



breastfeeding

Promoting and supporting breastfeeding

Why is this important?

Breastfeeding offers advantages for infants and their mothers. For infants, breast milk has all of the nutrients required for optimal growth and development during the first six months of life [1]. Breastfeeding also reduces the incidence and severity of a variety of diseases during childhood and adulthood, and potentially enhances cognitive development and visual acuity [2]. There is also some evidence of an association between exclusive breastfeeding (up to four months) and a significant reduction in asthma in children at six years, in comparison to non-exclusive breastfeeding [3]. Infants who are exclusively breastfed for four to six months have lower rates of obesity later in life [4,5]. Breastfeeding can be of benefit to mothers, aiding a more rapid post-partum recovery and reducing the risk of osteoporosis and various cancers in later life [6].

The National Health and Medical Research Council (NHMRC) Guidelines recommend exclusive breastfeeding for the first six months and the continuation of breastfeeding for up to at least 12 months [5].

Best available evidence

Evidence suggests that long-term intensive promotion of breastfeeding is most successful, spanning the pre and postnatal period, and involving multiple contacts with a professional breastfeeding promoter or peer counsellor [7]. Well-conducted educational and support interventions for mothers prior to, and immediately after, childbirth are effective in improving rates of initiation as well as duration of breastfeeding (up to three months). Interventions that target hospital practices are particularly effective, such as rooming-in, early skin-to-skin contact and non-use of commercial hospital discharge packs [7,8]. Factors such as

the support of the baby's father [9–14] and the time at which the decision to breastfeed is made (preferably before or early in the pregnancy) are also important.

Professional and peer support have had a significant impact on short-term duration and exclusivity of breastfeeding. Peer support is particularly effective for low income, ethnic minority or disadvantaged groups [7,15]. Postnatal home visits may enhance effectiveness. One-to-one education is best for persuading those women planning to use infant formula to change to breastfeeding [15].

Beyond three months, interventions involving parenting groups, face-to-face contacts and home visiting by professional or trained peer counsellors may be effective [5,7], particularly in maintaining exclusive breastfeeding [16]. Cultural and language-specific interventions, in conjunction with clinic visits, are associated with some increases in breastfeeding duration [15].

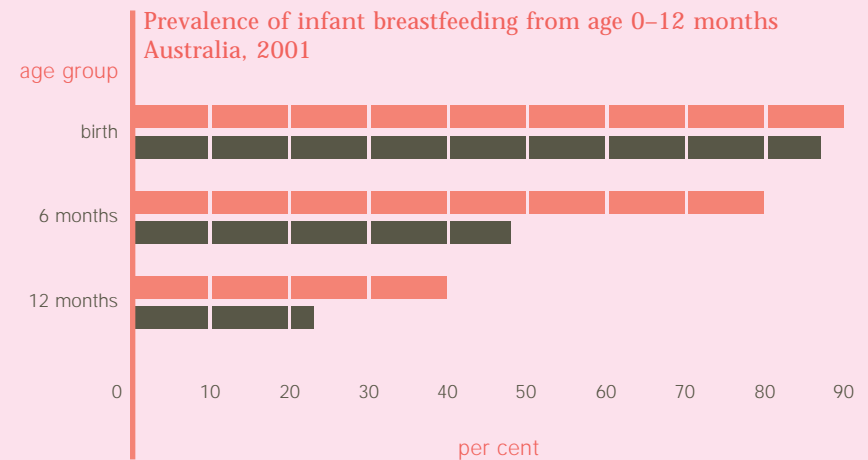
Exclusive breastfeeding is recommended for the first six months of life but in the most recent national survey there was not a single case of a six-month old infant consuming only breast milk.

Supportive health policies such as the *Ten Steps to Successful Breastfeeding* [8] and the *Baby Friendly Hospital Initiative* [17] are important to foster consistency and promote integrated implementation [7].

Current practice

The Australian Bureau of Statistics (ABS) reports that breastfeeding is initiated in 87 per cent of newborns [18], which is close to the national target of 90 per cent as specified in the NHMRC Guidelines [5]. The guidelines recommend exclusive breastfeeding (the consumption of breast milk only) for around six months. In the most recent national survey, less than half the infants (48 per cent) were breastfed at six months, and of these, none were exclusively breastfed [18].

■ Target
■ Breastfeeding stages



Sources: Australian Bureau of Statistics (2003)
National Health and Medical Research Council (2003)

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Overall, there appears to have been a decrease in the rate of exclusive breastfeeding between the 1995 and 2001 national surveys. Among those infants aged three months or less who were being breastfed, a higher proportion were receiving complementary formula (22 per cent versus 14 per cent) and solids (six per cent versus three per cent) in 2001 relative to 1995 [18]. According to the guidelines, breastfeeding should be maintained to at least 12 months, but in 2001 only 23 per cent of one-year-old infants were being breastfed [18].

Importantly, the *Baby Friendly Hospital Initiative* [17] has been implemented successfully in 51 BFHI-accredited hospitals across Australia [19].

Implications

- Across the different levels of the health system and government, policies and strategies need to be reviewed and further developed to ensure their relevance and consistency in meeting the needs of women and their families.
- More hospitals should consider implementing the *Baby Friendly Hospital Initiative* and promoting practices such as early skin-to-skin contact and rooming-in. The short and long-term health benefits to mother and baby, as well as the economic benefits associated with breastfeeding in Australia, need to be further promoted. The benefits of exclusive breastfeeding during the first six months and continuance of breastfeeding up to, and beyond, 12 months should be highlighted. Groups identified as 'high risk' need to be specifically targeted, including mothers aged under 25 years, those without tertiary education and Aboriginal and Torres Strait Islander mothers [20].
- In addition to maternity hospital staff, the Australian Breastfeeding Association, maternal and child health nurses and general practitioners have all contributed to ensuring that breastfeeding initiation rates are close to national targets. Emphasis now needs to be placed on increasing the duration of exclusive breastfeeding, including improved management of the many difficulties faced by breastfeeding mothers.
- Improved contact with postnatal services is required, particularly for high-risk groups. Where necessary, steps should be taken to improve the integration and continuity of these services.
- Information given to women about breastfeeding needs to be consistent and based on the best available evidence, that is, the NHMRC Guidelines [5]. This applies both

at a policy level and in communication delivered by health care professionals and peer support counsellors.

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