



Fact Sheet 26

Breastfeeding

Benefits

The benefits to health of breastfeeding are widely recognised and acknowledged. They go beyond solely benefiting the infant but promote both maternal health and psychological wellbeing.

The World Health Organisation has stated that “appropriate feeding practices are of fundamental importance for the survival, growth, development, health and nutrition of infants and children everywhere.”

Some nutrients contained in breast milk are more bio-available, making them easily absorbed by the infant at a time when their bodily systems are immature and aren't functioning to their full capacity.

Benefits of breastfeeding include:

- Protects the baby from illness and infection, the colostrum and breastmilk contain antibodies that help to provide resistance.
- Provides the correct nutrition for the growing baby for around the first 6 months of life.
- Aids the development of the baby's eyesight, speech and intelligence.
- Has a role in minimising the development of allergies.
- Promotes a special loving bond between mother and baby.
- Breastfeeding assists mothers in the contraction of the uterus and a return to pre-pregnancy body weight.

Babies who are not breastfed

- Are at increased risk of cot death.
- Have increased likelihood of allergy.
- Cost more money due to need to purchase formula infant formulas and feeding equipment are expensive.
- Are more likely to fall ill, costing more to the family and the community in medical bills.
- Are less environmentally friendly - in terms of fuel, energy and resources needed for artificial feeding.

Economic issues around breastfeeding

Economy can be considered in many ways when resources are involved and the two main considerations are economy of funds/money and economy of time.

	Breastfeeding	Formula feeding
Money	Cheap	Expensive to maintain
Time	Time spent in achieving attachment and actual feeding	Time spent in cleaning and preparation of bottles and warming prior to feeding.

Breastfeeding a free resource, without any expenses associated with either its production or delivery.

Formula feeding involves the purchase of formula and bottles. In some circumstances sterilisation equipment is also necessary, although recommendations around sterilisation have changed more recently. Some hospitals are recommending washing bottles in hot soapy water and allowing to air dry in place of traditional sterilisation.

Why exclusive breastfeeding?

Exclusive breastfeeding is providing breastmilk as the only form of nourishment without additional foods or fluids of any kind.

Exclusive breastfeeding reduces infant deaths caused by common childhood illnesses such as diarrhoea and pneumonia. It hastens recovery during illness and helps to space births. Breast milk provides all the energy and nutrients that an infant needs during its first 6 months of life.

Many different cultures use sugar water, teas or juices to supplement the intake of a newborn infant. Reasons offered for water supplementation in infants include:

- Necessary for life- source of life/spiritual and physiological necessity
- Quenches thirst
- Relieves pain (colic/earache)
- Prevents and treats colds and constipation
- Soothes the baby

Nutritional issues for mothers associated with breastfeeding

The nutrition of a breastfeeding mother (like that of a pregnant woman) is of importance in order to maintain her health and that of her infant.

A mother's nutrition obviously has an impact on breast milk quantity and quality. The quality of the breast milk produced is influenced by the mother's diet and her own body's stores. When a mother does not receive sufficient energy and nutrients she has to utilise her body stores to provide these nutrients.

In all but the most extreme cases malnourished mothers can produce enough breast milk to feed successfully.

It is a common misconception that malnutrition greatly reduces the amount of milk a mother produces. Malnutrition may affect the quality of the milk produced slightly but the amount is determined by the frequency and how effectively the baby sucks, to promote milk production.

Micronutrients such as folate, calcium, iron, copper and zinc remain at high levels when a mother's reserves are low. Levels of thiamine, riboflavin, vitamin B6, B12 iodine and selenium are more affected by what the mother eats.

It is safer, easier and less expensive to give a mother more food than to expose her infant to the risks associated with feeding breast milk substitutes. Supplementing a mother's diet with these specific nutrients if intakes are low is more effective in improving breast milk quality and infant nutrition. Emergency therapeutic feeding centres now concentrate on feeding mothers and maintain them breastfeeding.

In Australia there are no particular recommendations, other than considerations around alcohol, regarding foods that need to be avoided during lactation. Many different people find that they have their own ideas however about foods that cause the baby to have wind, loose stools or breast refusal.

Statistics on breastfeeding in Australia

Data from the 2001 Australian National Health Survey shows the proportions of women breastfeeding:

- At discharge from hospital 83.3%
- At 3 months of age (13 weeks) 64.3%
- At 6 months of age (25 weeks) 49.0%
- At one year of age 24.9%

Perhaps unsurprisingly there are a high proportion of women that initiate breastfeeding but poor numbers sustaining breastfeeding for a longer duration. Indeed less than half receive breastmilk at 6 months.

Only 18.4% of 6 month old babies were exclusively receiving breastmilk

Australian Breastfeeding Association Website.

<http://www.breastfeeding.asn.au/bfinfo/index.html>

Donath SM, and Amir LH (2005) Breastfeeding and Introduction of solids in Australian Infants: data from the 2001 National Health Survey. Austr N Z J Public Health Apr; 29(2):171-175.

Linkages project FAQ fact sheets – www.linkagesproject.org

National Health and Medical Research Council. "Dietary Guidelines for Children and Adolescents in Australia, incorporating the Infant Feeding Guidelines for Health Workers", Canberra, 2003

NHMRC recommendations for infants
<http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>

World Health Organisation. 2001. The Optimal duration of exclusive breastfeeding. Geneva: WHO World health Organisation <http://www.who.int/en/>