



**Submission in response to the
Draft Australian National Breastfeeding Strategy: 2017 and Beyond
Discussion Guide**

15 May 2017

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1 Overview

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission to the Project Team, collaborating with a Breastfeeding Jurisdictional Officers Group, reporting to the Standing Committee on Child and Youth Health. Community Care and Population Health Principal Committee, Australian Health Minister's Advisory Council. It has been prepared in response to the discussion guide on the draft *Enduring Australian National Breastfeeding Strategy: 2017 and Beyond*, circulated in April 2017.

The AHHA is Australia's national peak body for public hospitals and health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

2 Strategies/activities relevant to breastfeeding

AHHA recommends that the establishment of Primary Health Networks (PHNs), and their roles and responsibilities, be considered in the development of the enduring National Breastfeeding Strategy.

PHNs have the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly for those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care in the right place at the right time. They achieve this locally through broad engagement across their region including with Local Hospital Networks, public and private hospitals, Aboriginal Medical Services, state and territory governments, with guidance from GP-led Clinical Councils and representative Community Advisory Committees.

Of particular relevance to the development of this strategy will be their activities:

- Understanding the health care needs of their communities through analysis and planning
- Providing support to general practices in attaining the highest standards in safety and quality, including collecting and reporting data to support continuous improvement
- Working with other funders of services and purchasing or commissioning health and medical/clinical services for local groups most in need.¹

PHNs also have identified priority areas including *Aboriginal and Torres Strait Islander Health* and the *Health Workforce*, which align with key enablers in the draft strategy.

The activities of PHNs can contribute to enabling the promotion, protection and support of breastfeeding in Australia at the local level.

¹ PHN Grant Programme Guidelines. At: [http://www.health.gov.au/internet/main/publishing.nsf/Content/F4F85B97E22A94CACA257F86007C7D1F/\\$File/Primary%20Health%20Network%20Grant%20Programme%20Guidelines%20-%20V1.2%20February%202016.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/F4F85B97E22A94CACA257F86007C7D1F/$File/Primary%20Health%20Network%20Grant%20Programme%20Guidelines%20-%20V1.2%20February%202016.pdf)

3 Strategic priorities across the breastfeeding continuum

AHHA recommends that the strategic priorities in the strategy reflect the broad range of factors identified within the 'Principles' and 'Enabling elements' of the draft strategy. The strategic priorities should articulate:

- Overarching governance, including responsibilities and accountabilities at Commonwealth, state/territory government, Local Hospital District and Primary Health Network, and local service levels.
- Research priorities to support coordinated efforts in building a sound evidence base to inform future action.
- Financial incentives/disincentives to breastfeeding, including actions to address them, e.g. GST is currently applied to lactation aids, but not to infant formula.

More specifically, the items included under 'Goals' and 'Objectives' appear to be interchangeable in terms of language. It is recommended that the language used in this table reflects that 'Goals' are the outcomes that are to be achieved, while the 'Objectives' are the measurable steps taken towards achieving each goal. It would then be desirable for the:

- 'Goals' to be more woman and child-centred. For example, moving 'Enable and assist pregnant women to establish own breastfeeding support networks and links to support groups in the community' to be an objective, the goal might be 'Pregnant women have breastfeeding support.'
- 'Performance Indicators' to align with the goals and objectives identified.

The items included under 'Evidence Base' appear to be hospital-oriented and directed at those providing maternity services specifically. It is recommended that these be adapted to reflect the broad range of settings in which breastfeeding is supported across the continuum. This is particularly important as care models are moving to be less hospital-centric, and more community and primary health care based. Further, many of the items currently listed are applicable across all phases in the continuum; consideration should be given to how this can be reflected within the table without creating significant repetition.

It is recommended that the time periods across the continuum by which strategic priorities are grouped be reviewed. They should be adapted to be more woman and child-centred in terms of a woman's experience with breastfeeding, the type of support they will need in that time period, and the variety of settings in which that support may be provided (i.e. the time period of 'Birth to 4 days' appears to be based around typical private hospital discharge timing; 'Birth to Day 1' may be more appropriate).

4 Conclusion

AHHA supports the development of an *Enduring Australian National Breastfeeding Strategy: 2017 and beyond*, and commends the work undertaken to date. We particularly support the concurrent work to achieve national agreement on how and what data is collected nationally to measure progress on breastfeeding indicators.

We recommend this strategy better reflect:

- A woman and child-centred approach in its goals;
- The broad range of settings in which breastfeeding support occurs; and
- The drivers shifting care from hospital-based to community and primary health care-based, together with the broader system changes that are occurring to facilitate this.



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