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BEYOND BREASTFEEDING BARRIERS

UQ researchers have discovered strong links between a mother's level of education and whether or for how long she breastfeeds her children, posing important questions about the barriers to breastfeeding and how best to overcome them.

According to Queensland Health, breastfeeding gives babies the best start for a healthy life.

This is based on World Health Organization recommendations that babies be exclusively breastfed for the first six months of their lives and continue to be breastfed up to two years of age or beyond.

Despite this, not all women breastfeed their babies, with UQ researchers finding that the less educated a woman is, the less likely she is to breastfeed for the recommended six months. And when it comes to the youngest in the family, research shows that these babies often miss out on being breastfed altogether, no matter what their mother's level of education.

Epidemiologist and biostatistician Professor Gita Mishra from UQ's School of Public Health says these findings are probably due to the fact that the more educated a mother is, the more likely she is to be aware of the benefits of breastfeeding.

And, once women have had their desired number of children, they often return to work, making physical contact with their babies much more difficult – although other factors such as insufficient milk produced by the mother or the baby finding it difficult to 'latch on' may also have an impact.

And how does Professor Mishra know this?

Through her team's research and analysis of findings from the national study she co-directs, the Australian Longitudinal Study of Women's Health (ALSWH) – also known as Women's Health Australia.

Australian Longitudinal Study of Women's Health (ALSWH)

For over 20 years, the Australian Government Department of Health has funded the Australian Longitudinal Study of Women's Health as a national research resource.

The study, established in 1996 under the directorship of UQ's Professor Annette Dobson, is jointly managed by The University of Queensland and the University of Newcastle. The study tracks more than 57,000 women across the country to assess their mental and physical health throughout the lifespan. The information gathered is used to inform state and federal health policy in a wide range of issues.

"In 1996, we recruited around 40,000 women from the Medicare database in three cohorts," says Professor Dobson.

"Our aim was to follow women through life stages critical to their health and wellbeing, and observe changes in their health, clarify cause-and-effect relationships, and assess the effects of revised health policy and practice.

"When we started, the women from the 1973-78 cohort were aged 18-23. They were leaving home and starting jobs, education and relationships. The 1946-51 cohort members were aged 45-50 and we have tracked them through menopause and retirement. The women in the 1921-26 cohort were 70-75 in 1996 and the surviving women are now in their 90s. Their six-monthly surveys are helping us understand the factors involved in ageing well.

"Our goal was to examine, over a 20-year period, factors that affect the health of

women and their use of health services in the context of their personal, family, social and economic circumstances."

From 1996 until 2011, all women were surveyed once every three years via surveys sent in the mail, and the older cohort then received shorter surveys every six months. Some participants also participated in a range of sub-studies covering issues such as sleeping difficulties, domestic violence, menopause, urinary incontinence, leisure, diabetes, caring, future plans, and their children's health.

In 2013 a new cohort of 17,000 young women born between 1989 and 1995 was recruited via social media. These women complete annual online surveys.

"Every generation faces new and different health risks," says current director at UQ, Professor Gita Mishra.

"We don't know exactly what health risks a new generation of young women will face, but by asking women to complete surveys, we can map health and life events of Australian women. With this information we can then make recommendations to inform public health policy."

Women's Health Australia aims

- Identify the social, psychological, physical and environmental factors that determine good health, and those which cause ill-health, in women throughout adult life.
- Identify when, if and how the health system meets the health needs of women and help to guide future policy and planning of women's health care services.

- Provide information on the long-term health effects of events in women's lives and on the factors that modify these effects.
- Give an opportunity for Australian women to have a say about their health and health services.
- Provide a national research resource on women's health issues.
- Provide data that will help motivate women to participate in decision-making on health.

Benefits of breastfeeding

Queensland Health Department guidelines stress the importance of breastfeeding, recommending that exclusive breastfeeding (i.e. no other food or drink) take place until babies are around six months of age. Breastmilk provides all the food and drink babies need and is cost-effective for families.

Breastfeeding should then continue as a supplement to solid food up to 12 months of age, or longer if mother and baby desire.

Mothers, babies, the environment and society all benefit from breastfeeding. However, findings from the ALSWH indicate that this message isn't always getting across to women.

Good for the economy

- Breastmilk costs no money and can save society money through reduced hospital admissions and healthcare costs

Good for the environment

- Breastmilk has no waste products and leaves no carbon footprint

Good for mothers

- Breastfeeding helps the uterus return to its pre-pregnancy state faster and can help with weight loss
- Breastfeeding may reduce the risk of osteoporosis and the risk of mothers with gestational diabetes developing type 2 diabetes
- Breastfeeding reduces the risk of ovarian cancer and pre-menopausal breast cancer

Good for babies

- Breastfed babies have less illness, including a lower risk of gastrointestinal, middle ear, urinary tract and respiratory infections; eczema; asthma; obesity; diabetes; some childhood cancers; and sudden infant death syndrome
- Breastmilk is easily digestible, contains important nutrients for a baby's growth and development, and helps boost the immune system
- Breastfeeding has psychological benefits through enhancing emotional attachment between mother and baby

(Source: health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/maternity/nutrition/breastfeeding/importance)

ALSWH findings about breastfeeding

UQ PhD candidate and Women's Health Australia collaborative researcher Natalie Holowko has been analysing the study data with Professor Mishra.

"Our survey of more than 4700 mothers found that while 83 per cent of mothers started breastfeeding their newborns, only 59 per cent of six-month-olds were still being breastfed," Ms Holowko says.

"Compared to women with only high school education, university-educated women were twice as likely to initiate breastfeeding and to breastfeed for the recommended six months. And, interestingly, women with a parent who had fewer than 10 years of education were about one-and-a-half times less likely to breastfeed."

Ms Holowko believes this last finding is a concern, given that breastfeeding reduces a child's risk of being overweight or obese and so is one of the first lines of defence against the emerging obesity epidemic.

Even more so when coupled with her finding that the youngest child in the family may miss out on being breastfed altogether.

"The number of children a woman has definitely influences breastfeeding behaviour, with first-borns more likely to be breastfed," she says.

"Unfortunately, women – particularly those with a higher level of education – were less likely to breastfeed their youngest child. This may suggest that women are returning to work soon after reaching their desired number of children.

"These findings show that as a society, we need to focus more on removing barriers to starting and sustaining breastfeeding where possible – at home, at work and in the community – and enjoy the benefits for mother, babies and society generally.

"Our research highlights the importance of understanding the barriers to breastfeeding in order to reduce inequalities in infant breastfeeding and give all babies the opportunity to have the best start in life."

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(Photo credit: Getty Images/onebluelight)

The story so far:

1996: Based at UQ and the University of Newcastle, the Australian longitudinal study on women's health is launched

2009: The Australian longitudinal study on women's health (2009–2016) continues

2011: The study is expanded to include establishment of a new cohort of women born 1989–1994, with more frequent studies of women born 1921–1926

2013: Professor Mishra is awarded an ARC Future Fellowship (2013–2017) for *Trajectories and turning points for women's reproductive health: an integrated life course approach*

2017: Professor Mishra is elected as a Fellow of the Australian Academy of Health and Medical Sciences (FAHMS), is awarded honorary membership of Sigma International, and is elected as board member for the European Menopause and Andropause Society (EMAS)

2017: Natalie Holowko's findings on breastfeeding patterns are published in the Cambridge University Press journal *Public Health Nutrition*

2017: Professor Mishra becomes an NHMRC Principal Research Fellow (2018–2022) for *Leveraging women's health data resources to reduce chronic disease risk and extend healthspan*

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