

Breastfeeding

Policy endorsed by the 49th RACGP Council 7 September 2007

The Royal Australian College
of General Practitioners'
(RACGP) position statement
on breastfeeding.

This position statement replaces the previous RACGP
breastfeeding position statement endorsed by the
43rd RACGP Council, 10 December 2000.



Aim

The aim of this position statement is to:

- protect, promote and support breastfeeding in Australia in ways that optimise maternal and child health
- assist general practitioners to provide information and support for breastfeeding women, their babies and their families
- raise awareness among GPs of the important role they can play in supporting breastfeeding women.

Principles

This statement is based on the following principles:

- breastfeeding should be promoted as the most appropriate method for feeding infants and one that offers protection against infection and some chronic diseases. General practitioners should encourage and support exclusive breastfeeding in the first 6 months, then the introduction of complementary foods and continued breastfeeding thereafter. It is recommended that breastfeeding continue until 12 months of age and thereafter as long as mutually desired.^{1,2}
- mothers have the right to breastfeed wherever and whenever their baby requires
- breastfeeding mothers in the paid work force should be supported to continue breastfeeding.

Background

Breastfeeding provides infants with optimal nutrition; human milk is specific for human babies. Research studies have demonstrated that infants that are not fed on human milk may be more likely to experience gastrointestinal and respiratory infections,^{3,4} asthma,⁵ otitis media,⁶ urinary tract infections,⁷ necrotising enterocolitis,⁸ insulin-dependent diabetes,⁹ inflammatory bowel disease,¹⁰ lymphoma¹¹ and atopy.¹² Continued research is required to determine the full health benefits of human milk for infants.

Breastfeeding is also beneficial for women's health. Breastfeeding women have less postpartum bleeding,¹³ delayed resumption of ovulation,¹⁴ improved bone remineralisation postpartum¹⁵ and less ovarian and premenopausal breast cancer.^{16,17}

Breastfeeding may facilitate mother-infant bonding, saves the family money and protects the environment.

The majority of Australian women (80–90%) commence breastfeeding, however by three months just under a third have introduced other foods or stopped breastfeeding.² There is also evidence that women in higher socioeconomic groups are more likely to breastfeed.²

Recommendations

The RACGP recommends that GPs:

- support and encourage breastfeeding in the community
- promote breastfeeding as the optimal infant feeding method to pregnant women and their partners
- maximise maternal physical and emotional wellbeing to assist new mothers in the early postpartum weeks during establishment of breastfeeding
- inform mothers of mother-to-mother support groups, such as the Australian Breastfeeding Association (ABA)
- maintain skills in the diagnosis and management of common breastfeeding problems. When specialised help is needed, doctors should refer to experienced health workers, such as International Board Certified Lactation Consultants (IBCLCs), ABA breastfeeding counsellors or other qualified workers. The National Health and Medical Research Council *Dietary guidelines for children and adolescents in Australia* incorporating the *Infant feeding guidelines for health workers*² provide information on the management of breastfeeding problems
- prescribe medication that is compatible with breastfeeding. If in doubt, consult a reference centre knowledgeable about drugs in lactation
- encourage exclusive breastfeeding for the first 6 months and then gradual introduction of suitable foods. Breastfeeding should continue until the child is 12 months of age, and then as long as the mother and child wish to continue, and weaning should be gradual
- support and advise women who, for a variety of reasons, are unable to breastfeed their babies
- acknowledge that even partial breastfeeding is of great value.

Position of the college

The RACGP supports the NHMRC *Dietary guidelines for children and adolescents in Australia* incorporating the *Infant feeding guidelines for health workers*.² General practitioners should have the knowledge and skills to help mothers and babies with common breastfeeding difficulties.

The World Health Organization (WHO) 'International code of marketing of breast milk substitutes' ('the code', *Appendix 1*) seeks to ensure that infant formula is not marketed or distributed in ways that interfere with breastfeeding. The RACGP supports the WHO code and will not accept practices that undermine the code. General practitioners should only accept information from the infant formula industry if it is scientific and factual. General practitioners should carefully consider any display of artificial feeding materials in their waiting rooms.

The RACGP supports the Baby Friendly Hospital Initiative (BFHI) in Australia. This is a global UNICEF/WHO initiative based on the 'Ten steps to successful breastfeeding' (*Appendix 2*). The BFHI improves breastfeeding practices in maternity hospitals, as the basis of protection, promotion and support of breastfeeding in the community.² Mothers of newborn babies should receive adequate assistance to establish and maintain breastfeeding, whether in hospital or at home.

The RACGP supports breastfeeding as a normal part of life, and will continue to facilitate education in normal lactation and common breastfeeding difficulties for general practice registrars and practising GPs.

The RACGP supports breastfeeding women GPs and registrars in medical settings.

Appendix 1

International code of marketing of breast-milk substitutes (World Health Organization code)¹⁸

The aim of this code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The code includes these 10 important provisions:

1. No advertising of these products to the public
2. No free samples to mothers
3. No promotion of products in health care facilities, including no free or low cost formula
4. No company representatives to contact mothers
5. No gifts or personal samples to health workers. Health workers should never pass products on to mothers
6. No words or pictures idealising artificial feeding, including pictures of infants, on the labels of the products
7. Information to health workers should be scientific and factual
8. All information on artificial infant feeding should explain the benefits and superiority of breastfeeding, and the costs and hazards associated with artificial feeding
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
10. Manufacturers and distributors should comply with the code's provisions even if countries have not acted to implement the code.

Appendix 2

Ten steps to successful breastfeeding¹⁹

Every facility* providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within a half-hour of birth
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
6. Give newborn infants no food or drink other than breast milk, unless medically indicated
7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats or pacifiers to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

* The term 'facility' refers to maternity facilities, not general practices

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