



**Australian  
Breastfeeding  
Association**

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**VIC Branch**

**Submission to the  
Victorian Department of Health's *Inquiry  
into Women's Pain***

**by  
the Victorian Branch of the Australian  
Breastfeeding Association**

**Jennifer Hurrell**

**President**

The President of the Victorian Branch of the Australian Breastfeeding Association (ABA), Jennifer Hurrell, welcomes the opportunity to make a submission to the Victorian Department of Health's *Inquiry into Women's Pain*.

As an organisation that supports mothers experiencing pain while breastfeeding, the Victorian Branch of ABA understands the lived experiences of Victorian mothers who want to breastfeed their babies but struggle to do so because of pain (both acute and chronic). Pain that is preventable. Preventable, that is, if the health professionals that care for mothers and babies are educated and trained to provide good-quality and timely breastfeeding support, especially in the early days and weeks after birth, when breastfeeding is being established.

This submission addresses several of the Inquiry's Terms of Reference (ToRs) in relation to the experiences and impacts of inadequate information and support to establish breastfeeding, that results in mothers experiencing pain while breastfeeding. Pain that negatively affects their breastfeeding journey and pain that significantly impacts their mental health. ToRs addressed:

- provide an opportunity for girls and women from across our community to share their experiences of pain and pain management in their own words and for these experiences to be heard and acknowledged,
- listen to the experiences of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain conditions,
- describe the impact of the current service delivery system on care for pain conditions,
- identify opportunities to improve the care, treatment and services for pain conditions.

There was no reference in the Victorian Department of Health's *Inquiry into Women's Pain* to female-specific, or sex-specific, conditions including pregnancy, birth, the postpartum period and breastfeeding (with only a reference to the location of pain to the chest including ribs, heart and lungs). So, ABA undertook its own survey to address this serious gap in understanding women's experience of pain during breastfeeding, and its impact on their breastfeeding journeys and quality of life. The results of the survey are presented here, and evidence-based recommendations made that will improve outcomes for breastfeeding mothers and reduce and eliminate the pain they experience.

#### **A note on language used in this submission**

While this submission uses the words 'women' and 'mothers', ABA recognises that not all people who give birth and lactate identify as a woman and/or mother. We offer resources to the LBTIQA+ community using community-preferred language and have training available to volunteers to assist them in providing appropriate support.

The term 'breastfeeding' is used in this submission. The term 'breastfeeding' includes all of the ways babies and young children receive breastmilk including breastfeeding at the breast and expressed breastmilk.

#### **Acknowledgements**

This submission was prepared by Dr Jessica Edquist, Community Support Officer, Australian Breastfeeding Association, Victorian Branch and Dr Susan Tawia, Breastfeeding Researcher and Health Professional Educator, Australian Breastfeeding Association.

## Executive summary

This submission seeks to alert the Victorian Department of Health to the serious, but largely hidden, experience of pain by women as they strive to breastfeed their babies.

Victorian mothers want to breastfeed their babies. In 2021, 95.5% of Victorian women initiated breastfeeding (Safer Care Victoria, 2024). Breastfeeding is important to them. They must be supported by health professionals, especially midwives, nurses, maternal and child health nurses and general practitioners, that are appropriately educated to provide timely, up-to-date and evidence-based breastfeeding information.

There was no reference in the Victorian Department of Health's *Inquiry into Women's Pain* survey to female-specific, or sex-specific, conditions including pregnancy, birth, the postpartum period and breastfeeding. So, ABA has filled the gap in relation to breastfeeding that would have been missed by the Victorian Department of Health survey including the:

- pain associated with breastfeeding,
- response of health professionals and the system to women's pain,
- impact of pain on breastfeeding and breastfeeding outcomes
- impact of breastfeeding pain on the wellbeing and mental health of Victorian mothers.

Our survey found that breastfeeding women frequently experience substantial pain while breastfeeding that impacts many daily activities and negatively affects mental health. This pain is mostly preventable, as it resolves when mothers receive correct information about positioning and attaching their baby. Women reported seeking help from multiple health professionals, but frequently being dismissed or misdiagnosed. Along with the cost of accessing a private certified lactation consultant, the lack of training about breastfeeding for health professionals in the public sector is a major barrier to women receiving help for pain related to breastfeeding.

Victorian mothers are not getting high-quality and timely breastfeeding support, especially in the early days and weeks after birth when breastfeeding is being established. They are experiencing pain that is preventable and that pain is impacting their breastfeeding journey and their mental health.

However, there are existing resources which can assist. These include antenatal breastfeeding education classes for parents, existing breastfeeding guidelines for health professionals that need to be better used, and further breastfeeding-specific education for health professionals.

'When feeding isn't working, the pain is excruciating. It takes a lot of support, encouragement and sheer will to continue - in an age where people are so quick to say "switch to formula". I am so grateful for the help I received, without it I would not be breastfeeding today.'

- Respondent to the ABA Breastfeeding Pain Survey

## Recommendations

The Victorian Branch of the Australian Breastfeeding Association recommends that:

1. More Victorian maternity facilities work towards gaining Baby Friendly Health Initiative (BFHI) accreditation. Currently, only 10% of Victorian maternity facilities are BFHI-accredited compared with an average across the country of 21.4%. We recommend that the Victorian government set a goal for at least 20% of Victorian maternity facilities accredited in the next 5 years.

It is acknowledged that this will take some time, so the following Recommendations 2 and 3 could be seen as steps that Victorian hospital and health services could implement on the way to achieving BFHI-accreditation.

2. Breastfeeding content should be mandated as part of education, training, and ongoing professional development for all health professionals.
  - a. Midwives and nurses in maternity facilities, as well as maternal and child health nurses, are not currently required to maintain their breastfeeding knowledge. The community expects that maternity staff and child health nurses will be able to assist them with breastfeeding challenges. These professionals should spend a minimum of five hours per year ensuring that their breastfeeding knowledge is up to date.
  - b. Women experiencing breast/nipple pain often present to their GP. GPs should be supported to understand breastfeeding. The Victorian Government should fund the development of an education package developed by ABA to be distributed via Primary Health Networks, to promote breastfeeding and help GPs manage common concerns presented by breastfeeding women.
3.
  - a. All Victorian-funded hospital and health services should adopt the [\*Promoting breastfeeding: Victorian breastfeeding guidelines\*](#). The Guidelines were developed by the Victorian Department of Health with Victorian breastfeeding experts and are a readily accessible, concise guide for health professionals who work with pregnant and breastfeeding women.
  - b. The Guidelines, that were published in 2014, need to be updated.
4. A Victorian Breastfeeding Policy should be developed that protects, promotes and supports breastfeeding. All Victorian-funded hospital and health services would be required to comply with the requirements of the Breastfeeding Policy. The NSW policy ([\*Breastfeeding in NSW – Promotion, Protection and Support\*](#)) aims to support NSW Health's commitment to best practice in the promotion, protection and support of breastfeeding; to increase the initiation and duration rates of breastfeeding and to ensure the Health workforce have the knowledge and skills to implement this policy.
5. All public hospitals should provide dedicated breastfeeding education classes for expectant parents. All public hospitals should promote the Australian Breastfeeding Association's dedicated breastfeeding education classes (online Breastfeeding Preparation Sessions and face-to-face Breastfeeding Education Classes) that are provided without commercial influence and free of conflicts of interest. Private hospitals should be encouraged to offer dedicated breastfeeding education classes.

## Introduction

### The Australian Breastfeeding Association (ABA)

The Australian Breastfeeding Association (ABA, [breastfeeding.asn.au](http://breastfeeding.asn.au)) is a not-for-profit organisation. ABA is Australia's peak body that provides breastfeeding support, information, education and advocacy.

A major way, but not the only way, that ABA supports mothers to breastfeed is through its Helpline service which is funded by the Federal Department of Health and Ageing.

Through ABA's free, 24/7 National Breastfeeding Helpline, staffed by Certificate IV trained ABA volunteer breastfeeding counsellors, **ABA supports more than 50,000 mothers, parents and their families each year. That's a 1,000 calls a week!** (Australian Breastfeeding Association, 2023)

**ABA volunteers make a real difference to those who call the Helpline (most of whom are the first-time mothers of the baby being called about)**

Contacting ABA's National Breastfeeding Helpline has immediate and measurable outcomes. When surveyed within 4 weeks of their call in 2023, most callers stated that after the call they:

- felt reassured (90%), less stressed (84%) and less worried (86%),
- were more confident (82%) and knowledgeable about breastfeeding (81%) and more determined to continue breastfeeding (71%), and
- agreed that the support they received helped them to resolve their issues (78%) and encouraged them to continue breastfeeding (90%).

### Why do tens of thousands of mothers call ABA's National Breastfeeding Helpline each year?

Year upon year, the top reason mothers called ABA's National Breastfeeding Helpline is because they had sore breasts and nipples.

**In 2023, 29% of calls were about sore breasts and nipples (Table 1).**

**That's 290 calls a week and 15,000 calls a year. That's 15,000 mothers who needed high-quality and timely information and support from ABA, after they experienced preventable pain in their nipples and breasts.**

**Table 1. Why did thousands of mothers call ABA's National Breastfeeding Helpline in 2023?**

Rank	Reason for calling	Proportion of calls
1	<b>Sore breast or nipples</b>	<b>29%</b>
2	Information on feeding patterns	21%
3	Concerns with frequency of feeds	16%
4	Concern with low milk supply	16%
5	Length of feeds/Reassurance	15%

### The Victorian Branch of ABA

The Victorian Branch of ABA provides support to our 3,300+ Victorian members and 200+ volunteers from 27 different local groups in 13 regions across Victoria – from inner city Melbourne to the borders of South Australia and New South Wales.

The Branch Office, also known as the Breastfeeding Centre, is located in the ethnically diverse City of Greater Dandenong. Recognising the importance of breastfeeding and the need to support mothers to breastfeed, the Victorian Branch of ABA has been continuously funded by the Victorian Department of Health since 2009 to:

- Provide mothers with practical mother-to-mother peer support and information, enabling them to establish and continue breastfeeding.
- Provide high quality and accessible training, education and resources to our volunteers, health professionals and the wider community.
- Strengthen the advocacy work of the Australian Breastfeeding Association.

Local groups are spread across metropolitan, regional and rural Victoria. Groups have free meet-ups for pregnant women, breastfeeding mothers, parents and families with children to gather in a friendly, relaxed environment where peer support is available.

Our qualified volunteers and staff engage with local health professionals to ensure that they have the information and skills they need to provide best practice care of breastfeeding women and babies.

A range of free and low-priced ABA publications are available in English and other languages, to support mothers and their families. ABA resources include tip cards, posters, National Breastfeeding Helpline magnets, booklets and books.

The Breastfeeding Centre offers free breastfeeding help sessions on Wednesdays, where families can book a one-hour session with a breastfeeding counsellor to assess a breastfeed and receive information about breastfeeding. In the last year, 104 mothers attended the centre with their babies. The most common primary reason for visiting the centre was difficulty attaching baby to the breast. Families are often referred to the centre by hospital staff or their local child health nurse, as the health professionals either do not have the time or the training to assist mothers with breastfeeding problems. The centre has capacity for up to four families to attend each week (depending on staff availability) and is often booked out a week or two in advance.

The Breastfeeding Centre also offers hospital grade breast pump hire, for situations in which the baby is unable to effectively feed from the mother's breast. About 25% of these hires are due to persistent problems with baby attaching to the breast, causing pain (the remainder are often due to the baby not effectively removing milk at the breast, as well as maternal-infant separation e.g. because baby is in ICU).

## **The ABA Breastfeeding Pain Survey results**

We created a survey based around questions in the Victorian Department of Health's *Inquiry into Women's Pain* survey, but specifically asking about breastfeeding. The full results of the ABA

*Breastfeeding Pain Survey* are included as a separate document included with this submission (Breastfeeding pain survey results.pdf).

### Demographic data:

Seventy responses were received from within Australia. Seventeen did not proceed past the first question, and five were excluded as they answered 'No' to the question 'Do you live in Victoria?'. All 49 respondents (100%) who answered the demographic questions identified as a woman, and all except two answered 'Female' to 'Sex assigned at birth' (96%). Approximately half were from metropolitan areas (49%) and half from rural areas (47%), with two respondents from a remote area (4%). Respondents were similar in age to the population of women birthing in Victoria, with 76% aged 30–39 years, 18% aged 18–29 years and 4% aged 40–49%. One respondent answered '60–69 years', which may indicate that she did not answer about a breastfeeding experience in the past 3 years; she did not experience pain while breastfeeding, so her data does not affect the results.

Three participants (6%) identified as members of the LGBTQIA+ community. Two (4%) indicated they lived with a disability. Three (6%) identified as Aboriginal and/or Torres Strait Islander, and two (4%) identified as culturally and linguistically diverse. Forty-five respondents (92%) identified primarily as Australian.

### Key results:

#### 1. Pain is a common experience for women who breastfeed.

The survey received 70 responses during the limited time it was open, of which 83% said they had experienced pain while breastfeeding, and one respondent said that they chose not to breastfeed as they were worried about pain. Of the 49 complete surveys, 86% of respondents had experienced pain. This high percentage is unsurprising given we were specifically seeking experiences with breastfeeding and pain however, the result is consistent with other research on learning to breastfeed (see 'The evidence' section below).

#### 2. Pain experienced while breastfeeding is substantial.

The average rating of pain was 6.6 out of 10, with 17% rating the pain at 10. Most mothers reported pain in the nipple (68%) and/or breast (29%), as expected. Additionally, 25% reported pain in other locations such as shoulders, neck, back or wrists (common when the weight of the baby is not adequately supported). Twelve percent reported aching all over, a common symptom of mastitis. Pain could occur in more than one location.

#### 3. Pain experienced while breastfeeding is frequent and not quickly resolved.

Because infants require frequent feeding, when breastfeeding hurts the pain happens many times a day. Of those who answered the question 'How often did you experience pain?', 7% answered 'constantly', 45% answered '9+ times per day/all breastfeeding or expressing sessions', and 26% answered '5 to 8 times per day/most breastfeeds or expressing sessions'.

Respondents said that breastfeeding-related pain most commonly starts within the first few days of birth (36%) or the first week (33%), indicating that the early days and weeks after birth are the most crucial time to prevent and resolve breastfeeding-related pain. The most common duration

respondents experienced breastfeeding-related pain was 1 to 3 months (38%), followed by 1 to 4 weeks (29%). Three respondents reported that breastfeeding-related pain lasted for a year or more.

#### **4. Pain experienced while breastfeeding has an impact on every aspect of a woman's life.**

Our survey used the same categories as the Victorian Department of Health's *Inquiry into Women's Pain* survey. Ratings ranged between 0 (not at all) and 10 (severely) for every question, with the average rating being between 3 and 4. For 'How has the pain impacted your intimate relationships e.g. quality, enjoyment?', the average rating was 5.3. More than three-quarters of respondents (77%) said that the pain had affected their mental health.

#### **5. Pain experienced while breastfeeding results in premature weaning.**

Fourteen per cent of the respondents had experienced such severe breastfeeding pain that they were forced to wean their baby prematurely. Twenty-six per cent had to temporarily avoid breastfeeding, 12% switched to exclusively expressing their milk rather than feeding at the breast, 12% began mixed feeding, while 10% breastfed only from one side. Every baby who does not receive breastmilk exclusively until around 6 months and combined with family foods until at least 12 months is a baby at higher risk of health problems (see 'The evidence' section below). Premature weaning also has negative health consequences for mothers (see 'The evidence' section below). The present survey suggests that in addition to the direct effects of breastfeeding-related pain, this pain can result in further health risks for both mothers and babies.

#### **6. Pain experienced while breastfeeding is highly preventable.**

When asked to specify the cause of the pain if known, 78% of respondents chose 'poor attachment/bad latch/trouble getting baby onto the nipple and breast'. This reflects the tiny percentage of pregnant women who receive adequate antenatal education in the practical skill of positioning a newborn baby so that they can suckle without compressing the mother's nipple or exerting extreme, painful suction. When mothers receive information and support on how to position and attach baby comfortably, the problems resolve: 54% of respondents said that what helped them was 'changing the way I hold/held baby or positioned myself for breastfeeds', and 34% said 'support/education about breastfeeding'.

#### **7. Health professionals need training and resources to better support women experiencing breastfeeding pain.**

Respondents most commonly turned to their maternal child health nurse for help (48%), then midwives (45%) and lactation consultants in hospital (43%). Private IBCLCs (International Board Certified Lactation Consultants) were frequently consulted (45%). Asking family and friends was also widespread (43%). A further 27% sought help from their GP/family doctor. Most respondents sought help from multiple sources. When asked who or what was the most helpful (more than one could be listed): only 5% listed their maternal child health nurse, and 2% their council breastfeeding clinic; 2% said the NICU; 9.5% said lactation consultants in hospital. Private LCs fared better with 10 of the 19 people who had consulted an IBCLC (24% of respondents) listing this as the most helpful support. One respondent (2%) said her GP was most helpful; interestingly all of the 3 people (7% of respondents) who had consulted a GP/IBCLC noted this as the most helpful assistance. Twenty-one per cent of respondents mentioned ABA's National Breastfeeding Helpline and/or local

breastfeeding support groups. While this is gratifying for ABA, it is concerning that more people found useful help from Certificate-IV trained volunteers than they did from workers in the public health system who are being paid to assist new parents.

The most common barriers to resolving the pain specified by respondents to our survey were 'cost being too high' (24%) probably reflecting the high cost of seeing an IBCLC privately, followed by 'delayed diagnosis' (21%), 'misdiagnosis' (21%) and 'being ignored or dismissed' (21%), and 'long wait times' (19%). High figures for 'misdiagnosis' and 'being ignored or dismissed' suggest that health workers do not have adequate education to recognise the cause of breastfeeding problems and provide appropriate assistance. High figures for 'delayed diagnosis' and 'long wait times' reflect resourcing difficulties – and while a breastfeeding mother waits to see her maternal child health nurse or the hospital lactation clinic, a basic problem of attachment may turn into nipple damage, an infection or mastitis which takes longer to resolve and cause pain. Only 36% of respondents said that they did not experience any barriers to resolving their pain.

### Quotes from the survey

Respondents were asked if they had anything to share about their experience with pain related to breastfeeding. Here are some of their words:

'The pain and anxiety created by breastfeeding has been emotionally and physically draining. This should be a joyful time but feeding is something I and many others struggle with. Nobody tells you how hard it will be until you experience it. More support services which are affordable/free and provided in a timely manner could really make a difference towards educating women on how to BF to help minimise trauma would be amazing. Added bonus is the emotional/mental load this could help lift during a very exhausting period in the 4th trimester.'

'Breastfeeding challenges are not commonly spoken about. It was the hardest part about my early parenting journey.'

'I was told the pain was normal, nothing was wrong and it was just because I was anxious... There is still the misconception that a latch needs to be "looked" at to determine if it's "right" and if it looks right, then that's all there is too it. I think sometimes health professionals are so quick to dismiss mother's concerns as normal they don't listen or investigate what is really happening.'

'Thankfully my pain was not severe enough to stop breastfeeding but I can understand why many would want to cease and I think there would be huge barriers for a lot of people who didn't know the right course of action.'

'I delayed getting help because I thought the pain was normal and I could address it at home... more information and support is needed for families on breast care including mastitis.'

'When feeding isn't working, the pain is excruciating. It takes a lot of support, encouragement and sheer will to continue – in an age where people are so quick to say "switch to formula". I am so grateful for the help I received, without it I would not be breastfeeding today.'

### Conclusion from the survey

Victorian women with babies are experiencing severe, frequent, preventable pain that impacts their ability to participate in normal activities and their mental health. There is insufficient education about breastfeeding, and insufficient resources for women to get the help they need in a timely manner.

## **The evidence**

### **The importance of breastfeeding**

#### **Breastfeeding protects the health of babies and mothers**

- Breastfeeding reduces the risk of SIDS – sudden infant death syndrome (Thomas et al., 2017), and is included in the safe sleep messaging from RedNose (RedNose, 2024).
- Breastfeeding reduces the risk of babies and young children getting respiratory, gastrointestinal and ear infections (which can lead to hearing loss), which means fewer visits to the doctor and fewer hospital admissions for respiratory infections and diarrhoea (Victora et al., 2016).
- Breastfeeding reduces the risk of breast cancer (Chowdhury et al., 2015; Collaborative Group on Hormonal Factors in Breast Cancer, 2002; Unar-Munguía et al., 2017), ovarian cancer (Babic et al., 2020; Chowdhury et al., 2015; Sung et al., 2016), and cardiovascular disease (Nguyen et al., 2019; Tschiderer et al., 2022) and diabetes (Pinho-Gomes et al., 2021; Rameez et al., 2021) in mothers.
- Breastfeeding can improve the mental health of mothers. Breastfeeding is associated with fewer mental health symptoms including postnatal depression. However, when breastfeeding challenges and low breastfeeding self-confidence are present, there is an association with increased mental health symptoms (Yuen et al., 2022).

#### **Experience of pain while breastfeeding: How it affects breastfeeding outcomes and the mental health of mothers**

Nipple pain is second only to perceived low supply as the reason given by women for why they stop breastfeeding before they had planned (Li et al., 2008; Odom et al., 2013; Scott et al., 2001) to and is the most common reason for Australian women to give up breastfeeding before leaving the hospital (Scott et al., 2001).

Pain during breastfeeding is associated with depression, stress, sleep disturbances, and mastitis (Amir et al., 2007; Annagür et al., 2013; Dennerstein et al., 1997; McClellan et al., 2012). In a longitudinal cohort study of 2,586 women, Watkins et al., (2011) found a two-fold increase in the rate of depression at 2 months post-partum in women who had experienced severe pain on the first day of breastfeeding. In a cohort of Victorian women, Amir et al. (2007) demonstrated a correlation between breastfeeding pain and maternal distress and showed that depression scores normalised as breastfeeding difficulties were resolved.

Amir and her colleagues understand the significance of pain to the breastfeeding journeys and outcomes of Victorian women. They studied the experiences of Victorian women regarding nipple pain over the first 8 weeks postpartum and concluded that nipple pain is a common problem for new mothers and often persists for several weeks. They found:

*Experiencing little or no pain in the first week of breastfeeding did not predict a pain-free course. Of the 93 women who rated their pain as zero in the first week, 26% experienced pain during the second week, 32% reported pain at Week 4, and 12% reported pain in Week 8. There were 26 women who rated their pain as 6 out of 10 in their first week of breastfeeding. By their third week of breastfeeding 88% of them were still in pain, and 39% remained in discomfort at the end of the study. Although nipple pain generally decreased in severity over the weeks and most women were free of pain by Week 8, 35% (24/68) of the women who continued to experience nipple pain after 8 weeks of breastfeeding rated their pain as 5 or more out of 10. (Buck et al., 2014)*

The experience of pain by these women reflects the results of the ABA Breastfeeding Pain Survey presented here, including the pain rating which was remarkably similar.

## Better education and support will lead to less pain and better breastfeeding outcomes

### The Australian National Breastfeeding Strategy: 2019 and beyond (ANBS)

In 2019, after the publication of the 2018 WBTi Australia assessment, the Australian National Breastfeeding Strategy: 2019 and beyond (ANBS) was finalised and released (COAG Health Council, 2019).

The following ANBS Priorities and Action areas highlight what the Australian Government Department of Health has identified as currently deficient and in need of improvement including: implementation of the Baby Friendly Health Initiative, education of health professionals, antenatal education of mothers and postnatal access to breastfeeding support, education, and counselling.

The Australian National Breastfeeding Strategy: 2019 and beyond was endorsed by all Health Ministers, Federal, State and Territory in 2019.

#### 2.1 Action area–Baby Friendly Health Initiative

Action	Detail	Responsibility
Implement the Baby Friendly Health Initiative (BFHI) in a higher proportion of hospitals and community health services	• Encourage and support more maternity hospitals and community health services to achieve BFHI accreditation.	Commonwealth and all states and territories
Integrate the BFHI in national accreditation	Work with the Australian College of Midwives and the Australian Commission on Safety and Quality in Health Care to facilitate BFHI accreditation for all maternity and newborn care Commonwealth facilities and community health settings.	Commonwealth

#### 2.2 Action area—Health professionals' education and training

Action	Detail	Responsibility
Provide and support access to education and training in breastfeeding for all health professionals who care for women and children	<ul style="list-style-type: none"> <li>· Support the development of breastfeeding content in undergraduate and graduate education and training for health professionals.</li> <li>· Consider the development of a core curriculum, skills matrix, and national competency standards.</li> </ul>	Health professional associations Universities Commonwealth and all states and territories
Support the development of clinical care tools for primary	· Promote the development of evidence-based breastfeeding guidelines/resources	Commonwealth and all states and territories

health care services	and clinical care tools for health professionals caring for women and children.	
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### 3.1 Action area—Universal breastfeeding education, support, and information services

Action	Detail	Responsibility
Provide mothers with antenatal education about the significance of breastfeeding for their babies and themselves	· Empower mothers to reach their breastfeeding goals through provision of evidence-based information and breastfeeding education classes.	Health services Health professionals
Provide breastfeeding education for a mother's primary support network, including fathers/ partners and grandmothers	· Encourage fathers/partners, grandmothers, and other carers to attend breastfeeding education classes. · Improve access to interactive tools (phone-based applications, web-based tools etc.) that support breastfeeding.	Health services Health professionals
Strengthen programs that provide mother-to-mother support and peer counselling	· Fund the National Breastfeeding Helpline to provide breastfeeding education and peer counselling. · Improve access to interactive tools (phone-based applications, web-based tools etc.) that support breastfeeding.	Commonwealth and all states and territories
Enhance postnatal support for breastfeeding	· Support the implementation of postnatal care guidelines that include sustained lactation support through the National Strategic Approach to Maternity Services. · Ensure that skilled breastfeeding support (peer or professional) is proactively offered to women who want to breastfeed. · Continue funding for perinatal mental health programs such as <a href="#">MumSpace</a> . · Develop and implement strategies to address postpartum depression.	Commonwealth and all states and territories Health services
Support Primary Health Networks to promote breastfeeding	· As part of broader prevention activities, support Primary Health Networks to protect, promote and support breastfeeding.	Commonwealth Primary Health Networks

#### Breastfeeding education classes for expectant parents

Antenatal breastfeeding education of pregnant women, their partners and support people is known to be important. It forms an essential part of the Baby-friendly Hospital Initiative's (BFHI) *Ten steps to successful breastfeeding*, a suite of interrelated maternity care practices that form the foundation of the BFHI. It is one of the key clinical practices outlined in the Ten Steps: *Step 3. Antenatal information. Discuss the importance and management of breastfeeding with pregnant women and their families* (<http://www.tensteps.org/>).

A recently published implementation guide for the revised *Baby-friendly Hospital Initiative 2018 (the Implementation Guide)*, stressed the importance of antenatal breastfeeding education for pregnant women, their partners and families. In summary:

- All pregnant women must have basic information about breastfeeding so they can make informed decisions about how they feed their babies.
- Mothers themselves want more practical information about breastfeeding during pregnancy to support their decision making.

The Implementation Guide identified essential components of antenatal breastfeeding education which includes:

- Practical skills such as positioning and attachment, on-demand feeding, and recognising feeding cues.
- Up-to-date information on best practices in facilities providing maternity and newborn services regarding skin-to-skin contact, initiation of breastfeeding, protocols around supplementing with artificial baby milk and rooming-in.
- Information about possible challenges such as engorgement or the perception of low milk supply and how to overcome them.

The BFHI notes it is crucial that antenatal breastfeeding education is provided without commercial influence and free of conflicts of interest (WHO and UNICEF, 2018).

The results of a systematic review aimed at assessing breastfeeding outcomes when Step Three of the BFHI is implemented, revealed that antenatal breastfeeding education alone or in combination with support can increase breastfeeding initiation, duration, and exclusivity (Wouk et al., 2017).

ABA antenatal breastfeeding education classes have been held as face-to-face sessions by ABA local groups around Australia for years. ABA offers face-to-face antenatal Breastfeeding Education Classes (BECs) delivered by ABA volunteers through local support groups around Australia. BECs are 3 to 4-hour workshop-style sessions, designed for expectant parents to prepare for breastfeeding in the vital days, weeks and months after their baby's birth. These sessions aim to expand upon the knowledge gained at hospital antenatal classes, to give up-to-date information and insights into breastfeeding a baby and parenting in the early days.

In response to the needs of expectant parents and their supporters during the COVID-19 pandemic, ABA developed and delivered an online version of a BEC, a Breastfeeding Preparation Session – an online antenatal breastfeeding education class. A Breastfeeding Preparation Session is a live, 90-minute interactive webinar session where attendees can ask presenters questions and chat with other parents as they learn and practice how breastfeeding works, after which they join a Q&A session with a breastfeeding mother.

Information in all Breastfeeding Preparation Sessions is standardised, so expectant parents and their support people around Australia can expect to receive the same high-quality, evidence-based information wherever they live. The following topics are covered in a Breastfeeding Preparation Session:

1. How breastfeeding works
2. How to get breastfeeding started
3. How to manage the early weeks and breastfeeding first aid
4. Q&A with breastfeeding mother

ABA evaluated Breastfeeding Preparation Sessions between 1 May and 31 December 2020, 359 of 387 attendees began the survey.

Changes in attendees breastfeeding knowledge and confidence to breastfeed were determined and the significance of the change calculated using paired t-tests.

### *Breastfeeding knowledge before and after a Breastfeeding Preparation Session*

After completing a Breastfeeding Preparation Session, attendees' breastfeeding knowledge significantly increased by 2.8 points (95%CI: 2.6, 3.0,  $p < 0.001$ ,  $n = 307$ ). This is seen as a shift towards the right in higher self-reported scores (orange bars), after the Breastfeeding Preparation sessions, in Figure 1.

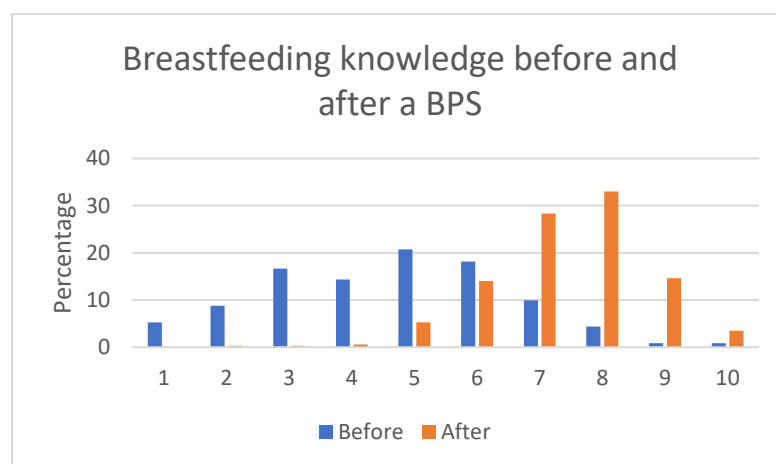


Figure 1. Change in attendees' breastfeeding knowledge before and after attending Breastfeeding Preparation Sessions.

### *Confidence to breastfeed before and after a Breastfeeding Preparation Session*

After completing Breastfeeding Preparation Sessions, attendees' confidence to breastfeed significantly increased by 2.6 points (95%CI: 2.4, 2.8,  $p < 0.001$ ,  $n = 305$ ). This is seen as a shift towards the right in higher self-reported scores (orange bars), after the Breastfeeding Preparation Sessions, in Figure 2.

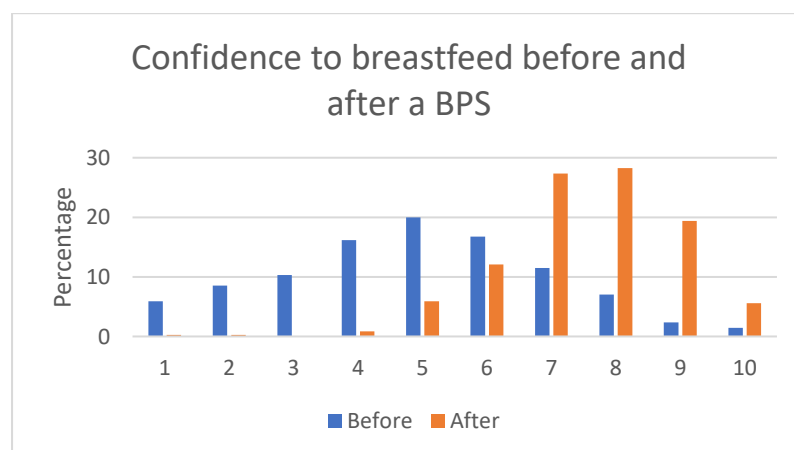


Figure 2. Change in attendees' confidence to breastfeed before and after attending Breastfeeding Preparation Sessions.

In terms of their breastfeeding knowledge, attendees were asked 'What did you learn today that you would like to remember from the session?'. Eighty-five attendees responded (they could give more than one response).

Almost two thirds (63%, 111/175) of responses related to four main breastfeeding knowledge areas:

1. 43% - Positioning and attachment
2. 10% - How to know if baby is getting enough milk
3. 10% - Feeding patterns
4. 6% - Feeding/hunger cues

Knowledge about positioning and attachment was the most important information that attendees wanted to remember from the Breastfeeding Preparation Sessions.

This is significant because when mothers understand and are confident to position and attach their babies, there is less likelihood that they will experience nipple damage and pain. They will avoid the cascade of pain while breastfeeding leading to maternal distress and poor mental health including depression.

ABA has a suite of educational offerings for parents both before and after birth.

1. **Breastfeeding Preparation Sessions** (live online)  
<https://www.breastfeeding.asn.au/education/breastfeeding-preparation-session>  
**Breastfeeding Educations Classes** (face to face)  
<https://www.breastfeeding.asn.au/education/breastfeeding-education-classes>

Key topics include:

- Positioning and attachment for a comfortable feed
- Breastfeeding first aid
- Accessing quality help and support

2. **The first 72 hours** (online education module)  
<https://www.breastfeeding.asn.au/education/first-72-hours-module>

An online learning and support resource that will guide you through the first hours with your new baby, providing you with practical information and support. Hear from other mums about their experiences of this unique time and what worked and didn't work for them.

3. **Newborn Virtual Village** (live online)  
<https://www.breastfeeding.asn.au/education/newborn-virtual-village>

Topics include:

- Comfortable attachment and early days support
- Learning your baby's feeding and other cues

## **Victorian health professionals should all be using the *Promoting breastfeeding: Victorian breastfeeding guidelines***

The *Promoting breastfeeding: Victorian breastfeeding guidelines*\* (Victorian Department of Education and Early Childhood Development (2014), the Guidelines) are a readily accessible, concise guide for health professionals who work with pregnant and breastfeeding women. They were developed by the Royal Women's Hospital in collaboration with the Judith Lumley Centre at La Trobe University, the Department of Education and Early Childhood Development and the Victorian Department of Health.

The Guidelines state that:

*Victorian women receive perinatal care from a range of health professionals that include midwives, general practitioners, nurses, obstetricians, paediatricians, and maternal and child health nurses. Women often describe breastfeeding information and advice as inconsistent. These guidelines are a source of evidence-based breastfeeding information for health professionals to use when working with women and their families during the continuum of breastfeeding.*

The Guidelines include a comprehensive section on *Establishing breastfeeding* which provides best practice guidance including positioning and attachment at the breast and what to look for when a baby is poorly positioned or attached which is likely to cause nipple damage or pain.

Victorian Maternal and Child Health Nurses are signposted to use these Guidelines:

*These guidelines are a source of evidence-based breastfeeding information for health professionals to use when working with women and their families during the continuum of breastfeeding.*

Infant feeding <https://www.health.vic.gov.au/maternal-child-health/maternal-and-child-health-service-resource>

If the Guidelines are used as intended by the authors, including the Victorian Department of Health, then Victorian mothers would receive timely, evidence-based breastfeeding information and support from all health professionals who they encounter, then the likelihood they would experience pain, pain that is preventable, would be reduced.

\*The Guidelines were published in 2014 and need to be reviewed, especially in light of significant changes in the prevention and management of engorgement, localised breast inflammation and mastitis.

## **Lack of education and training of health professionals in breastfeeding support/health professional education and training**

Breastfeeding shouldn't be painful, but it can be very painful if mothers are not shown by the health professionals supporting them how to breastfeed and breastfeed without pain. This is not because health professionals do not want to support mothers to breastfeed, but because they do not have

adequate time during appointments to educate women in the practical skill of positioning baby at the breast, and may not have up-to-date training themselves in how to best support breastfeeding.

There is little requirement for the health professionals who work with breastfeeding mothers to have preservice education and training, and ongoing professional development, in breastfeeding information and support.

Midwives remain the only health professionals in Australia who are required for their registration, to undertake any learning about breastfeeding and breastfeeding support in their everyday practice and in their pre-registration education. Concerningly, the Australian National Midwifery Practice Standards were reviewed and revised in 2018 and the specific responsibilities of the profession to 'protect, promote and support breastfeeding' were not maintained. Instead, midwives are now required in Practice Standard 1 to support 'women's wellbeing by providing safe, quality midwifery health care using the best available evidence and resources, with the principles of primary health care and cultural safety as foundations for practice' (Nursing and Midwifery Board, 2018).

There is no specific mention of requirements for pre-registration nursing students to receive basic breastfeeding information in the course accreditation requirements for Australian pre-registration nursing students (Australian Nursing and Midwifery Accreditation Council, 2019).

Maternal Child and Family Health (MCaFH) nurses around Australia do provide breastfeeding assessment and infant and young child feeding support. MCaFH nurses are registered nurses with postgraduate qualifications in MCaFH nursing and '*may have additional breastfeeding...qualifications*' (Australian College of Nursing, 2021). In Victoria, maternal and child health nurses are both nurses and midwives and should have a reasonable level of knowledge and experience to support breastfeeding. Unfortunately, our survey results show that many breastfeeding women do not receive adequate support when they ask their maternal and child health nurse for assistance with breastfeeding problems.

There are no specific stated requirements for course content about breastfeeding or human lactation in the professional and accreditation standards for undergraduate medical and pharmacy programs (Australian Medical Council, 2012; Australian Pharmacy Council, 2020). The specialist health professional training programs for both obstetrics and paediatrics (Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2022; The Royal Australian College of Physicians, 2013) require some knowledge of how to support breastfeeding and to manage breastfeeding problems.

In stark contrast, breastfeeding counsellors and educators who volunteer with the Australian Breastfeeding Association are specialists in breastfeeding information and support. They are trained in providing information on breastfeeding, infant and young child feeding and the timely introduction of high-quality family foods (Certificate IV Breastfeeding Education, a nationally accredited qualification). ABA breastfeeding counsellors and educators also participate in ongoing professional development (Australian Breastfeeding Association, 2022).

The [ABA Strategic Plan 2023-2026](#) recognises that there is a need to 'advocate for greater breastfeeding education in the training of health workers and their continuing professional development' and for 'increased engagement with education providers to expand the breastfeeding content of health workers' training and WHO Code compliant ongoing professional development.'

ABA has a suite of educational offerings for health professionals ranging from free facts sheets to the Diploma in Breastfeeding Management.

1. Free **fact sheets** which can be found here: <https://abaprofessional.asn.au/fact-sheets/>

Including:

- Positioning and attachment
- Inflammation Mastitis
- Tongue Tie

2. Free or low-priced **online education modules** which can be found here: <https://abaprofessional.asn.au/elearning-modules/>

Including:

- Nipple pain
- Structure and function of the breast
- Mastitis and engorgement update

More comprehensive e-learning modules including:

- Breastfeeding support in the neonatal period including
- Breastfeeding counselling skills

3. **Health professional workshops**  
<https://www.breastfeeding.asn.au/health-professionals/health-professional-workshops>

ABA workshops for health professionals cover a range of topics related to breastfeeding management including:

- Assessing breastfeeding
- Managing breastfeeding
- Breastfeeding counselling skills

4. **10960NAT Diploma in Breastfeeding Management**  
<https://www.breastfeeding.asn.au/health-professionals/10960nat-diploma-breastfeeding-management>

ABA is a Registered Training Organisation (RTO 21659). The 10960NAT Diploma of Breastfeeding Management offers a unique opportunity for participants to build their skills and knowledge in the following areas:

- the anatomy and physiology of human lactation
- management of common breastfeeding problems
- providing counselling to support breastfeeding.

**Baby-friendly Hospital Initiative (BFHI) Ten steps to successful breastfeeding**

<https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>

## Ten Steps to Successful Breastfeeding

The World Health Organization (WHO) and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) in 1991 to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding (the TEN Steps). The Ten Steps summarise a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding. WHO has called upon all facilities providing maternity and newborn services worldwide to become BFHI-accredited and to implement the Ten Steps to Successful Breastfeeding.

In November 2012, the Australian Health Ministers Council affirmed that all Australian jurisdictions support the effective, practical guidance provided by the BFHI and its Ten Steps for health services. All Australian Health Ministers encouraged all public and private hospitals to implement the Ten Steps and to work towards or to maintain their BFHI accreditation (Australian Health Ministers' Conference, 2016).

Concerningly, Victoria has very, very few BFHI-accredited maternity facilities, just 6, 6 out of 57. That's just 10% of Victorian hospitals are BFHI accredited. There are 7 BFHI-accredited maternity facilities in Tasmania, 15 in South Australia and 18 in Queensland. (Baby Friendly Health Initiative Australia, 2023).

### The Ten Steps to Successful Breastfeeding:

#### Critical management procedures:

**1a.** Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

**1b.** Have a written infant feeding policy that is routinely communicated to staff and parents.

**1c.** Establish ongoing monitoring and data-management systems.

**2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.**

#### Key clinical practices:

**3. Discuss the importance and management of breastfeeding with pregnant women and their families.**

**4.** Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

**5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.**

**6.** Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

**7.** Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

**8.** Support mothers to recognize and respond to their infants' cues for feeding.

**9.** Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

**10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.**

ABA offers a series of 8 **BFHI elearning modules** that comprise 8 hours of breastfeeding education for hospitals and health facilities seeking BFHI accreditation or reaccreditation a means to fulfil the compulsory staff education requirements. These include:

Counselling skills:

- Counselling skills for breastfeeding support
- Breastfeeding education for pregnant women

Establishing breastfeeding:

- Supporting a mother to initiate breastfeeding
- Assessing a breastfeed
- Supporting a mother to hand express

Breastfeeding challenges:

- Establishing and increasing milk supply
- Counselling a mother with breast and nipple challenges
- Challenges to feeding at the breast and alternative methods of feeding

<https://www.breastfeeding.asn.au/baby-friendly-health-initiative-bfhi-education-maternity-facility-staff>

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