
Submission to Select Committee on reproductive, maternal and paediatric health services in Tasmania

January 2024

Contact Person: Ros Escott
Email: bctsecretariat@gmail.com

Breastfeeding Coalition Tasmania

[Breastfeeding Coalition Tasmania \(breastfeedingtas.org\)](http://breastfeedingtas.org) is a partnership of organisations working together to create a more supportive environment for breastfeeding. Our vision is that every mother in lutruwita (Tasmania) has the opportunity and support to breastfeed. We want breastfeeding to be valued by our community and seen as the normal way to feed babies. We do this by advocating for better facilities, support, and protection for breastfeeding.

Introduction

Breastfeeding Coalition Tasmania welcomes the opportunity to provide information to the Select Committee on reproductive, maternal and paediatric health services in Tasmania. We are pleased to see this focus given the significant impact that experiences during pregnancy, birth, and the early years (first 1000 days) have on women, infants and their families.

An investment in breastfeeding provides a powerful opportunity to influence outcomes for women and their babies. Breastfeeding is well-established as a protective factor for both infant and maternal health. Evidence shows that not breastfeeding has major long-term effects on the child's health, nutrition and development and also on the mother's health. Possibly no other health behaviour can produce such different outcomes for the two individuals involved (1).

For women, pregnancy and breastfeeding are both important parts of the reproductive cycle. Breastfeeding promotes faster recovery from childbirth, reduces risks of breast and ovarian cancers in later life, and reduces the risk of maternal depression (1).

Breastfeeding is one of the earliest and most impactful ways to support and optimise child health, development and wellbeing. It provides optimal nutrition during a critical period when the programming of organs, tissues and body systems is occurring. Nutrition during this time has an impact on the developing brain (2).

'Human breastmilk is therefore not only a perfectly adapted nutritional supply for the infant, but probably the most specific personalised medicine that he or she is likely to receive, given at a time when gene expression is being fine-tuned for life. This is an opportunity for health imprinting that should not be missed.' (1)

For infants breastfeeding protects against a range of health-related conditions including gastrointestinal and respiratory infections to obesity in childhood and later life (1). Children who are breastfed for longer periods have lower infectious morbidity and mortality, fewer dental malocclusions, and higher intelligence than those who are breastfed for shorter periods, or not breastfed. This inequality persists until later in life. Growing evidence also suggests that breastfeeding might protect against overweight and diabetes later in life (3).

Breastfeeding is a sensible and cost-effective investment. It contributes to optimal childhood development, better health outcomes for infants and women, reduced burden on the health system and enhanced human capital. The *Australian National Breastfeeding Strategy: 2019 and beyond* outlines a framework for governments to provide a supportive and enabling environment for breastfeeding. Allocating resources to implement this evidence-based strategy would contribute to preventative health in Tasmania and enhance reproductive, maternal and paediatric health services.

Breastfeeding Coalition Tasmania Response to the Terms of Reference

(a) to assess the adequacy, accessibility and safety of the following services for Tasmanian parents and their children in relation to:-

(ii) maternal health services;

- Although **antenatal education** is available to all pregnant women, there are many **barriers to accessing these services**. Antenatal education is an important opportunity to discuss the significance of breastfeeding for women and their babies and to assist families in planning for breastfeeding. Mothers, fathers/partners and other caregivers need to have access to evidence-based, culturally safe breastfeeding education, support and clinical care services to make informed decisions on infant and young child feeding. Efforts should be made to improve the adequacy and accessibility of antenatal information and care.
- **Baby Friendly Health Initiative (BFHI)** Maternity Health Facility accreditation is a **quality assurance measure** that demonstrates a facility's commitment to offering the highest standard of maternity care to mothers and babies. BFHI accreditation is an important way to ensure the adequacy, accessibility and safety of health care. All Maternity Facilities in Tasmania are currently BFHI accredited and **this standard must be maintained**. This ensures that critical management procedures are in place, contemporary clinical practices are followed and that health professionals receive adequate, evidence-based breastfeeding education and training that is free from commercial influence.
- Evidence shows that **mother-to-mother support** and **peer counselling** are important ways to support breastfeeding duration and exclusive breastfeeding. There is a need to **strengthen programs** that provide this support to improve access for families. In Tasmania, the Australian Breastfeeding Association runs local groups and online educational sessions, baby care facilities at community events, breast pump hire services and health professional education. The local volunteer workforce also contributes to the National Breastfeeding Helpline. These services need to be recognised and supported as an important part of the health system.
- Families need access to the right care in the right place at the right time. **Postnatal education and care need** to be **easily accessible** to families after discharge from hospital. In the early days, weeks and months at home with their new baby families can face unexpected challenges with breastfeeding. Data show that breastfeeding rates drop during this early period. Often these challenges can be prevented or overcome with the right support, leading to continued breastfeeding and better outcomes. Easier access to breastfeeding support from Lactation Consultants and the Child Health and Parenting Service (CHaPS) during the transition from hospital to home need to be supported to ensure safe and quality care.
- Effort is needed to increase the proportion of **health professionals** who receive **adequate, evidence-based breastfeeding education and training** that is free from commercial influence. This needs to be provided as part of undergraduate and graduate training for all health professionals who care for women and young children. Ongoing competency of the health professional workforce needs to be supported with regular breastfeeding professional development.
- Access to **human milk banks** provides important support to families unable to breastfeed. Current arrangements for THS Maternity Facilities to access human milk should be maintained. This is particularly critical for hospitalised preterm or sick infants where the use of pasteurised donor human milk has been shown to protect against Necrotising Enterocolitis.
- **Access to regular, reliable breastfeeding data** is important to monitor breastfeeding rates over time. Improved access to data supports identifying priority groups that need additional support, local planning

and programs, and a greater understanding of whether breastfeeding practices are consistent with policy objectives and recommendations. Attention should be given to improving health intelligence capability to allow better access and utilisation of breastfeeding data to inform health services.

- Bigger picture factors such as the **determinants of health** (social, environmental, structural, economic, cultural, commercial and digital) need to be considered when thinking about maternal and paediatric health care. For example, breastfeeding can provide important **food security** for an infant, as long as their parent is also supported to meet their broader basic needs. Breastfeeding can also be undermined by commercial activity such as the **inappropriate marketing of infant formula**. These broader factors need to be addressed to respond to inequities people experience leading to poorer health outcomes.

(iv) workforce shortages;

- **Breastfeeding-friendly workplace policies and facilities** are important as more women return to work earlier than they had planned to address workforce shortages or meet their financial commitments. Supporting breastfeeding in the workplace helps families with the transition back to work after having a baby. It has implications for workforce participation, retention, advancement and productivity. A supportive workplace helps to allow parents to meet their family goals while participating in the workforce.
 - For example - Staff at the Royal Hobart Hospital are currently being impacted on return to work by the lack of a safe and dedicated staff space to express breastmilk. This may impact decisions about infant feeding or their ability to continue breastfeeding when they return to work.

(vii) paediatric services for children aged 0-5 years;

- Research shows that families receive conflicting advice on breastfeeding from health professionals leading to confusion and poorer outcomes. An effort is needed to increase the proportion of **health professionals** who receive **adequate, evidence-based breastfeeding education and training** including general practitioners.
- **Baby Friendly Health Initiative (BFHI)** Community Health Services accreditation is a **quality assurance measure** that demonstrates a commitment to evidence-based, best-practice care. The steps outlined in the Seven Point Plan provide a framework for Community Health Services to ensure that procedures and practices support breastfeeding. Achieving BFHI Accreditation would ensure paediatric services are meeting best practice standards with breastfeeding.

(viii) the Child Health and Parenting Service (CHaPS).

- CHaPS provides important postnatal care for families including advice on infant feeding. All families must be able to easily access these services within their community. Pathways for those needing additional breastfeeding support need to be clear and these services appropriately resourced.
- Studies show that there is considerable variation in health professionals' knowledge, skills, attitudes and competencies relating to breastfeeding. Effort is needed to increase the proportion of **health professionals** who receive **adequate, evidence-based breastfeeding education and training** that is free from commercial influence. This needs to be provided as part of undergraduate and graduate training for all health professionals who care for women and young children. Ongoing competency of the health professional workforce needs to be supported with regular breastfeeding professional development.
- **Baby Friendly Health Initiative (BFHI)** Community Health Services accreditation is a **quality assurance measure** that demonstrates a commitment to evidence-based, best-practice care. The steps outlined in the Seven Point Plan provide a framework for Community Health Services to ensure that procedures and practices support breastfeeding. Achieving BFHI Accreditation would ensure CHaPS is meeting best practice standards with breastfeeding.

- **Access to regular, reliable breastfeeding data** is important to monitor breastfeeding rates over time. Improved access to data supports identifying priority groups that need additional support, local planning and programs, and a greater understanding of whether breastfeeding practices are consistent with policy objectives and recommendations. Attention should be given to improving health intelligence capability to allow better access and utilisation of breastfeeding data to inform health services.

(b) to examine disparities in the availability of services, staffing and outcomes between:-

- (i) Tasmania and other Australian states and territories;
- (ii) Tasmanians living in rural, regional and metropolitan areas;
- (iii) Tasmanians experiencing socio-economic disadvantage; and

- **Access to regular, reliable breastfeeding data** is important to monitor breastfeeding rates over time. Improved access to data supports identifying priority groups that need additional support, local planning and programs, and a greater understanding of whether breastfeeding practices are consistent with policy objectives and recommendations. Attention should be given to improving health intelligence capability to allow better access and utilisation of breastfeeding data to inform health services.

(c) to make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families and children.

- The *Australian National Breastfeeding Strategy: 2019 and beyond* outlines a framework for governments to provide a supportive and enabling environment for breastfeeding. Allocating resources to implement this evidence-based strategy would contribute to preventative health in Tasmania and enhance reproductive, maternal and paediatric health services.
- Actions identified as state responsibilities include:
 - Monitor and report on breastfeeding rates.
 - Maintain Baby Friendly Health Initiative (BFHI) accreditation in hospitals.
 - Implement the Baby Friendly Health Initiative (BFHI) in community health services.
 - Provide and support access to education and training in breastfeeding for all health professionals who care for women and children.
 - Implement the Breastfeeding Friendly Workplace program in government agencies.
 - Support participation in the Breastfeeding Friendly Early Childhood Education and Care recognition program.
 - Strengthen programs that provide mother-to-mother support and peer counselling.
 - Enhance postnatal support for breastfeeding.
 - Support the development of strategies to address low breastfeeding rates for priority groups.
- Tasmania can create an enabling and empowering environment that protects, promotes, supports and values breastfeeding by putting these actions in place. This will improve health care and outcomes for women and children at a particularly vulnerable time during the lifecycle.

References

1. COAG Health Council. Australian National Breastfeeding Strategy: 2019 and Beyond [Internet]. 2019. Available from: <https://www.health.gov.au/topics/pregnancy-birth-and-baby/breastfeeding-infant-nutrition/australian-national-breastfeeding-strategy>

2. 1000 Days; Think Babies. Nutrition in the first 1000 days: A Foundation for Brain Development and Learning [Internet]. Available from: https://thousanddays.org/wp-content/uploads/1000Days-Nutrition_Brief_Brain-Think_Babies_FINAL.pdf
3. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC; Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. 2016 Jan;30(387):475–90.