

Position Statement on Breastfeeding

Applies to

- All ABA staff and volunteers

Position statement

The Australian Breastfeeding Association (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 babies. It contains all the requirements necessary for a baby's development for the first 6 months and remains the most important part of the baby's diet, with the addition of family foods, until around 12 months. Breastmilk continues to provide 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.

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 can be easily disrupted.

The value of colostrum to the newborn baby is undisputed. It is important that a baby receives it.

Education and support enable almost all mothers and babies to breastfeed and overcome any difficulties that might arise.

Mothers and babies form an inseparable biological and social unit. The close physical relationship between a breastfeeding baby and the mother contributes to the formation of close emotional ties.

It is the right of every baby to have the opportunity to breastfeed or receive breastmilk.

A baby has the right to breastfeed 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.

It is the right of every mother to have access to up-to-date evidence based information about breastfeeding so that she can make informed choices. It is also the right of every mother to be made aware of the health risks associated with not breastfeeding, and the health impact to herself and her baby.

In providing services to support and educate mothers, the Australian Breastfeeding Association meets all women wherever they are on their parenting journey, and with unconditional positive regard, supports them in their breastfeeding choices, whatever their circumstance may be.

Antenatal

The importance of human milk for human babies is a fundamental principle of health education and should be covered in the curriculum of all preschool, primary and secondary schools.

Obtaining accurate breastfeeding information and developing support networks antenatally (eg by attending an Australian Breastfeeding Association Breastfeeding Education Class), have a positive impact upon breastfeeding initiation and duration. Nipple preparation is usually unnecessary.

Postnatal

Mothers and their well newborn babies 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 breastfeed. This skin-to-skin contact enables newborn babies to use their innate instincts to find their mother's breast with little or no assistance and allows the mother to learn her baby's early feeding cues.

Positive steps to establish and support lactation should be implemented if either the mother or baby is unwell. A mother's colostrum and then mature breastmilk are all that babies require for their wellbeing for the first 6 months, unless medical advice indicates otherwise.

Unlimited access of the mother to her newborn baby is important for establishing and maintaining lactation. Mothers and their babies should not be separated unless medically indicated. Newborn babies breastfeed frequently for their wellbeing and this helps 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. However, nipple pain is not normal and requires prompt evaluation, as it is usually indicative of a problem such as suboptimal attachment to the breast.

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, if problems such as sore/cracked nipples or mastitis occur.

Milk supply is established within the early weeks/months and therefore the use of artificial teats (eg dummies or bottle teats) is not recommended during this time. Their use has been associated with a shorter duration of breastfeeding. A baby's need to suck is very strong. This need will usually be satisfied at the breast. The use of artificial teats may cause a decrease in milk supply if they are used to satisfy the baby's sucking urge or to postpone a breastfeed. The use of artificial teats may also affect the baby's sucking action at the breast.

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. It is common for breastfed babies to feed 8-12 times in a 24-hour period. A baby suckling well, and fed according to need, will ensure a good milk supply in the mother.

When a baby is unable to feed at the breast, such as when sick or premature, it is important that the mother expresses as often as a well baby would breastfeed. Expressing will help her to establish or maintain her 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 for exclusively breastfed babies, even in hot weather, provided they have unrestricted access to the breast. These fluids interfere with the establishment and maintenance of lactation.

If extra fluids are necessary for medical reasons, there are a number of methods to choose from: supplemental breastfeeding device at the breast, cup-feeding, spoon or dropper, finger-feeding, syringe-feeding or bottlefeeding. All methods have potential risks and benefits. Criteria to use in selecting a method of supplementing should include whether the method is supportive of breastfeeding and maternal preference.

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 week by week.

The World Health Organization growth charts are the standards that reflect the growth of normal babies. They are based on international, longitudinal studies of healthy breastfed babies. Artificially-fed babies grow slightly more slowly in the first 3-4 months, after which they gain weight faster than breastfed babies.

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, with the exception of iodine. The National Health and Medical Research Council (NHMRC) recommends that breastfeeding mothers take a daily iodine supplement of 150 micrograms. 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 child.

Many common prescription and over-the-counter medications are compatible with breastfeeding. Mothers who need to take medication while breastfeeding should consult with a pharmacist or a specialist drug information helpline for advice relevant to their particular situation. The use and potential risks of any medication, illegal drugs, cigarettes or alcohol in a breastfeeding mother require a careful risk/benefit analysis. For example, the known risks of the use of artificial baby milk need to be considered if used in place of breastmilk.

The Australian Breastfeeding 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 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

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

The Australian Breastfeeding Association supports the World Health Organization's recommendation for the use 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 circumstances where mothers are unable to provide their own breastmilk to their child, the Australian Breastfeeding Association supports these practices when all parties are aware of any possible risks and informed consent is given.

Breastfeeding alone does not provide sufficient immunity to childhood diseases and parents need to seek appropriate guidance on immunisation from their medical advisers. The World Health Organization and National Health and Medical Research Council recommend vaccination as an effective preventative health measure for children and adults.

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 Australian Breastfeeding Association has 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 increased 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, as well as in disposal of waste products.

Approved by

ABA Board

Revision history

Revision	Date	Description of modifications
PS001.2009.08	Aug 2009	Approved board meeting 142
V2	9 July 2012	Revised and updated. Approved board meeting 154

V2.1	Nov 2013	Position Statement reformatted for website template. No change in wording.
V2.2	24 th Nov 2013	Amendment to wording around immunisation. Approve board meeting 159