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House Standing Committee on Health and Ageing
Commonwealth Government Inquiry into Breastfeeding

I would like to take the opportunity to communicate my experiences as a breastfeeding mother in Australia and contribute to the evidence base for the above-mentioned inquiry into breastfeeding. I have encountered a number of initiatives and organisations and benefited from a range of supports that I attribute to sustaining a breastfeeding relationship with my 17-month old daughter. I have also encountered a number of barriers that I was able to overcome because of the preparation and ongoing support I have received. I would like to share a little of my personal experience with the Committee and provide a number of suggestions to be considered by the Inquiry Committee.

I will address the following terms of reference in my submission:

- A. The extent of the health benefits of breastfeeding
- B. The impact of marketing of breastmilk substitutes on breastfeeding rates.
- D. Initiatives to encourage breastfeeding.
- E. The effectiveness of current measures to promote breastfeeding.

Some background to my personal experience

From the outset I acknowledge that I have always planned to breastfeed any children I might have – this is a direct result of seeing my mum breastfeed my two younger sisters, seeing other family members and close friends breastfeeding their children, my background in health science and health promotion and a feeling that this was the “normal, natural” way to nourish a child.

One of the most important things I would like to highlight to the Committee is the pride and sense of accomplishment I feel when I look at my daughter and think about our breastfeeding relationship. It hasn't always been smooth sailing and we still have our challenging times but being able to breastfeed my daughter has been one of the most beautiful and rewarding experiences of my life and certainly enhanced my transition to motherhood. The support I have received since the birth of my daughter has without a doubt been an important contributing factor to my positive feelings about breastfeeding and it does sadden me when I hear about women who have not had such positive experiences or received the support they needed and / or wanted.

From my experience it seems that while the “breast is best” message is widely acknowledged, breastfeeding is not the “normal” or socially acceptable way to nourish infants and young children in Australia. Our appalling rates of exclusive (only 32% at 6 months) and sustained breastfeeding (only 19% to 12 months) attest to this.

Considering the enormous benefits of breastfeeding, including considerable cost savings to the health system, I find it bewildering that breastfeeding is not seen as the normal thing in Australia. The community seems almost immune to the "breast is best" message and see options in feeding their babies as more of a lifestyle choice. When the topic of breastfeeding comes up among mothers it is often a very emotive and critical discussion that often has women perceiving that again they are being judged for their choices.

Whilst I am very passionate about breastfeeding and believe that are very few women who physically cannot breastfeed their babies, I think it is unfair for women to be made to feel guilty if they do not (or have not) breastfeed their children – it is not the individuals fault, our Government and our society are letting women down by not providing enough support in this incredible time of changes and challenges in a woman's life. One of the things that excites me most about this inquiry into breastfeeding is the hope that maybe we can start to change society's attitudes about what is 'normal' in this important area.

A. The extent of the health benefits of breastfeeding

There is a plethora of scientific research and information available about the health benefits of breastfeeding so I will only briefly touch on this, but I think it is also valuable to hear individual stories when considering the extent of the health benefits.

The benefits of breastfeeding for the community as a whole are well documented and include:

- Less pressure on the health system as breastfed babies suffer less from gastro viruses, asthma, eczema, ear and respiratory infections, obesity and other major health concerns;
- Protection from many childhood diseases;
- No impact on the environment as there is no packaging or chemicals;
- A reduced risk of Sudden Infant Death Syndrome (SIDS or 'cot death');
- Significantly reduced risk for women who breastfeed of developing breast and ovarian cancer;
- A reduced risk of a baby developing juvenile diabetes in the future; and
- Enhancing mother and baby bonding and a reduced risk of mental illness for both mother and child.

From my own experience, I attribute my daughters excellent health and well-being to a nutritious diet and well balanced home life in which breastfeeding has done and continues to play a major part. We have not needed to access the public health system once since my daughters birth for illness. We have only accessed a public Maternal and Child Health (MACH) nurse on one occasion for routine screening - other routine screenings have been carried out by a Midwife in Private Practice who we engaged during my pregnancy, birth and post-natal period.

For me the most important benefits of breastfeeding are: its the perfect food source for my daughter as she grows; numerous immunological benefits; enhanced bonding; convenience (I can't imagine doing any of our numerous camping trips and other outdoor adventures if I had not been breastfeeding!) and huge cost saver and to be honest it makes my job of being a mum so much easier. In addition to this I believe breastfeeding has had and continues to have untold benefits for my own and my daughters mental / emotional well-being. For example, on days when I doubt my confidence as a mum sitting down to breastfeed my daughter and looking at how happy and healthy she is reinforces to me that despite whatever else I'm unsure of, here is something that I am doing well!

B. The impact of marketing of breastmilk substitutes on breastfeeding rates.

This is an area that until recently I did not know much about but after much research, it is an area I would like to focus quite heavily on in this submission.

I first became concerned about the marketing of breastmilk substitutes (BMS) after I saw a number of advertisements for "toddler milks" in a free local parenting magazine. As a breastfeeding woman, when I saw these advertisements I started to wonder if my breastmilk was still the best option for my then 11 month old daughter. After a lot of research I was relieved to find that breastfeeding was still beneficial and is in fact recommended by the World Health Organisation until 2 years and beyond.

During my research I learnt about the *World Health Organisation International Code on the Marketing of Breastmilk Substitutes* (WHO Code). Unfortunately, this international benchmark is not law in Australia and is not enforced by our Government. Instead we have in place the - less extensive and voluntary - Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement), which is not legally binding and only extends to manufacturers and importers of infant formulas (i.e. retailers are exempt!). In addition to this the MAIF Agreement does not cover toddler milks and the advertising of bottles and teats, which are included as part of the WHO Code. I believe the MAIF Agreement permits advertising that undermines women's confidence and ability to breastfeed successfully.

This is of huge concern to me considering that Australia has very low rates of exclusive breastfeeding as mentioned above (only 32% at 6 months and 19% to 12 months), despite the recommendations of the National Health and Medical Research Council, the World Health Organisation and UNICEF. Women and children are not being protected from aggressive marketing by large multi-national companies at a vulnerable time in their lives. I wonder how many other mothers see advertisements for BMS and artificial feeding devices and decide to wean their babies from breastmilk to formula?

Over the past six months I have been monitoring my local area for examples of marketing that breach the WHO Code and MAIF Agreement. As a breastfeeding mother I am dismayed at what I have come across. Without even really trying I have encountered many breaches and have proceeded to make formal complaints about 20 of them (and I have a growing pile that I am yet to get time to make complaints about!). I consider myself very lucky to be well educated on the benefits of breastfeeding and have excellent support from my family and friends but I worry about other women who do not have this education and support and who fall prey to the unscrupulous marketing of manufacturers of BMS.

The sheer volume of advertising of BMS and artificial feeding devices that I have seen recently highlights that the MAIF Agreement is ineffective. Even though most of the advertisements I have seen breach the WHO Code, very few (if any) of them actually breach the MAIF Agreement. This is simply not good enough, and it means that the Australian Government is allowing multi-national companies, who have a financial interest in women weaning their babies and children, to undermine women's desire and confidence to breastfeed. This comes at the expense of the health of mothers and babies and increases our public health costs.

It is the responsibility of the Australian Government to ensure that women and children are protected from the unethical marketing practices of these companies and

to ensure that women are supported in their efforts to breastfeed – this is one of the most cost effective primary health initiatives the Government can be involved in.

If the Government is serious about protecting and promoting breastfeeding in our community, a number of changes to the current MAIF Agreement are needed. Ideally, the WHO Code in its entirety should be enacted as legislation. At a minimum the MAIF Agreement should be made compulsory and legally binding, and extended to regulate retailers; not just the manufacturers and importers of infant formula. The MAIF Agreement also needs to include restrictions on the marketing of toddler milks and artificial feeding devices such as bottles and teats.

I have written a number of letters to Federal Politicians about this issue and have been very disappointed by the responses I have gotten. One point I would like to mention here is an argument against making the WHO Code legislation in Australia given to me in a letter from the Department of Health and Ageing (this did not come directly from the Minister, despite having addressed a letter to him personally, an aside issue I know but it highlights that this issue is obviously not very high on the Ministers list of priorities!). This argument was that the WHO Code could not be implemented in its entirety because placing restrictions on the marketing of BMS would breach the Trade Practices Act. I find that very interesting, the Government has been able to heavily regulate and ban the advertising of tobacco products, which cause significant health issues and expense to the public health system – why can't they do the same for the marketing of BMS? Not sure this sentence adds to your submission

One final point I would like to make about the marketing of BMS is that I am annoyed that it is up to members of the public (often mothers like myself who have little time to be writing formal letters of complaint) to be the "watchdog" for APMAIF. The Government should enact legislation to protect women and children from the unscrupulous marketing of BMS and it should be the responsibility of the Department of Health and Ageing to monitor and enforce this – clearly manufacturers, importers and retailers (even those that have signed the MAIF agreement or are aware of its guidelines) of BMS cannot be relied upon to do the right thing in the interest of public health.

D Initiatives to encourage breastfeeding.

E Examine the effectiveness of current measures to promote breastfeeding.

I will address these two terms of reference together by highlighting the initiatives I have encountered and what has been effective for me.

My ante-natal preparation

As mentioned previously I have a background in health science and health promotion so I was already aware of the benefits of breastfeeding prior to becoming pregnant with my first child. During my pregnancy my partner and I chose to work with a Midwife in Private Practice and I felt at ease with the prospect of breastfeeding my child. After doing some reading and receiving recommendations from friends my partner and I also decided to participate in a Breastfeeding Education Class (BEC) run by the Australian Breastfeeding Association (ABA) in our local area.

At the time we wanted to do the BEC there were not enough numbers in our local area to run one. Despite this two ABA counsellors volunteered to do the BEC for my partner and I at one of their homes one evening. This session was fantastic. As a result I felt empowered by knowledge and confidence. I knew how breastfeeding worked (something that up until then I hadn't even really thought about), how to avoid or overcome common initial problems, how to hold my baby and tips for attachment

(which was so important to see other people do and practice myself with a counsellor watching) and importantly, learnt ways of accessing support. I am certain this experience, a thorough education in breastfeeding and developing links with an organisation such as ABA, was pivotal in my continuing breastfeeding relationship.

As a result of participating in this class and again from recommendations by friends and family I decided to join the ABA. I was particularly interested in accessing their local mothers / discussion group as a way of meeting other like minded women, which was important for me as I was relatively new to the ACT and did not have any other friends at that time with babies.

My mum and younger sisters have also benefited from the support ABA provides. I am the eldest of three daughters and when I was born in 1978 my mum did not know a lot about breastfeeding and did not have a supportive environment to encourage her to continue breastfeeding – as a consequence I was only breastfed for 6 weeks. However, when my mother became pregnant again 4 years later she learnt more about breastfeeding and joined her local ABA (then Nursing Mothers) group. As a result of increased knowledge of the benefits of breastfeeding and access to support to overcome difficulties my mum went onto breastfeed my two sisters for 15 months and 12 months respectively.

My early breastfeeding experience

After a very healthy pregnancy and plans for homebirth, I was devastated to discover that at 39 ½ weeks that I had developed pre-eclampsia and would need to be induced and have my baby in hospital. I feel very fortunate to have had the support of a wonderful midwife, partner and doula in making it through a very difficult birth and being able to experience a vaginal birth with minimal intervention. I had every reason to believe that my breastfeeding relationship with my daughter would start off well – if we could make it through the birth ok, how hard could breastfeeding be?

Unfortunately, I was unable to initiate breastfeeding with my daughter straight after birth and in the coming days. She would seem interested and later very hungry but was unable to attach. This was again a devastating realisation for me and my partner and I were faced with the difficult task of expressing whatever colostrum we could from my breasts and feeding it to our daughter with a syringe. Even though I was in a “breastfeeding friendly” hospital I found the constant interruption by numerous midwives to be very unhelpful in overcoming my attachment difficulties – yes they all gave suggestions and offered help but it made me feel pressured (especially one midwife who every time she came past threatened to start giving my daughter formula feeds if I didn’t get her to feed straight away).

I found my hospital stay very daunting and stressful and as a result decided to discharge myself early (against the hospitals wishes) and go home with the care of our own midwife. One of the first things I did when I got home was ring the ACT ABA Helpline and made inquiries about breastpump hire. I fed my daughter with expressed breastmilk for a couple of days and then following a suggestion by my midwife I tried using nipple shields and to my delight my daughter started feeding beautifully!

Our only difficulty then was that my daughter would refuse to feed without me using the nipple shields. I felt that even though I was breastfeeding her that I was somehow failing and not breastfeeding “properly”, with these thoughts I contacted my local ABA counsellors, the ACT ABA Helpline and ABA email counselling service all of which were a wonderful source of support and encouragement. With a lot of patience, persistence, support and helpful suggestions (from ABA counsellors and our midwife)

I was able to stop using the nipple shields completely by 12 weeks and have continued to breastfeed my daughter ever since.

My ongoing breastfeeding relationship with my daughter has not always been smooth sailing as we both learn and adjust to life together, however any difficulties I have had have been easily overcome with support and encouragement from a number of important people including:

- My partner;
- My local ABA counsellors and other mums I have met at ABA meetings;
- The midwife we engaged during my pregnancy, birth and post-natal period;
and
- My mother.

It is the support from these people that I attribute my positive attitude and sustained breastfeeding relationship to. For example I have called my local ABA counsellors on numerous occasions to seek advice and reassurance about bouts of mastitis; biting; nutritional benefits of sustained breastfeeding; and sleep difficulties.

Despite having many family members that have breastfed children and understand the initial benefits of breastfeeding I now find myself under increasing pressure to wean my daughter as she's "too old to still need breastfeeding" and "it will take too much out of you". Again I have found the support from ABA counsellors and other friends I have met through ABA to be invaluable in surviving the declining support and negative comments that are coming more regularly from my family. I do not know when I will wean my daughter or when she will decide to wean herself, but I do know that it does not feel right to be ending our breastfeeding relationship so soon.

My experience to date gives me every confidence that should I encounter any difficulties breastfeeding with any subsequent children I have that I am well informed and well supported to be able overcome whatever may arise.

Recommended initiatives to be considered by the Inquiry Committee

Based on my own personal experiences and from what I have learnt from other women. I would like to make the following recommendations to the Inquiry Committee:

1. Pregnant women in Australia should have access to one-to-one midwifery led care during their pregnancy, birth and post-natal periods. A relationship with a known and trusted caregiver (such as a midwife skilled in lactation education) is an incredible resource for a new mother to have and can help women successfully initiate breastfeeding, overcome any initial feeding difficulties and smooth the transition to motherhood.
2. Increased funding should be given to the ABA for the training of breastfeeding counsellors and community educators. I am aware the ABA receives some Government funding but it is a pittance compared to what they need. Much time is therefore spent by ABA volunteers having to raise funds or seek donations – time that could be better spent providing counselling for women and education to the wider community. The ABA provides an excellent public health service and should be supported by the Government accordingly.
3. Increased support for antenatal breastfeeding education for example the adoption of the ABA BEC program in all public hospital antenatal classes
4. Standardised breastfeeding education and training to health care workers provided by the ABA and supported by Australia's Lactation Resource Centre.

5. Government health literature should highlight not only the benefits of breastfeeding but clearly highlight the risks of formula feeding and provide contact details for support groups such as the ABA.
6. Government health websites should include human milk under toddler nutrition information with details of the nutritional, immunological and emotional support it can provide.
7. The WHO Code in its entirety should be enacted as legislation in Australia. At a minimum the MAIF Agreement should be made compulsory and legally binding, and extended to regulate retailers; not just the manufacturers and importers of infant formula. The MAIF Agreement also needs to include restrictions on the marketing of toddler milks and artificial feeding devices such as bottles and teats.

If the Australian Government is serious about health promotion and early intervention to ensure health for all and significant cost savings to the public health system, it needs to make the healthiest choices the easiest choices. The Government has an important role in changing society's values and attitudes towards breastfeeding and indeed has an obligation to provide the optimum conditions for the health and well-being of women, children and families in this country. I hope that this Inquiry can be the catalyst for positive changes in this area.

Thank you for this opportunity; please do not hesitate to contact me should you require further input. I look forward to hearing the outcomes of this Inquiry.

Yours sincerely,

(Via email)

Bianca Sands