
Submission on the Children and Youth Wellbeing Strategy

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Breastfeeding Coalition Tasmania welcomes the opportunity to provide a submission to the Children and Youth Wellbeing Strategy Discussion Paper.

Breastfeeding is one of the earliest and most impactful ways to support child health and wellbeing. The first 1000 days are recognised as the best time to invest in a child's life for the greatest impact [1]. Research shows that the most effective way to intervene is with prevention and targeted extra help for those in need. Breastfeeding is a protective factor for child health and wellbeing and one of the earliest opportunities for prevention[2]. It provides the building blocks for many domains of the Child and Youth Wellbeing Framework. Promoting and supporting breastfeeding is an evidence-based and cost-effective way to improve outcomes for infants and children.

Given the relevance and significance of breastfeeding during the early years it is critical that breastfeeding is visible within the Child and Youth Wellbeing Strategy. We hope that breastfeeding will be explicitly named as a protective factor within the strategy. This will help to drive the action needed to empower parents and provide an enabling environment for breastfeeding. Normalising breastfeeding in the early years has the potential to make a significant contribution to child health and wellbeing.

Breastfeeding is an essential part of the first 1000 days

Breastfeeding underpins the domains of child health and wellbeing in the following ways.

Being loved and safe

- supports intuitive mother and baby interactions and responsive parenting, reassuring infants that their needs will be met [3]
- promotes secure attachment and bonding [4]
- promotes infant mental health, through reduced risk of postnatal depression [5]
- supports the development of strong, positive and loving relationships [6]

Having material basics

- provides safe, secure and optimal food
- ensures that all children have a fairer start in life, meeting their human right to the highest attainable standard of health [7]

Being healthy

- provides the first inoculation and ongoing immune factors [8]
- promotes emotional wellbeing [9]
- supports normal physical development [10]
- protects against illness in the short and long term for both infant and mother [11]
- helps to prevent chronic disease including obesity [12]

Learning

- supports neurological development [13]
- influences neurological outcomes including intelligence, increasing child cognition and school achievement [14]

The Children and Youth Wellbeing Strategy seeks to strengthen protective factors that can help to buffer adverse experiences. Investment in protection, promotion and support for breastfeeding will contribute to achieving the strategy's aim.

“Breastfeeding is a natural “safety net” against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood) then for the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.”

–James Grant, Executive Director, UNICEF (1980-1995)

Breastfeeding rates in Tasmania

In Tasmania most women (93%) start breastfeeding [15]. This is supported by Baby-Friendly Health Initiative (BFHI) Baby Friendly Accreditation¹, a standard achieved and maintained by all Tasmanian hospitals. Around 85% of women are still breastfeeding when they are discharged from hospital [16]. However, we know that breastfeeding rates fall significantly over the following weeks and months.

Australian recommendations for optimal nutrition are for infants to be exclusively breastfed (receive only breastmilk) for around six months, with the introduction of solids at around six months (not before four months), and to continue breastfeeding until 12 months of age and beyond. [10] National figures suggest that about 15% of infants are exclusively breastfed to around six months and 60% of infants are receiving any breastmilk at six months. By 12 months this drops to about 40% of infants receiving any breastmilk [17].

Breastfeeding rates can be used as an important indicator of child health and wellbeing. In Australia we lack a nationally consistent and coordinated system for the collection and reporting of breastfeeding rates. This gap has been identified by the *Australian National Breastfeeding Strategy: 2019*, which recommends national and state-based reporting of breastfeeding rates.

Evidence-based strategies to protect, promote and support breastfeeding

The Australian Research Alliance for Children and Youth's *Better systems, better chances* review summarised evidence-based interventions with higher levels of impact on child development [1]. This review recognised breastfeeding preparation and breastfeeding promotion as priority interventions in the antenatal and early infancy periods.

An Evidence Check commissioned by the Department of Health provides an overview of effective strategies to influence optimal infant feeding. This was used to inform the *Australian National Breastfeeding Strategy: 2019 and beyond*. Evidence-based strategies to promote breastfeeding include: [18]

- Media or social marketing campaigns to raise awareness about the value of breastfeeding.
- Inclusion of breastfeeding education in the curriculum for primary and secondary schools, parenting programs and child development courses targeting pupils with low academic attainment.

¹ BFHI is a national (and international) initiative that protects breastfeeding through accredited strategies aimed at ensuring all mothers receive unbiased information, appropriate support, and factual advice about infant feeding in the antenatal and postnatal period.

- Policy and practice to support breastfeeding in public.
- Employment policy and practices and childcare settings that support continued breastfeeding.
- Restriction of advertising of infant formula through government endorsement of the WHO International Code of Marketing of Breastmilk Substitutes (1981) and all subsequent World Health Assembly resolutions.

The Australian National Breastfeeding Strategy: 2019 and beyond (ANBS), endorsed by COAG Health Council and committed to by all states and territories, outlines a policy framework to create a supportive and enabling environment for breastfeeding [2]. Actions from the ANBS include:

- Implement the Baby-Friendly Health Initiative (BFHI) in a higher proportion of hospitals and community health services.
- Provide and support access to education and training in breastfeeding for all health professionals who care for women and children.
- Provide mothers with antenatal education about the significance of breastfeeding for their babies and themselves.
- Provide breastfeeding education for a mother's primary support network including fathers/partners and grandmothers.
- 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 of young women.
- Promote strategies to facilitate breastfeeding for mothers with complicated health issues.
- Provide breastfeeding and lactation support and maternal care to families in exceptionally difficult circumstances.
- Implement the Breastfeeding Friendly Workplace program in government agencies.
- Monitor and report on breastfeeding rates.

Programs and practices that support breastfeeding need to be embedded into service systems that reach families before and during pregnancy and after the birth of their child. Places such as Community Health Centres, Maternity Services within hospitals, Child Health and Parenting Services, Child and Family Centres, Launching into Learning programs and public facilities and spaces need to be breastfeeding-friendly. Creating more enabling environments will support families and help to normalise breastfeeding.

A smart investment in child and youth wellbeing

A commitment to promoting, protecting and supporting breastfeeding is a smart investment in child health and wellbeing. Tasmania is responsible for implementing actions of the *Australian National Breastfeeding Strategy: 2019 and beyond* tailored to our local environment. The National Health and Medical Research Council (NHMRC) stated that "the total value of breastfeeding to the community makes it one of the most cost-effective primary prevention measures available" [19]. We need to build a culture where breastfeeding is normal, providing an enabling and empowering environment for families to meet their breastfeeding goals.

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 [20].

We would like to provide the following responses to relevant discussion questions.

First 1,000 days: Ensuring the best start in life for all Tasmanian children

12. Given the importance of the first 1,000 days what is the program you would put in place as your highest priority to support children up to 2 years and/or families?

- Maintain Baby Friendly Health Initiative accreditation of all Tasmanian Maternity Services.
- Maintain and strengthen Child Health and Parenting Service universal child health and parenting services to Tasmanian families.
- Implement actions from the *Australian National Breastfeeding Strategy: 2019 and beyond* in Tasmania.
- Support the Tasmanian branch of the Australian Breastfeeding Association. Local volunteers contribute to the free National Breastfeeding Helpline and coordinate local support groups.

13. Why have you identified this as your priority?

- These are evidence-based strategies focussed on prevention and early intervention.

Domain: Tasmanian children and young people are loved and safe

With reference to existing Loved and Safe initiatives and with your knowledge of other programs:

14. Which Tasmanian Government initiatives do you think work best and why?

- Antenatal care provided by the Tasmanian Health Service. Access to antenatal care is an important protective factor and allows for early identification of risks and appropriate referral.
- Child Health and Parenting Service (CHaPS) universal child health and parenting services is a critical service. It works best because it is universal services with targeted support when needed. CHaPS work in partnership with families and focus on primary care.

15. If additional initiatives are required to ensure Tasmanian children and young people are Loved and Safe what would they be and why?

- Increase CHaPS ability to provide targeted support for breastfeeding parents – this may be in the form of feeding clinics or sustained home visiting programmes which provide additional support for early intervention and respond to feeding and parenting issues with more sustained resource.
- Increase the visibility of breastfeeding supports and resources and highlight the value of breastfeeding throughout the lifespan. Any wellbeing-focussed marketing should include breastfeeding parents, making it more visible to the community.

Domain: Tasmanian children and young people have material basics

With reference to existing Material Basics initiatives and with your knowledge of other programs:

18. Which Tasmanian Government initiatives do you think work best and why?

- Child Health and Parenting Service (CHaPS) universal child health and parenting services is a critical service. It works best because it is universal services with targeted support or referral to agencies that may provide support related to material basics when needed. CHaPS work in partnership with families and focus on primary care. The lack of stigma of engaging with CHaPS coupled with CHaPS holistic assessment and screening means that if CHaPS services are enhanced more children in the first thousand days are visible and monitored.

19. If additional initiatives are required to ensure Tasmanian children and young people have material basics what would they be and why?

- Sustained home visiting by the CHaPS service, could support breastfeeding where vulnerability is identified. Breastfeeding is the best form of nutrition for the first thousand days and early and sustained support to breastfeed benefits nutritional and other outcomes.

Domain: Tasmanian children and young people are healthy

With reference to existing Health initiatives and with your knowledge of other programs:

22. Which Tasmanian Government initiatives do you think work best and why?

- Antenatal care provided by the Tasmanian Health Service. Access to antenatal care is an important protective factor and allows for early identification of risks and appropriate referral.
- Child Health and Parenting Service (CHaPS) universal child health and parenting services is a critical service. It works best because it is universal services with targeted support when needed. CHaPS work in partnership with families and focus on children's growth and developmental monitoring and anticipatory guidance for parents.
- Breastfeeding Coalition Tasmania provides an opportunity for collaboration across Tasmanian Government and non-government organisations to protect, promote and support breastfeeding. This encourages a system thinking approach to supporting breastfeeding.

24. Are you able to identify any barriers to Tasmanian children and young people accessing initiatives aimed at ensuring they are healthy?

- The inappropriate marketing of infant formula has an impact on breastfeeding practices. It is important to recognise and manage the inappropriate promotion of infant formula in all government settings.
- Parents' return to work plans can influence their decisions about whether to breastfeed and how long to breastfeed for. Returning to work is a known barrier to breastfeeding and therefore impacts child health.
- There is a lack of appropriate places to breastfeed in public. This discourages breastfeeding.

25. How do you suggest these barriers are addressed?

- Ensure that all Tasmanian Government services that interact with families and young children understand their responsibility to protect, promote and support breastfeeding. It is important to recognise the impact of the inappropriate marketing of infant formula and to ensure that these products are not promoted. Infant formula and promotional material should not be displayed or promoted in Tasmanian Government facilities.
- All Tasmanian Government agencies need to provide breastfeeding-friendly workplaces for employees. This involves having policies and practices in place to support staff with the time, support and space to breastfeed or express breastmilk. Supporting parents to return to work and continue to breastfeed improves infant health outcomes. Workplaces also benefit from the retention of skilled staff and lower rates of absenteeism.
- There is a need for more breastfeeding-friendly places in public. Consideration needs to be given to how we create dedicated breastfeeding spaces and compatible breastfeeding spaces in our built environment. Design guidelines for breastfeeding-friendly places are available that show how public spaces can support breastfeeding and other parenting practices. These should be considered when planning Tasmanian Government facilities and infrastructure.
- Active promotion of breastfeeding as optimal nutrition for the first thousand days.

Knowing we are making a difference

41. How do we know we are making a difference?

- Quality evaluation of programs with appropriate measures of progress. Access to appropriate data to report against child health and wellbeing indicators.

44. Are there significant data gaps? What options do we have to address them?

- Breastfeeding rates can be used as an important indicator of child health and wellbeing. In Australia we lack a nationally consistent and coordinated system for the collection and reporting of breastfeeding rates. This gap has been identified by the *Australian National Breastfeeding Strategy: 2019*, which recommends national and state-based reporting of breastfeeding rates.

References

1. Fox S, S.A., Stafford N, Goodhue R, Jackson D and Smith C, *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. 2015, Australian Research Alliance for Children and Youth (ARACY): Canberra.
2. CHC, *Australian National Breastfeeding Strategy: 2019 and Beyond*, D.o. Health, Editor. 2019: Canberra.
3. Brown, A. and B. Arnott, *Breastfeeding duration and early parenting behaviour: the importance of an infant-led, responsive style*. PLoS one, 2014. **9**(2): p. e83893-e83893.
4. Britton, J.R., H.L. Britton, and V. Gronwaldt, *Breastfeeding, Sensitivity, and Attachment*. Pediatrics, 2006. **118**(5): p. e1436-e1443.
5. Kendall-Tackett, K., Z. Cong, and T.W. Hale, *The Effect of Feeding Method on Sleep Duration, Maternal Well-being, and Postpartum Depression*. Clinical lactation, 2011. **2**(2): p. 22-26.
6. K, U.M., *The Hormone of Closeness: the role of oxytocin in relationships*. 2013: Pinter and Martin.
7. Grummer-Strawn, L.M., et al., *New World Health Organization guidance helps protect breastfeeding as a human right*. Maternal and child nutrition Journal Article, 2017. **13**(4).
8. Hanson, L.A., *Breastfeeding provides passive and likely long-lasting active immunity*. Annals of allergy, asthma, & immunology, 1998. **81**(6): p. 523.
9. Turner, S., et al., *Breastfeeding and the Development of Socio-Emotional Competencies: A Systematic Review*. Breastfeeding medicine, 2019. **14**(10): p. 691-704.
10. Council, N.H.a.M.R., *Infant Feeding Guidelines Information for health workers*. 2012, National Health and Medical Research Council Canberra.
11. Grummer-Strawn, L.M. and N. Rollins, *Summarising the health effects of breastfeeding*. Acta paediatrica (Oslo, Norway : 1992) Journal Article, 2015. **104**(467): p. 1.
12. Victora, C.G., et al., *Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect*. The Lancet, 2016. **387**(10017): p. 475-490.
13. Leventakou, V., et al., *Breastfeeding duration and cognitive, language and motor development at 18 months of age: Rhea mother-child cohort in Crete, Greece*. Journal of epidemiology and community health (1979), 2015. **69**(3): p. 232-239.
14. Victora, C.G.P., et al., *Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil*. The Lancet global health, 2015. **3**(4): p. e199-e205.
15. *BFHI Tasmanian Breastfeeding Statistics*. 2018.
16. Health, D.o., *Council of Obstetric & Paediatric Mortality & Morbidity Annual Report 2018*. 2020: Tasmania.
17. Welfare, A.I.o.H.a., *2010 Australian National Infant Feeding Survey: indicator results*. 2011, AIHW: Canberra
18. Smith JP, C.A., Iellamo A, Javanparast S, Atchan M et al. , *Review of effective strategies to promote breastfeeding: an Evidence Check rapid review brokered by the Sax Institute for the Department of Health*. 2018.
19. Council, N.H.a.M.R., *Infant Feeding Guidelines for Health Workers*. 2003, NHMRC: Canberra.
20. Hansen, K., *Breastfeeding: a smart investment in people and in economies*. The Lancet, 2016. **387**(10017): p. 416.

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 Communities Tasmania, Communities, Sport and Recreation
Diabetes Tasmania
Dietetic Department, Royal Hobart Hospital
Division of Women's and Children's Services, Launceston General Hospital
Eat Well Tasmania
Hobart Private Hospital
Lactation Consultants of Australia and New Zealand
Lactation Consultants, Maternity Unit, Royal Hobart Hospital
Launceston Birth Centre
National Association of Childbirth Educators Tasmanian State Branch
North West Private Hospital
Oral Health Services Tasmania, Department of Health
Health Improvement, Department of Health
Tasmanian Aboriginal Centre
The Lactation Network
Uniting Church in Australia, Synod of Victoria and Tasmania
University of Tasmania