



Proactive Release

Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes and their reference to sections of the Act:

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

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Child and Youth Wellbeing Strategy – Submission Template

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: childandyouthwellbeing@dpmc.govt.nz

A guide to making a submission is available on the DPMC website <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Submissions will close on **Wednesday 5 December**.

Please provide details for a contact person in case we have some follow up questions.

Contact Name:	Jenny Lester
Email Address:	9(2)(a)
Phone Number:	
Organisation Name:	New Zealand Lactation Consultants Association (NZLCA)
Organisation description: (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	<p>New Zealand Lactation Consultants Association (NZLCA) is the professional organisation for International Board Certified Lactation Consultants (IBCLCs) in New Zealand. There are approximately 265 IBCLCs in New Zealand, the majority of whom are not employed as Lactation Consultants but are Midwives, Nurses, Doctors, Dietitians with the added qualification of IBCLC, we have a small number of IBCLCs in private practice.</p> <p>Our vision is to see Aotearoa/New Zealand health transformed through breastfeeding and empowerment. We work to advance the IBCLC profession in Aotearoa/New Zealand through leadership, advocacy, professional development and research.</p> <p>An IBCLC specialises in the clinical management of complex breastfeeding and lactation matters. We work with mothers and their pēpi/whānau, providing care that is woman-focused and planned with regard to individual cultural needs.</p> <p>We would like to thank you for the opportunity to offer a submission on this strategy.</p>

<p>Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)</p>	<p>An essential strategy to achieve child and youth wellbeing is to strengthen breastfeeding in Aotearoa; to make it easy for mothers and whaanau to breastfeed by ensuring:</p> <ol style="list-style-type: none"> 1. Midwives, Well Child Nurses, General Practitioners and others working in the maternity sector receive high quality, evidence based annual training in breastfeeding and lactation, alongside having access to appropriate referral processes when more complex breastfeeding and lactation issues occur. 2. Free access to quality breastfeeding support for all mothers and whaanau. <ul style="list-style-type: none"> • IBCLCs for complex feeding issues • peer counsellors support in the community • mother to mother support groups publicly funded and run by the community. 3. Increased funding for IBCLCs positions in public hospitals and community clinics. 4. Health promotion messages that support breastfeeding as desirable and the norm are increased in quantity, quality and visibility. 5. Continue to improve maternity and parental leave and ensuring it is accessible to all families. 6. Improvement, strengthening and implementation of the National Strategic Plan of Action for Breastfeeding 2008-2012. 7. Governmental support for the development of human milk banks. 8. Continued improvements on gender equity issues. 9. NZ is meeting obligations under the WHO and subsequent resolutions/ Innocenti declaration. Strengthen our adherence to the International Code of Breastmilk Substitutes.
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Submission Content

NZLCA applauds this government's commitment to genuine change to ensure that all children in New Zealand thrive. We share in your vision of wellbeing for all children and youth. We believe breastfeeding is an important intervention for nurturing our children. Research shows it improves their physical and emotional health and helps to grow strong, resilient children and youth.

We support the proposed 7 underlying principles outlined in the DPMC Appendix B document. Improved breastfeeding rates would align well with and support the 5 proposed outcomes. Of the 16 focus areas, numbers 10, 12, 14, 16 are most readily addressed by supporting breastfeeding from birth onwards, as these areas relate to the first 1000 days of life, mental health and resilience.

The World Health Organisation (WHO) recommends mothers exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond. (1)

Children who are breastfed have fewer infections, fewer hospital admissions and less dental malocclusion. They receive some protection against overweight and diabetes later in life. (1)

Evidence shows breastfed babies have a healthier gut biome than formula fed babies, with positive effects on their life long health, as discussed by Professor Gluckman on National Radio last week. Reduced diversity of our microbiome has been associated with a large increase in non-communicable chronic diseases. This reduces children's ability to have a healthy, active life and also their ability to sustain their emotional and mental resilience. (2)

A higher intelligence score has been associated with fully breastfed children in comparison with those who are breastfed for shorter periods, or not breastfed. This advantage persists into later life as the educational potential of breastfed children increases their earnings as adults. Longer breastfeeding duration was associated with a 2·6-point increase in intelligence quotient (IQ) score. (3)

Breastfeeding benefits mothers' health as it has protective benefits against breast cancer, improves birth spacing and reduces a woman's risk of diabetes and ovarian cancer. Longer breastfeeding duration is associated with positive effects on cardiovascular health in women and better metabolic health. These benefits for mothers and babies strength the whole whaanau. (3)

There are studies that show breastfeeding is associated with improved self-efficacy and therefore mental health status. Hormones associated with lactation may induce calmness and relaxation, helping to cope with stress. Research has also shown that breastfeeding supports mother and child bonding and is the beginning of developing health relationships.

Breastfeeding has a positive impact on managing the family budget; formula feeding is an increased financial burden for whaanau.

"The evidence on breastfeeding leaves no doubt that it is a smart and cost-effective investment in a more prosperous future. Let's ensure that every child and every nation can reap the benefits of breastfeeding." Keith Hansen *The World Bank, Washington, DC 20433, USA*

Breastfeeding also has the added benefit of reducing health care costs to the country, both short and long term. The health and economic costs of suboptimal breastfeeding

are largely unrecognised. (5).

Promoting breastfeeding through the Baby Friendly Hospital initiative has been used as a strategy for addressing inequality in health, by the City of London (6). The formation of the portfolio of Child Poverty Reduction by the current New Zealand government is an endorsement that a reduction in inequality improves health status for all.

Breastfeeding has very little environmental impact or carbon foot print when compared to formula feeding which has a huge impact on our environment. (3) Reducing our carbon footprint now will have a beneficial impact on future generations of children and youth wellbeing.

References:

(1) Cochrane Database Syst Rev. 2012 Aug 15;(8):CD003517. doi: 10.1002/14651858.CD003517.pub2.

Optimal duration of exclusive breastfeeding.

Kramer MS1, Kakuma R.

(2). Wopereis, H., Oozeer, R., Knipping, K., Belzer, C., and Knol, J. (2014). *The first thousand days--intestinal microbiology of early life: Establishing a symbiosis.* Pediatr Allergy Immunol; 25:428-438.

(3). Victora CG · Bahl R · Barros AJD · et al.
for The Lancet Breastfeeding Series Group

Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect.

Lancet. 2016; 387: 475-490

(4). *Why invest, and what it will take to improve breastfeeding practices?*

Nigel C Rollins, MD / Nita Bhandari, PhD / Nemat Hajeebhoy, MHS / Susan Horton, PhD / Chessa K Lutter, PhD / Jose C Martinez, PhD / et al.

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(5) *Breastfeeding: a smart investment in people and in economies.* www.thelancet.com Vol 387 January 30, 2016

(6) <https://www.unicef.org.uk/babyfriendly/london-health-inequalities-strategy-recommends-baby-friendly/>

Please note that your submission will become official information. This means that the Department of the Prime Minister and Cabinet may be required to release all or part of the information contained in your submission in response to a request under the Official Information Act 1982.

The Department of the Prime Minister and Cabinet may withhold all or parts of your submission if it is necessary to protect your privacy or if it has been supplied subject to an obligation of confidence.

Please tell us if you don't want all or specific parts of your submission released, and the reasons why. Your views will be taken into account in deciding whether to withhold or release any information requested under the Official Information Act and in deciding if, and how, to refer to your submission in any possible subsequent paper prepared by the Department.