Breastfeeding and breast milk

Vital for our species

Breast milk contains all the nutrients, antibodies, hormones, immune factors, and antioxidants that an infant needs to thrive during the first six months of life.

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Breast milk continues to provide the basis for normal growth, development and immunological protection and is recommended for at least two years and beyond. The long-term health and psychological benefits of being breastfed for this minimum recommendation should be considered as the norm. The risks associated with not breastfeeding are well-known to both health professionals and the public to enable real, informed choices.

The lack of understanding of the risks of artificial feeding combined with the lack of skilled support and inappropriate marketing of breast milk substitutes, contribute to women in Australia weaning prematurely when they have made the choice to breastfeed.

The Baby Friendly Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding are the global standard by which health services are assessed and accredited. A Baby Friendly health service is one where mothers’ informed choice to breastfeed is supported, respected and encouraged. BFHI was developed jointly by the World Health Organisation (WHO) and UNICEF. It was launched in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breast Milk Substitutes.

Currently, its principles are being extended to cover the work of community health care services in the Seven Point Plan for the Promotion, Protection and Support of Breastfeeding in Community Healthcare Settings. Following on from the community health steps will be the steps for paediatric units. In Australia, it is now called the Baby Friendly Health Initiative (BFHI) to acknowledge this expansion.

The BFHI is an international project that aims to give every baby the best start in life by creating a health care environment where:

- Breastfeeding is the norm;
- Practices known to promote the health and wellbeing of all babies and their mothers are followed; and
- Those who are unable to breastfeed or who choose not to are provided with individual support for safe infant feeding.

Being born in a hospital which holds the award increases the chance of being breastfed.

‘Breastfeeding is both a vital and integral part of short and long-term health outcomes.’

Health benefits of breastfeeding

There is a plethora of evidence supporting the major short and long-term health risks of a child not being breastfed. WHO recommends exclusive breastfeeding for six months and continued feeding with appropriate family foods until beyond the second year of life. The benefits continue into adulthood.

Risks for the child

Necrotising enterocolitis (NEC)

Babies who are fed artificial baby milks (infant formula) are at 500-1000 per cent increased risk of developing NEC and babies fed a mixture of breast milk and artificial baby milk are at a 200 per cent increased risk of developing NEC\(^1\). It is thought that components of human milk assist in the maintenance of intestinal health in premature babies and prevent the development of NEC\(^1\). A recent retrospective study suggested a reduction in death from NEC after the first two weeks may be dose-related to the amount of human milk given.\(^2\)
Breastfeeding improves bone mineralisation leading to decreased risk of post-menopausal hip fracture. Lactation consultants who operate privately in the community can provide immediate skilled support for breastfeeding mothers. A medicare rebate for this service would mean this was accessible to all mothers and would strengthen the effectiveness of those services already in place which do not have the resources to get to all the mothers in need quickly enough. There is a professional standard for International Board Certified Lactation Consultants (IBCLC). They must have extensive experience working with breastfeeding mothers and babies to be eligible to sit the six hour international exam. Once they have completed their training, they are required to maintain their certification every three years by completing 30 hours of continuing education. IBCLC's are knowledgeable about infant nutrition, physiology, normal growth and development, and breastfeeding issues. They are also trained in medical conditions including postpartum depression. IBCLC's can help you make informed decisions about breastfeeding and help you navigate the challenges that breastfeeding can present. IBCLC's也是可以为母乳喂养的父母提供即时的技能支持。澳大利亚的医疗保险制度为这种服务提供了资金支持，这将使所有母亲能够访问这些服务，并增强这些服务的效能，因为这些服务已经存在，但没有资源来接触到所有需要的婴儿。国际注册哺乳顾问（IBCLC）必须通过完成30小时的继续教育，每年保持其认证。IBCLC的培训内容包括婴儿营养、生理、正常发育和母乳喂养问题。他们还训练医学状况，包括产后抑郁症。IBCLC可以帮助您做出关于母乳喂养的知情决定，并帮助您克服母乳喂养可能面临的挑战。
The breast

have gained the IBCLC qualification, they must show evidence of continuing education and research (CERPS) to maintain this qualification. Every ten years they must re-sit the international exam. These consultants are specialists in the management of breastfeeding and lactation issues and are very valuable members of the healthcare team.

Growth charts and standards

The growth charts in circulation do not represent the normal growth patterns of exclusively breastfed infants. This fact, combined with the use of weight alone as an indicator of wellbeing means that many babies who are thriving on breastmilk are weaned so they can attain an unhealthy rate of growth. The Multicentre Growth and Reference Study was commissioned by the WHO from 1997 to 2003 in six carefully selected countries across the world. It is a planned international standard showing how children should grow. Australia needs national adoption of WHO growth standards as the only valid assessment tool of infant growth and development.28

Human milk banking

WHO and UNICEF support the use of donor breast milk as the best alternative when mother’s own milk is not available. Many countries use donor human milk but Australia is one of only a few nations that do not have a donor human milk service.

Milk banks collect breast milk from healthy screened mothers who have a plentiful supply and give donor breast milk to babies when mother’s own milk is not available. All milk is tested and heat treated prior to use. The donor milk is also fed to sick babies whose mothers cannot provide sufficient breast milk of their own.29

In 1999 and 2000, Brazil had a network of some 150 human milk banks that delivered 215,000 litres of human milk to 300,000 preterm and low birth weight infants. By 2006, Brazil’s national network of milk banks had expanded to approximately 300. Pasteurised donor milk is used around the world for infants with mother’s own milk is not available. Many countries use donor human milk but Australia is one of only a few nations that do not have a donor human milk service. Milk banks collect breast milk from healthy screened mothers who have a plentiful supply and give donor breast milk to babies when mother’s own milk is not available. All milk is tested and heat treated prior to use. The donor milk is also fed to sick babies whose mothers cannot provide sufficient breast milk of their own.29

Conclusion

Breastfeeding is both a vital and integral part of short and long-term health outcomes. Improvements in breastfeeding rates are essential to the long term health of Australians. The BFHI is a strategy underpinned by evidence and designed to help improve breastfeeding support and the provision of care for all mothers and babies. Most importantly, it creates an environment that supports breastfeeding as the norm which then gives all babies the best start in life.

References

29. UKAMB (United Kingdom Association of Milk Banking) www.ukamb.org/about.htm