



Joint statement on infant feeding support for individuals who have sought asylum in Australia

Call for appropriate infant and young child feeding support for the mothers and caregivers of infants and young children in immigration detention in Australia and Nauru.

The way that infants are fed is important to their health. The Australian government's recognition of the importance of infant feeding practices to the health of all babies in Australia is reflected in the Australian National Breastfeeding Strategy and the National Health and Medical Research Council's Infant Feeding Guidelines^{1,2}. International and Australian public health bodies recommend that all infants be exclusively breastfed for the first six months of life and continue to be breastfed at least into their second year of life^{1,3}. For a variety of reasons, it is not always possible to follow these recommendations. Where breastfeeding is unavailable, it is recommended that infants be fed a commercial infant formula that meets Codex Alimentarius standards^{1,3}. Nonetheless, formula feeding carries a variety of risks.

In countries like Australia, where there are high levels of literacy and hygiene, where clean water and electricity are easily available, and where primary health services are well established, infants fed infant formula are still three to five times more likely to require hospitalisation with infections than their fully breastfed counterparts^{4,5}. However, very few die.

In resource poor settings, adverse outcomes for formula fed infants are much more common and serious in nature. For example, formula fed infants are up to 60 times more likely to require hospitalisation than breastfed infants as a result of gastroenteritis and respiratory tract infections^{6,7,8,9}. Globally, gastroenteritis and respiratory tract infections are the most common causes of death of children under the age of five years¹⁰. Infants who are not breastfed are six times more likely to die from such infections than those who are¹¹. Nineteen percent of deaths of children under the age of five years worldwide have been attributed to poor infant and young child feeding practices¹².

Nauru is a resource poor setting with an infant mortality rate that is ten times greater than that of Australia¹³. Current Australian policy requires that the infants of asylum seekers or refugees, who have arrived in Australia by boat, and who were born after the 3rd of December 2014, be detained in Nauru.

On the 4th of June 2015 a five-month-old baby girl was transferred to the Nauru Regional Processing Centre with her mother. It has been reported that, on departure from Australia, the infant was both breastfed and formula fed but that as a result of difficulties associated with the transfer, the infant's mother stopped breastfeeding upon arrival in Nauru¹⁴. Reports about a lack of appropriate resources and support for the mother to feed her baby have appeared in the media^{15,16}. Another three infants have since been transferred to Nauru and there are reportedly between 20 and 30 further babies who will be sent to Nauru at some point in the future. A number of these infants are partially or fully formula fed.

We call upon the Australian Government to protect the health of the infants of asylum seekers and refugees, whether they live in the Australian or Nauruan community or in onshore or offshore detention, by ensuring that appropriate support is provided to their mothers/caregivers to feed them.

We urge the Australian Government to ensure that all asylum seeker and refugee mothers in Australia and Nauru have ongoing and freely available access to lactation support. Professional support should be provided in the form of International Board Certified Lactation Consultants with expertise in maternal trauma and infant feeding in resource poor settings. Mothers in Australia should have mother-to-mother breastfeeding support facilitated via the Australian Breastfeeding Association. On Nauru peer breastfeeding counsellors should be trained to support mothers in breastfeeding. Infant formula should only be provided where it absolutely necessary and with appropriate support.

We ask the Australian Government to ensure that appropriate professionals be available to provide health care to infants and young children in Australia and Nauru including paediatricians and child and family health nurses. Monitoring of the health and development of infants and young children must be available and support and education provided to parents and caregivers.

We request that every effort be taken to ensure that infants of asylum seekers and refugees in Australia and Nauru are kept with their mothers in the event either of them requires hospitalisation (or other medical care) in order to enable breastfeeding to continue through health crises.

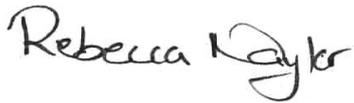
We submit that infants who are partially or fully formula fed should be considered a group at high risk and treated accordingly. Where possible, support should be provided to enable mothers to re-establish a milk supply (relactate). Where this is not possible, caregivers of formula fed infants should receive intensive education on hygiene and the proper use of infant formula. If infants are being transferred to Nauru, caregivers should receive information about the resources that will be provided to them for feeding their babies on Nauru and education on the use of these resources.

We contend that the environment on Nauru is such that it is necessary that ready-to-use liquid infant formula be provided to caregivers of formula fed infants and that feeding implements be disposable. Appropriate storage and hand washing facilities should be made available to caregivers.

We inform the Government that the standard of care for the infants and young children of refugees and asylum seekers in temporary housing situations includes the provision of “safe spaces” for mothers/caregivers and babies. In these safe spaces mothers/caregivers access breastfeeding counselling, support for formula feeding and complementary feeding, health professional assessments of infant wellbeing, psychosocial support and access to postnatal and early childhood mothers’ groups. Such safe spaces should be created in all detention facilities where there are infants and in the Nauruan community.

We ask that the Australian Government consider how the need for older babies and young children for complementary foods that are acceptable to caregivers, clean, of the right type and amount and are responsively fed be enabled in the institutional environment of detention centres and in the Nauruan community.

We counsel the Australian Government to utilise the knowledge of individuals and organisations with expertise in infant and young child feeding in emergencies in designing and deploying infant and young child feeding support to asylum seekers and refugees in Australia and Nauru.



Australian Breastfeeding Association –
Rebecca Naylor - CEO



International Lactation Consultant Association –
Decalie Brown - President



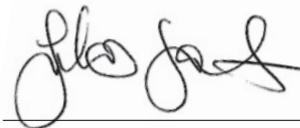
**Australian College of Children and Young
People's Nurses –** Cathy Marron - Chairperson



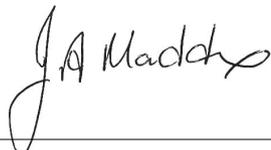
**Lactation Consultants of Australia and New
Zealand –** Helen Adams - President



Australian College of Midwives –
Ann Kinnear - CEO



**Maternal, Child and Family Health Nurses
Australia –** A/Professor Julian Grant - President



**Child and Family Health Nurses Association
(NSW) –** Julie Maddox - President



Public Health Association of Australia –
Professor Michael Moore - CEO

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