

Professor Rob Moodie  
Chair  
National Preventative Health Taskforce  
Population Health Strategy Unit  
Department of Health and Ageing  
MDP 16  
GPO Box 9848  
CANBERRA ACT 2601



## Preventative Health Strategy Submission - 2008

The long term sustainability of Australia's health system is being questioned (workforce evidence, cost inquiries etc). Much of the current focus is on treating the many preventable problems such as obesity and chronic diseases such as diabetes. One of the most effective early primary health care strategies that often goes unnoticed is breastfeeding. There are few other preventative health interventions which have permanent effects in decreasing risk factors for chronic disease in a variety of settings (Smith & Harvey 2007).

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and young children. A global health recommendation from the World Health Organisation is that infants should be exclusively breastfed for the first 6 months of life. Thereafter continue to be breastfed while being introduced to nutritionally adequate and safe complimentary foods. This will contribute to achievement of optimal growth, development and health (WHO 2003).

Breastfeeding is a self regulated form of infant feeding. As long as the baby has easy unrestricted access to the breast they will feed to meet their needs. This can be contrasted to feeding infant formula where there is a tendency to encourage the infant to finish a whole bottle every time, even if the infant is not really hungry. The thought is reinforced by the formula cans quoting the volumes of formula for each age group. Rather than taking this as a guide many parents mistake the amount given as the minimum amount of formula required for each feed.

There is growing evidence that babies and young children who are not breastfed are more likely to become overweight or obese later in childhood (NICE 2008) and that will increase the risk of becoming overweight in adult life. There is also convincing evidence that these risks are linked to a dose response effect. That is that the shorter the duration and the less exclusive the breastfeeding, the more increased the risk (Allen & Hector 2005).

Overweight and obesity is a very real problem in Australia with significant health issues resulting. The number of people who are considered to be overweight or obese has steadily increased over the past 30 years. The Healthy Weight 2008 paper identified that overweight and obesity were the major cause of preventable health problems in Australia. Also identified was that that the true financial cost of obesity and associated illnesses would be in the vicinity of \$1.3 billion per year and rising (National Obesity Task Force 2003).

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By not only increasing the initiation of, but also the duration of breastfeeding in Australia, there is the potential for massive long term impacts on the Australian health system. Many of the preventable diseases so commonly seen in children, adolescents and even adults who were formula fed will be reduced with marked savings in both monetary and workforce terms for the health care system. These include gastroenteritis, otitis media (ear infections), diabetes, obesity (Philip & Radford 2006) respiratory tract infections, celiac disease and childhood cancers (NSW Health 2005).

The focus for the health care systems needs to be moving from an emphasis on treating the ill to a health promotion model of care which aids the long-term sustainability of the healthcare system.

As well as this the recommendations from the recent Government Inquiry into the Benefits of Breastfeeding need to be implemented. A summary of ALCA recommendations are:

1. Work in maternity units ie support the implementation of the Baby Friendly Health Initiatives
2. Work in the community health services to provide early support for breastfeeding when the inappropriate weaning rates are highest
3. Development of Human Milk Banks across the country
4. Support for women returning to work

The impact of increased rates of breastfeeding is difficult to cost out. However there is evidence as to the costs of formula feeding. IBFAN 1998 determined total cost for hospital treatment of formula fed infants during the 1<sup>st</sup> 4 months of life is 15.4 times more expensive than breastfed infants.

As identified in the Preventative Health Taskforce Report (2008) one area of need is to protect children from inappropriate marketing of unhealthy food and beverages. One of the biggest challenges when trying to improve diets of women, children and their families is how to help them change their behaviors (rather than just their knowledge and attitudes) (NICE 2008)

In 1993 a government report stated the intention to limit advertising for retail outlets, bottle and teat manufacturers. However agreements have not been signed enabling this to occur (MacGuire 2006). Direct and in-direct advertising and promotion of infant formula is seen daily and the public message is that formula and breast milk are equal. The myriad of formulas available make a variety of health claims including that they will assist infantile colic, sleeping and reflux. Television soap operas and dramas frequently show young families and babies where bottle feeding is seen, but breastfeeding is not. Additionally, the very wording of breastmilk substitutes as 'formula' implies that it is better than the biological or traditional way of feeding infants and young children.

The emergence of toddler milks/formulas on the market has also added to this problem. Young children are now often receiving toddler milks and not eating appropriate solid to receive a balanced diet and develop good eating habits, or they are receiving too much calorie rich foods and increasing weight is the result (Commonwealth Gov Australia 2007).

The identification in the report of having targeted programs to encourage healthy eating for pregnant women and breastfeeding newborns is welcomed. Women who are overweight or obese are less likely to breastfeed (Forster et al 2006). However, it is essential to recognise that there are continuing benefits to breastfeeding for 2 and more years.

The importance of Human Milk Banks for babies where own mother's milk is unavailable is a health choice that should never be underestimated. Drane (1997) estimated that a minimum of \$8.5 million/ year could be saved (population 18 million) if the prevalence of exclusive breastfeeding at 3 months was increased from 60 to 70 percent. In 1994, Oshaug & Botten (cited in Akre 2006) estimated that the human milk banks in Norway had a market value of around \$US2.2 billion (population 4.3 million). Infant formula should be 3<sup>rd</sup> choice – for 'emergency use only'. It is imperative that Australian human milk banks be set up, with access for all babies who need it.

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