
Submission to the Our Healthcare Future Consultation

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Breastfeeding Coalition Tasmania welcomes the opportunity to provide a submission to the Our Healthcare Future consultation. Breastfeeding is a foundation for lifelong health. The health system plays a critical role in the protection and promotion of breastfeeding and in providing care and support to families during pregnancy and the early years of their child's life. Adequate investment in breastfeeding policies and programs will result in reduced healthcare costs and produce better outcomes for Tasmanians.

Breastfeeding is a foundation for lifelong health

Breastfeeding is a public health priority and one of the highest impact health interventions providing benefits for children, women, and society [1]. The outcomes of breastfeeding are far-reaching and often overlooked. Breastfeeding sets the foundations for lifelong health and a productive society. Breastfeeding contributes to normal growth and development, infant and maternal health, and the prevention of chronic disease and obesity [2]. Evidence also shows that breastfeeding increases child cognition and school achievement, resulting in greater adult earnings [3]. It gives all children a fair start in life, contributing to equity, by providing infants their human right to the highest attainable standard of health [4].

Not breastfeeding, or stopping breastfeeding early, can lead to poorer health outcomes for infant and mother, and an increased risk of illness [3]. Early weaning from breastmilk is associated with increased costs to the healthcare system. In 2002 Smith and colleagues showed that hospital costs of premature weaning for gastrointestinal and respiratory illnesses, eczema, and necrotizing enterocolitis were between \$60 million and \$120 million per annum [5]. These preventable costs could be reduced by higher rates of exclusive breastfeeding.

Breastfeeding rates

In Tasmania most women (93%) start breastfeeding [6]. 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 [7]. 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. [8] 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 [9].

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.

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.

Investment in breastfeeding

Investment in supporting breastfeeding is an investment in a healthier, fairer and more productive society [10]. Yet despite the compelling evidence of the importance of breastfeeding, there is not enough investment in the support needed. During the early weeks and months after having a baby it is critical that families can access the right care, in the right place at the right time. Breastfeeding practices are responsive to interventions delivered in healthcare systems, communities and homes [11]. BFHI Baby Friendly Accreditation in hospitals is associated with higher rates of breastfeeding initiation [12]. This initiative has been extended to community health facilities to encourage the same standard of care when families return to their local community health services after leaving hospital. Breastfeeding outcomes can also be improved with counselling by peers and health workers. Greatest improvements in breastfeeding rates have been shown when counselling is delivered concurrently in home, community and health system settings [11].

A broader public health approach also needs to be adopted and adequately resourced to support breastfeeding. This should include adequate financial incentives and monitoring and evaluation systems that account for maternal ethnicity and deprivation. Evidence-based strategies to promote breastfeeding include: [13]

- 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.
- 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.

Australia's commitment to breastfeeding

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 [14]. 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.

These commitments must be included in planning our healthcare future in Tasmania.

Tasmania's support for breastfeeding

Protecting, promoting, and supporting breastfeeding is an important goal to support the health and wellbeing of the Tasmanian population. Our healthcare system plays a critical role in providing leadership, education, care, and an enabling environment to empower women to breastfeed.

The Tasmanian Health System already works hard to protect, promote, and support breastfeeding. Crucial services must be maintained and areas for further development have been identified below.

Breastfeeding support that must be maintained

- Antenatal education and care
- Support, maintain and promote ongoing BFHI accreditation of all maternity facilities
- Continue access to human milk banking
- Continue to improve the transition from hospital to home so that families have timely access to ongoing support and care at this crucial time
- Child Health and Parenting Service clinical services and Child Health Assessment
- Maintain systems to measure and report on breastfeeding initiation rates

More work is needed to support breastfeeding in these areas

- Work towards BFHI accreditation of all community health services
- Resource the infrastructure required to measure and report on breastfeeding duration rates
- Increase support for recognized and well-respected community led organisations supporting breastfeeding, namely Australian Breastfeeding Association who provide breastfeeding education classes, mother-to-mother support and peer counselling, local parenting groups and staff the national breastfeeding help line
- Provide breastfeeding friendly environments for employees and the community
- Investment in implementation of the Australian National Breastfeeding Strategy: 2019 and beyond

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 [1].

Reform Initiative 1 – Consultation questions – Better Community Care

1 How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?

- Maintain Baby Friendly Accreditation of all Tasmanian hospitals through the Baby Friendly Health Initiative.
- Work towards Baby Friendly Accreditation of all Community Health services through the Baby Friendly Health Initiative.
- Support the Australian Breastfeeding Association who provide the free National Breastfeeding Helpline staffed by trained volunteers. In the early days of breastfeeding mothers need to be able to access support quickly and easily. Trained Breastfeeding Counsellors provide up to date and accurate mother to mother support over the phone.
- Support general practitioners and primary care providers to understand best practice early intervention strategies and referral pathways when parents present with breastfeeding concerns.

2 How can we shift the focus from hospital-based care to better community care in the community?

- Raise awareness within the community of the importance of breastfeeding, including normal behaviour of new-born infants.
- Support and participate in a national public health campaign on breastfeeding.
- Work towards Baby Friendly Accreditation of all Community Health services through the Baby Friendly Health Initiative.
- Focus on the critical transition between hospital to home/community services after the birth.
- Enabling service access and early intervention engagement for women experiencing breastfeeding support when they need it, with referral pathways to more targeted services if required.
- Ensure community awareness of supports and services for breastfeeding.
- Ensure continued and consistent focus on infant feeding education for community-based health workers who may be involved with parents as receivers of health services and other government agencies (e.g. Department of Education, Communities Tasmania). Ensure these agencies know the referral pathways for Child Health and Parenting Service, Australian Breastfeeding Association, and other breastfeeding support services.
- Ensure referrals to local Australian Breastfeeding Association groups are made to provide mother to mother support. The transition from hospital to home is a challenging time for the mother-baby dyad, and breastfeeding rates dip at this point.
- Strengthen and support the Child Health and Parenting Service breastfeeding assessment and clinical intervention in both clinical and intensive support through parenting centres state-wide.

3 How can we facilitate increased access to primary healthcare, in particular: a. after-hours and on weekends b. in rural and regional areas c. for low-income and vulnerable clients d. for extended treatment options (e.g. urgent care or non-emergency care)?

- Clearly identify support for the free National Breastfeeding Helpline and ABA local support groups. Increase access (particularly for mothers in rural and remote areas) to online antenatal breastfeeding education e.g. ABA's Breastfeeding Education Live webinars ('BELs') which are available every weekend and some weeknights. <https://www.breastfeeding.asn.au/breastfeeding-education-classes>
- Provide Medicare rebates for Lactation Consultants working in Private Practice.
- Progress International Board-Certified Lactation Consultants to AHPRA registered profession.
- Additional Child Health and Parenting Service breastfeeding model of care options which may include telehealth or weekend support service, intensive feeding and settling support in a residential parenting centre model for short term admission for very targeted feeding intervention.

5 How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?

- Increase community awareness about telehealth services.

7 How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care, and acute care)? What should be our priorities for integration?

- Promote Tasmanian Health Pathways and Strong Kids Safe Families service directory. Maintain and regularly update these sources of information so that they can be easily accessed by General Practitioners and all health care providers requiring specific support for a client.
- A consistent health record for all THS service to ensure continuity of care and appropriate handover/documentation of both acute and primary care.
- Recognition of parent impacts on child health and linkage of parental child health information where appropriate (e.g. breastfeeding assessment may be in the maternal chart but impacts on child health).

10 How can we build health literacy, self-management, and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?

- At every opportunity promote breastfeeding as the optimal feeding option for infants in any health-related literature, marketing or health promotion include a breastfeeding dyad (not just maternity and breastfeeding services). Representing breastfeeding in a more diverse range of health communication may help to normalize breastfeeding for the community.
- Ensure that all health workers who care for women and children have access to education and training in breastfeeding.
- Support the use of evidence-based infant feeding guidelines.
- Support all health workers to understand their responsibilities under the International Code of Marketing of Breastmilk Substitutes.
- Provide breastfeeding friendly workplaces for employees.
- Provide breastfeeding friendly environments for the community through Baby Friendly Accreditation of hospital and community health facilities.

11 How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?

- Antenatal education enhances successful breastfeeding. Making online antenatal breastfeeding education available to all ensures all mothers have equal access to accurate information and are not disadvantaged.

12 How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?

- Ensure Tasmanian Health Pathways are maintained, promoted, and utilized as recommended pathways for the right service at the right time, and that the information within them is consistent and correct.
- Medicare rebates for Lactation Consultant care.

Reform Initiative 2 – Consultation questions – Modernising Tasmania’s Health system

1 How can we best target our digital investment to improve the timely sharing of patient information across key health interfaces?

- Maintain referral systems from Maternity Services directly to Child Health and Parenting Service electronic medical record system.

3 What information should be prioritised for addition to the My Health Record to assist clinicians in treating patients across various health settings (e.g. GP rooms, Hospital in the Home, Hospital, Specialist Outpatients)?

- Infant feeding data could be collected at time of each immunisation as a contact point for majority of infants with a health professional who could collect and report this data.

7 How can we use technology to empower patients with their own self-care?

- Online antenatal breastfeeding education followed up by referrals to Australian Breastfeeding Association’s free Live Chat information service.

8 What is the key paper or manual administrative process that would provide the most benefit to digitise/bring online?

Consistent electronic medical record across the Tasmanian Health Service.

Reform Initiative 3a – Consultation questions – Planning for the future

1 What are the major priorities that should be considered in the development of a 20-year infrastructure strategy?

- Creating breastfeeding-friendly environments during building design.

Reform Initiative 3b – Consultation questions

1 How should the Health Workforce 2040 strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

- Provide Breastfeeding Friendly Workplaces and working conditions to ensure women can maintain breastfeeding when returning to work. This helps to retain skilled staff. Women who are supported to continue breastfeeding are less likely to need to take time off to care for sick children.

Reform Initiative 3c – Consultation questions

3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including: a. Personal: participation and engagement in a person's own care b. Local: participation and engagement in service improvement at a local level c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?

- Support community organisations such as Australian Breastfeeding Association who train local volunteers to provide up to date and accurate peer to peer counselling.
- Support Australian Breastfeeding Association volunteers to participate in consumer representation on health committees.

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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