



The ACT Breastfeeding Strategic Framework 2010–2015

ACKNOWLEDGEMENTS

The ACT Breastfeeding Strategic Framework 2010 – 2015 has been developed as a joint initiative of the Child, Youth and Women's Health Program and the Health Promotion Branch, ACT Health and is the outcome of a considerable inquiry process resulting in two major reports. 'Breastfeeding Matters' describes the outcomes of consultations with health professionals and community representatives undertaken by the ACT Health Project Manager, Wendy Armstrong. 'It's a bit of a skill really' by Barbara Pamphilon and Tiina Roppola from the University of Canberra describes breastfeeding from the perspectives of ACT mothers, fathers and family members. Oversight for this process was provided by the ACT Breastfeeding Initiative Steering Committee who would like to thank the many contributors from ACT Health, other government and non government agencies, community groups and individuals, especially the parents and families, who have provided input to this important document.

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Publication No 10/0927

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Introduction



The ACT Breastfeeding Strategic Framework 2010–2015 sets the context for the promotion, protection and support for breastfeeding in the ACT for the next five years and beyond. The ACT Breastfeeding Initiative is funded through the ACT Health Population Health Division 'Healthy Futures' Budget and is a joint initiative of the Health Promotion Branch and the Child, Youth and Women's Health Program.

While ACT Health is the lead agency for implementation of this framework, a whole of government commitment is crucial for successful outcomes. We need to consider how we as a government can contribute to an environment that protects, promotes and supports breastfeeding as a normal and accepted part of everyday living. To this end, all ACT government agencies have had opportunity to comment on the draft document, and to nominate a representative to work alongside ACT Health in implementing this initiative.

The Strategic Framework identifies strategies aimed at increasing the number of infants being exclusively breastfed from birth to six months, and to encourage ongoing breastfeeding with complementary foods until at least 12 months of age in line with recommendations by the National Health and Medical Research Council.

We have good evidence to support our commitment to improving breastfeeding outcomes as a key preventative health strategy. This has been identified in two important ACT Health documents: the ACT Primary Health Care Strategy 2006–2009 and the ACT Chronic Disease Strategy 2008–2011. We know that breastmilk provides all nutrients necessary for adequate physical and mental development of the child, is protective against early childhood infectious diseases, and against sudden infant death syndrome (SIDS). Breastfeeding also provides economic benefit to families, the health care system and the Australian economy.

Breastfeeding is also beneficial for the mother as it promotes her return to pre pregnancy health and provides protection against some reproductive cancers and osteoporosis in later life. Importantly, the emotional benefits of breastfeeding and the role breastfeeding plays in enhancing bonding between mother and baby is well recognised.

The Australian Government, through the Department of Health and Ageing is committed to supporting jurisdictions to improve breastfeeding outcomes as a preventative health strategy. This has been described in the recently released Australian National Breastfeeding Strategy 2010–2015 and Implementation Plan 2010. I look forward to working with our national colleagues on this important initiative.

The ACT Breastfeeding Strategic Framework is the outcome of an extensive consultation process with health professionals including general practitioners, key stakeholders and policy makers from government and non government organisations as well as with mothers, fathers and grandparents. These consultations have resulted in a rich body of knowledge that has enabled the development of the Framework to identify areas for action, relevant to the ACT situation and population.

I am very pleased to support this important initiative and look forward to hearing progress reports as it is being implemented.

A handwritten signature in black ink that reads "Katy Gallagher". The signature is written in a cursive, flowing style.

Katy Gallagher MLA
Minister for Health

The ACT Breastfeeding Strategic Framework

ACT Health is committed to facilitating a whole of government approach to protect, promote and support breastfeeding through this five year Strategic Framework, 2010 – 2015.

The overall aim of the framework is to identify strategies to increase the number of infants being exclusively breastfed from birth to six months, and to encourage ongoing breastfeeding with complementary foods until at least 12 months of age in line with National Health and Medical Research Council (NHMRC) recommendations.

The mother, baby and family are central to the Strategic Framework which seeks to facilitate an environment that supports the mother in her choice to breastfeed. The right of a mother to choose not to breastfeed is respected and supported.

Guiding Principles – The International Context

The ACT Breastfeeding Strategic Framework is grounded in the principles of health promotion as defined through the Ottawa Charter (WHO 1986). Objectives and strategies have been developed in line with these principles which are to:

- build healthy public policy
- create supportive environments
- strengthen community actions
- develop personal skills
- reorient health services.





Guiding Principles – The National Context

The ACT supports the key principles as identified in the Australian National Breastfeeding Strategy 2010 – 2015 (Commonwealth of Australia 2009).

1. Mother and Child	The mother and child relationship is the heart and focal point of all breastfeeding related activities.
2. Ecological Context	Breastfeeding is influenced by a range of family, social, cultural and environmental factors that inform promotion and support activity across the breastfeeding continuum.
3. Access	All members of a community have universal access to appropriate information and affordable services that protect, promote and support breastfeeding.
4. Diversity	The diversity of Australian families is recognised through breastfeeding promotion and support activities that are sensitive and responsive to individual circumstances.
5. Collaborative Care	Services and health professionals work in collaborative partnership to provide holistic care to breastfeeding women and their families that strengthens and maintains existing support services.
6. Continuity of Care	Continuity of support at key transition points between birthing and community services and into the broader community is seamless from the perspective of mothers and their families.
7. Evidence Based	Protection, promotion and support activities are consistently informed by the best available evidence, the percentage of babies breastfed is regularly monitored, and activities are evaluated.
8. Effective Governance	There is a clear accountability for breastfeeding protection, promotion, support and monitoring activities at state/territory and national levels, and appropriate consultation and collaboration with the community sector.

Breastfeeding Terminology

The ACT supports an adapted form of internationally recommended terms for defining breastfeeding as described by the World Health Organization (2008) and as supported through the Australian National Breastfeeding Strategy (2010).

Exclusive breastfeeding	Infants receive only breast milk, including expressed breast milk and, where required, medicines, but no infant formula or non human milk.
Predominant breastfeeding	In addition to breast milk and medicines infants may receive water or water based drinks, tea or fruit juice (although not recommended for babies), but no infant formula or non human milk.
Complementary or partial breastfeeding	The infant may receive semi solid or solid food in addition to breast milk. This may include any foods or liquids, infant formula and non human milk.
Supplementary breastfeeding	The infant may receive one or more fluid feeds including breast milk substitutes eg: infant formula in place of a breastfeed.
Ever breastfed	The infant has been breastfed or received colostrum or breast milk at least once.

Breastfeeding Protection, Promotion and Support

Protection	Breastfeeding protection includes legislative and regulatory environments, including work place agreements and baby friendly initiatives that enable mothers to breastfeed in comfort anytime, anywhere.
Promotion	Breastfeeding promotion includes, but is not limited to, education and social marketing. Promotion can be directed to individuals, identified groups and/or whole populations. Promotion cannot be delivered in isolation from protection and support.
Support	Breastfeeding support refers to any action taken to support mothers to initiate, establish and maintain breastfeeding. This includes training provided to health professionals and voluntary counsellors as well as targeted peer education programs within identified communities.

Developing the Strategic Framework

The Strategic Framework was informed by a considerable inquiry process which generated two major reports. 'Breastfeeding Matters' (ACT Health 2010) describes the outcomes of consultations undertaken with representatives from the health workforce and community groups via a mix of one-to-one and facilitated, semi structured group discussions. 'It's a bit of a skill really' (University of Canberra 2010) identifies enablers for breastfeeding from the perspectives of mothers, fathers and family members through a series of focus groups. It also identifies issues and barriers for attention. Both studies included extensive literature review and were undertaken independently of each other.

Implementing the Strategic Framework

ACT Health is the lead agency for the implementation of the Strategic Framework in partnership with other ACT government and non government agencies. As a first step, Chief Executives of all ACT Government agencies have been invited to comment on the Strategic Framework and to identify a contact officer to facilitate implementation of relevant strategies and activities identified in the Framework.

An annual Implementation Plan will be developed in consultation with collaborating partners. The implementation plan will identify strategies, activities, key performance indicators, areas of responsibility and time frames.

Governance of the Strategic Framework

The ACT Health Child, Youth and Women's Health Program (CYWHP) will provide oversight and guidance to the implementation of the ACT Breastfeeding Strategic Framework. Key governance requirements are to:

- represent the ACT on the National Breastfeeding Jurisdictional Officers Group (BJOG) and in other relevant national fora
- chair and provide secretariat services to the ACT Breastfeeding Initiative Steering Committee (BISC)
- manage the implementation of the ACT Breastfeeding Strategic Framework
- oversee evaluation of the effectiveness of interventions and report key outcomes through the Steering Committee to ACT Primary Health and Chronic Disease Strategy Committee (ACT PHCDSC).

Monitoring and Evaluation of the Strategic Framework

Monitoring and evaluation encompasses collection of data around ACT breastfeeding rates and duration and includes sentinel surveillance. It also relates to monitoring strategies within the ACT Breastfeeding Strategic Framework and of the annual implementation plans.

The overall ACT Breastfeeding Strategic Framework 2010 – 2015 will be evaluated for effectiveness and ongoing need over the fourth and fifth year of implementation.

Research refers to any research identified and/or supported through this framework that has the potential to identify strategies to improve breastfeeding rates and duration. This will include strategies aimed at filling the current gaps in breastfeeding data collection.

The BISC will develop an agreed process for measuring the impact of the Breastfeeding Strategic Framework 2010–2015 on breastfeeding rates and duration. Strategies will include:

- developing a monitoring and evaluation process for the ACT Breastfeeding Strategic Framework
- developing and providing oversight for an annual Implementation Plan for the ACT Breastfeeding Strategic Framework
- providing regular progress reports to the ACT PHCDSC and a final evaluation report identifying key successes, challenges and suggestions for future actions in line with the agreed monitoring and evaluation plan
- developing a system for collection of accurate ACT Health breastfeeding data while ensuring collaboration and consistency with the National approach including the capability for the ACT to report on breastfeeding indicators
- identifying and supporting appropriate qualitative and quantitative research to further inform breastfeeding protection, promotion and support in the ACT.

Breastfeeding in the ACT

ACT breastfeeding data collection has until recently been limited. In 2009, a simple 'breastfeeding' tick box was added to the ACT Health's Community Health Maternal and Child Health (MACH) nurses immunisation data base. Breastfeeding data has since been collected at two, four, six, 12 and 18 months from children attending the MACH clinics for immunisation—around 44.5% of all children in the ACT. Around 54% of immunisation is provided by General Practitioners. The first six months of data (1 July – 31 December 2009) indicates that breastfeeding rates are better than expected with 75% of mothers still breastfeeding at two months, 61.2% at four months, 47.3% at six months and 23.5% at 12 months. This data collection is however limited as it does not have the capacity to seek information about degree of breastfeeding. The collection process will be improved over time to capture more detailed information.

Priority Groups

The ACT Breastfeeding Strategic Framework aims to develop and implement strategies to support mothers to breastfeed. Specific strategies will be developed for women who have been identified in the literature and through the consultation process who need additional, targeted support. This includes women who are:

- Aboriginal and Torres Strait Islander
- from Culturally and Linguistically Diverse (CALD) backgrounds
- are socially and economically disadvantaged
- young women
- women who are disadvantaged due to ill health and/or disability.



A HEALTH PROMOTING FRAMEWORK

1. Building Healthy Public Policy

Objective

To achieve a whole of government approach to promote, protect and support breastfeeding.

Strategies

Seek whole of government endorsement of the ACT Breastfeeding Strategic Framework through the ACT Government's Management Council.

Liaise with the Chief Minister's Department to revise, publish and disseminate the 'Expectant & New Mothers/ACT Workplaces, Guidelines for Employees and Employers'.

Develop a comprehensive strategy to encourage ACT government departments and organisations to participate in 'Breastfeeding Friendly Workplace Accreditation'.

Consider a strategy to support a whole of government policy to ensure images of babies being breastfed are used in relevant media materials in preference to bottle feeding.

Maintain communication with the Australian Government Department of Health and Ageing (DoHA) in relation to the National Breastfeeding Strategy Implementation Plan (2010), in particular the work around:

- establishing a national system to monitor breastfeeding in Australia
- exploring the merits of adopting a single, standard infant growth chart
- Australia's response to the World Health Organization's International Code of Marketing of Breast-milk Substitutes
- exploring the evidence, quality assurance, cost-effectiveness and regulatory issues associated with the establishment of milk banks in Australia.

Develop a broad policy to promote a harm minimisation approach to breastfeeding in the presence of tobacco, alcohol and illicit drug use.

“ I actually looked up the options before I took my maternity leave to try and continue breastfeeding if that was a suitable option for me and they actually have lactation breaks within my Work Agreement... ”

2. Creating Supportive Environments

Objective

To facilitate an environment which actively promotes breastfeeding as the most commonly accepted method of infant feeding.

Strategies

Develop a communication strategy to inform women about their rights to request breastfeeding support in the workplace.

Disseminate information about ACT workplaces that are accredited as breastfeeding friendly.

Consider a stocktake of 'Breastfeeding Welcome Here' venues and collaborate with the Australian Breastfeeding Association (ABA) for a broad marketing campaign.

Consult with relevant publishers of parenting resources eg: 'Canberra's Parenting Guide', 'Having a Baby in Canberra', and 'ParentLink' to ensure breastfeeding information is included in resources and reflected in images.

Include cultural perspectives in any resource development/media campaign.

Review the range of information provided to mothers on discharge from maternity units based on feedback about what women need to know in those first days. Consolidate and/or discard excess material.

Undertake further inquiry with parents about preferred methods of receiving information, consider how technology can be used to support breastfeeding mothers.

Consider peer education and/or more education for maternity service providers about young people's views of pregnancy and parenting.

Engage with the Department of Education and Training (DET) and ACT Children's Services to encourage and support normalisation of breastfeeding through curricula and materials, teacher training, and with parents.

“ Perhaps having some messages aimed, not just at women, but also at their support network. Perhaps partners or the baby's grandparents, that they are or can be a support—if they know a little bit about breastfeeding and what to expect. ”

3. Strengthening Community Action

Objective

To strengthen key national and local government and non government partnerships to protect, promote and support breastfeeding across the ACT and beyond.

Strategies

Collaborate with the DoHA and other agencies to contribute to a broad social marketing campaign aimed at normalising breastfeeding in the community and develop and implement local strategies.

Liaise with the ACT Human Rights Commission to develop collaborative breastfeeding media messages regarding the right to breastfeed in public.

Investigate the potential for a partnership agreement between ACT Health and the ABA around collaboration and communication.

Establish effective relationships between independent Lactation Consultants who are working privately within the community, ACT Health and community services.

Consider a strategy to encourage and support Early Childhood Centres to be accredited as breastfeeding friendly through appropriate incentives.

Further explore the issue of colocation of Canberra Institute of Technology English as a Second Language (CIT ESL) classes and child care for relevant CALD groups.

Explore peer education strategies within CALD communities such as those currently being delivered through the Victorian Branch of the ABA.

Consider peer education, community education and resource development to improve breastfeeding knowledge and practice among young Aboriginal and Torres Strait Islander women.

Pursue innovative partnerships and strategies through the Council of Australian Governments (COAG) Indigenous Early Childhood National Partnership Agreement Project.

Pursue collaborative partnerships with non government organisations (NGOs) to identify and develop appropriate breastfeeding resources and support for priority groups.

Establish relationships with government agencies, NGOs, and the private sector to encourage acceptance and support for breastfeeding mothers.



I remember an older lady said something to me about breastfeeding in public one time. I think I was on the bus or something and I got a bit snappy and I said 'well I'm not going to let him starve'. It's a natural thing to do...



4. Developing Personal Skills

Objective

To actively pursue commitment to and support for education and information about breastfeeding as the biological norm through early childhood education, primary and secondary schools, colleges and key stakeholder groups.

Strategies

Explore the options for implementation of reflective practice for key health professionals to develop the skills to acknowledge and work through the communication barriers that impact on breastfeeding.

Ensure key health professionals are provided with information and education to implement policies in relation to breastfeeding support in the presence of alcohol, tobacco and illicit drug use.

Consult with the DET about including breastfeeding in the school curriculum and across relevant subject areas, for example nutrition and reproductive health education.

Consult with the DET to explore endorsement of and funding potential for 'Core of Life' an innovative health education program about pregnancy, birth, breastfeeding and early parenting for young people.

Identify funds to support 'Core of Life' facilitator training programs to build local capacity to implement the program within schools and, potentially, for out of school youth.

Consult with the Director of ACT Early Childhood Services around the potential for including breastfeeding in the curriculum for child care workers.

Encourage and support the national professional bodies for community pharmacies to develop breastfeeding policies and consider Baby Friendly Workplace Accreditation.

Identify a training and accreditation process for provision of breastfeeding advice for community pharmacies.

Explore strategies to improve breastfeeding education content and delivery pre and postnatally for young women and other priority groups.

Further explore the need for targeted weaning and infant nutrition information and support for mothers, especially those in priority groups.

“
I just reckon they need to educate more, yeah, they need to educate and be there,... try and talk to people and they need to give you guidance and everything and actually want to sit down and talk to you.
”

5. Reorienting Health Services

Objective

To ensure the provision of effective, consistent, up to date and evidence based information and services for mothers and babies in hospital and community settings.

Strategies

Implement consistent data collection to identify antenatal and breastfeeding education attendance in the ACT.

Review access to antenatal education content and delivery options in the ACT in particular for priority groups.

Include a strategy within antenatal education to identify and debunk myths related to breastfeeding within the health system and community.

Enhance current professional development opportunities for maternity service providers to ensure 'best practice' in adhering to Baby Friendly Health Initiative (BFHI) accreditation policies.

Provide support to establish a dedicated lactation service in acute services and consider how this may link to the broader ACT community.

Ensure there are appropriately trained staff to provide lactation support to mothers and babies.

Develop and implement enhanced strategies to support mothers to establish breastfeeding by ensuring the transition from the maternity unit to community services is seamless in the immediate post natal period.

Further examine how ACT Community Health MACH Services are responding to the breastfeeding needs of new mothers in the 4 – 6 weeks following birth.

Participate in the trial review process for Community Health MACH Clinics to be accredited as Baby Friendly Health Services.

Consider a comprehensive strategy to further engage with GPs to promote currency and consistency of information in relation to management of breastfeeding issues.

“
The best was when the baby was actually born and the midwives were there every single time helping, attaching, for three days, and you would always go and ask them, ‘oh can you watch me doing it’ or ‘help me’ and they were very, very helpful.
”

Appendix 1

BFHI — Ten steps to successful breastfeeding in hospitals

1. Have a written breastfeeding policy that is routinely communicated to all health 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. Place babies in skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed, and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants of breastfeeding mothers no food or drink other than breastmilk, unless medically indicated.
7. Practise rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers on discharge from the facility.

(cited in ACT Maternity Shared Care Guidelines, 2008, page 89).

Seven point plan for the protection, promotion and support of breastfeeding in community health services

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Educate all staff in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform women and their families about breastfeeding being the biologically normal way to feed a baby and about the risks associated with not breastfeeding.
4. Inform women and their families about breastfeeding and support them to establish and maintain exclusive breastfeeding to 6 months.
5. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration between staff and volunteers, breastfeeding support groups and the local community in order to protect, promote and support breastfeeding.

(BFHI Australia, Standards for Implementation, BFHI in Community Services, 2010).

Appendix 2

Breastfeeding Friendly Workplace Accreditation

Workplaces can apply to the ABA for Breastfeeding Friendly Workplace Accreditation (BFWA). Through the accreditation process, BFWA assists employers to create a supportive environment for breastfeeding mothers returning to work from maternity leave.

To become accredited, employers are required to provide a space for women to either express breastmilk and/or feed their babies, to have access to a fridge to store breastmilk, and time out from the working day in which to either express or feed. The initiative is 'Designed to create supportive workplaces for breastfeeding women and to recognise and promote best practice in meeting the needs of breastfeeding mothers in the workplace' (www.breastfeedingfriendly.com.au.2010).

Breastfeeding Welcome Here Project

The 'Breastfeeding Welcome Here' is an ABA project designed to improve community acceptability of breastfeeding in public through the accreditation and promotion of breastfeeding friendly businesses, particularly cafes and restaurants. Criteria for accreditation as a breastfeeding friendly venue include:

- welcoming attitude from staff and management
- smoke free environment
- room to move a pram (www.breastfeeding.asn.au).

Successful businesses are provided with an ABA kit which includes 'Breastfeeding Welcome Here' stickers to display to the public.



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Glossary

ABA	Australian Breastfeeding Association
PHCDSC	Primary Health and Chronic Disease Strategy Committee
BISC	Breastfeeding Initiative Steering Committee
BFHI	Baby Friendly Health Initiative
CALD	Culturally and Linguistically Diverse
CMD	Chief Minister's Department
CYWHP	Child, Youth and Women's Health Program
DET	Department of Education and Training
DLS	Dedicated Lactation Service
DoHA	Department of Health and Ageing
GPs	General Practitioners
IBLCE	International Board of Lactation Consultant Examiners
MACH	Maternal and Child Health
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
QEII	Queen Elizabeth II Family Centre

