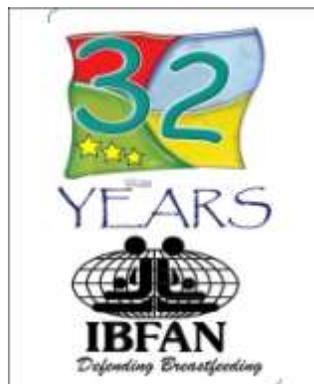


THE CONVENTION ON THE RIGHTS OF THE CHILD

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN AUSTRALIA



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Prepared by:

Dr Karleen D Gribble, Adjunct Fellow, School of Nursing and Midwifery, University of Western Sydney

Dr Nina J Berry, Associate Research Fellow, Centre for Health Initiatives, University of Wollongong

1) General points concerning reporting to the CRC

Australia is being reviewed by the CRC Committee for the 4th time. At the last review in September 2005 (session 40), IBFAN did not present an alternative report.

In its last Concluding Observations, the CRC Committee noted *“the State party’s efforts with regard to the prevention of overweight and obesity, the promotion of breastfeeding, and the prevention and control of injury. However, the Committee remains concerned at malnutrition and undernutrition of indigenous children compared with overnutrition, overweight and obesity at the national level.”*

It went on to recommend *“that the State party undertake all necessary measures to ensure that all children enjoy the same access to and quality of health services, with special attention to children belonging to vulnerable groups, especially indigenous children and children living in remote areas. In addition, the Committee recommends that the State party take adequate measures, within a set time period, to overcome the disparity in the nutritional status between indigenous and non-indigenous children.”*¹

2) General situation concerning breastfeeding

Breastfeeding data

Data on infant feeding is collected in a piecemeal fashion. There has not been a national survey of infant feeding practices since 2001. The 2001 National Health Survey (NHS) infant feeding data is severely limited by ambiguous definitions and a retrospective design.

Breastfeeding Initiation and Duration: While breastfeeding initiation appears to be approaching universality in Australia, only 50% of mothers who begin breastfeeding continue even to 6 months. Only one quarter of mothers continue breastfeeding for 12 months or more and the proportion that continues to 2 years is negligible².

Exclusive breastfeeding: The 2001 NHS reported 54% of all children under 3 years old at the time of the survey had been ‘fully breastfed’ at 3 months of age and none had been fully breastfed at 6 months of age³. For the purposes of this study, ‘fully breastfed’ was defined as infants who are breastfed but may have been given other liquids and medications but not solid foods, non-human milks (including infant formula) or food-based fluids regularly. As an infant was not considered to have ceased ‘full breastfeeding’ until s/he was consuming non-human milks regularly, and ‘regularly’ was not defined, this statistic is difficult to interpret. None-the-less there was an approximately 60% increase in the

¹ <http://www2.ohchr.org/english/bodies/crc/crcs40.htm>

² <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4810.0.55.001>

³ <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4810.0.55.001>

proportion of infants under 3 months of age who had regularly been fed infant formula between 1995 and 2001⁴.

State-Based surveys

Since health service delivery is the purview of State Governments, there have been several state-based surveys of infant feeding practices. However these are far from comprehensive and plagued by many of the same limitations observed in the NHS data.

NSW Health reported that 17.5% of children aged 0-4 years old in 2005/6 had been 'exclusively breastfed' at six months of age⁵. However, as noted earlier, the instrument used by NSW Health to collect this data was not actually able to detect exclusive breastfeeding as defined by the WHO⁶.

Infant and Child Nutrition in Queensland collected current status data on infant feeding practices using the WHO definition of exclusive breastfeeding⁷. Only 3.1% of infants 5 to less than 6 months old whose mothers responded to this survey were exclusively breastfed in the previous 24 hours. The pattern of current status data reported for this study suggests that exclusive breastfeeding is unusual for all but the youngest babies. Only 72.7% of infants less than a month old were exclusively breastfed in the 24 hours prior to the survey. Amongst infants 1 to less than 2 months old, 48.5% were exclusively breastfed and in the 4 to less than 5 months old group 14.3% were exclusively breastfed in the past 24 hours.

Only the Perth Infant Feeding Study II collected longitudinal data using WHO definitions of breastfeeding intensity. This study found that only 1% of Perth infants was exclusively breastfed to 6 months⁸. More recent research suggests that this pattern is stable⁹. **This suggests that exclusive breastfeeding to 6 months is extremely rare in Australia.**

Data on mean duration of breastfeeding in Australia is not available at this time.

Table 1. Exclusive breastfeeding data

⁴ <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4810.0.55.001>

⁵ Centre for Epidemiology and Research. (2008). "The health of the people of New South Wales - Report of the Chief Health Officer ", www.health.nsw.gov.au/publichealth/chorep/

⁶ While it defined 'exclusive breastfeeding' as feeding with only breastmilk and no water, juice or solids with the

⁷ Gabriel, R., G. Pollard, G. Suleman, T. Coyne and H. Vidgen (2005). Infant and Child Nutrition in Queensland 2003. Queensland Health

⁸ Scott, J. A., C. W. Binns, W. H. Oddy and K. I. Graham (2006). "Predictors of breastfeeding duration: evidence from a cohort study." *Pediatrics* 117(4): e646

⁹ Hauck, Y., J. Fenwick, et al. (2011). "A Western Australian Survey of Breastfeeding Initiation, Prevalence and Early Cessation Patterns." *Maternal and Child Health Journal* 15(2): 260-268.

State based survey	Exclusive breastfeeding		Applying WHO definition
New South Wales (NSW)	Children aged 0-4 months (2005/6)	17.5 %	X
Queensland	Children aged 0-1 month	72.7 %	✓
	Children aged 1-2 months	48.5 %	
	Children aged 4-5 months	14.3 %	
	Children aged 05-6 months	3.1%	
Western Australia	Children aged 0-6 months	1%	✓
National	Children at 3 months of age	54 %	X
	Children at 6 months of age	0 %	

Despite the limitations associated with infant feeding data collection in Australia some conclusions can be drawn from existing studies.

- 1) Breastfeeding initiation rates are high.
- 2) Breastfeeding continuation rates are poor with half of infants no longer breastfed at 6 months of age, three quarters no longer breastfeeding at 1 year of age and 99% no longer breastfed at 2 years of age. There is a large and increasing gap in breastfeeding continuation between the most affluent and the most disadvantaged populations¹⁰.
- 3) Exclusive breastfeeding rates are very low with exclusivity most commonly terminated by the use of infant formula. Virtually all infants under 6 months of age are exposed to infant formula.

3) Government efforts to encourage breastfeeding

National measures

The Federal House of Representatives Standing Committee on Health and Aging conducted an inquiry into breastfeeding in 2006¹¹. In response, the Australian Government has developed a National Breastfeeding Strategy.

This has resulted in a small amount of funding, given to the Australian Breastfeeding Association, to provide a National Breastfeeding Helpline. Further funding has been provided to enable the Australian

¹⁰ Amir, L. and S. M. Donath (2008). "Socioeconomic status and rates of breastfeeding in Australia: evidence from three recent national health surveys." *Medical Journal of Australia* **189**(5): 254-256

¹¹ House of Representatives Standing Committee on Health and Aging (2007). [The Best Start: report in the inquiry into the health benefits of breastfeeding](#)

Breastfeeding Association to provide education and training to health professionals and to the breastfeeding counsellors who staff the National Breastfeeding Helpline.

However, there is concern amongst NGOs that the peak body representing the infant formula manufacturers and importers, the Infant Nutrition Council (INC), has been included amongst the stakeholders for consultation regarding the implementation of the Strategy. Further, there is concern that the Strategy is under-funded and fails to take a comprehensive approach to the protection, promotion and support of recommended infant and young child feeding practices.

4) The International Code of Marketing of Breastmilk Substitutes

The *International Code of Marketing of Breastmilk Substitutes* is not effectively enforced in Australia. A voluntary agreement between the industry peak body (INC) and the Australian Government (MAIF) restricts the advertising of infant formula (including follow-on formula but not including toddler formula or growing-up milk) to the general public by manufacturers and importers in theory. It does not apply to the activities of retailers and it does not restrict the advertising of feeding bottles and teats or complementary foods that are marketed as suitable for infants less than 6 months old.

Violations of the Code

There have been few confirmed violations of this Agreement in the last decade. However, this is due to increasingly narrow and questionable interpretation of the scope of the Agreement, rather than reflecting effective enforcement.

- 'Advertising' is narrowly defined in the Agreement and this allows companies to advertise infant formula as a category (in the guise of providing parents with information) so long as no proprietary infant or follow-on formula product is advertised.
- The MAIF agreement prohibits companies directly advertising infant formula in forums such as magazines, newspapers and on television and radio. However, formula products for children over the age of 1 year can be advertised and toddler formula advertising is extremely common. It had been thought that the advertising of toddler formula could be acting as a form of advertising for infant formula. This was confirmed by recent Australian research¹².
- Although the International Code and the MAIF Agreement prohibit the distribution of samples of infant formula, except to health professionals for the purposes of evaluation or research at the institutional level, companies continue to provide large quantities of samples to health professionals such as doctors and Maternal Child Health Nurses for distribution to mothers. This practice has been sanctioned by the Advisory Panel on the MAIF Agreement (APMAIF), responsible for responding to reported violations of the Agreement.

¹² Berry, N. J., S. Jones, et al. (2010). "It's All Formula to Me: Women's Understandings of Toddler Milk Ads." *Breastfeeding Review* **18**(1): 21-30; Berry, N. (2010). Got Milk? The influence of toddler formula advertising on attitudes and beliefs about infant feeding. *Centre for Health Initiatives*. Wollongong, University of Wollongong; Berry, N. J., S. C. Jones, et al. (2011). "Circumventing the WHO Code? An observational study." *Archives of Disease in Childhood*

- The MAIF Agreement requires its parties to provide product information to health professionals. In practice, this results in aggressive marketing of infant formula products to health care professionals including via free events such as dinners.
- The MAIF agreement prohibits the distribution of educational materials except through the health system and with the approval of health authorities however, in practice educational materials are distributed via retail outlets as well as via the health system without approval. This has also been sanctioned by APMAIF.
- The MAIF agreement prohibits companies from contacting mothers however, many manufacturers have developed “mothers clubs” in which competitions are used to encourage membership, contact details are obtained from mothers to enable these companies to send information to mothers. Several manufacturers operate telephone helplines which they advertise as existing to providing health and nutritional advice to mothers. Neither of these marketing activities has been found to be in breach of the MAIF agreement.

Monitoring of the Agreement is entirely passive, relying solely on reports of violations from the general public or the parties to the Agreement. No sanctions are applied when parties are found to have violated the Agreement. Furthermore, the Secretariat responsible for monitoring the Agreement is partially funded by industry and the peak body is represented on APMAIF.

The House of Representatives Standing Committee inquiry into breastfeeding examined the effectiveness of the regulation of the marketing of infant formula in Australia. The report reflects the ineffectiveness of the currently voluntary regulatory arrangement.

The report states: *“Significant evidence was provided to the committee that demonstrated infant formula manufacturers in Australia advertise their products in a manner which would clearly breach the WHO Code. Although the WHO Code is not currently implemented in Australia the committee considers the Commonwealth Government should be doing more to protect breastfeeding and the limited scope of the MAIF Agreement falls short of providing an appropriate level of protection.*

As an example, the committee is quite concerned by the practice of manufacturers using health professionals as surrogate marketers of their products via distribution of free infant formula sample packs to new mothers. The committee considers that the implicit endorsement of a product given when a health professional provides a free sample to a person should not be underestimated. The committee received consistent evidence that samples of infant formula are being made available to mothers through health professionals such as early childhood nurses, doctors and hospitals.

The marketing practices of retailers such as pharmacies and supermarkets are also worrying. As mentioned earlier, from the 180 complaints received by the APMAIF between 2002 and 2004, 138 concerned retail activity which is outside the scope of the MAIF Agreement. These marketing practices are likely to be in breach of the WHO Code if it was implemented. The marketing of bottles and teats is also of concern.

The committee also received a wide range of evidence of the ineffectiveness of the MAIF Agreement, although it must be noted that many of the issues described in evidence are beyond the scope of the

*MAIF Agreement. There were a total of 170 complaints about possible breaches of the MAIF Agreement made to the APMAIF in 2002, which resulted in only one breach. The following year 60 complaints were made, again resulting in one breach. The Justice and International Mission Unit of the Uniting Church in Australia was informed that both complaints were submitted by a competing company in the infant formula industry who is also a member of the APMAIF.*¹³

The report recommended that Australia **adopt the International Code of Marketing of Breastmilk Substitutes in full**. This has not occurred.

It seems that infant formula manufacturers are successfully advertising infant formula in Australia using a variety of means in ways that breach the International Code of Marketing of Breastmilk substitutes. The MAIF agreement allows both infant formula manufacturers and the Australian government to state that they are meeting their obligations under the International Code. This is clearly not the case.

Monitoring of these laws

There is no coordination programme specifically focussed on the promotion of appropriate infant and young child feeding practices or the prevention of unethical marketing of breastmilk substitutes.

There is no IBFAN group in Australia. The Australian Breastfeeding Association does not have capacity to effectively monitor Code violations.

5) Family law and child protection

The 2006 House of Representatives Inquiry into breastfeeding identified that **Family Law** is an area where the rights of children in relation to breastfeeding are not being supported.

The Report stated, *“Since the changes to the Family Law Act 2006, the National Council of Single Mothers and their Children Inc. (NCSMC) reported to the committee situations where a mother has been directed by a judge to wean so that shared custody arrangements can take place after a family separation. [...] An increasingly common outcome in children’s proceedings involving breastfed infants is the allocation of babies to a shared care arrangement between parents, which is likely to be incompatible with successful breastfeeding.”* The Report recommended that, *“the Attorney General investigate whether breastfeeding is given suitable consideration in the implementation of shared custody arrangements and also provide advice to the Family Law Court and Family Relationships Centres on the importance of breastfeeding.”*¹⁴ This does not appear to have occurred.

Child protection is also an area where the rights of children in relation to breastfeeding are not adequately considered. Breastfeeding infants for whom child protection concerns exist are commonly

¹³ House of Representatives Standing Committee on Health and Aging (2007). [The Best Start: report in the inquiry into the health benefits of breastfeeding](#)

¹⁴ House of Representatives Standing Committee on Health and Aging (2007). *The Best Start: report in the inquiry into the health benefits of breastfeeding*

removed from maternal care without any account taken of the desirability to support breastfeeding continuance until such time as a final determination is made about whether the child should be returned to maternal care or remain separated from her. Thus, when an infant is removed from his or her mother's care it is rare for the mother to be provided with information on how to express milk for her infant or resources, such as a breast pump, that might assist her to express breastmilk. Furthermore it is also rare for arrangements to be made for breastmilk to be transported to infants in foster care. Frequent access to enable direct breastfeeding to continue is also often not provided for by child protection authorities and foster carers do not receive training on caring for breastfed infants. Breastfeeding itself can become an issue of concern in child protection cases if it is thought that the child is too old to breastfeed or is breastfeeding exclusively (even under 6 months of age).

The United Kingdom has had a court ruling on the issue of child protection and breastfeeding in relation to human rights which states *"if the state, in the guise of a local authority, seeks to intervene so drastically in a family's life – and at a time when, ex hypothesi, its case against the parents has not yet even been established – then the very least the state can do is to make generous arrangements for contact. And those arrangements must be driven by the needs of the family, not stunted by lack of resources. Typically, if this is what the parents want, one will be looking to contact most days of the week and for lengthy periods. And local authorities must be sensitive to the wishes of a mother who wants to breast-feed and must make suitable arrangements to enable her to do so – and when I say breast-feed I mean just that, I do not mean merely bottle-feeding expressed breast milk. Nothing less will meet the imperative demands of the Convention. Contact two or three times a week for a couple of hours a time is simply not enough if parents reasonably want more."*¹⁵ Australia has not had this issue considered in the courts and does not have legislation or policy in place in each state to support children's rights in relation to breastfeeding in child protection cases.

Research conducted in Australia found that women who did not breastfeed or breastfed for a short duration were 4.8 times more likely to abuse or neglect their children than women who breastfed their children for a longer duration¹⁶. This prospective study of nearly 6000 Australian women and their children examined substantiated cases of child maltreatment over 15 years. Even after adjustment for confounding factors, it was found that children who were not breastfed or breastfed for less than four months, were 2.6 times more likely to be neglected by their mothers than children breastfed for four months or more. This underlines the importance of supporting breastfeeding in at-risk dyads, including those who come to the attention of child protection authorities.

6) Baby Friendly Hospital Initiative (BFHI)

¹⁵ 2 FLR171, <http://www.bailii.org/ew/cases/EWHC/Admin/2003/850.html>

¹⁶ Strathearn L, Mamun AA, Najman JM, O'Callaghan MJ, Strathearn L, Mamun AA, Najman JM, O'Callaghan MJ: Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study. *Pediatrics* 2009, 123:483-493

There are 84 BFHI accredited hospitals in Australia which represents about one quarter of facilities with maternity units¹⁷. Government support is provided for BFHI accreditation in some jurisdictions (for example NSW government policy is that all hospitals with maternity units be accredited as BFH), however, funding to support BFHI accreditation in individual hospitals is limited or non-existent and hospital staff indicate that this is a barrier to implementation¹⁸.

The absence of widespread human milk banks in Australia (there are only three), the high level of intervention in births and complications associated with older maternal age and obesity (such as gestational diabetes) as well as poor practice in hospitals means that a large proportion of infants are exposed to infant formula in hospital. Thus, a recent study of births in Western Australia found that about 30% of infants were given infant formula in hospital¹⁹. This is despite short hospital stays of 24-48 hours being common.

7) Maternity protection for working women

According to the Paid Parental Leave Act 2010, a person is eligible for Parental Leave Pay if they:

- are the primary carer of a child born or adopted from 1 January 2011, usually the mother
- are an Australian resident
- have met the Paid Parental Leave work test before the birth or adoption occurs
- have received an individual adjusted taxable income of \$150 000 or less in the financial year prior to the date of birth, adoption or date of claim, whichever is earlier, and
- are on leave or not working from the time they become the child's primary carer until the end of their Paid Parental Leave period.

Full-time, part-time, casual, seasonal, contract and self-employed workers may be eligible for the scheme. There is no provision for primary carers who do not lodge tax returns (those working informally).

The scheme is entirely funded by the Australian Government and provides an amount equivalent to the statutory minimum wage for a period of 18 weeks²⁰.

8) Infant and young child feeding in emergencies²¹

¹⁷ http://www.bfhi.org.au/text/bfhi_hospitals.html

¹⁸ Taylor, C., K. Gribble, et al. (2011). "Staff Perceptions and Experiences of Implementing the Baby Friendly Initiative in Neonatal Intensive Care Units in Australia." *Journal of Obstetric, Gynecologic, & Neonatal Nursing* **40**(1): 25-34

¹⁹ Hauck, Y., J. Fenwick, et al. (2011). "A Western Australian Survey of Breastfeeding Initiation, Prevalence and Early Cessation Patterns." *Maternal and Child Health Journal* **15**(2): 260-268.

²⁰ <http://www.familyassist.gov.au/payments/family-assistance-payments/paid-parental-leave-scheme/working-parents---eligibility.php>

²¹ Sources: Feeding Queensland Babies Study, accounts of health and emergency workers involved in emergencies and families affected by emergencies

In recent years Australia has been subject to natural emergencies including bushfires, floods and cyclones that have affected large numbers of people including families with infants and young children. Australia does not have national or state-based policies or training for emergency workers in infant and young child feeding in emergencies, nor emergency plans specific to infants and young children. Given the large numbers of formula fed infants in Australia there is a need for emergency plans to take into account the vulnerability of these infants to ensure that aid is appropriately targeted to meet their needs. In recent emergencies, many families were surprised by the unavailability of resources necessary to feed their infants. Evacuation centres frequently did not have appropriate resources for feeding babies; including not enough infant formula, not enough feeding implements (bottles or feeding cups) and a lack of resources for cleaning feeding implements (in one evacuation centre during the 2011 Brisbane floods, parents were advised to use small rocks to scarify and clean the inside of bottles).

Aid to infants was not coordinated and occurred in an ad hoc manner with individuals and organizations seeking to assist the caregivers of infants without the knowledge of what assistance was required and where it was required. In some cases infant formula was distributed without the other resources necessary to formula feed (for example, water for reconstitution and cleaning, fuel and stove for heating water, etc.) and infant formula was also distributed to the mothers of breastfed infants.

Australia is well resourced with expertise in infant feeding including many International Board Certified Lactation Consultants and trained breastfeeding counselors. However, these groups were not utilized in any systematic way in the emergency response.

Emergency preparedness for the caregivers of infants has not been addressed by government.

Infant formula manufacturers used recent emergencies as an opportunity to market their infant formula to those communities affected by the emergency via the health system (see in Annex, the letter which was distributed to doctors in emergency affected areas after the 2009 Black Saturday bushfires, the 2011 Queensland floods and Cyclone Yasi).

9) Recommendations

1. Conduct effective, systematic monitoring of infant and young child feeding practices in Australia and report these statistics to the Australian population and international community.
2. Enact legislation to give effect to the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions.
3. Enact legislation to provide working breastfeeding mothers with paid lactation breaks.
4. Prioritise promotion, protection and support of breastfeeding by adequately funding the National Breastfeeding Strategy.
5. Discontinue the practice of including industry representatives as stakeholders in the implementation of the National Breastfeeding Strategy.
6. Implement all of the recommendations contained in the Best Start Report of the Parliamentary Inquiry into breastfeeding (addendum²²).
7. Integrate provision for Infant and Young Child Feeding in Emergencies into disaster management planning (in accordance with the Operational Guidance and the SPHERE) and provide training to first responders.
8. Include provisions for the protection of breastfeeding in family law and child protection practices.

List of annexes:

- 1) Examples of Code violations
- 2) Letter by IFMAA to doctors in emergency affected areas
- 3) “Best Start Report” – Parliamentary inquiry into breastfeeding (only in the electronic version)

²² Included in the electronic version of this report.