



australian
breastfeeding
association

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**Submission by the Australian Breastfeeding Association on
Quality Improvement and Accreditation System *Quality Practices Guide 2005***

The Australian Breastfeeding Association (ABA) (formerly named the Nursing Mothers' Association of Australia) welcomes the opportunity to make this submission on quality practices in childcare.

The Association is one of the largest women's organisations in Australia and is Australia's leading source of breastfeeding information and support. Our network of around 1800 trained, volunteer counsellors and community educators delivers range of services and strategies aimed at supporting and encouraging all mothers to breastfeed. These include our 7-day Breastfeeding Helplines, our Breastfeeding Friendly Workplace Accreditation scheme, and our advocacy for the needs of mothers and babies. Our promotion of mother friendly workplaces has contributed to increased recognition of the needs of breastfeeding mothers in the workplace.

The Association is a recognised authority on breastfeeding management and lactation. Our Lactation Resource Centre (LRC) provides a scientific basis for ABA's breastfeeding policies and complements the practical experience of breastfeeding mothers with one of the most comprehensive collections of breastfeeding information in the world. The LRC provides specialist library services and provides comprehensive and readily useable information and resources for the community and health professionals on all aspects of lactation.

The Centre's journal *Breastfeeding Review* contains numerous articles relevant to your deliberations in relation to child health and healthy environments. *Topics in Breastfeeding* focuses on specific breastfeeding issues, including those associated workplace support and child care. See <http://www.breastfeeding.asn.au/lrc/bfreview.html> for more information.

In mid March the Association is hosting a seminar series *Breastfeeding. Healthy children, families and communities*. I am sure that you and your colleagues will find the information presented informative and directly relevant to the delivery of quality child care in Australia. More information is at <http://www.lrc.asn.au/seminars/index.php>.

The Association's International Conference is being held in September in Tasmania. *Breastfeeding the natural* state will bring together world class and leading speakers, again, many relevant to the delivery of quality child care. For more information see <http://www.cdesign.com.au/aba2005/>

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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Submission by the Australian Breastfeeding Association on Quality Improvement and Accreditation System *Quality Practices Guide 2005*

Introduction

Themes of submission:

1. World Health Organisation (WHO) and National Health and Medical Research Council (NHMRC) recommendations highlight the need to move beyond childcare practices focused on disease prevention to emphasis on childcare centres as creating an environment for good infant and child health and nutrition
2. Breastfeeding as the normal means of feeding infants: good nutrition means exclusive breastfeeding for the first six months of life with continued breastfeeding to two years and beyond
3. Breastfeeding support criteria is essential for defining satisfactory care
4. Strong evidence base for effectiveness of mother to mother support for breastfeeding, introduce referral to ABA support and resources as best practice criteria
5. Childcare is considered part of health care system by WHO. The child care system in Australia should comply with the WHO Code of Marketing of Breastmilk substitutes and the subsequent World Health Assembly Resolutions for Health Workers and the accreditation criteria should include centres having policies to prevent the distribution, promotion or other marketing of commercial baby foods contrary to this Code. This includes the display of posters including logos of companies promoting breastmilk substitutes and the direct marketing to mothers/families as these activities undermine breastfeeding.

Comments on Quality Areas

ABA has focused its comments on Quality Areas 2, 3, 6, 7

QA 2

Principle 2.1

Families need information on breastfeeding support policy and practices as this is an important criteria for choosing a centre (see Farquhar, 2003 , Galtry, 2005). The satisfactory standard for accreditation should include that centre responds positively to parents requests for information on its breastfeeding support practices and there is process for sufficient information sharing and cooperation to ensure continuation of ongoing breastfeeding. A criterion for a high quality centre should be to have a breastfeeding policy that includes supportive policies and practices and also actively cooperates with and refers mothers to breastfeeding support groups and promotes access to their breastfeeding support resources through the centre.

Principle 2.2

Breastfeeding mothers need to be welcomed at the centre and be provided with suitable facilities to breastfeed their baby if necessary during the time the baby is in childcare. Satisfactory standards should include providing comfortable seating/space for breastfeeding and the centre

should be welcoming for mothers to come and breastfeed, while high quality care will also explicitly promote such facilities and train staff to assist and support mothers in this situation.

Principle 2.3

The orientation processes should specifically address the needs of the breastfed baby and mother during the transition to the new environment. Satisfactory care will provide information on how breastfeeding will be supported during this period, and high quality care criteria will also specify how mothers will be provided with access and referral to community based breastfeeding support and information.

QA 3

Principle 3.1

The centre's philosophy should reflect the current state of scientific knowledge about the normality of breastfeeding and its important contribution to the health and well being of the child and the quality of its relationship with its mother and family. Also to IQ, development and long term health. Hence, the centre's practices will reflect the philosophy of health promotion rather than just disease prevention.

Principle 3.3

The program acknowledges the contribution of breastfeeding to successful learning, eg relationships, feedback to toddlers re breastfeeding

QA 6

The centre and its policies and practices should be viewed as 'health promoting' as well as 'disease preventing'. Protecting breastfeeding should be given as much priority in centre policies and practices, for example as promoting vaccination. That is, it warrants an additional principle 'the centre acts to promote infant, child and maternal health and reduce the incidence of infectious diseases by protecting, promoting and supporting breastfeeding.'

Child care worker training should ensure that these carers understand that by encouraging breastfeeding the children in their care will be healthier and less likely to get colds and ear infections etc. A change in knowledge will help carers be more supportive of parents who continue to provide their infants with breastmilk whilst in childcare.

Protecting breastfeeding involves centre policies, practices and referral to breastfeeding support groups and promoting access to breastfeeding resources. It also involves a commitment to ongoing training of centre staff on breastfeeding management and support.

ABA is a recognised authority on breastfeeding and lactation,¹ and centre staff should be aware of the resources it offers mothers and health professionals (LRC).

Satisfactory criteria care will explicitly include WHO and NHMRC recommendations in its food and nutrition policies, will actively encourage mothers to continue breastfeeding including referral to community based breastfeeding support groups and resources, and ensure staff have adequate knowledge and training on how to support breastfeeding. A high quality centre will also provide direct access to breastfeeding support resources and foster active cooperation of the centre and its staff with breastfeeding support groups.

QA 7

Supporting breastfeeding is intrinsic to managing to support quality care. Centre policies and practices should be informed by legislative requirements of non discrimination against

¹ See National Health and Medical Research Council (2003).

breastfeeding mothers as well as by current best practice in supporting breastfeeding and caring for breastfed infants, and ensuring the breastfeeding mother has access to the support and resources she needs to continue breastfeeding.

Detailed comments

More specifically we suggest

pg 77 Change paragraph 3 to read "Evidence suggests that the primary factors in promoting child health are effective breastfeeding, then follow on with other suggestions.

pg 78 Change paragraph 5 to read : 'Breastfeeding is the normal method of infant feeding. It is well documented that babies not being breastfed have poorer health outcomes. The NHMRC recommends exclusive breastfeeding for 6 months and continued breastfeeding whilst receiving complimentary foods up to the first birthday and beyond. The centre can assist families to continue with their breastfeeding relationship while attending child care by including provision for breastfeeding in the centre's food and nutrition policy, making individual arrangements with families regarding the mother coming to the centre during the day to feed her baby or making arrangement for the appropriate storage and heating of breastmilk and by ensuring all staff are supportive of families' choices.

Pg 78 include Breastfed babies may need to be fed according to the baby's need (on demand) rather than at scheduled times.

Pg 78 include Centre staff should only use a dummy/pacifier with written consent of the parents.

References to the discarding of unused infant formula and breast milk should be changed to read:

Unused infant formula should be discarded at the end of the day. Expressed breast milk (EBM) will keep from 3-5 days in the refrigerator. It takes time and effort for a mother to express her breastmilk. If any mothers EBM is not opened or used during the time her child is in care the mother should be informed so she has the option of taking her breastmilk home for later use.

References

Farquhar, S. E. and J. Galtry (2003). Developing breastfeeding friendly childcare to support mothers in paid employment and studying. Case studies of two centres and draft guidelines for supporting breastfeeding in childcare. Project prepared for the Equal Employment Opportunities Contestible Fund, Wellington, Department of Labour.

Galtry, J. (2002). "Child health: an underplayed variable in parental leave policy debates?" Community Work & Family 5(3): 257-278.

Galtry, J. (2005). "Breastfeeding support in early childhood centres: practice, policy and research." Research in Early Childhood Education Journal, forthcoming.

National Health and Medical Research Council (2003). Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers. Canberra, National Health and Medical Research Council.

List of Attachments

- Summary information about the Australian Breastfeeding Association
- Breastfeeding Leadership Plan

Attachment A: The Australian Breastfeeding Leadership Plan, August 2004

Attachment B: Summary Information about The Australian Breastfeeding Association

Our vision is for babies to breastfeed exclusively for six months, with ongoing breastfeeding for as long as mother and child desire. As Australia's leading authority on breastfeeding, we educate and support mothers, using up-to-date research findings and the practical experiences of many women. We work to influence our society to acknowledge breastfeeding as the norm for infant nutrition.

The important contribution of the association to increased breastfeeding rates has been acknowledged by medical experts, and more recently the NHMRC has stated that;

The Australian Breastfeeding Association (formerly the Nursing Mothers Association of Australia) and other similar organisations have an important role to play within the health care system, providing the one-to-one support that is needed to overcome transient problems with lactation, particularly after hospital discharge.

Increasing the rates and duration of breastfeeding is central to ABA's purpose and activities, and helps ensure all babies have the best possible start in life through good nutrition, optimal health and development, and quality early learning experiences.

Recognising the need for nationally consistent, accurate and evidence based breastfeeding information for mothers and their families and for health professionals, the Association's services are based on a rigorous training system (initiated in 1964), and extensive on-going education program for our approximately 1,800 volunteer breastfeeding counsellors and community educators that ensures consistency of breastfeeding information across Australia.

The LRC, established in 1989, provides a scientific basis for ABA's breastfeeding policies and complements the practical experience of breastfeeding mothers. It has one of the most comprehensive collections of breastfeeding information in the world with a collection of more than 15,000 articles and books, videos and case histories. The LRC provides specialist library services and ensures that counsellors and health professionals have access to up-to-date and accurate information.

The LRC provides comprehensive and readily useable information and resources for the community and health professionals on all aspects of lactation. It is also responsible for the publication of the internationally recognised professional journal *Breastfeeding Review*. In recent years the Association including the LRC has also run several highly successful national and international conferences and seminars on breastfeeding

The LRC's work program draws on both the practical wisdom of mothers and 'evidence based' research to develop and evaluate our activities in supporting breastfeeding. This combination helps build knowledge about approaches that are both effective and relevant to Australian circumstances and responsive to the diverse day-to-day situations and needs of mothers.

Our promotion of breastfeeding is via a range of strategies consistent with the Ottawa Charter of Health promotion. ABA's community-based programs, provided by our trained breastfeeding counsellors and community educators, include:

1. Free and wide access to 24 hour, 7 days per week telephone Breastfeeding Help lines operated by volunteer breastfeeding counsellors; providing peer support and information to breastfeeding mothers in all States and Territories.
2. Over 260,000 counselling contacts per year
3. Counsellor training, with over 500 trainee counsellors receiving training each year.
4. Mother-to-mother support through local group activities (referral to which is the crucial evidence-based tenth step of the WHO/UNICEF Baby Friendly Hospital Initiative).
5. Antenatal talks introducing ABA and principles of breastfeeding; in conjunction with local midwifery staff.
6. Breastfeeding education classes (BEC). Last year ABA offered around 170 of these classes Australia-wide, led by ABA counsellors and targeting new and expectant parents.

7. Booklets with practical and accurate information for mother and family members on common breastfeeding and parenting issues such as increasing supply, sex and the breastfeeding woman and expressing and storing breast milk.
8. High quality magazine *Essence*, focusing on breastfeeding and mothering issues, produced and distributed to 10,000 subscribers four times per year.

ABA also promotes supportive environments in schools, family and community care, primary care, the workplace and childcare settings. Initiatives in this area include:

1. Widely recognised community Baby Care Room awards for facilities that meet high ABA standards for cleanliness, safety and comfort for parents with babies and children.
2. Highly successful Breastfeeding Friendly Workplace Accreditation scheme to promote workplaces that have appropriate infrastructure and human resource policies to support breastfeeding mothers.
3. Promotion of Breastfeeding Friendly Businesses (through 'breastfeeding welcome here' stickers) that welcome breastfeeding families, encouraging the community to value and validate public breastfeeding.
4. Community education helps increase public awareness of the importance of breastfeeding to child health and development outcomes. ABA provides:
5. Over 30,000 community education and public awareness events each year around Australia, including pre-school to high school talks, hospital visits, community displays, and mother friendly 'feed and change' facilities at community events.
6. Comprehensive and readily useable information and resources for the community and health professionals on all aspects of lactation by the LRC
7. The LRC's internationally recognised professional journal *Breastfeeding Review*
8. Highly successful national and international conferences and seminars on breastfeeding

The range of ABA strategies designed to promote breastfeeding in the community also includes:

- promotion of breastfeeding in local areas during Breastfeeding Awareness Month
- participation in consultations relating to policies affecting breastfeeding.

The association draws on the practical experience and knowledge acquired by our membership and counsellors and collects a range of data and information relevant to breastfeeding and evaluation of breastfeeding programs. However, the association lacks the resources to fully utilise this information for evaluation and research.

