



Federal Inquiry into Breastfeeding February 2007
House of Representatives Standing Committee on Health and Aging
Submission: L. Propadalo NSW Page 1 of 12

The purpose of this Inquiry to give particular consideration to:

- a. The extent of the health benefits of breastfeeding;
- b. Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities;
- c. The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding;
- d. Initiatives to encourage breastfeeding;
- e. Examine the effectiveness of current measures to promote breastfeeding; and
- f. The impact of breastfeeding on the long term sustainability of Australia's health system.

May I first say that I applaud the collective minds that have decided that breastfeeding is of enough importance today to investigate the impact it has on both long term and immediate health considerations within our society.

To make life thus easier for all that have to peruse the various submissions, you will find that I have made my submission larger in spacing and have endeavoured to identify each point sequentially throughout my submission. Whilst this obviously serves to make my submission look larger, please don't be alarmed by what may seem like another overwhelming submission.

So, to be more succinct, my history as it pertains to this Inquiry, is as follows:

- I am Australian by birth and come from a primarily Anglo background. My husband is Australian by birth of Croatian parentage. My mother breastfed only one child of four (her first in 1963) and my older sister breastfed both her children back in the early 1990s.
- I have do not have tertiary qualifications and have not completed my HSC.

- I came to motherhood at an older age, turning 35 the year my first child was born. My second child was born 19 months after the first.
- I have a chronic health condition that has required daily medication since my diagnosis at age five.
- I was given a less than favourable outlook throughout my life of the likelihood of being able to conceive a child.
- I have a history of suicidal depression as a teenager/young adult which then predisposed me to both Antenatal Depression and Postnatal Depression (both of which affected me to varying degrees).
- I have chosen, after the birth of my second child, to not return to full-time work and rather work part-time from home selling environmentally-friendly cleaning products. (So, I am a bit of a Greenie as well) I also use additional time to be focussed on helping within my community in a volunteer capacity.

I have raised all these points as I believe it likely many of these points may be part of your assessment criteria, in terms of demographics and relationship with the health system, both generally and with specific departments in mind.

As I am emailing this submission, if you have any questions following my submission for more information to be obtained, please email me lpropadalo@bigpond.com

The points for submission follow.

Thank you.

Regards

Lilea Propadalo

a. The extent of the health benefits of breastfeeding;

The extent of the benefits of breastfeeding is immense and I believe that you probably have a great many submissions to relate to upon this matter. In my own personal experience as a mother there are numerous points that are worthy of consideration, such as:

- Reduced risk of breast cancer – not only from statistically proven studies but also the fact that Mothers that breastfeed are more comfortable with their breasts and handle breast tissue all the time. We are educated by wonderful people (more often than not wonderful volunteers from the Breastfeeding Association) about how to recognise lumps related to feeding and blocked ducts and encouraged that for lumps that do not resolve with normally recommended measures, to have these assessed by medical practitioners at our earliest convenience. We are simply more aware of change within our own bodies as a result of breastfeeding. Our breasts are not just fashionable...but functional.
- Reduced risk of ovarian cancer
- Beneficial hormones in the system during a stressful time of life such as 'oxytocin' (the 'love' hormone). A point that I will discuss in greater detail in point 'C', though it also applies under this term of reference. These hormones and others are vitally important to me and my stability emotionally and mentally, given my history of depression.
- Decreased risk of IDDM – Insulin Dependent Diabetes Mellitus Type 1, which is in evidence in my extended family and something I would wish my children to avoid. It is notable that research has shown increased risk of development of IDDM due to the administration of artificial milk substitutes. Having seen the experience of others first-hand both in the prevention and development of IDDM in relation to breastfeeding and the administration of breastmilk substitutes, I believe that better education and encouragement of breastfeeding may alleviate the early diagnosis of young lives and all the ongoing treatment, both in terms of assessment, medication and associated services.

- Decreased risk of sensitivities due to allergies etc. As I have a family with a history of skin-related conditions, such as eczema and also asthma, this is a huge health benefit for our family. If we can avoid the ongoing physical discomfort and possible harm that these conditions can bring to young lives by such a simple task, we will do it.
- The benefits of antibodies in the protection against illness. Not only in the administration of the all-important Colostrum shortly after birth, but also still plentifully present throughout the course of the breastfeeding relationship that my children and I share. My concern was not as great when my children suffered from various illnesses and would reject other fluid or foods, but still accept breastmilk. When my oldest child had Gastroenteritis we had a means of help other than just Gastrolyte (which she usually refused in both ice-block and liquid form).
- My children are cared for with a 'whole-food' that supplements their usual intake. One that provides them with antibodies, minerals, vitamins, essential fatty acids, proteins, etc and is designed particularly to suit their needs at this time of their life, and most importantly when they are born, regardless of who their mother is or when they born, even if premature.
- Adoptive mothers are even able to lactate with appropriate support and effort, particularly useful for traumatised children that need to develop a close bond with someone they can trust.

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

- Breastmilk Substitutes are marketed in such an aggressive fashion that it is easy for even relatively knowledgeable mothers to have their knowledge base 'undermined' and to consider that 'Formula is just the same as breastmilk, so what does it matter?' Rather than being given encouragement to administer expressed Breastmilk when children self-wean prior to 12 months, and they have an ample milk supply, they are encouraged to use substitutes and reduce their own supply. Many mothers may not even have

the education provided to realise that Breastmilk is the major nutritional component required for a child's growth and development up to the age of one and that solid foods are for gradual introduction (with caution in varying substances) over the period of six months to one year.

- I have avoided the use of Formula only because my breastfeeding relationship was so important to my relationship to my children and my own health. Had it not been so, I am sure that I would not have continued to the degree I have. Many substitutes are actually promoted as almost being better than breastmilk because they are promoted as being the 'same' with greater convenience so you can leave your child anywhere.
- I believe the statistics on breastfeeding past the age of six months give a good indication of how cleverly marketers influence women, particularly those returning to work, to 'make life easier' and use Formula rather than express breastmilk.
- There are obviously circumstances where breast milk substitutes are appropriate, but the vast majority of the population, this is not the case. Companies don't care, they are just in it for the money, otherwise why would you make so many brands and spend so much money on advertising?
- Young women, particularly are of concern because they already face the issues of body image related to being young and developing sexuality (in terms of image rather than that it is obviously being exploited in this regard.) and the embarrassment they encounter to breastfeed in private and public with lack of appropriate education and support. It is so much easier to just carry around a bottle and substitute rather than be potentially embarrassed. They are rarely given information about the potential risks of not breastfeeding newborn babies and the subsequent health issues that may be encountered (particularly if living in an at-risk family with relation to health issues.).

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

- To go back and review some of the benefits from the impact point of view:

- i. **Reduced risk of breast cancer** – delayed onset and treatment for those individuals at high risk. This impacts not only on cancer treatment services such as *chemotherapy* and *radiotherapy* but also on *diagnostic imaging costs, pathology costs, medical assessment* by various practitioners, *hospital stays, mental health and counselling services* and finally, *palliative care*. Now, multiply these costs by how many females in the *extended family* may also need subsequent testing as a consequence of a family member being diagnosed, so that they may be ‘caught earlier’. In addition, consider the mental health and counselling services accessed within the health system and greater community by the *family* experiencing this traumatic event. For women at low risk, it may mean that they never need encounter this problem personally.
- ii. **Reduced risk of ovarian cancer** – same scenario.
- iii. **Beneficial hormones** – who knows if my life would have been different had I been breastfed as an infant? May I even have developed a closer and more supportive relationship with my Mother than I experience? What I do know is that it was very important in my life to have children and then incredibly challenging when they arrived. It was much more challenging for me emotionally and psychologically than I ever expected, both being older, my medical situation and given my mental health history. It became very *important for my emotional and psychological wellbeing to continue my breastfeeding relationship with my children and I believe I have accessed less mental health/medical services as a result of continuing this relationship*. During the period of my pregnancy, at times my anxiety and depression was so severe that I considered suicide but could not contemplate the stark fact that I would be ending the life of my innocent child as a result. Once born, having a breastfeeding relationship was imperative. It meant that even though I could not provide the ‘ideal’ in other respects in life, the very least I could do was to provide them with nurturing and support that another could not provide. There were days when life was so difficult

emotionally that to have quiet time feeding my child and being able to see their quiet, sleeping face was essential. It helped me to focus on a time when I could cope and when things were better rather than the many times that I felt stressed and unable to properly function as a Mother. Now, as I continue to breastfeed my children, almost three years of age and 15 months old, it is still vitally important to my children and me as an expression of nurturing, not as much from a nutritional standpoint (though this is still a weighty consideration) but from a mutually comforting, loving and supportive relationship and it enables me to better function as a Mother and person within the community to benefit others. As an additional point in this regard, as my *medical condition affects hormones in my body* that control my responses in relation to stress (adrenal hormones), having *factors additionally within my control to alleviate stress and stressful situations also helps me to more adequately assess and control my ongoing health to decrease my need for more acute medical services.* This has therefore had an *ongoing impact on my requirement for mental health services, pathology and specialist services* related to the ongoing assessment and maintenance of my medical condition *and the need for any medication for depressive illness.*

- iv. **Decreased risk of IDDM** (Diabetes Mellitus) – I have given circumstances above related to this concern. Obviously, given that we are spending a large amount of money on education related to Diabetes Type 2 and its prevalence within our society today, should we also not consider preventative education for Diabetes Type 1 as mandatory within our community at large? Should we not also consider that, as breastfeeding is a prime preventative tool in this regard, that we should be focussing on this as a major component of the education provided? As children and adults of child-bearing age are diagnosed, it should be a factor that they are consistently made aware of in their education and also for women through pregnancy. If we can delay, or even prevent, the onset of IDDM, this will again impact on health system resources in relation to: *training required*

for patients in the treatment of IDDM, subsidy costs related to injection equipment, monitoring equipment both for blood testing and pumps which both assess and administer treatment (as is the case of the young child mentioned previously), medication, hospital-related costs, treatment costs related to specialist services for endocrinology both for ongoing assessment to control the condition and pathology required. This is also pertinent to 'B' as Indigenous communities statistically have increased ratios of Diabetes per capita.

- v. **Sensitivities/Allergies** – Again, *similar impacts to any medically related condition.* Education on prevention can decrease the use of *medications* and the need to access *specialist treatment* and monitoring in low risk infants throughout their early life and possibly later, and in those at high risk, may delay the onset or reduce the severity. This will impact not just on the cost to the health system but also on their quality of life and the availability to 'give back' to their communities through involvement that may not have been otherwise possible.
- vi. **Antibodies/Resistance to Illness** – This point relates directly to that given above in many respects. *Through better health quality being obtained and maintained, children and families are much more able to function in their communities at large.* There is *less impact on medical services* both in the local community through GPs etc and also in Hospitals as conditions worsen. Mothers are better able to manage their children's health situation as, quite often it is noted, children may reject all else but breast milk when ill, as they seek not just fluids, but the comfort that breastfeeding also brings in times of illness and distress. In addition, an important factor is that less time is lost in the workplace, as mothers that express breastmilk for their children when in care, provide additional health benefits for them whilst exposed to many illnesses that other children may carry.
- vii. **Other points** – I believe others may be able to express information related to adoptive breastfeeding etc more accurately than myself. It does raise the point though, that if we are to reduce the risks posed to

our children from Breast milk substitutes, then we need to have an alternative. As being developed in some cities, we need to develop a nationwide programme of Milk Banks that Mothers can access so that all children have the opportunity to benefit from this incredible natural resource. This is a particularly pertinent issue for the increased needs of children in Neonatal ICU and premature babies. If by simply giving a child a new, alternative (safely screened) milk you could save them from developing, or delay the onset, of severe potentially life-threatening conditions and conditions that make their life severely uncomfortable at best – wouldn't you choose that one?!

d. Initiatives to encourage breastfeeding;

- I cannot say how highly I have valued the support I have accessed via the Counselling services provided by the Australian Breastfeeding Association. There have been times that through simple, timely suggestions; I have been assisted to maintain my breastfeeding relationship with my children. The literature provided by the group has also helped when I have been unable to access counselling services due to volunteers not being available to work the Helpline. I would not be surprised if, like many invaluable support services for women and Mothers, they are lacking vital funding and resources to provide a full range of services to Mothers and families they assist.
- I find it amazing that companies that produce food for infants and Breast milk substitutes can suggest that their food is suitable for babies 'FROM 4 MONTHS' when this is directly in contradiction to the recommendation of the World Health Organization that states that 'infants should be exclusively breastfed for the first six months of life' and that breastmilk should be a component of their diet into their second year of life. I am disappointed that it seems that these companies can also advertise all these additives in Formula that are supposed to make your child a genius (or at least that is what the marketing seems to imply, that Omega 3's will make them extra smart!). They imply that you are doing less than your best for your child if you deprive them of their Toddler mixes which are usually 1/3rd sugar! (I am

approximating as I do not have a tin in the house to check.) That said, many are then influenced by this marketing to believe that if the Toddler formula is so good, the other one for smaller babies must be even better!

Encouraging breastfeeding means restricting and regulating the statements, claims and advertising that is available to companies to promote the use of any baby food or formula product.

- General Practitioners, Obstetricians and other Medical staff need to have better and ongoing education in relation to Breastfeeding. Breastfeeding should be introduced as a vital part of the Medical Curriculum as the fourth stage of Labour, related to pregnancy. If young infants present with ongoing medical problems they should not just be given treatment of symptoms but have assessment related to also what is going into their system and whether young bodies are suffering the ill-effects of artificial substitutes.
- Obviously then, again, we need to look at offering alternatives in the form of milk-banks as we cannot say to Mothers that the Formula may be the problem but then offer no alternative. This needs to be a Federal issue for a nationwide problem, not just here and there for whatever city considers it important enough to spend the money on (though those that have should be given a big pat on the back.).
- Education needs to begin at school. Breastfeeding should be a normal practice encouraged for all Mothers. This would also help for young Mothers and Fathers to see breastfeeding, not as a sexual issue, but as a simple case of practicality. There is not only less labour involved with breastfeeding (no bottles to clean etc), but also cost to young Mothers who may not have much income to work with in raising their children. By influencing young men at school we are influencing those who will become the next generation of Fathers. Women are much more likely to successfully begin and continue a breastfeeding relationship when they have a supportive partner.
- Society and the Allied Medical professions also need a broad view of breastfeeding in a campaign that shows many aspects of breastfeeding. We all need to see that it is a normal part of human life and childhood. When pregnant with my 2nd child different people told me that 'of course I would

stop breastfeeding now so I wouldn't hurt the new baby' when, in the vast majority of cases, there is no reason for this to be the case. I was spoken of with disdain when some extended family found I was still feeding my first child after she had turned one. This is regardless of the WHO recommendation of feeding into the 2nd year of life. Fortunately, I have a supportive GP and Endocrinologist that support my extended breastfeeding and though I am on medication, I am on medications that are suitable for the continuance of our breastfeeding relationship.

- Often I have heard of Mothers advised to stop their breastfeeding relationship due to the medications they take rather than being offered alternatives that would enable it to continue, or that upon actually enquiring with services such as "Mothersafe" (a drug help line for pregnancy and breastfeeding), that they can continue quite safely. This is a vital component of continued education for health professionals.

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

- I am limited obviously to the degree that I can assess this point for it depends on the criteria you are looking to examine.
- My belief, as a Mother, is that unless companies are restricted and regulated in terms of their advertising and claims that can be made regarding their products, all measures used will be undermined by the value of their advertising dollar.
- Companies simply have too much available income to spend on advertising to promote their product when compared to the restrictions of governmental departments and community bodies, such as the Australian Breastfeeding Association.
- I believe the current educational endeavours provided by the governmental departments in terms of ongoing welfare and education is simply not comprehensive enough – substance of material, accessibility by various demographic groups and preventative education in terms of risks of using breast milk substitutes. Education needs to be improved and this needs to happen now.

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

I can put it no more simply than this:

Increased Breast Milk Substitutes =
Greater Financial Cost to our Health Systems for
health management of preventable conditions.

**Increased Breastfeeding Initiation at birth and continuing the
breastfeeding relationship =**
Better health for all concerned. Children with better health outcome, less
reliance on the health system. Better mental health. Stronger, happier families
under less stress.

**Prevention is better than Cure,
because quite simply,
sometimes there is *no* cure.**

Thank you for considering my submission.