

PRACTICE GUIDE

Supporting the breastfeeding of children in care

Background

The department values family and community connection and works in partnership with parents of children placed in care to ensure the children's safety, health and wellbeing. Particular consideration is to be given to meet the needs of a breastfed child who is placed in care.

The United Nations Convention on the Rights of the Child (UNCRC) supports the advantages of breastfeeding for both parents and children. This highlights that departmental officers have the responsibility to ensure that child protection intervention supports and does not undermine mothers in breastfeeding their children (Gribble and Gallagher 2014).

Over recent decades, evidence for the health advantages of breastfeeding has continued to grow. The World Health Organisation can now say with full confidence that breastfeeding reduces child mortality and has health benefits that extend into adulthood. Exclusive breastfeeding for the first six months of life is the recommended way of feeding infants, followed by continued breastfeeding with appropriate complementary foods for up to two years or beyond.

Although the department does not have a policy specific to breastfeeding, facilitating the continuation of breastfeeding, is to be considered case by case. This practice guide provides advice to staff to secure the safety, wellbeing and best interests of the child in this regard.

Introduction

Child protection practitioners are required to weigh complex and sometimes contradictory information and competing priorities in order to make decisions in the best interests of children (Gribble and Gallagher 2014). The decision to support breastfeeding practice, when a child enters care, is one such instance where competing priorities will need to be contemplated. Arrangements for children to continue to be breastfed are made on a case by case basis with the parents. The unique circumstances of each child and the family, as well as relevant safety issues, are considered when planning how best to meet the child's needs. The circumstances of the child protection intervention must also be considered in conjunction with the health benefits and other advantages which may be associated with breastfeeding.

Benefits of breastfeeding for children and mothers

Breast milk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Young people and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to have type-II diabetes and perform better in intelligence tests.

Breastfeeding also benefits mothers. Exclusive breastfeeding is associated with a natural (though not fail-safe) method of birth control (98% protection in the first six months after birth). It reduces risks of breast and ovarian cancer, type II diabetes, and postpartum depression.

Breastfeeding provides an opportunity for the mother to hold, gaze at and speak to her child. It assists with the mother's learning of the child's cues. Breastfeeding amongst other day to day interactions can maintain or promote the development of secure attachment between the mother

and child. Research highlights how breastfeeding is closely connected to mothering and getting to know the baby.

Principles to guide decision making

- The department will promote breastfeeding for children placed in care, as evidenced based best practice.
- The department will reflect decision making regarding breastfeeding, within the child's case plan.
- Safety remains the paramount principle when planning contact and intervention where breastfeeding is a consideration.
- Early interactions between parents and children, not only affect the child physiologically, but socially; establishing a template for future relationships.
- The emotional regulation that attuned parents provide, is critical for the development of the child's self-regulation.
- The consideration of breastfeeding will be made within a context of other health and well-being decisions being undertaken on behalf of the child.
- While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers require active support for establishing and sustaining appropriate breastfeeding practices.
- Mothers' insecurity about milk production and conflicting advice from others can be addressed proactively by health professionals. Research points to the necessity of early on, and all through the breastfeeding–bonding trajectory, to build the mother's confidence in breastfeeding and be sensitive and responsive to the needs of the new family.
- Father's proactive participation is integral to the development of the mother's confidence in breastfeeding.
- The mother is to be given every medical and therapeutic opportunity to establish and maintain breastfeeding and to be a genuine partner in decision making in relation to how, when, where and how often breastfeeding will occur.
- If after receiving information and support, the mother proves to be unable and/or unwilling to breastfeed her child, every opportunity to facilitate successful bottle feeding and skin to skin contact for the parents is to be undertaken.
- Consultation will occur to determine if there are any additional cultural considerations with regard to breastfeeding, in relation to Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse mores.

Practical issues to consider in the application of these principles

Some of the factors to be considered are as follows (but are not limited to):

- Any medical advice provided in relation to the specific needs of a particular child.
- Whether there is a risk of breastmilk being contaminated by licit or illicit substances and the potential consequences of this for the child. Consultation with the appropriate medical professional needs to occur in this instance.
- Whether there is a risk of breastmilk being contaminated or of poor quality as a result of maternal illness and/or poor nutrition. Consultation with the appropriate medical professional needs to occur in this instance.
- The ability and capacity of a parent to ensure the hygienic expressing and storage and transport of breast milk.
- The ability of a parent, carer, Child Safety Officer or other professionals supporting the mother to facilitate the safe and hygienic transportation of expressed breast milk and maintenance of frequent contact. Consultation with the appropriate medical professional may need to occur with regard to the safe transportation of breast milk.
- The logistics, such as the distance between a mother and the child's placement, particularly in rural and remote areas, which may impact the supply and safe transport of breast milk.

- The practicalities of transporting the child to maintain breastfeeding including the number of different strangers who may be involved over time and the impact of this on the child's attachment and emotional security.
- The costs and benefits of high frequency contact over short periods of time versus less frequent contact over longer periods of time with research indicating a focus on quality rather than quantity of parental contact for infants is needed.
- The assessment of the nature of familial relationships will assist in facilitating safe, appropriate family support for breastfeeding.
- The provision of the most child friendly physical environment to support breastfeeding.
- The provision of the necessary services to support, coach and educate parents in relation to breastfeeding.

Resources

The following Queensland Government resources are available to assist staff in Child Safety Service Centres:

- [Common breastfeeding concerns](#) – drugs and breastfeeding.
- [Breastfeeding and the effects of alcohol.](#)
- [Breastfeeding and drugs.](#)
- [Common breastfeeding concerns](#) - breastfeeding when you are working or away from your baby.
- [Breastfeeding and formula feeding](#) – how to combine breastfeeding and formula feeding
- The [Growing Strong](#) resources have been developed to provide Aboriginal and Torres Strait Islander families information about nutrition for mothers and children.

For further information on breastfeeding, fact sheets and resources please see the Queensland Health website.

For more information

If you want more details, you can check the [Australian Breastfeeding Association](#) website or talk to a doctor, child health nurse or pharmacist or call 13 HEALTH (13 432 584).

References

Gribble, K.D. and Gallagher, M. (2014) 'Rights of children in relation to breastfeeding in child protection cases', *British Journal of Social Work*, pp. 1-17.

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