



## **Australian Breastfeeding Association - Tasmania Branch**

**Submission to**

**Premier's Economic and Social Recovery Advisory Council**

**June 2020**

### **Recommendations around breastfeeding**

- Australian government dietary guidelines recommend exclusive breastfeeding (no other food or drink) until around six months of age, when solid foods are introduced, and it is further recommended that breastfeeding be continued until 12 months of age and beyond.

### **COVID-19 Impacts on breastfeeding**

- The COVID-19 pandemic has had and is likely to continue to have an impact on face-to-face:
  - ante-natal breastfeeding education for parents
  - peer support for breastfeeding mothers and general parenting support
  - breastfeeding counselling for mothers e.g. face-to-face re correct positioning and attachment of the baby at the breast
  - professional development for Australian Breastfeeding Association (ABA) volunteers.
- These impacts have the potential to further negatively affect breastfeeding duration rates in Tasmania with consequent negative impacts on the health of babies and mothers, the hospital and health systems, family budgets and the economy.
- These impacts are difficult to quantify in short time frames.

### **Breastfeeding rates**

While most babies begin life breastfeeding, many stop in the early weeks and months after birth.

- Around 95% of women initiate breastfeeding at birth.
- Breastfeeding rates decrease through the early months of life, and at six months only around 15% of babies are still exclusively breastfed.

### **The importance of breastfeeding to the economy**

- The economic importance of breastfeeding is largely due to health outcomes for both mother and child. Artificial feeding is expensive (ie purchasing infant formula

and associated equipment) and is associated with increased health risks. It is estimated that babies who are not breastfed have twice the likelihood of illness than breastfed babies. These illnesses cost individuals emotionally and physically, and escalate health care costs for the community.

- In one study (in the ACT), not breastfeeding led to estimated costs of \$1-2 million to the hospital system, due to just four conditions in infants - gastrointestinal illness, respiratory illness, eczema and necrotising enterocolitis (NEC).
- Families of artificially-fed infants have an increased burden of the costs of doctor's visits, medications and hospitalisations, with parents having to take time off work to care for sick children.
- For every \$1 invested in supporting mothers to breastfeed there is an estimated \$35 return on investment (<https://blogs.worldbank.org/health/breastfeeding-foundational-investment-human-capital> ).

### **The importance of breastfeeding to the health of babies and mothers**

- For babies, not being breastfed, or being breastfed for a shorter length of time, increases the risk of SIDS, gastrointestinal infections, respiratory infections, necrotising enterocolitis (NEC) in premature babies, sepsis in premature babies, dental malocclusions, overweight and obesity, lower IQ.
- For the mother, not breastfeeding increases the risk of breast cancer, ovarian cancer, type 2 diabetes and high blood pressure.

### **Strategies and initiatives by ABA to mitigate the impacts of COVID-19**

The ABA, a volunteer organisation, has responded quickly to continue to support parents and parents-to-be by for example:

- developing online antenatal Breastfeeding Education (Breastfeeding Education Live 'BELs')
- moving our local ABA mothers' groups to online formats like Zoom
- co-ordination of a national online conference for our volunteers to help ensure they are well supported with their professional development (usually each Branch has its own state conference face-to-face annually).

These activities complement our free pre-existing non-contact breastfeeding information and support services, namely our National Breastfeeding Helpline (1800 mum2mum), LiveChat, and our website ([www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)) .

The above services cannot however be well utilised and sustained, especially the new BELs and online ABA mothers' support groups, without additional awareness by the community and explicit support from the Tasmanian Health Service (THS) e.g. health professionals such as midwives, child health nurses, lactation consultants and doctors, including clear referral pathways to ABA. This is an opportunity for cross-sectional engagement to support increased breastfeeding duration rates, which will reduce financial pressure on the hospital system.

**Action points to promote, protect and support breastfeeding in Tasmania include cross-sectional engagement to:**

- Implement the main action areas of the Australian National Breastfeeding Strategy 2019  
(<http://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20FINAL%20.pdf> )
- Improve access to ante-natal breastfeeding education for women (including online classes)
- Improve breastfeeding education for health professionals eg midwives, child health nurses, nurses, GPs, paediatricians and lactation consultants
- Improve access for women to breastfeeding peer support groups, like ABA's local mothers' groups, including referrals to ABA for free support
- Ensure breastfeeding friendly environments, including workplaces, to enable women to continue breastfeeding when they return to work.

### **Summary**

- If women are supported to breastfeed, then Tasmanian families will have more money in their back pocket to spend as the economy recovers from COVID-19.
- If breastfeeding rates are increased, there will be less pressure on the hospital system, due to the reduced burden of illness.
- Breastfeeding requires support for the mother, in the community and by health professionals especially during these pandemic times.

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<https://www.breastfeeding.asn.au/>

<https://www.breastfeeding.asn.au/bfinfo/health-outcomes-associated-infant-feeding>

<https://www.breastfeeding.asn.au/bfinfo/how-long-should-i-breastfeed-my-baby>

<https://www.breastfeedingtas.org/>