

3 Hospitals and maternal and child health centres

Antenatal clinics and care of pregnant women

Respondents to the stakeholder consultation in the Review of Children's Healthy Eating Interventions noted that expectant mothers and fathers are usually intensely motivated to provide the best start they can for their babies. We now know that the nutritional quality of the maternal diet is an extremely important life-long influence over the child's health (Barker 1994; Moore and Davies 2001). Australian research suggests the protein status (especially milk proteins) of the mother's diet influences placental size and function, and birth outcomes (Moore and Davies 2001). In addition, we know that adequate folate intake is important in the prevention of neural tube defects (NHMRC 2003). Current Australian guidelines recommend that all women of reproductive age have 0.4 milligrams of folate each day. Foods such as citrus fruit and beans are important sources. An interesting policy issue has been the voluntary fortification of breads and other foods with folate to prevent the adverse consequences of folate deficiency (for example, neural tube defects such as spina bifida) among newborns. It is important to encourage a varied diet at this time (NHMRC 2003).

Many women become more interested in nutrition during pregnancy (Devince and Edstrom 2001). This increased concern about nutrients presents an opportunity to guide women (and their partners) towards the consumption of a range of foods, as suggested in *The Australian Guide to Healthy Eating* (Smith, Kellett and Schmerlaib 1998) and *The Australian Dietary Guidelines for Children and Adolescents* (NHMRC 2003). If for example, expectant mothers believe they may be nutrient deficient, they can be reminded of the value of fruits, vegetables, lean meats and dairy foods in providing these nutrients; suggestions about convenient ways in which to prepare these foods are also likely to be well received. Pregnancy and the months after childbirth offer many opportunities (or 'teachable moments') for health practitioners to advise women and their families about food and health issues.

Maternity hospitals and birthing centres

Counselling and education in hospital before and immediately after birth can help mothers establish breastfeeding. The Review of Children's Healthy Eating Interventions showed that counselling in the days and weeks after birth can increase the likelihood of a mother breastfeeding her child. Box 7 summarises 10 steps to successful breastfeeding.

Australian research (McIntyre, Turnbull and Hiller 1999) suggests support from fathers, other adult family members and the general community is required if mothers are to breastfeed for six months after birth. Many breastfeeding mothers find that the external environment (outside their homes) is not conducive to breastfeeding. Many workplaces, for example, do not provide quiet, private rooms for breastfeeding, and some actively oppose it (McIntyre, Turnbull and Hiller 1999). Similarly, shops, restaurants, bus and rail termini, and airports often do not

provide adequate facilities. This lack of conducive environments often convinces mothers that it is more practical to cease breastfeeding relatively soon after birth.

To address this problem, the Australian Department of Health and Aged Care has created an information kit for businesses about ways in which they can provide supportive environments for women to breastfeed. The kit also includes signs, which can identify premises as 'baby friendly'. For such environmental changes to become widespread, advocacy and awareness raising programs are required to shift societal norms about the acceptability of breastfeeding in public.

Box 7: Intervention example—the baby friendly hospital initiative

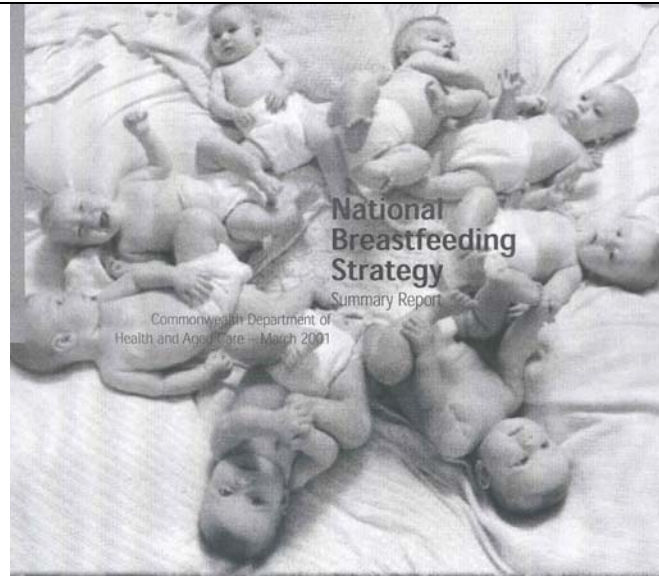
The 10 steps to successful breastfeeding that underpin the baby friendly hospital initiative

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement the policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within half an hour of birth.
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practise rooming in, allowing mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: Australian Department of Health and Ageing (www.health.gov.au)

The National Breastfeeding Strategy (box 8) includes several initiatives, such as the identification of 'baby friendly' shops and restaurants through simple signs that inform mothers that they can breastfeed on the premises (McIntyre, Hiller and Turnbull 1999) and the distribution of information kits for mothers.

Box 8: Intervention example—the National Breastfeeding Strategy



The National Breastfeeding Strategy was announced by the Commonwealth Government in the 1996–97 Federal Budget as part of its *Health Throughout Life* policy statement (Department of Health and Family Services, 1996). *Health Throughout Life* introduced a range of new public health measures in the areas of maternal and child health, childhood immunisation, diabetes, injury prevention, HIV/AIDS and the minimisation of the harm from drug abuse.

The Budget package lifted the profile of public health as a national priority and reflects the Government's commitment to provide a more creative and flexible public health approach to meet the changing needs of individuals and the Australian community. These new initiatives recognise the great potential of public health: that relatively small outlays on prevention and early intervention can lead to many millions in savings to health care dollars in the future. As a result, the \$2 million National Breastfeeding Strategy is a key component.

The aim of this report is to provide a summary of all the projects funded under the National Breastfeeding Strategy. It is targeted to all health professionals, health and community organisations and the general public. The report can be used as a resource for obtaining further information on

breastfeeding initiatives undertaken by the Commonwealth.

This report was prepared by the Primary Prevention Section, Primary Prevention and Early Detection Branch of the Population Health Division, Commonwealth Department of Health and Aged Care. The report was compiled from information obtained in written reports received from the individuals/organisations who were contracted by the Department to do the projects as well as from verbal consultations and references to corporate documents held within the Department of Health and Aged Care.

The report focuses on:

- ▶ the objectives of each project;
- ▶ how each project achieved its objectives;
- ▶ resources produced, to whom they were disseminated and details on where to obtain further copies of the resources; and
- ▶ achievements of the project, particularly relating them to the overall aim of the National Breastfeeding Strategy.

Unless otherwise indicated, all resources produced under the National Breastfeeding Strategy can be found on the Department of Health and Aged Care website at: www.health.gov.au/pubhlth/strateg/brfeed

Maternal and child health centres

The statewide system of maternal and child health nurses provides community-based education, counselling and support for families, and health surveillance for infants and young children. The nurses contact all new parents and offer a series of appointments for their child from the birth until 6 years of age. More than 98 per cent of infants are seen within the first two weeks of life, and parents are then offered centre-based support within a structured format specified by the Victorian Government (at birth, then aged 2 weeks, 4 weeks, 8 weeks, 4 months, 8 months, 12 months, 18 months, 2 years and 3–3½ years, with extra visits according to perceived need and available funding). Nutrition and healthy eating are discussed during these visits (Department of Human Services 2003c)

Some of the stakeholders contacted in the Review of Children's Healthy Eating Interventions reported that new parents are often anxious about feeding their infants. In part, this is likely to be a consequence of the small size of the parents' family of origin: with the majority of families in the 1980s and 1990s having had only one, two or three children, many new parents are likely to have had little close experience with babies until they have their own. In addition, many young parents live away from the support of their families. Strong encouragement and emotional support may be required to help young parents feed and care for their infants, and to overcome problems such as food refusal and fussy eating (as reported by community dietitians in the Review of Children's Healthy Eating Interventions). Some of the community dietitians in the review claimed that some toddlers may have a great deal of influence over food selection, countermanding the parents' wishes. They claimed that such behaviour may lead to poor dietary habits, such as over reliance on bland, high energy, low fibre foods. These anecdotal reports require further investigation, but they suggest the problems facing new parents are quite different from those faced by earlier generations.

Simple behavioural and nutritional principles such as those suggested by Birch (1999) and used in the 'Food Dudes' toddlers project (Tapper, Horne and Lowe 2003) can be effective ways of assisting new parents to create a harmonious healthy feeding environment for their children. The 'Filling the Gap' program, provides child nutrition tip sheets that maternal and child health nurses distribute. Evaluation of this program showed that over half of the families who responded to the survey evaluation had changed their children's snacks or meals. The evaluation also showed that the tip sheets reinforced parents' existing knowledge, especially about sweets and sweet drinks, and appropriate food and exercise (Department of Human Services, Victoria 2003b).

The Parental Education and Support (PEAS) project was a prospective pre- and post-non-randomised intervention trial that ran through the Royal Children's Hospital Centre for Community Child Health (Melbourne). It was delivered, via the state-run maternal and child health infrastructure, to first-time parents during the first two years of their child's life. It

presented simple community-based interventions to families via one-on-one consultations, group discussions and written materials. Feeding problems were one set of problems that the PEAS project covered.