

ADVOCATING TO PROTECT,
PROMOTE AND SUPPORT BREASTFEEDING

Submission to Legislative Council Select Committee – Tasmanian Child and Family Centres

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Terms of Reference

1 - The challenges to and benefits of the provision of an integrated collaborative health and wellbeing and early education and care service delivery model.

- Child and Family Centres offer a safe and supportive environment for parents to spend time with their young children in communities where these spaces can be hard to find. Access to Child and Family Centres benefits parents by providing comfortable baby care facilities and a safe place to feed their child in their local community. These facilities also create a family friendly workplace for staff at Child and Family Centres.
- In Tasmania we see lower rates of breastfeeding in disadvantaged communities. Lower rates of breastfeeding contribute to poorer health and social outcomes. Child and Family Centres offer a welcoming environment supportive of breastfeeding. This helps to improve acceptance of breastfeeding and in turn improve outcomes for children and their families.
- The collaborative model and facilities offered by Child and Family Centres allow for volunteer organisations such as the Australian Breastfeeding Association to connect with parents. Bringing together a variety of services improves access to a range of information and support for parents and staff.
- We support the integrated collaborative approach to service delivery used by Child and Family Centres, however services must be adequately resourced to maximise the benefits. For example, Child Health and Parenting Service nurses deliver universal child health services from Child and Family Centre sites. To maximise the opportunities that come from working within the centres, services must be adequately funded to tailor services to meet individual community needs.

3 – The role of Child and Family Centres in providing education and support to families and carers in their parenting role and participation in early learning programs.

- Local research investigating what supports women to continue breastfeeding while living in disadvantaged communities highlighted the importance of Child and Family Centres. Researchers found that having a safe and supportive place to breastfeed within their local community helped women to continue breastfeeding beyond 3 months. Improving support for breastfeeding, particularly in areas of greater disadvantage, is a simple way to help reduce health inequity.
- Best practice standards for 'breastfeeding friendly' community health services are outlined by the Baby Friendly Health Initiative (BFHI) Community Health Services accreditation program. Working towards meeting the standards set out by the Baby Friendly Health Initiative would ensure that Child and Family Centres are supportive of breastfeeding. This would also provide consistency in the quality of breastfeeding support provided across Child and Family Centres.

5 – The level of government funding provided to Child and Family Centres and whether there is a need for more Child and Family Centres in particular communities or locations.

- Targeted and tailored approaches to health service delivery are needed in areas of disadvantage to improve health outcomes. Adequate resources are needed to ensure that services can respond to community needs. If parents have problems feeding their baby, services need to have the flexibility to address issues there and then. With additional funding services such as Child Health and Parenting Service could provide more responsive

services support such as ‘drop in clinics’. A positive experience with health providers at Child and Family Centres contributes to creating trust in health services.

Background information

Supporting breastfeeding is one of the earliest and most significant ways to promote normal growth and development and improve health outcomes for children. Child and Family Centres play a crucial role creating a safe and supportive environment for parents and young children in their local community. Building a culture supportive of breastfeeding, and ensuring access to the right services when they are needed, can help to reduce inequity and improve health and educational outcomes for children.

The outcomes of breastfeeding for the infant and mother are substantial

For the infant, breastfeeding contributes to normal growth and development allowing children to reach their full potential. Breastfeeding reduces the risk or severity of a range of childhood conditions (gastrointestinal infections and respiratory illness) and contributes to the prevention of some chronic diseases (childhood asthma, diabetes and heart disease in later life). Breastfeeding is associated with improved cognitive performance. Long-term follow up studies suggest that breastfeeding impacts on schooling and adult income. For the mother, breastfeeding reduces the risk of ovarian and breast cancer, type II diabetes and postpartum depression.

Breastfeeding rates in Tasmania need to improve, particularly the disparity between communities

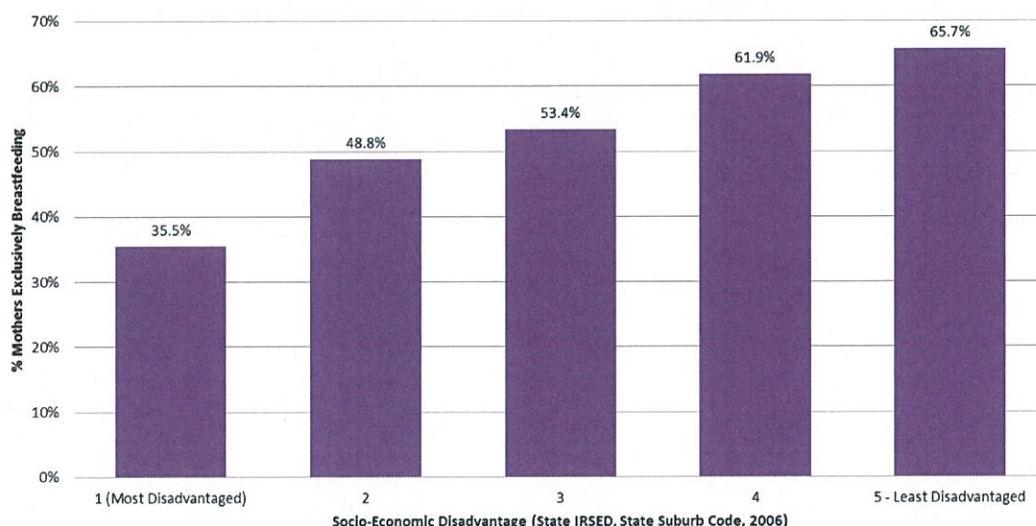
Although most women start breastfeeding (90%) there is a rapid decline in breastfeeding rates with each month after birth. Since 2006 the rate of women breastfeeding when discharged from hospital has fallen from 82.7% to 74.3% (2014).

In 2013, only 65% of women attending Child Health Assessments were breastfeeding at 8 weeks. 53% were exclusively breastfeeding (feeding nothing other than breast milk) at 8 weeks. Australian recommendations are for exclusive breastfeeding to 6 months, with continued breastfeeding to 12 months and beyond.

Of great concern, breastfeeding rates vary between local government areas, with lower rates in disadvantaged communities as shown in Figure 1. Lower rates of breastfeeding contribute to poorer health and social outcomes.

Figure 1 – Exclusive breastfeeding and socio-economic disadvantage

**Exclusive Breastfeeding Rates at 8 week Child Health Assessment x
Socio-Economic Disadvantage (2013)**



Source: Child Health and Parenting Service, Department of Health and Human Services, Tasmania 2013

Improving breastfeeding rates can contribute to closing the gap, reducing health inequalities experienced by disadvantaged communities.

Breastfeeding Coalition Tasmania

Breastfeeding Coalition Tasmania brings together many groups interested in creating a more supportive environment for breastfeeding. We do this by advocating for better facilities, support and protection for breastfeeding. Initially formed in 1996, the Coalition now extends across the state of Tasmania.

Member Organisations

Australian Breastfeeding Association, Tasmania Branch
Australian Medical Association, Tasmania
Australian Society of Independent Midwives
Baby Friendly Tasmania Reference Group
Calvary Health Care Tasmania
Child Health and Parenting Service, Department of Health and Human Services
Child Health Association Tasmania
Department of Education Tasmania
Department of Premier and Cabinet, Community Development Division
Diabetes Tasmania
Dietetic Department, Royal Hobart Hospital
Division of Women's and Children's Services, Launceston General Hospital
Eat Well Tasmania
Good Beginnings Australia, Tasmania
Hobart Private Hospital
Lactation Consultants of Australia and New Zealand
Lactation Consultants, Maternity Unit, Royal Hobart Hospital
Launceston Birth Centre
National Association of Child Birth Educators Tasmanian State Branch
North West Private Hospital
Oral Health Services Tasmania, Department of Health and Human Services
Pharmaceutical Society Australia, Tasmanian Branch
Health Improvement, Department of Health and Human Services
Tasmanian Aboriginal Centre
The Lactation Network
Uniting Church in Australia, Synod of Victoria and Tasmania
University of Tasmania

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