



Towards Healthy Families

SUMMER 2018

*Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies*



Presidents message

On behalf of the CMS Board I extend New Year greetings to our CMS members and friends.

Over the holiday period CMS, through QEII, provided services to families from the ACT and the surrounding region. As is usual at this time, we were also able to undertake important routine maintenance that during busier times may cause interruption to services. CMS extends its thanks to the staff for ensuring that families received timely and responsive care, especially when other services were unavailable.

The CMS Board will hold its first Board meeting for the year in February. At that meeting we will commence our annual review of the CMS governance model as well as review the CMS Committees and their membership. I am fortunate to lead a Board with such a diversity of knowledge, skills and experience. A number

of studies have found that having a diverse board can also bring about better organisational performance - both financial and non-financial and diversity makes for better governance - and better governance inevitably means better results.



Even though the Board does not meet until February, the CMS Program Development Committee will have already met to review staff scholarship applications for the coming academic year. The CMS Scholarship Fund aims to provide at least two new scholarships for staff undertaking research or studies in child and family health. By doing this, CMS achieves its aim to ensure that we have an appropriately qualified staff to meet the current and future needs of families raising young children.

Fiona Smith du Toit

The Hydrangeas 2018 Meetings

The first get together for the Hydrangeas in 2018 is at 10.30am on International Womens Day, Thursday, 8th March, at Pollen Cafe in the National Botanic Gardens. All current and past QEII staff and CMS members are most welcome to join us.

Other meetings this year will be held on:

- Thursday 5th July (National Arboretum Cafe)
- Thursday 8th November (Pollen Café, National Botanic Gardens)

For further information, please contact: Robyn Steele, robyn.steele22@gmail.com or Lynne Johnson, lynnejohnson@grapevine.com.au.



The dilemma with donor human milk

Over the past year at QEII, we have noticed an increase of interest by our clients in the use of donor breast milk. An increasing trend is informal breast milk sharing, where families post a request on social media sites. At the Queen Elizabeth II Family Centre (QEII) we believe families need to be fully informed about the risks of using unscreened breast milk or the use of pasteurised donor human milk from a human milk bank and balance these with their decision about feeding their child.

The World Health Organization (WHO) states that 'breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants'. Breastfeeding is beneficial to babies, mothers, families and society. Reliable evidence shows that breastfed babies are less likely to suffer from necrotising enterocolitis (NEC), diarrhoea, respiratory illness, middle ear infection, type 1 diabetes, allergies and childhood leukaemia. Reliable evidence also shows that breastfed babies have enhanced cognitive development. Breastfeeding also benefits mothers by promoting faster recovery from childbirth, reducing the risks of breast and ovarian cancers in later life, and reduced maternal depression.

In Australia, it is recommended that infants are exclusively breastfed until around 6 months of age when solid foods are introduced, and that breastfeeding is continued until 12 months of age and beyond, for as long as the mother and child desire. The Australian Society for Clinical Immunology and Allergy (ASCIA) advises that when an infant is ready, at around six months, but not before 4 months, start to introduce a variety of solid foods, starting with iron rich foods, while continuing breastfeeding.

Breastfeeding during the period that a variety of solids are first introduced may help reduce the risk of the infant developing allergies and food intolerances.

Most women choosing to breastfeed can do so successfully and there are only a few rare circumstances in which breastfeeding is not recommended. However, where it is not possible for a biological mother to breastfeed the WHO recommends human milk from other sources, especially for the preterm and low birth weight baby, as the most preferred alternative option and the establishment of human milk banks.



Human milk banks and breastmilk sharing in Australian maternity hospitals were widespread until the 1980's when concerns were raised about the transmission of blood borne viruses such as HIV and Cytomegalovirus. With growing evidence supporting the benefits of giving human milk to premature babies and recognition that screening donors and pasteurising human milk could virtually eliminate risk, milk banks were re-introduced with the first opening in Perth, WA in 2006. There are now four hospital and one community based milk banks operating in Australia, none at this stage in the ACT.

Preterm and low birth weight babies are at higher risk than healthy term babies for a range of life threatening conditions such as NEC and infections. It is now widely accepted in neonatal intensive care units that it is best practice for mothers to breastfeed or express milk to feed their babies. When this is not possible reliable evidence shows, while not quite as protective as a mother's own milk, pasteurised donor human milk is associated with better outcomes and a

reduced risk of NEC compared to infant formula as well as significant savings to the health care system.

The practice of wet nursing, where a woman breastfeeds another's child, was common before feeding bottles and infant formula were introduced. Anecdotally, this is still practiced in Australia with sisters or friends with similar aged babies sharing breast feeding and in some Australian communities sharing the breastfeeding of babies is the cultural norm.

More recently, increasing awareness of the benefits of breast milk, the idea of donor milk and the rise of social media have led to the establishment of websites supporting informal milk sharing arrangements and helping connect families seeking donor milk with mothers wishing to give away or sell their excess milk. Under Australian law it is illegal to buy or sell parts of the human body, including breast milk.

The Australian Breastfeeding Association (ABA) and the Australian College of Midwives (ACM) both have position statements on donor milk encouraging mothers to be aware of the risks associated with privately sourced donor milk. Milk banks extensively screen the donor, provide information on best practice for hygienic collection, storage and transportation, pasteurise the milk and test for the presence of pathogens. With informal sharing of breast milk there is a small, but real, potential risk of transmission of diseases including HIV and Hepatitis C through unscreened breast milk. In addition, there are the risks of bacterial contamination and exposure to medications, drugs or other substances and no guarantee that milk obtained from the internet or other informal sources is actually breast milk.

At QEII we support families making informed choices and encourage them to weigh up the risks and benefits when considering feeding options and choosing where to source milk for their child. At the same time, we hope in the future Canberra is home to its own milk bank.

ABA (2014) Position Statement on Donor Milk viewed on 24 January 2018 at www.breastfeeding.asn.au

ACM (2014) Australian College of Midwives Position Statement on the use of Donor Human Milk viewed 25 January 2018 at www.midwives.org.au/resources/acm-position-statement-use-donor-human-milk

ASCIA (2016) Guidelines: Infant Feeding and Allergy prevention viewed 25 January 2018 at www.allergy.org.au/patients/allergy-prevention/ascia-guidelines-for-infant-feeding-and-allergy-prevention



WHO (2018) Nutrition, viewed 23 January 2018 at www.who.int/nutrition/topics/exclusive_breastfeeding/en/

Australian Commonwealth Department of Health (2014) Donor Human Milk Banking in Australia – Issues and Background Paper viewed 24 January 2018 at www.health.gov.au/.../Donor%20Human%20Milk%20Banking%20in%20Australia%2

A reminder for summer

This summer has seen record high temperatures across the country. Here are a few things we need to keep in mind when caring for babies and young children in the hot Australian summer:

- Babies and children overheat and dehydrate quickly in hot weather
- Breastfeed or bottle-feed your baby more often in hot weather
- Offer older babies and children extra drinks in hot weather, the best drink is water
- Dress babies and children in cool clothing and protect their skin from the sun with clothing, hats and sunscreen
- Never EVER leave children in the car, not even for a moment
- Do not restrict airflow in the pram with muslin cloths or blanket covers.

Currently working on www.cmsinc.org.au

Our website is currently undergoing updates. Over the coming months you will notice a range of new and up to date information. We will also be working on updating the look and feel of the site to fit in with our other publications, so please stay tuned for a full refresh.

Please follow us on social media

Our Facebook and Twitter pages are updated weekly and we would love your support to grow our network. Links can be found on our website www.cmsinc.org.au or you can go directly to:

Facebook - <https://www.facebook.com/QEII-Family-Centre-472155609517857/>

Twitter - <https://twitter.com/QE2FamilyCentre>



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For inclusions in upcoming editions of the newsletter (photos and articles are welcomed for consideration), to opt out of the newsletter mailing list, or to **SAVE PAPER** by receiving this newsletter electronically, contact Colleen at Colleen.Josifovski@act.gov.au or phone (02) 6205-2322.

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