

2010 Implementation Plan for the Australian National Breastfeeding Strategy 2010-2015

The *Australian National Breastfeeding Strategy 2010-15* (the Strategy) was endorsed by the Australian Health Ministers' Conference (AHMC) on 13 November 2009.

The Strategy recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding. It provides a framework for priorities and action for Australian governments at all levels working in partnership with the community to protect, promote, support and monitor breastfeeding throughout Australia.

A large body of Australian and international evidence shows that breastfeeding provides significant value to infants, mothers and society. For example, breastfed babies are less likely to suffer from a range of serious illnesses and conditions such as gastroenteritis, respiratory illness and otitis media. Breastfeeding promotes faster maternal recovery from childbirth and women who have breastfed have reduced risks of breast and ovarian cancers in later life. Evidence also suggests that the protective effects of breastfeeding in infancy may extend to later life, with reduced risks of obesity and chronic disease.

Australia's dietary guidelines recommend exclusive breastfeeding for infants until six months of age, with the introduction of solid foods at around six months and continued breastfeeding until the age of 12 months – and beyond if both mother and infant wish.

The Longitudinal Study of Australian Children (LSAC), funded by the Australian Government, provides the most recent and extensive national data on breastfeeding in Australia. Amongst the infant cohort in 2004, from a 92 per cent breastfeeding initiation rate, there was a sharp decline in both full and any breastfeeding with each month post birth. By one week old only 80 per cent of infants were fully breastfed with a steady decline each month. Only 56 per cent of infants were fully breastfed at three months and 14 per cent at six months. The rate of any breastfeeding at six months was 56 per cent.

Strategy objective

The overarching objective of the *Australian National Breastfeeding Strategy 2010-15* is:

“to increase the percentage of babies who are fully breastfed from birth to six months of age, with continued breastfeeding and complementary foods to twelve months and beyond”.

The Strategy sets out a number of strategic goals across each stage of the breastfeeding continuum to achieve this overarching objective. The strategic goals are outlined at [Attachment 1](#).

Strategy implementation

A substantial body of work is required to implement the Strategy in full.

The implementation of the Strategy will be progressed by governments both independently and nationally under the Australian Health Ministers' Advisory Council (AHMAC), and with ongoing leadership from the Australian Government through the Department of Health and Ageing. The department will report to the Australian Health Ministers' Conference (AHMC) via AHMAC and its Australian Population Health Development Principal Committee (APHDPC).

A Jurisdictional Senior Officials Group will be established and Chaired by the Australian Government Department of Health and Ageing at Assistant Secretary level. This group will progress implementation of the Strategy and facilitate collaboration and sharing of

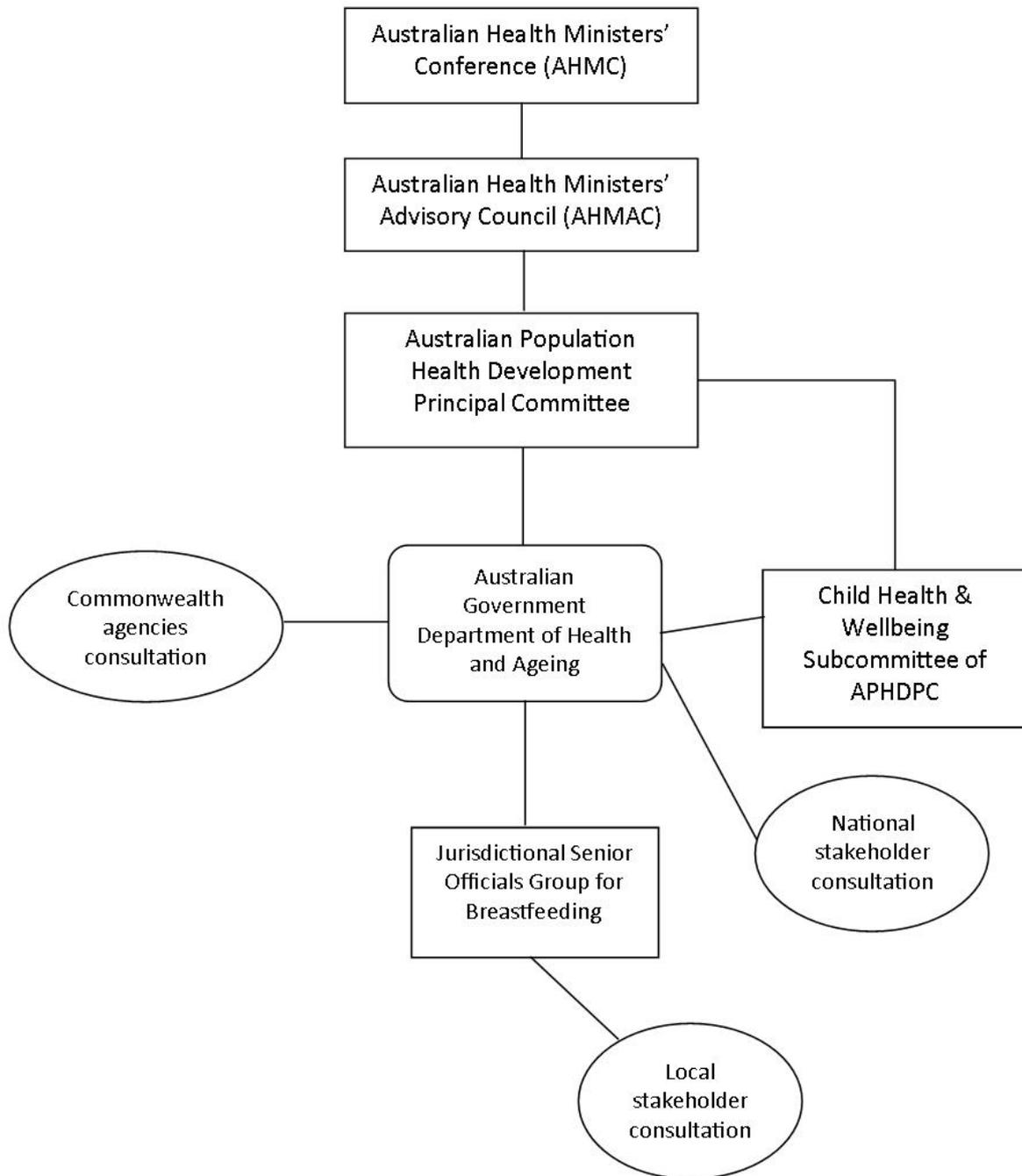
information and expertise and promote national consistency across key issues. The department will also engage with AHMAC subcommittees, particularly the Child Health and Wellbeing Subcommittee and Maternity Services Inter-Jurisdictional Committee as necessary on particular issues.

Commonwealth cross portfolio engagement will be sought on regulatory issues such as Australia's response to the WHO Code and milk banks. Separate engagement with non-government stakeholders, including the Australian Breastfeeding Association and Australian Lactation Consultants Association, will also be undertaken at a national level through the Department of Health and Ageing. State and territory governments will remain responsible for consultation at a local level.

Implementation will also need to be responsive to developments from the various elements of health reform underway, including the Maternity Services Plan, Preventative Health Strategy, Health and Hospital Reform, Primary Health Care Strategy, Women's health policy, early childhood agenda, National Partnership Agreement on Preventive Health- Healthy Children Initiatives and Indigenous Early Childhood Development National Partnership.

These governance arrangements are presented diagrammatically overleaf.

Governance Structure for Implementation of the National Breastfeeding Strategy



Action areas

A staged approach to implementation of the *Australian National Breastfeeding Strategy 2010-2015* will be undertaken, with activities in the first 12 months to be progressed under the following ten action areas:

1. Monitoring and surveillance
2. Health professionals education and training
3. Dietary guidelines and growth charts
4. Breastfeeding friendly environments
5. Baby Friendly Hospital/Health Initiative (BFHI)
6. Australia's response to the WHO Code
7. Milk banks
8. Breastfeeding support for priority groups
9. Continuity of care, referral pathways and support networks
10. Education and awareness, including antenatal education

Each action area is described in the following section according to its immediate priorities. Implementation activities beyond the first 12 months will be informed by progress and outcomes achieved against these priority areas, and agreed through AHMC.

Each action area involves collaboration between the Commonwealth and states and territories, to varying degrees. The jurisdictional stocktake completed during the development of the Strategy revealed a wide range of breastfeeding activities currently in train at the state/territory level, albeit in the absence of a coordinated national approach. Opportunities to build greater consistency across jurisdictional activities will be explored during implementation of the Strategy.

ACTION AREA 1: MONITORING AND SURVEILLANCE

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>1.1 Undertake a National Infant Feeding Survey</p>	<p>The National Infant Feeding Survey will collect national baseline data on infant feeding practices, including the prevalence of breastfeeding initiation and duration in Australia. A random sample of mothers of children aged birth to two years from all jurisdictions will be invited to participate in the Survey.</p> <p>The outcomes of the Survey will inform implementation in later years of the <i>Australian National Breastfeeding Strategy 2010-15</i> and provide baseline data for Strategy evaluation.</p>	<p>The Commonwealth will coordinate and fund the implementation of the National Infant Feeding Survey.</p>	<p>This activity delivers on the Australian Government's commitment to conduct a national infant feeding survey, outlined in its response to <i>The Best Start: Report on the inquiry into the health benefits of breastfeeding</i>.</p> <p>Related Strategy Objectives: all</p> <p>Related Strategy Goals: all</p>
<p>1.2 Establish a national system to monitor breastfeeding in Australia</p>	<p>This initiative will support the establishment of a set of indicators and definitions to be used as the basis for a system to monitor breastfeeding trends in Australia.</p> <p>A key objective of the initiative will be to move towards greater coordination of breastfeeding data collection so that jurisdictional data can be aggregated to the national level and compared.</p>	<p>The Commonwealth will work with state and territory governments to develop the data indicators and monitoring framework.</p>	<p>This activity delivers on the Australian Government's commitment to update the recommendations of the 2001 report <i>Towards a national system for monitoring breastfeeding in Australia</i> and establish a basic set of national indicators and definitions for a national monitoring system, as outlined in the government's response to <i>The Best Start: Report on the inquiry into the health benefits of breastfeeding</i>.</p> <p>Related Strategy Objectives: all</p> <p>Related Strategy Goals: all</p>

ACTION AREA 2: HEALTH PROFESSIONALS EDUCATION AND TRAINING

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>2.1 Support the national delivery of breastfeeding education and training</p>	<p>This initiative will support the delivery of a range of education and training for health professionals and volunteer counsellors. This will include workshops targeting health professionals working with Indigenous families.</p>	<p>The Commonwealth will fund the delivery of identified national activities.</p>	<p>The Australian Government has committed \$1.8 million over four years (from 2007/08) to support training and educational opportunities for breastfeeding counsellors and health professionals.</p> <p>The jurisdictional stocktake completed during the development of the <i>Australian National Breastfeeding Strategy 2010-2015</i> found a lack of consistency in provision of breastfeeding training between jurisdictions and between categories of health practitioners. <i>The Best Start</i> Parliamentary inquiry reported anecdotal evidence of parents receiving inconsistent or unhelpful advice on breastfeeding from health professionals.</p> <p>Related Strategy Objectives: 1.1, 3.1, 3.2, 4.2, 4.3, 4.4</p> <p>Related Strategy Goals: 3.5, 3.7, 4.7</p>
<p>2.2 Promote a consistent approach to workforce training across jurisdictions</p>	<p>This initiative will promote a nationally consistent approach to the delivery of breastfeeding training to health professionals across jurisdictions, and professional disciplines, drawing on existing ‘best practice’ examples of training delivery in Australia and overseas.</p>	<p>The Commonwealth will work with state and territory governments and other stakeholders to identify and, where appropriate, develop strategies for the implementation of ‘best practice’ training delivery approaches.</p>	<p>As above</p>

ACTION AREA 3: DIETARY GUIDELINES AND GROWTH CHARTS

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>3.1 Review of the <i>Infant Feeding Guidelines for Health Workers</i></p>	<p>The <i>Infant Feeding Guidelines for Health Workers</i> include guidance on establishing and maintaining successful breastfeeding, managing breastfeeding problems and the safe use of infant formula to enable health workers to promote and support breastfeeding in a consistent way.</p> <p>A review of the Guidelines will be undertaken to ensure that the recommendations and advice provided to health workers accord with current best practice. Infant growth charts will be considered as part of the review.</p>	<p>The Commonwealth will coordinate and fund the review of the <i>Infant Feeding Guidelines for Health Workers</i>.</p>	<p>This initiative is part of a broader review of the national nutrition recommendations including the Core Food Groups, Australian Dietary Guidelines (for infants, children, adolescents, adults and older Australians) and the Australian Guide to Healthy Eating publications.</p> <p>Related Strategy Objectives: 3.1, 4.2, 4.4</p> <p>Related Strategy Goals: 3.5</p>
<p>3.2 Develop new dietary guidelines for pregnant and breastfeeding women</p>	<p>The new <i>Dietary Guidelines for Pregnant and Breastfeeding Women</i> will provide evidence based dietary guidelines to promote optimal nutrition choices during pregnancy and breastfeeding.</p>	<p>The Commonwealth will coordinate and fund the development of the dietary guidelines for pregnant and breastfeeding women.</p>	<p>As above</p>
<p>3.3 Explore the merits of adopting a single, standard infant growth chart across jurisdictions</p>	<p>Infant growth charts will be considered as part of the review of the <i>Infant Feeding Guidelines for Health Workers</i> (see 3.1 above). Based on the findings of the review, the merits of adopting a single, evidence based population level reference for use as a growth monitoring tool will be explored.</p>	<p>The Commonwealth will work with state and territory governments to explore the merits of adopting a single, standard growth chart across jurisdictions.</p>	<p>The Australian Government's response to <i>The Best Start: Report on the inquiry into the health benefits of breastfeeding</i> indicated that infant growth charts will be considered as part of the dietary guidelines review and that the government will subsequently consult with state and territory governments about the merits of adopting a single, evidence based population level reference for use as a growth monitoring tool and the need for appropriate education and explanatory materials to ensure growth charts are interpreted appropriately.</p> <p>Related Strategy Objectives: 3.1, 3.2, 4.2, 4.4</p>

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
			Related Strategy Goals: 3.5,

ACTION AREA 4: BREASTFEEDING FRIENDLY ENVIRONMENTS

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>4.1 Support mothers to care for their infant full time during the early months</p>	<p>A national paid parental leave scheme will be introduced from 1 January 2011. The scheme will provide the equivalent of 18 weeks paid leave on the minimum wage.</p>	<p>The Commonwealth will fund the paid parental leave scheme.</p>	<p>The Productivity Commission's <i>Paid Parental Leave: Support for Parents with Newborn Children Inquiry</i> was undertaken to assess the economic, productivity, and social costs and benefits of providing paid maternity, paternity and parental leave. The Productivity Commission's analysis suggested that 18 weeks of parental leave in conjunction with other complementary policies would encourage employed women to breastfeed exclusively for longer. The report outlined the health benefits to mothers and children when parental leave from work is available to support the care of young children. It included a detailed examination of the evidence for the health benefits of breastfeeding, the effectiveness of interventions to promote and support breastfeeding, and the impact on breastfeeding of returning to paid work.</p> <p>Related Strategy Objectives: 1.1, 5.1, 5.2, 5.4 Related Strategy Goals: 5.4, 5.5, 5.6</p>
<p>4.2 Encourage child care environments to support breastfeeding</p>	<p>The <i>Get Up & Grow: Healthy eating and physical activity for early childhood</i> resources provide evidence-based practical information to support healthy behaviours in children attending early childhood education and care settings (centre based care, family day care and preschools).</p> <p>The <i>Get Up & Grow</i> resources include guidance on both breastfeeding and infant formula. The guidance on breastfeeding and</p>	<p>The Commonwealth will implement this initiative in collaboration with the states and territories (i.e. COAG's <i>Investing in the Early Years – A National Early Childhood Development Strategy</i>)</p>	<p>The <i>Get Up & Grow</i> initiative sits within the Commonwealth Government's <i>Plan for Early Childhood</i> and <i>Plan for Tackling Obesity</i>.</p> <p>The Guidelines are also linked to the new National Quality Framework for Early Childhood Education and Care currently being developed by the Department of Education, Employment and Workplace Relations.</p> <p>Related Strategy Objectives: 1.1, 1.2, 1.5, 5.1, 5.3 Related Strategy Goals: 1.6, 1.7, 1.8, 1.9, 5.4, 5.6</p>

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
	<p>nutrition for young children is based on current scientific evidence and is consistent with existing national nutrition recommendations, including the National Health and Medical Research Council's <i>Dietary Guidelines for Children and Adolescents in Australia</i> incorporating the <i>Infant Feeding Guidelines for Health Workers</i>.</p>		
<p>4.3 Promote breastfeeding friendly workplace environments</p>	<p>This initiative will explore options to encourage workplaces to adopt breastfeeding friendly policies and approaches. This could include, as a first step, encouraging greater uptake of the Australian Breastfeeding Association's Breastfeeding Friendly Workplace Accreditation Program by government departments and agencies and health services across all jurisdictions.</p>	<p>The Commonwealth will work with states and territories and the Australian Breastfeeding Association to explore opportunities for further workplace accreditation.</p>	<p>Related Strategy Objectives: 1.1, 1.2, 1.3, 5.1, 5.3 Related Strategy Goals: 1.6, 1.7, 1.8, 1.9, 3.6, 5.4, 5.6</p>

ACTION AREA 5: BABY FRIENDLY HOSPITAL/HEALTH INITIATIVE (BFHI)

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>5.1 Consider options on how best to protect, promote and support breastfeeding in health care environments</p>	<p>This initiative will explore options on how best to continue to protect, promote and support breastfeeding in health care environments, including the future of the Baby Friendly Hospital/Health Initiative (BFHI) in Australia.</p>	<p>The Commonwealth will work with state and territory governments and relevant stakeholders, including the Australian College of Midwives and UNICEF Australia, to explore options to continue to protect, promote and support breastfeeding in health care environments.</p>	<p>The BFHI is a WHO/UNICEF program designed to protect, promote and support breastfeeding in maternity hospitals and facilities supporting breastfeeding mothers and their infants. The Initiative was launched in Australia in 1991. During the early years the UNICEF Committee in Australia oversaw the initiative. In 1995 the Australian College of Midwives assumed this responsibility.</p> <p>In its response to the <i>Best Start</i> inquiry, the Australian Government agreed to consider supporting the BFHI in light of the outcomes of the Maternity Services Review and to raise the issue of BFHI accreditation with the Australian Council on Healthcare Standards (ACHS).</p> <p>Related Strategy Objectives: 1.1, 1.2, 3.1, 3.2, 3.3, 4.1,</p> <p>Related Strategy Goals: 1.6, 1.7, 1.8, 2.5, 3.4, 3.5, 3.6, 3.7, 4.5, 4.6, 4.7 5.5, 5.6</p>

ACTION AREA 6: AUSTRALIA'S RESPONSE TO THE WHO CODE

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>6.1 Revisit Australia's response to the World Health Organization's International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions</p>	<p>This initiative will consider the merits of, and possible mechanisms for, further implementation of the WHO International Code of Marketing of Breast-milk Substitutes (WHO Code) and related World Health Assembly (WHA) resolutions in Australia as well as evaluating the implementation of current measures.</p>	<p>Commonwealth cross portfolio engagement (with agencies including the Office of Best Practice Regulation, Treasury and the Australian Competition and Consumer Commission) will be undertaken to explore any policy/regulatory options arising from this initiative.</p> <p>State and territory governments will be engaged on any health system implications via consultation on the revision of the <i>Infant Feeding Guidelines for Health Workers</i>.</p> <p>Consultation with non-government stakeholders (including parents, industry and retailers) will be undertaken as required to assess the impact of any identified options.</p>	<p>As part of its response to the <i>Best Start</i> inquiry, the Australian Government agreed to consider Australia's response to the WHO Code and related WHA recommendations in the context of developing a National Breastfeeding Strategy. The WHO Code was adopted as a resolution of the World Health Assembly in 1981 in response to a perceived decline in breastfeeding. The WHO Code aims to protect and promote breastfeeding and to ensure the proper use of breast-milk substitutes, when necessary, on the basis of adequate information and appropriate marketing and distribution.</p> <p>To date, Australia has implemented only parts of the WHO Code. Existing measures include: the <i>Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement</i> (MAIF Agreement) monitored by the Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF), a non-statutory panel appointed by the Australian Government; mandatory labelling and composition provisions contained in the <i>Australia New Zealand Food Standards Code</i>; and guidance for health workers contained in the <i>NHMRC Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers</i>. Aspects of the WHO Code that to date have not been implemented in Australia include marketing restrictions on retailer activity; bottles, teats and dummies; and breast milk substitutes other than infant formula (e.g. milk drinks for toddlers aged over 12 months, baby foods and non-milk drinks). Attachment 2 compares the key elements of the WHO Code against the measures currently implemented in Australia.</p> <p>Related Strategy Objectives: 1.1, 1.3, 1.4</p>

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
			Related Strategy Goals: 1.6, 5.4

ACTION AREA 7: MILK BANKS

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>7.1 Explore the evidence, quality assurance, cost-effectiveness and regulatory issues associated with the establishment of milk banks in Australia</p>	<p>This initiative will involve engaging with stakeholders to explore options for clarifying the regulatory environment for existing and prospective milk banks.</p> <p>Currently there is only one operational donor milk banking facility in Australia – the PREM Bank in Perth. A number of others are in the process of fundraising and establishment e.g. Mothers Milk Bank (Qld) and Mercy Health Breastmilk Bank (Vic).</p>	<p>The Commonwealth will collaborate with state and territory governments and relevant agencies including the Therapeutic Goods Administration, Food Standards Australia New Zealand, existing milk bank managers and legal advisers to progress this initiative.</p>	<p>In its response to the <i>Best Start</i> inquiry, the Australian Government resolved to work with states and territories to consider the evidence, quality assurance and regulatory issues, including best practice guidelines developed by PREM Bank, associated with the establishment of milk banks in Australia.</p> <p>Related Strategy Objectives: 1.5, 5.1</p> <p>Related Strategy Goals: 1.6, 3.4, 5.4</p>

ACTION AREA 8: BREASTFEEDING SUPPORT FOR PRIORITY GROUPS

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>8.1 Promote breastfeeding within Indigenous Australian communities as a preventative health measure</p>	<p>The Australian Government funds a range of programs for Aboriginal and Torres Strait Islander families that address the needs of Indigenous children in their early years, including maternal and child health services and support for breastfeeding. These are: the <i>Healthy for Life Program</i>, <i>New Directions Mothers and Babies Services</i> and the <i>Australian Nurse Family Partnership Program</i>.</p>	<p>Commonwealth leadership (through the Office of Aboriginal and Torres Strait Islander Health (OATSIH)) with extensive input from state and territory governments via COAG's <i>Indigenous Early Childhood Development National Partnership</i></p>	<p>The Australian Government response to the <i>Best Start</i> inquiry agreed to recommendation 20 regarding the promotion of breastfeeding in Indigenous communities in the context of the range of Commonwealth and COAG initiatives currently underway.</p> <p>Related Strategy Objectives: 1.1, 1.2, 1.5, 2.1, 2.2, 2.3, 5.1</p> <p>Related Strategy Goals: 1.6, 1.7, 1.8, 1.9, 2.4, 2.5, 3.4, 4.6, 4.7, 5.4</p>
<p>8.2 Explore possible future initiatives to support breastfeeding among priority groups</p>	<p>This initiative will explore opportunities to implement more widely existing state and territory breastfeeding support programs for priority groups .</p>	<p>The Commonwealth will work with state and territory governments to identify opportunities to further support breastfeeding among priority groups.</p>	<p>The jurisdictional stocktake completed during the development of the <i>Australian National Breastfeeding Strategy 2010-2015</i> highlighted a number of innovative breastfeeding support projects for culturally and linguistically diverse groups (Vic), humanitarian and refugee families (WA) and young mums (Tas), and noted the possibility of expanding these programs beyond their current reach.</p> <p>Related Strategy Objectives: 1.1, 1.2, 1.5, 2.1, 2.2, 2.3, 5.1, 5.3</p> <p>Related Strategy Goals: 1.6, 1.7, 1.8, 1.9, 2.5, 3.4, 4.6, 4.7, 5.4</p>

ACTION AREA 9: CONTINUITY OF CARE, REFERRAL PATHWAYS AND SUPPORT NETWORKS

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>9.1 Progress maternal and child health services reforms</p>	<p>The Australian Government has committed to the development of a Maternity Services Plan and a package of maternity services reforms including implementation of MBS and PBS benefits for services provided by eligible midwives working in collaboration with doctors.</p> <p>The (draft) National Framework for Universal Child and Family Health Services is currently undergoing consultation. The framework sets out the core services that all Australian children and families should receive, regardless of where they live, and how and where they access their health care.</p>	<p>Commonwealth leadership with extensive input from state and territory governments.</p>	<p>Maternity services reform is one element of a series of reforms for Australia's health and hospital system.</p> <p>The (draft) National Framework for Universal Child and Family Health Services seeks to promote consistency of services across jurisdictions, provide a contemporary evidence base for service improvement, assist in the maintenance of national standards and allow for national performance monitoring and the compilation of national population health data for comparison across jurisdictions. The development of the framework using evidence-based tools and interventions will ensure that services delivered to all Australian children and their families are appropriate and effective.</p> <p>Related Strategy Objectives: 3.3, 4.1, 5.1</p> <p>Related Strategy Goals: 4.5</p>
<p>9.2 Provide access to breastfeeding information and advice</p>	<p>The Australian Government funds the Australian Breastfeeding Association to deliver the Breastfeeding Helpline 1800 MUM 2 MUM. Callers to the Helpline receive breastfeeding information and peer support and do not need to be members of the Australian Breastfeeding Association. The service is available 24 hours a day and is provided free to callers from landlines anywhere in Australia.</p> <p>A new national Pregnancy and Perinatal telephone support helpline and information service will be</p>	<p>The Commonwealth funds the delivery of the Breastfeeding Helpline</p> <p>The national Pregnancy and Perinatal helpline is a Commonwealth initiative and is being managed via the National Health Call Centre Network Ltd.</p>	<p>Funding the Australian Breastfeeding Association helpline to become a national toll-free helpline was recommended by the <i>Best Start</i> Parliamentary inquiry in August 2007. It was announced as an election commitment in November 2007, funded in the 2008 Budget and was part of the government's response to the <i>Best Start</i> inquiry.</p> <p>Related Strategy Objectives: 1.1, 1.5, 3.1, 3.3, 4.1, 4.2, 5.1</p> <p>Related Strategy Goals: 1.7, 2.5, 4.5, 4.6, 4.7, 5.4</p>

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
	<p>established to provide women, their partners and families with greater access to information and advice to support decision making in relation to birthing, pregnancy and postnatal care (24 hours, seven days a week). Where appropriate, the helpline will direct callers to other services including the Breastfeeding Helpline, or the National Health Call Centre Network for advice from a Registered Nurse.</p>		

ACTION AREA 10: EDUCATION AND AWARENESS, INCLUDING ANTENATAL EDUCATION

INITIATIVE	DESCRIPTION	RESPONSIBILITY	POLICY CONTEXT/LINKS
<p>10.1 Assess options to enhance coverage of breastfeeding in antenatal education.</p>	<p>This initiative will explore with state and territory governments the value of updating the Commonwealth resource <i>Breastfeeding and you: A handbook for antenatal educators</i> (2000).</p> <p>This initiative will also investigate the availability of low literacy, language other than English and Indigenous specific antenatal educational materials - and opportunities to share existing materials on a national basis.</p>	<p>States and territories are responsible for delivering antenatal education- with leadership and coordination from the Commonwealth.</p>	<p>Consultation on the Strategy indicated variable provision of breastfeeding education in antenatal classes.</p> <p>Related Strategy Objectives: 1.1, 2.1, 2.2, 2.3, 3.1, 3.2</p> <p>Related Strategy Goals: 1.6, 1.7, 2.4, 2.5, 3.4, 3.5, 4.5, 4.6, 4.7, 5.4</p>
<p>10.2 Consider the merits of a national education campaign on breastfeeding.</p>	<p>Under this initiative the Commonwealth will consult with jurisdictions (especially South Australia, Queensland and New Zealand) on their recent breastfeeding campaigns and evaluations.</p> <p>Any future education campaign would need to be informed by results from the Woolcott research report <i>Exploratory Research Regarding Infant Feeding Attitudes and Behaviours</i> and the Australian National Infant Feeding Survey. Stakeholder feedback during consultation on the Strategy suggested the focus should be on how to obtain support and the acceptability of breastfeeding in public.</p>	<p>Commonwealth coordination with extensive state and territory input and responsibility.</p>	<p>As part of its response to the <i>Best Start</i> inquiry, the Australian Government agreed to consider a targeted national education campaign to reach mothers less likely to breastfeed, in consultation with the states and territories.</p> <p>Related Strategy Objectives: 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 5.1, 5.3</p> <p>Related Strategy Goals: 1.6, 1.7, 1.8, 1.9, 4.6, 5.4</p>

Attachment 1

Australian National Breastfeeding Strategy 2010-15: Strategic goals

BREASTFEEDING CONTINUUM	OBJECTIVES	GOALS
<p style="text-align: center;">ALL STAGES</p> <p><i>Settings</i></p> <p><i>Birthing services (hospital and community)</i></p> <p><i>Homes</i></p> <p><i>Health and community services</i></p> <p><i>Public spaces</i></p> <p><i>Broader community</i></p> <p><i>Workplaces</i></p> <p><i>Child care</i></p> <p><i>Child protection services</i></p>	<p>1.1 Encourage protection, promotion and support for breastfeeding as the biological and social norm for infant and young child feeding.</p> <p>1.2 Encourage breastfeeding friendly workplaces, services and environments.</p> <p>1.3 Protect breastfeeding from commercial pressures and misleading information.</p> <p>1.4 Provide appropriate information and instruction to carers of formula fed infants.</p> <p>1.5 In difficult circumstances, ensure breastfeeding relationships are maintained, as appropriate, with priority given to the safety and wellbeing of the child.</p>	<p>1.6 Increase community acceptance of breastfeeding as a cultural and social norm.</p> <p>1.7 Mothers feel comfortable and supported in their breastfeeding relationship.</p> <p>1.8 Breastfeeding friendly communities, public spaces, workplaces and child care environments empower mothers to continue breastfeeding.</p> <p>1.9 Community leaders and role models value and enable breastfeeding and are supported to breastfeed.</p>
<p style="text-align: center;">ANTENATAL</p> <p><i>Settings</i></p> <p><i>Birthing services (hospital and community)</i></p> <p><i>Health and community services</i></p> <p><i>Workplaces</i></p> <p><i>Broader community</i></p>	<p>2.1 Provide opportunities for pregnant women and their families to learn about the value of breastfeeding.</p> <p>2.2 Encourage and enable pregnant women to make informed decisions about breastfeeding.</p> <p>2.3 Encourage families and support networks to appreciate the value of breastfeeding.</p>	<p>2.4 Improve the availability and access to antenatal education with information on the value of breastfeeding.</p> <p>2.5 Pregnant women establish breastfeeding support networks and are linked to support groups in the community.</p>
<p style="text-align: center;">IMMEDIATE POSTNATAL (Birth to four days)</p> <p><i>Settings</i></p> <p><i>Birthing services (hospital and community, including early discharge services)</i></p> <p><i>Health and community services</i></p> <p><i>Homes</i></p> <p><i>Broader community</i></p>	<p>3.1 Provide consistent evidence-based advice to support initiation and facilitate successful breastfeeding practice.</p> <p>3.2 Ensure health professionals are appropriately trained to provide breastfeeding support and advice.</p> <p>3.3 Ensure continuity of care for mothers between birthing and community services, and breastfeeding support services and networks.</p>	<p>3.4 Improve breastfeeding initiation rates.</p> <p>3.5 Improve the consistency of breastfeeding advice provided by health professionals.</p> <p>3.6 Increase the number of birthing services with documented breastfeeding policies and workplace supports.</p> <p>3.7 Improved breastfeeding training for health professionals.</p>
<p style="text-align: center;">MEDIUM POSTNATAL (Four days to eight weeks)</p> <p><i>Settings</i></p> <p><i>Birthing services (hospital and community)</i></p> <p><i>Health and community services</i></p> <p><i>Homes</i></p> <p><i>Broader community</i></p>	<p>4.1 Ensure continuity of care for mothers between birthing and community services, and breastfeeding support services and networks.</p> <p>4.2 Provide consistent evidence-based advice and support to mothers and their families to encourage the continuation of breastfeeding.</p> <p>4.3 Increase availability of breastfeeding training for health professionals.</p> <p>4.4 Improve the consistency of breastfeeding advice provided by health professionals.</p>	<p>4.5 Improve continuity of care between birthing and health and community services, and breastfeeding support services and networks.</p> <p>4.6 Ensure mothers and their families know what breastfeeding support services are available and how to access them.</p> <p>4.7 Ensure mothers receive appropriate breastfeeding support and referrals, including access to trained peer breastfeeding counsellors.</p>
<p style="text-align: center;">LONG POSTNATAL (eight weeks to six months and beyond)</p> <p><i>Settings</i></p> <p><i>Homes</i></p>	<p>5.1 Ensure mothers and their families are supported to continue breastfeeding to six months and beyond.</p> <p>5.2 Enable more parents to stay at home to care for their baby full time during the early months.</p> <p>5.3 Encourage breastfeeding friendly</p>	<p>5.4 Increase the percentage of babies who are fully breastfed from birth to six months and continue breastfeeding with complementary foods to 12 months and beyond.</p> <p>5.5 Increase the access to parental leave.</p> <p>5.6 Increase the number of model</p>

BREASTFEEDING CONTINUUM	OBJECTIVES	GOALS
<i>Health and community services</i> <i>Public spaces</i> <i>Broader community</i> <i>Workplaces</i> <i>Child care</i>	workplaces, services and environments.	breastfeeding friendly workplaces, services and environments.

Attachment 2

Summary Table of Differences between WHO Code and Australian Measures

WHO CODE (<i>NON-COVERED ASPECTS IN BOLD ITALICS</i>)	AUSTRALIA'S MAIF AGREEMENT (VOLUNTARY)	AUSTRALIAN GOVERNMENT POLICY / REGULATIONS
Covers marketing, quality and information, labelling and advertising of breastmilk substitutes including: infant formula, <i>other milk products, foods and beverages</i> represented to be suitable for use as a partial or total replacement of breast milk.	Restricts marketing/advertising of infant formulas (for infants up to 12 months of age) by manufacturers and importers who are voluntary Parties to the <i>Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement</i> (MAIF Agreement) - voluntary self-regulatory ACCC authorised code of conduct.	<i>Australia New Zealand Food Standards Code</i> Standard 2.9.1 covers labelling, quality and composition of infant formulas. Standard 2.9.2 covers other foods for infants.
<i>Applies to all involved</i> in the manufacture and marketing of products within the scope of the Code.	Voluntary agreement; applies to signatory Parties (manufacturers and importers) only.	Australian Government policies generally encourage industry self-regulation as an alternative to government regulation.
Restricts marketing of <i>feeding bottles and teats</i> .	Does not cover feeding bottles and teats.	No marketing restrictions for bottles and teats beyond general consumer protection/safety/trade practices requirements
Restricts promotion of breastmilk substitutes to the general public, including by manufacturers and importers, <i>retailers</i> and via the health system.	Covers marketing by infant formula manufacturers and importers only (including their interactions with health system and professionals). Retailers are not covered.	Health workers' obligations are covered in the NHMRC Dietary Guidelines incorporating the <i>Infant Feeding Guidelines for Health Workers</i> and in some cases, state/territory policies.
<i>No point-of-sale advertising or any other promotion device such as special displays, discount coupons, premiums, special sales, loss leaders and tie-in sales at the retail level.</i>	Contains no restrictions on retail activity or price promotions. Does not apply to retailers.	Net public benefit must be demonstrated before potentially anti-competitive pricing restrictions could be authorised under the <i>Trade Practices Act 1974</i> which provides for a range of regulatory/voluntary mechanisms/policy options.
<i>Prohibits manufacturers and distributors from providing free samples to the public either directly or indirectly, including via health professionals.</i>	Allows the provision of samples to health care professionals for professional evaluation or institutional research purposes.	
Specifies the <i>responsibility of health care systems</i> and health workers to encourage and protect breastfeeding.	Covers interactions of manufacturers and distributors with the health system and health care professionals.	NHMRC Dietary Guidelines incorporating the <i>Infant Feeding Guidelines for Health Workers</i> outlines the responsibilities of health workers to promote and protect breastfeeding.
Allows dissemination of information to health care professionals, which should be restricted to factual and scientific matters.	Manufacturers and importers of infant formulas should provide health care professionals with information about infant formula products, restricted to factual and scientific matters and current knowledge and reasonable opinion.	

WHO CODE (NON-COVERED ASPECTS IN BOLD ITALICS)	AUSTRALIA'S MAIF AGREEMENT (VOLUNTARY)	AUSTRALIAN GOVERNMENT POLICY / REGULATIONS
<p><i>Governments have overall responsibility to implement and monitor the Code as appropriate to their social and legislative framework.</i></p> <p>Responsibility is shared with industry, NGOs, professional groups and consumer organisations.</p>	<p>Monitoring is by the government-appointed Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF). Industry is also responsible for monitoring its own practices.</p>	<p>NHMRC Dietary Guidelines incorporating the <i>Infant Feeding Guidelines for Health Workers</i> outlines the responsibilities of health workers to promote and protect breastfeeding.</p>