Increasing Breastfeeding

Description and Benefits

Breastfeeding has been shown to be the most beneficial method of feeding an infant. Human breast milk provides complete nutrition for infants and protects against a number of childhood diseases. Breastfeeding has been shown to reduce the risk of childhood obesity, type I and II diabetes, gastrointestinal tract infections, eczema and rashes, infant mortality cardiovascular disease later in life and against a variety of other illnesses (Hannula et al., 2008, Kramer et al., 2001, Sciacca et al., 1995).

There are also a number of maternal benefits to breastfeeding including a more rapid return of postpartum uterine tone, weight loss, a delay in ovulation, a decreased risk of breast, ovarian and endometrial cancers (Hannula et al., 2008, Sciacca et al., 1995). Breastfeeding also creates an enhanced close emotional bond between mother and child. A recent Australian study found that breastfed children spent more time both parents compared to non breastfed babies (Baxter and Smith, 2009).

The World Health Organisation (WHO) recommends that children are exclusively breastfed for the first six months of life and continuing breastfeeding up to two years of age and beyond (Hannula et al., 2008).

Despite all the evidence of the benefits of breastfeeding for both mother and child, many women continue not to breastfeed. A number of factors have been shown to influence breastfeeding, including maternal age, level of education, smoking, ethnicity, method of delivery, maternal and infant health, hospital practices, work environment and social support (Go For Your Life., 2002-2006). Parents who have adequate social support are more likely to breastfeed and feed for a longer time. Such support ranges from family, peers (Cameron et al., 2010), to support in the community (Pretorius, 2008) and workplace.

Interventions to increase rates of breastfeeding include:
- Birth facility support (Victorian baby friendly hospitals initiatives).
- Professional support.
- Development of public infrastructure to encourage and facilitate breast feeding.
- Mother to mother support
- Peer support groups (Cameron et al., 2010)

Further information on interventions to encourage and support breastfeeding practices can be accessed at http://www.publish.csiro.au/?act=view_file&file_id=NB05014.pdf

Size and distribution of the problem

- In Australia only 54% of mothers are breastfeeding until three months and 32% at six months (Abdulwadud and Snow, 2008).
- In the United States, breastfeeding rates are 60% at three months and 20% at six months,
- In the United Kingdom 25% of babies are breastfed at four months (Australian Breastfeeding Association, 2008)
- In Scandinavian countries up to 80% of babies are breastfed at three months of age (Australian Breastfeeding Association, 2008).

While Australia’s breastfeeding rates are higher than some developing countries they are not at optimum levels.
Table 1: Breast feeding rates for fully breastfed, Gippsland 2011-12

<table>
<thead>
<tr>
<th>LGA</th>
<th>Total records</th>
<th>On discharge (%)</th>
<th>At 2 Weeks (%)</th>
<th>At 3 Months (%)</th>
<th>At 6 Months (%)</th>
</tr>
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<tbody>
<tr>
<td>Bass Coast</td>
<td>406</td>
<td>79.3</td>
<td>71.9</td>
<td>51.2</td>
<td>40.4</td>
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<tr>
<td>Baw Baw</td>
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<td>78.1</td>
<td>69.0</td>
<td>50.4</td>
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<td>East Gippsland - GLCH</td>
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<td>86.0</td>
<td>73.0</td>
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<td>84.9</td>
<td>78.1</td>
<td>58.9</td>
<td>50.7</td>
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<td>60.6</td>
<td>39.3</td>
<td>26.4</td>
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<td>South Gippsland</td>
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<td>81.9</td>
<td>72.1</td>
<td>55.7</td>
<td>40.3</td>
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<td>Wellington – CGHS</td>
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<td>73.3</td>
<td>63.4</td>
<td>45.2</td>
<td>24.8</td>
</tr>
<tr>
<td>Wellington - YDHS</td>
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<td>90.0</td>
<td>72.5</td>
<td>47.5</td>
<td>40.0</td>
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<td><strong>Total</strong></td>
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<td><strong>77.3</strong></td>
<td><strong>67.0</strong></td>
<td><strong>46.8</strong></td>
<td><strong>28.8</strong></td>
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Table 2: Breast feeding rates for partially breastfed, Gippsland 2011-12

<table>
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<th>LGA</th>
<th>Total records</th>
<th>On discharge (%)</th>
<th>At 2 Weeks (%)</th>
<th>At 3 Months (%)</th>
<th>At 6 Months (%)</th>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>8.3</strong></td>
<td><strong>10.8</strong></td>
<td><strong>7.4</strong></td>
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</tr>
</tbody>
</table>


Leadership

- State and Local Governments
- Health care centres
- Hospitals
- Child Care Centres
- Maternal and Child Health Services

Suggested Partners, their roles and responsibilities

Managers and owners of businesses employing mothers – facilitate breastfeeding for employees

- Providing Nursing Mothers Rooms - designated private spaces for breastfeeding. Including adequate lighting, ventilation, privacy, seating, a sink, electrical socket and refrigerator
- Providing access to breast pumps and private rooms to expressing milk
- Flexible working schedule to feed or express during working hours
- Providing on-site or close by day care (Abdulwadud and Snow, 2008, Shealy et al., 2005).
Managers and owners of local business (e.g., shopping centres, restaurants) – facilitate breastfeeding for patrons

- Breastfeeding Welcome Here materials for restaurants, stores and other locations
- Nursing Mothers Lounges – designated private spaces for breastfeeding set away from high traffic areas in malls, airports, zoos, hospitals and libraries. These areas are distinct and separate from the public restrooms
- Childcare facilities providing staff that are appropriately trained in handling human milk (Shealy et al., 2005).

Resources for Implementation

Department of Education and Early Childhood Development – Increasing rates of breastfeeding


"Breastfeeding Welcome Here" kit


Dental Health Services Victoria Tooth tips are designed to educate new mothers on their child’s oral and general health needs. These three fact sheets have been developed in a staged approach to support mothers of children aged 0-12 months, 12-18 months and 18-6 years to make healthy choices for their child. Tooth tips

Options for Local Government to consider in planning for increasing breastfeeding and supportive community environments can be found at http://www.health.qld.gov.au/ph/documents/hpu/lga_physical_eating.pdf

Mississippi WIC How to Support a Breastfeeding Mother: A guide for the Child Care Centre
http://www.dshs.state.tx.us/wichd/bf/handoutstext.shtm

Promoting and supporting breastfeeding in NSW: case studies

Evaluation Tools

Maternal Breastfeeding Evaluation Scale (MBFES) – Measures mother overall evaluation of the breastfeeding experience. It is a 30 item likert scale (Riordan, 2005).

Breastfeeding Report Card - The nine process indicators measure five different types of breastfeeding support: birth facility support; professional support; mother-to-mother support; state legislation; and public infrastructure (public facilities and services) (Department of Health and Human Services, 2008)
References


