

Brown Pauline (PETS)

**Submission no. 41**

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to whom it concerns,

I am a mother of 3 breastfed children and I think it is great that breastfeeding is being discussed and I hope that this will effect some positive changes in Australia's breastfeeding rates and duration of breastfeeding for Australian babies.

A: the extent of the health benefits of breastfeeding.

I believe the extent of the health benefits of breastfeeding are many, and more so that the risks of using formula need to be better emphasised as many mothers seem to think that formula is just as good as breastfeeding. there are many credible studies that do show statistical difference in infant and maternal health depending on breastfeeding rates and duration of breastfeeding.

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

the marketing of breastmilk substitutes and also of things like bottles and teats is in need of a total overhaul. as the maif agreement stands right now, it is ineffective in supporting breastfeeding by allowing everything except infant formula to be advertised, many of the toddler formulas that are allowed to be advertised directly promote infant formula by allowing brand recognition. many advertisements for bottles and teats undermine successful breastfeeding by using terminology that compares the product favourably to breastmilk/feeding. many advertisements that are a breach of the WHO code saturate the market.

the WHO code needs to be brought in full to support infant and maternal health, like cigarettes, infant formula use can have a large measurable cost in healthcare dollars and as such needs strict marketing control.

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

I believe increasing breastfeeding rates and duration would significantly benefit the health of countless mothers and babies, this would also result in a significant saving of healthcare dollars used to treat simple illness like ear infections and gastro enteritis that formula fed infants are more at risk of suffering from.

in the long term breastfeeding may be lower the risk of obesity, diabetes, asthma and some cancers including pre-menopausal breast cancer in mothers who have breastfed. many of these diseases get much publicity as sadly they are seen to be reaching epidemic proportions, encouraging and support breastfeeding could have a long term affect of lowering rates of these illnesses.

d;initiatives to encourage breastfeeding;

there is so much that can be done to further promote, support and encourage breastfeeding.

1.normalise breastfeeding in the community. supporting the who code and promoting images of breastfeeding in health literature.

including normalising the exclusive breastfeeding for 6mths before introducing other foods, and normalising a longer duration of breastfeeding.

2. encourage breastfeeding in the work place. on site childcare, better maternity leave provisions, lactation breaks as standard, expression and storing supported by provision of an appropriate area.

3. information on breastfeeding readily available to everyone, including childcare workers, hospital staff who are not midwives, as well as specialist training in lactation for all staff involved with birth and maternity sections of hospitals.

one of the most confusing things as a new mum is the barrage of conflicting information on breastfeeding, midwives often all have conflicting and often out of date information that overwhelms new mothers.

the whole community needs to have up to date information on breastfeeding as the whole community is involved in supporting new mothers and families.

4.more financial support of the Australian breastfeeding association, and their phone counselling service. The ABA has the best support service for breastfeeding, unfortunately it is not accessible to everyone as it is run by volunteers and supported financially by mostly fundraising. I would love to see ABA breastfeeding classes standard for all midwives and families about to birth.

5.better follow up support for mothers post natally, especially where early discharge programs are run. having home visits from

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an Lc would be of great benefit to mothers struggling with breastfeeding.

breastfeeding is a learned skill and can take time to be established, sending a mother home from hospital even before her milk has come in needs to be avoided or minimised with follow up support.

6. more publicity about the issues involved in breastfeeding, there is an assumption in the community that breastfeeding 'doesn't really matter' and that 'formula is just as good' and 'if it wasn't safe, they wouldn't sell it'. these statements are misleading, yet many people say these things. there is a wide divide sometimes between mothers who breastfeed vs mothers who formula feed. terminology that allows breastfeeding to be 'best' but bottlefeeding to be 'ok too' has not done breastfeeding promotion any favours.

I think we need much more information on the how to breastfeed, much more real practical accessible support for mothers. acceptance that breastfeeding can be difficult and that formula may be a necessary aid for some parents, but one that has some risk involved. families need to be able to weigh up the risks fairly for themselves.

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

I think that much more could be done to promote breastfeeding. I would love to see some television advertising. more networking between the health system and associations that are supportive of breastfeeding such as ABA would help.

many health professionals seem quite quick to offer formula rather than address and solve breastfeeding problems. specialist training in lactation for health professionals needs to be mandatory.

thankyou for your time in reading my submission,

yours sincerely

Mi Wighton.