Submission No.20 MC
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Inquiry into Breastfeeding

Terms of Reference
"The Committee shall inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding. The Committee shall give particular consideration to:

I am a General Practitioner (since 1993) and Lactation Consultant (since 2003). I can see many ways the Government can support breastfeeding.

a. the extent of the health benefits of breastfeeding;

PROMOTE BREASTFEEDING AS NORMAL RATHER THAN SPECIAL AND TALK OF RISKS OF ARTIFICIAL FEEDING RATHER THAN BENEFITS OF BREASTFEEDING
Rather than thinking of a normal physiological fluid giving some "health benefits" I think it is preferable to think in terms of denying a baby/child access to human milk has health risks. These risks are well documented in any text on breastfeeding.(1. provides a good summary of papers on these) (Please note the health risks of artificial feeds are not so well documented or publicised by those who make a profit from selling artificial baby milk.)

The new rotavirus vaccine that the government is funding would be largely unnecessary if most babies were exclusively breastfed for 6 months.

b.evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities;

Women who are given sample(s) of artificial feeds are more likely to wean than those who are not exposed to samples. The MAIF agreement prohibits the provision of samples for this reason. The health of disadvantaged, Indigenous and remote communities are already less than their counterparts in suburban middle class. To add the impact of undermining breastfeeding by marketing artificial feeds further adds to their burden of ill health. Breastfeeding is a health commodity they can afford. Breastfeeding is an essential part of providing them with improved health. For Indigenous communities it was the only way they knew prior to the arrival of European settlers.

b2 prevent other factors/influences that undermine breastfeeding

ONE OF THE BIGGEST BARRIERS I SEE IS EARLY DISCHARGE FROM HOSPITAL AFTER BIRTH
Most women are discharged these days before their milk "comes in". This means they have barely learnt about attaching their baby to the breast and they are often sent home with suboptimal attachment, which gets worse when their breasts become engorged. Their nipples then get sore, insufficient milk is transferred to the baby as poor attachment means the baby can't drain the breast well. The baby then is not getting as much as he could if he were optimally attached. His weight gains then may be less than desirable and everyone cries "your milk's dried up!" (not understanding the process that has occurred since birth or how to fix it) Relatives often put pressure on them to "just switch to the bottle, it is easier that way".

HEALTH PROFESSIONAL EDUCATION ABOUT BREASTFEEDING IS WOEFULLY INADEQUATE
In my medical training and general practice training there was nothing on breastfeeding. I learnt about breastfeeding from my local Australian Breastfeeding Association group once I was a mother myself. This knowledge then kindled my interest to pursue the IBCLE qualification.
Basic medical training needs to cover all basic aspects of breastfeeding. (2.)
Attached is an example of the breastfeeding curriculum developed for Canadian medical schools. (3.) No such suggested curriculum exists yet for Australian medical schools or other health professionals training. It is very difficult to get them to include it approaching it one school at a time. There needs to be a National standard developed that all have to meet.
Several medical craft groups then need further education beyond a comprehensive overview including paediatricians, obstetricians, general practitioners and surgeons (the latter to prevent them severing nerves and ducts when possible when operating on women's breasts).
Other health professionals breastfeeding education is inadequate as well, including midwives, maternal and child health nurses and speech pathologists.

The core breastfeeding knowledge of all health professionals needs to be in their basic curriculum (not just in "electives") and tested in their exams.

SEPARATION OF MOTHERS AND BABIES AFTER BIRTH
Early exposure to the breast and opportunities for the baby to self-attach aid the likelihood of breastfeeding succeeding. Kangaroo care is known to help stabilise the physiological parameters of very sick premmies to healthy term newborns. Babies need to be with their mothers. This is particularly important for the sick babies who need transfer to a larger hospital for specialised care. It is cheaper in the long run to ensure the mother is transferred with the baby to ensure he continues to get her colostrum. Arrangements at paediatric hospitals should include ability to admit and care for the mother who may be immediately post partum herself or had a caesarean.

c. the potential short and long term impact on the health of Australians of increasing the rate of breastfeeding;

If all babies in Australia were fed human milk exclusively to 6 months old there would be a much lower health bill from savings on many childhood illnesses (particularly in premmies, eg necrotising enterocolitis, infections, obesity, diabetes to name a few) and some illnesses in women (eg breastfeeding lessens breast cancer and obesity).(4.)

d. initiatives to encourage breastfeeding;

SUPPORT FOR WOMEN WHO ARE BREASTFEEDING
It is not just a matter of knowing "breast is best". Women need support at all levels to enable them to breastfeed successfully, including:

- community attitudes to breastfeeding and parenthood
- spouse's support (women who's partners are supportive of breastfeeding are 10 times more likely to breastfeed)
- health professionals knowledge and support and
- mother to mother support like is available voluntarily through Australian Breastfeeding Association.
- Social and economic support of motherhood
- Workplaces' attitude to and support of lactating mothers
- Establish and maintain a human milk bank in every maternity and paediatric hospital

KNOWLEDGE AND SUPPORT COULD PREVENT MOST REASONS WOMEN WEAN BEFORE THEY HAD PLANNED TO
Most women initiate breastfeeding. Many quit from reasons that are easily remedied. Most wean earlier than they planned because of concern over

1. insufficient milk that is most often a perceived insufficiency rather than real.
2. sore nipples. The commonest reason for sore nipples is poor attachment of the baby to the breast. In societies where the majority of babies are breastfed and it is not hidden away, girls see breastfeeding from a young age and gain an innately learned dexterity that allows them to just know how to attach their baby to the breast without damaging their nipples.

WOMEN WHO HAVE HAD A PROBLEM-FREE EXPERIENCE OF BREASTFEEDING DESIRE NO OTHER FORM OF NOURISHING THEIR BABY
If women are supported to succeed to breastfeed and breastfeeding is seen as a positive experience, women and girls will want that for themselves. Many women, when asked why they are breastfeeding give reasons that relate to emotions rather than statistics of risks of artificial feeds. Breastfeeding is a positive part of their parenting. Breastfeeding allows a unique, close relationship to be formed with each child. It is a useful tool freely available any time. It can quieten a crying baby in a supermarket queue, fix a sore knee, help unwind a toddler's temper tantrum and be a portable first aid kit for anything from sticky eyes to medicine and food for a child who refuses all other food or drink. It is a cuddle wrapped up with warm, close feelings from oxytocin and cholecystokinin release in both mother and baby.

e. examine the effectiveness of current measures to promote breastfeeding;

CURRENT EFFORTS TO PROMOTE BREASTFEEDING
Most pregnant women have already made up their mind how they will feed their babies. Current antenatal education can be too late to influence their decision. Community education needs to be at all levels of schooling and the community at large. If this were in place women and their partners would be already knowledgeable prior to pregnancy.

Australian Breastfeeding Association volunteers do a great job in providing local group meetings, health professional education and both phone and e-mail counselling manned 24 hours a day. The Association needs the recognition and support they deserve for providing such assistance. The volunteers don't necessarily want to be paid but financial support is required for:

- Counsellors and breastfeeding educators initial and ongoing education
- Services that the Association provides to help them continue to provide a world-class service including:
  *the Lactation Resource Centre providing latest breastfeeding information
  *email and telephone helpline
- Research into all aspects of breastfeeding
- Education of all health professionals in breastfeeding generally as well as how breastfeeding relates to their craft.

f. the impact of breastfeeding on the long term sustainability of Australia's health system."

LONG TERM SUSTAINABILITY REQUIRES A LONG-TERM COMMITMENT. Short 1 or 2 or even 5 year projects are not going to see significant results. Breastfeeding has been around for thousands of years and ensured the survival of humans all those years. It is a robust, physiological process.
With an ageing population and spiralling health costs Australia can't afford to do anything else but support breastfeeding. The health benefits are immediate and ongoing beyond weaning, helping the mother and baby.
To save money, prevention of chronic diseases will need to be the focus of the Australian health care system. All health care providers will need to work together to promote and support breastfeeding.

FINAL THOUGHT

If fresh, human milk were a PBS medication there would be no doubt it was good value for money. It would be marketed as flexible and portable, a designer drug with multiple indications without risks in the vast majority of breastfeeding dyads It is made locally without expensive freighting costs. Each batch is right for it's own customer. Each has it's own flavour and bouquet, recognisable to even the youngest of newborns. It would be marketed to all and sundry, no expenses spared. A definite winner worth everyone's backing.

Thankyou for the opportunity to present my opinion on this important topic.

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References

1. http://www.breastfeedingonline.com/RisksofArtificialFeeding.pdf
   is a good summary of risks of formula put together by Dr Jack Newman, a Canadian Paediatrician

2. Lawrence, R.A. Breastfeeding, A Guide for the Medical Profession. 5th ed Mosby. Chapter 22. Educating and training the medical profession.

3. Breastfeeding modules for introduction into undergraduate health professional curricula.
   Prepared by:
   The Ontario Public Health Association (O.P.H.A.)
   Breastfeeding Promotion Workgroup
   July, 2003 (sent as separate attachment: D:\alison\lactation\health professional education)

4. Brodribb, W. Breastfeeding management. 3rd edition, 2004, section A Chapter 2