breastfed for at least 6 months would also have liked to have breastfed for longer.³ It is very clear that it is not the mother's desire to breastfeed her baby that is the issue; it is the support a mother needs to overcome obstacles to successful feeding that is lacking.

The Australian Breastfeeding Association has, over the past 44 years, become an integral part of the maternity service support network and is well placed to offer a level of support that is unique, focused on mother-to-mother support, and different to support offered within the health service sector. There is some evidence to suggest that many health professionals and other NGOs are not fully aware of the services offered by ABA and are hesitant to refer mothers because of this.

Anecdotal evidence suggests that in areas with high referral to ABA by health professionals, uptake of ABA services is also high. Quite often these high uptake areas are those with BFHI accredited hospitals who actively promote ABA services as part of the fulfilment of the 10th step: 'Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic'.

Breastfeeding women lack a naturally occurring social support network in our society today. When professionals and peer supporters work in partnership, a service is provided that uniquely meets these needs and compensates for this missing link.⁴ ABA can provide this missing link but needs support from the government and health sector to ensure that all mothers have the ability to access these services.

What does the evidence say?

Evidence shows that breastfeeding initiation rates can be increased with health professional support whilst mother-to-mother (peer) support has been shown to increase the duration of exclusive breastfeeding^{5 6}. Depending on the situation, increases in duration of any breastfeeding can be achieved when both mother-to-mother and professional support are offered.⁷ Peer support which provides non-medical support and information over an extended time and professional support are complementary. Professionals benefit by knowing there is another tier of support available for the mothers in their care and the workload is shared.⁸ Peer

3 Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for Breastfeeding Mothers (Review) *The Cochrane Collaboration* 2007 p. 2. Published by John Wiley & Sons, Ltd

4 Australian Breastfeeding Association. Submission by the Australian Breastfeeding Association to the Parliamentary Inquiry into Breastfeeding. 2007; 25

5 Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database of Systematic Reviews* 2007(1). pub3.

6 Hoddinott P, Chalmers M, Pill R. One-to-one or Group-Based Peer Support for Breastfeeding? Women's Perceptions of a Breastfeeding Peer Coaching Intervention. *Birth* 2006; 33(2): 139-146

7 Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers: a systematic review. *Paediatric and Perinatal Epidemiology* 2003; 17(4): 407-417.

8 Raine P. Promoting breast-feeding in a deprived area: the influence of a peer support initiative. *Health and Social Care in the Community* 2003; 11(6): 463-469.

supporters appreciate the opportunity of being able to refer mothers to knowledgeable professionals when there is a need for medical assistance.⁹

What is required to ensure the quality and consistency of key support services?

Australia lacks national coordination of breastfeeding services with no overarching national government body, which has resulted in breastfeeding services that are fragmented. In 1990 the Australian Government signed the Innocenti Declaration. The first operational target of the Declaration is:

‘Appoint a national breastfeeding coordinator with appropriate authority, and establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.’¹⁰

Having a national body for breastfeeding that involves key maternity/child health service stakeholders, both government and non-government, would allow for a more effective communication between services and improvement in interagency referral. An example of such a body is the New Zealand Breastfeeding Authority (see <http://www.babyfriendly.org.nz/>) that brings together over 30 stakeholder groups and has resulted in 100% of the country’s hospitals achieving BFHI status.

Support for ABA is required to increase awareness of ABA and its services within the health sector and other NGOs.

The Australian Breastfeeding Association is staffed primarily by volunteers and receives limited funding. Secure, ongoing funding is required to ensure that ABA services are consistently available to all mothers in Australia.

As noted above, BFHI is currently unfunded within Australia and this lack of funding is affecting the ability of the College of Midwives to extend the BFHI’s reach throughout Australia.

Many health facilities are unable or unwilling to fund the process of BFHI accreditation and may need government support to facilitate this process. The BFHI needs to be funded to ensure that all mothers and babies have access to baby-friendly facilities.

Medicare rebates for lactation consultancy services would ensure that all mothers have timely access to skilled breastfeeding support.

Currently breastfeeding statistics and definitions vary between Australian States and Territories, making it difficult to adequately assess and compare breastfeeding rates nationally. National breastfeeding statistics with standardised definitions need to be collected on a regular basis to accurately measure breastfeeding rates and trends. In 2001 Webb et al published: *Towards a national system for monitoring breastfeeding in Australia: recommendations for population indicators, definitions and next steps*. This publication was part of the National Food and Nutrition Monitoring and Surveillance Project, funded by the Commonwealth Department of Health and Aged Care. The recommendations of this study have not been adopted and data that is collected still does not accurately assess the exclusivity of breastfeeding.

⁹ Dennis C-L, Hodnett E, Gallop R, Chalmers B. The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *CMAJ* 2002; 166(1): 21-28.

¹⁰ The Innocenti Declaration 2005 on Infant and Young Child Feeding <http://innocenti15.net/declaration.pdf>

What are the key professional development needs for the maternity workforce?

Doctors usually receive only 1 or 2 hours of breastfeeding education during their training. Midwives have varying amounts of education on breastfeeding (usually about 4 hours although this is changing), however, it is mostly inadequate and limited to establishment of breastfeeding within the first 10 days after birth. Early childhood nurses have breastfeeding support as a very small part of their overall role and would benefit from acknowledgment that establishing and maintaining breastfeeding is a priority for mothers and babies under their care.

Health professionals are also repeatedly provided with ‘education’ about infant feeding from the manufacturers of baby foods and artificial baby milk (formula). Many health care professionals are themselves completely unaware of the health and developmental importance of breastfeeding and that in a normal situation this continues for years of breastfeeding rather than months or weeks. There is no requirement for health professionals to explain the risks of artificial feeding as there would be with any other intervention requiring informed consent. In fact, many health professionals tell parents there is no difference between human breastmilk and artificial baby milk.

It has been found that approximately a third of women with breastfeeding problems sought help from their General Practitioner (GP), yet the information GPs gave was the least helpful compared to all other health professionals.¹¹ Midwives stated that they would not refer women with breastfeeding problems to their GP.¹²

Unfortunately women believe and trust that the health professionals they seek advice from understand and support the natural function of breastfeeding. When incorrect advice is followed and breastfeeding doesn’t succeed, women often blame themselves. There is no accountability for inaccurate information from health professionals or a questioning of the common practices that are not compatible with successful breastfeeding.

Change can happen when the community shares the responsibility for breastfeeding success as well as failure.

What are the ways forward?

Improving maternity services and subsequently breastfeeding rates in Australia requires a multifaceted approach that involves the building of capacity of existing services and ensuring the quality of these services. This includes action to:

1. Appoint a national breastfeeding coordinator with appropriate authority, and establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations and health professional associations.
2. Financially support the Australian Breastfeeding Association to ensure continual delivery of services throughout Australia.
3. Facilitate awareness within the health sector of the Australian Breastfeeding Association and promote referral to the Association.
4. Financially support the Baby Friendly Health Initiative in Australia to ensure the viability of the Initiative and its reach throughout Australia.

11 Hegney D, Fallon T, O’Brien M, Plank A, Doolan J, Brodribb W et al. The Toowoomba infant feeding support service project. Report on phase 1 — A longitudinal needs analysis of breastfeeding behaviours and supports in the Toowoomba region. Toowoomba: University of Southern Queensland/University of Queensland; 2003.

12 Cantrill RM, Creedy DK, Cooke M An Australian study of midwives’ breast-feeding knowledge. *Midwifery* 2003; 19:310–7

5. Encourage all health facilities to implement BFHI standards.
6. Incorporate comprehensive breastfeeding programs and minimum standards into the curriculum of all health professional training including medical, nursing, midwifery and early childhood.
7. Ensure that health professional education regarding infant feeding is not associated with commercial interests of artificial baby milk or breastmilk substitutes.
8. Implement national standards and definitions for the collection of breastfeeding statistics.
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