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Submitted to **Consultation Paper for the National Preventive Health Strategy**
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Development of the National Preventive Health Strategy

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3 What is your organisation?

Organisation:

The Australian Breastfeeding Association (ABA, breastfeeding.asn.au) is a not-for-profit, member-based organisation that supports, educates and advocates for a breastfeeding-inclusive society where breastfeeding is culturally normal and is valued by all Australians. The ABA is recognised as Australia's leading authority on breastfeeding that:

- provides mothers with practical mother-to-mother support and evidence-based information, to enable them to make informed decisions on their breastfeeding journey,
- provides high quality and accessible training, education and resources to ABA volunteers, health professionals and the wider community to ensure skilled, knowledgeable and practical breastfeeding support for mothers, and
- advocates to influence policymakers to ensure that the importance of breastfeeding is understood and incorporated into policies, action plans and strategies.

Vision and Aims of the Strategy

4 Are the vision and aims appropriate for the next 10 years? Why or why not?

Vision and aims :

The Vision is broad and broadly appropriate, but there needs to be an emphasis on reducing risk factors before they occur, rather than targeting risk factors once they have occurred.

Addressing the aims:

The first aim: Australians have the best start in life

The Australian Breastfeeding Association agrees that ensuring Australians have the best start to life is pivotal to preventative health. Those drafting the Strategy must truly understand what contributes to the 'best start' to life so they can boost action in the Focus Areas of the Framework for Action of the Strategy, which will give the best return on investment.

At present you have heard some very limited information about identified factors which can be modified to improve the 'start' Australians get in life after they are born.

However, there is a huge gap in the information and evidence you have received and you need to know about the importance of breastfeeding in reducing infectious diseases in babies (Victora et al., 2016) and children (Ajetunmobi et al., 2015) (including otitis media (Victora et al., 2016) – ear infections – which can lead to hearing loss), obesity in children (Qiao et al., 2020) and reducing the risk of chronic conditions, as people age, including diabetes (Victora et al., 2016).

A complete life course approach to health, which includes optimising pre- and post-conception health and nutrition and quality pregnancy care, must also include education about and promotion and support for breastfeeding, the introduction of high-quality complementary foods to infants, and young child nutrition (before 2 years of age).

The Australian Breastfeeding Association is keen to provide those developing the Strategy with the evidence that breastfeeding provides the best start to life. This evidence demands the inclusion of the promotion and support of breastfeeding as a crucial Focus Area of the Framework for Action of the Strategy.

The second aim: Australians live as long as possible in good health

The aim of Australians living as long as possible in good health has its foundations in very early life and giving Australians the 'best start' in life. Again, given the opportunity, the Australian Breastfeeding Association can provide the evidence to those developing this Strategy that good health depends upon the way babies and young children are fed. Specifically, how they are milk fed – whether they are breastfed or fed formula (an ultra-processed food) from birth and into early childhood.

Being breastfed as a baby/young child reduces the risk of developing diabetes as an adolescent (Mayer-Davis et al., 2008) and as an adult (Victora et al., 2016).

For mothers, breastfeeding reduces the risk for the development of chronic conditions – diabetes (Victora et al., 2016) and cardiovascular disease (Nguyen et al., 2019) – as women age.

Breastfeeding reduces the risk of breast cancer (Victora et al., 2016), ovarian cancer (Gaitskell et al., 2018) and endometrial cancer (Jordan et al., 2017).

There is ample evidence that both breastfeeding and being breastfed are important factors to enable good health as Australians age. However, we know that there are structural barriers in Australian society that make it hard for women to breastfeed for as long as they had hoped. The Australian Breastfeeding Association is keen to provide the evidence which supports our claims.

The third aim: Australians with more needs have greater gains

In order to ensure that those in the Australian community who are burdened unfairly due to personal circumstances and intergenerational health disadvantage, see the greatest gains, modifiable factors that must be targeted in the Strategy. Many factors will be difficult to modify or will take many years or even generations to change. Factors that are more readily modifiable, in the short-term, must be targeted.

Breastfeeding is a modifiable factor that must be targeted in this Strategy. For at least a decade, experts have known that there are many early life determinants of obesity: genetics; maternal factors; birth weight, infant size and growth; infant feeding; sleep duration; family; physical activity and sedentary behaviour; and society and the built environment. Breastfeeding is one factor that reduces the risk of obesity in childhood and adulthood (Horta et al., 2015; Qiao et al., 2020; Rito et al., 2019) which can be more readily modified (Monasta et al., 2010).

In terms of reducing inequity, those developing this Strategy need to be aware that breastfed babies, as a population, have higher IQs than formula-fed babies (Victora et al., 2016). That is formula is not able to support the normal development of young brains. The IQ gains from being breastfed then lead to better education outcomes and higher incomes (Victora et al., 2015).

Many factors which lead to social disadvantage (socioeconomic status and education) can't be modified or modified easily – but breastfeeding rates are modifiable.

Australians with lower levels of education and lower incomes are more likely to use formula and less likely to breastfeed and more likely to introduce complementary foods too early (AIHW, 2011). We, as a society must 'get past' feeling that we are shaming mothers who formula feed their babies when we promote and support breastfeeding. If we continue to do this, the inequity will continue because families will be deprived of the support and information they need, out of fear of shaming those who weren't able to breastfeed.

Priority groups have the best opportunity to get the greatest gains for health and social outcomes if their breastfeeding rates are increased.

There are many programs available in Australia now which could address this inequity:

1. Baby-Friendly Health Initiative <https://bfhi.org.au/>

<https://www.breastfeeding.asn.au/bf-info/your-baby-arrives/your-hospital-baby-friendly>

The Baby Friendly Health Initiative (BFHI) is a joint UNICEF and the World Health Organization (WHO) project that aims to give every baby the best start in life by creating health care environments where breastfeeding is the norm and practices known to promote the health and wellbeing of all women and babies are followed.

2. Breastfeeding-Friendly Workplaces <https://www.breastfeeding.asn.au/workplace>

Breastfeeding-Friendly Workplace accreditation is an initiative of the Australian Breastfeeding Association which when implemented provides mothers returning to work with the support they need to continue breastfeeding or expressing breastmilk while at work. Returning to work is a major reason women give for weaning their babies prematurely (AIHW, 2011).

3. Community Breastfeeding Mentoring <https://www.breastfeeding.asn.au/training/community-workers>

The 10170NAT Course in Community Breastfeeding Mentoring is a nationally recognised short course offered by the Australian Breastfeeding Association designed to teach mentoring skills and basic breastfeeding information to people who support breastfeeding in the community. The course is particularly suitable for use with culturally and linguistically diverse and Indigenous community groups or those working with these groups. The course has been successfully delivered training to:

- o community members
- o Aboriginal health workers
- o community health service staff
- o child protection staff
- o health and social welfare service employees.

The fourth aim: Investment in prevention is increased

If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics... Breastfeeding is a child's first inoculation against death, disease, and poverty, but also their most enduring investment in physical, cognitive, and social capacity.

Keith Hansen, Vice President for Human Development, The World Bank (Hansen, 2016)

In 2017, the Global Breastfeeding Collective Partners published *Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding*. The Collective Partners are a large group of well-informed, influential organisations that understand the importance of breastfeeding to both the health and economic outcomes of all countries including: Bill & Melinda Gates Foundation, US Centers for Disease Control and Prevention, World Bank, World Vision International, Save the Children, UNICEF and the World Health Organization (WHO) (WHO, 2017). The report found that:

Breastfeeding is one of the best investments in global health: every \$1 invested in breastfeeding generates \$35 in economic returns.

Investment in breastfeeding as a prevention strategy will save costs to individuals, families, communities and governments.

There must be a commitment by the Australian Government to fund the implementation of this Strategy in order to ensure any preventative measures identified through this process are instigated.

Targets:

The Australian Breastfeeding Association agrees that targets need to be set for each aim. There is a need to include targets which focus solely on evidence-based preventative measures.

Increasing breastfeeding rates, through promotion and support, needs to be included as a preventative measure in the Strategy and setting targets for increasing breastfeeding rates and monitoring of breastfeeding rates are also required.

The WHO has a goal of 50% exclusively breastfeeding to 6 months, globally (WHO, 2017). In Australia in 2010 (AIHW, 2011), only 15% of babies were exclusively breastfed up to six months. The Australian Breastfeeding Association would encourage those developing the Strategy to align with the WHO goal for exclusive breastfeeding to 6 months when setting targets.

AIHW. (2011). 2010 Australian National Infant Feeding Survey: indicator results. Cat. No. PHE 156. <http://www.aihw.gov.au/publication-detail/?id=10737420927>

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Goals of the Strategy

5 Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?

Goals :

The Australian Breastfeeding Association agrees that the Goals identified are commendable. However, the choice of preventative strategies made, and a plan and funding to implement them, is crucial to be able to deliver on them.

Mobilising a Prevention System

6 Are these the right actions to mobilise a prevention system?

Enablers :

Information and literacy skills

The Australian Breastfeeding Association agrees that Australians need access to 'high quality, evidence based information about how to stay healthy, in a form that is easily understood and actionable.'

Girls and women need readily accessible, high-quality, evidence-based information, particularly from trusted health professionals, to enable them to make informed decisions about the way they milk feed their babies and young children ie whether they breastfeed or formula feed their babies and young children.

Health professionals need to be provided with:

- education about the latest evidence-based information and Australian infant and young child feeding guidelines, and
- evidence-based information and guidelines about infant and young child feeding and need to share this information faithfully with girls, women and parents.

Health system action

Reorientation of the health system to promote health is an important Action. The Australian Breastfeeding Association recommends that the importance of breastfeeding to preventative health and social and health equity be acknowledged and included as part of routine health service delivery in primary health care, hospitals and community health services.

Partnerships

Developing partnerships that lead to more successful individual and system outcomes is important.

Partnerships should be ethical and not involve any partners that could be considered to have a potential or actual commercial interest. In particular, partnerships should not be made with companies who benefit when breastfeeding fails or is undermined.

The following types of companies would be considered inappropriate partners by the Australian Breastfeeding Association:

- Companies that manufacture and distribute infant formula and toddler milks.
- Companies that manufacture baby foods that claim suitability from 4 months.
- Any company that promotes the use of bottles and teats.

Leadership and governance

Those organisations that invest in the development of any Strategy, do so in good faith that action will follow the development of the Strategy.

Unless a Strategy has an Implementation plan, funding for the implementation of the Strategy and funding for monitoring of set targets, the Strategy is just a document sitting on the shelf or on a hard drive. It is incumbent on those developing this Strategy to ensure an implementation plan is developed and funding is sought and promised for implementation and monitoring.

Research and evaluation

There is potential for large grants to be funded from the Medical Research Future Fund. In terms of breastfeeding, that breastfeeding imparts health benefits is well known and promoting and supporting breastfeeding is integral to preventative health strategies. More research about the benefits of breastfeeding is not required.

What is required is research into the best ways to (1) increase the understanding of the importance of breastfeeding amongst consumers and health professionals and (2) increase the prevalence of breastfeeding, particularly in priority groups.

Those developing and/or implementing the Strategy need to find initiatives that are already being undertaken at the State, Territory and local level and then enable organisations that are already undertaking such initiatives by funding them to expand, increase the reach of their initiatives, and evaluate their initiatives.

Monitoring and Surveillance

There is mention of the Intergenerational Health and Mental Health Study (IHMHS) which is considered to be vitally important in guiding future efforts in prevention. The makeup of this survey has not been finalised.

However, there are other surveys that are required to be repeated to provide information for the identification of Focus Areas and the development of Actions.

One of the most important surveys that needs to be repeated is the Australian National Infant Feeding Survey. The initial survey, documented the infant and young child feeding practices by women in all States and Territories, in urban, regional and remote areas, from all Socio-Economic Indexes for Areas (SEIFA), at all ages, at all levels of educational attainment, working and not working, accessing leave and not accessing leave, with a normal BMI or a low or high BMI (AIHW, 2011).

This survey was, and if repeated, could be an important source of information help target interventions to increase promotion and support for all Australian women, but particularly those in priority groups.

AIHW. (2011). 2010 Australian National Infant Feeding Survey: indicator results. Cat. No. PHE 156. <http://www.aihw.gov.au/publication-detail/?id=10737420927>

Boosting Action in Focus Areas

7 Where should efforts be prioritised for the focus areas?

Boosting Actions:

Improving consumption of a healthy diet

The Australian Breastfeeding Association would recommend starting with and accelerating action in the Focus Area: Improving consumption of a healthy diet.

It is important to understand, however, that a healthy diet starts with the first breastfeed (within an hour of birth) with exclusive breastfeeding* to continue for 6 months and then the timely introduction of good-quality complementary foods at 6 months.

In Australia, the NHMRC Infant Feeding Guidelines recommend that: 'Infants should be exclusively breastfed until around 6 months of age when solid foods are introduced. It is further recommended that breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire.' The Guidelines also state that:

All health workers should promote breastfeeding in the community...' because '... active promotion and support of breastfeeding by community health, lay and peer organisations, primary health care services, hospitals, and workplaces will increase the proportion of women breastfeeding (both exclusive and non-exclusive) up to age 6 months.'

The NHMRC Infant Feeding Guidelines place great emphasis on babies and young children being breastfed because there is a large body of scientific evidence which shows that breastfeeding is the healthiest start. Importantly, the benefits of breastfeeding continue into childhood and adulthood, with a reduction in the risk of obesity and chronic conditions amongst people who were breastfed as babies and women who breastfeed.

[https://www.eatforhealth.gov.au/sites/default/files/content/The Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf](https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf)

*Exclusive breastfeeding means breastmilk (including expressed milk or from a wet nurse) and prescribed medications and nothing else, not even water.

The World Health Organization (WHO) recommends that:

Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.

<http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

The draft Strategy specifically mentions the WHO Global Action Plan for the Prevention and Control of Non-communicable diseases on page 16. The WHO Action Plan lists a series of recommended interventions for the prevention and control of noncommunicable which include Promote and support exclusive breastfeeding for the first 6 months of life.

(https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf).

The NHMRC Infant Feeding Guidelines state that:

In Australia, it is recommended that infants be exclusively breastfed until around 6 months of age when solid foods are introduced. It is further recommended that breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire.

Almost all Australian women initiate breastfeeding, but breastfeeding rates drop dramatically in the first few months (AIHW, 2011). Women want to breastfeed their babies, but they need to be supported to breastfeed their babies.

AIHW. (2011). 2010 Australian National Infant Feeding Survey: indicator results. Cat. No. PHE 156. <http://www.aihw.gov.au/publication-detail/?id=10737420927>

Continuing Strong Foundations

8 How do we enhance current prevention action?

Continuing Strong Foundations:

There are many programs that are currently being implemented in Australia which, if scaled up, would maximise the outcomes of the Strategy. These include, but are not limited to:

1. Creating Breastfeeding-Friendly Environments

Baby-Friendly Health Initiative <https://bfhi.org.au/>

<https://www.breastfeeding.asn.au/bf-info/your-baby-arrives/your-hospital-baby-friendly>

The Baby Friendly Health Initiative (BFHI) is a joint UNICEF and the World Health Organization (WHO) project that aims to give every baby the best start in life by creating health care environments where breastfeeding is the norm and practices known to promote the health and wellbeing of all women and babies are followed.

Breastfeeding-Friendly Workplaces

<https://www.breastfeeding.asn.au/workplace>

Breastfeeding-Friendly Workplace accreditation is an initiative of the Australian Breastfeeding Association which when implemented provides mothers returning to work with the support they need to continue breastfeeding or expressing breastmilk while at work. Returning to work is major reason women give for weaning their babies prematurely (AIHW, 2011).

2. Supporting place-based promotion and support of breastfeeding within communities, particularly vulnerable communities

Community Breastfeeding Mentoring

<https://www.breastfeeding.asn.au/training/community-workers>

The 10170NAT Course in Community Breastfeeding Mentoring is a nationally recognised short course offered by the Australian Breastfeeding Association designed to teach mentoring skills and basic breastfeeding information to people who support breastfeeding in the community. The course is particularly suitable for use with culturally and linguistically diverse and Indigenous community groups or those working with these groups. The course has been successfully delivered training to:

- o community members
- o Aboriginal health workers
- o community health service staff
- o child protection staff
- o health and social welfare service employees.

AIHW. (2011). 2010 Australian National Infant Feeding Survey: indicator results. Cat. No. PHE 156. <http://www.aihw.gov.au/publication-detail/?id=10737420927>

Additional feedback/comments

9 Any additional feedback/comments?

Additional feedback:

Over many years, groups including the Australian Government House of Representatives and the Australian Government Department of Health (and Ageing) have looked at the importance of breastfeeding to the health of Australians, strategies to promote and support breastfeeding and an independent group, WBTI Australia (see below) have audited Australia's performance in regard to the protection, promotion and support of breastfeeding.

1. The Best Start Report: on the inquiry into the health benefits of breastfeeding 2007 House of Representatives Standing Committee on Health and Ageing https://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/breastfeeding/report.htm

The House of Representatives Standing Committee on Health and Ageing stated in its 2007 report that:

Breastfeeding ensures the best possible start to a baby's health, growth and development. It provides valuable short and long-term health benefits for babies and mothers. Breastfeeding protects against gastrointestinal and respiratory illnesses, as well as ear infections, which can affect a baby's ability to thrive in the earliest months of life. The health advantages of breastfeeding also translate into benefits for the health system. Evidence shows that breastfeeding positively affects the incidence of chronic disease, including obesity rates, at the population level and is therefore of great significance to public health policy. p1

Many recommendations were made. Some were implemented, many more have not been, but are still just as important today as they were then.

As a result of the Inquiry and a specific recommendation, Parliament House achieved Breastfeeding Friendly Workplace accreditation. A clear recognition of the importance of creating breastfeeding-friendly environments.

2. World Breastfeeding Trends Initiative (WBTi) Australia

The WBTi assessment tool was designed by the International Baby Food Action Network (IBFAN) for countries to use to benchmark and improve policies and programs that protect, promote and support the right of women and children to breastfeed. The tool scores countries based on the recommendations included in the 2003 WHO/UNICEF Global Strategy for Infant and Young Child Feeding.

WBTi Australia Report Card https://wbti.us.files.wordpress.com/2018/05/wbti_report_card-australia.pdf

WBTi Australia Full Report https://www.worldbreastfeedingtrends.org/wbti-country-report.php?country_code=AU

When an audit was conducted in 2018, Australia scored 25.5/150 and currently rank 96/98 in the world behind many developing countries that recognise the importance of breastfeeding to the health of their people.

Gaps in Australia's policies and programs to protect, promote and support breastfeeding were identified and recommendations made.

3. Review of effective strategies to promote breastfeeding: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the Department of Health, 2018.

https://consultations.health.gov.au/population-health-and-sport-division/breastfeeding/supporting_documents/Review%20of%20effective%20strategies%20to%20promote%20breastfeeding

In 2018, the Australian Government Department of Health commissioned the Sax Institute to undertake a review of strategies that promoted breastfeeding. The review aimed to address the following questions:

What does the literature report on the effectiveness of strategies to influence optimal infant and young child feeding (IYCF) practices in OECD countries?

What does the literature report on whether the effectiveness of these strategies differs for specific population groups?

Many strategies from middle- and high-income countries and programs already happening in Australia were identified that could protect, promote and support

breastfeeding in Australia.

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