



The Secretary of the Committee on Breastfeeding
Standing Committee on Health and Ageing
House of Representatives
Parliament House
Canberra
ACT

February 13th 2007

Dear Sir/Madam,

Please accept my submission to the Inquiry into Breastfeeding. I have been a Midwife since 1969 and an International Board Certified Lactation Consultant for 20 years. I work in a metropolitan tertiary referral women's hospital that has an average of 4000 births per year.

Terms of Reference:

- a. The research is now irrefutable. There are huge advantages to mother, baby and community of exclusive breastfeeding.
- b. The impact of marketing of breastmilk substitutes is well demonstrated by the amount of time, money and creativity utilised by the formula companies to market their product.

APMAIF is very much a 'paper tiger'. Voluntary codes are not an effective tool to manage such an important health issue. The MAIF agreement only applies to infant formula for the under 12-month age group. Sydney magazines have been recently swamped by full-page adverts for Follow-on Formula aimed at the **1-3 year** age group. Marketing formulas to up to 3 years of age is bizarre but is no doubt effective in unsettling parents who want the best for their offspring and are led to believe that ordinary cow's milk and yoghurt (after 12 months) plus fresh fruit and vegetables are not good enough!

Advertising of breastmilk substitutes outside the MAIF agreement do create false pictures of the ideal 'western culture' and has a negative impact on the lower socioeconomic and indigenous groups. This impact will be both in the health and monetary costs to the family & community.

It is an old but true adage: "Breastmilk is free". There is no budget of actual dollars put aside to promote this healthy option. And, of course, the manufacturers of breast milks opposition are well aware of this. To label infant formula with the word "Gold" ensures its supremacy - in the consumer's eyes.

The MAIF agreement does not cover bottles and teats as the WHO Code (signed by Australia in 1986) does – and this alone plays into the hands of advertisers.

In my years of working with breastfeeding mothers I have never seen any teat resemble any human nipple that I have seen and yet that is the marketing tactic. This, not too subtly, implies that breastfeeding and bottle-feeding are similar. They are not.

- c. Similar to a.
- d. **One** of the key initiatives would be to tighten the MAIF agreement to make it a compulsory code with real (monetary) penalties and extend it to include bottle and teats (as was initially promised by government in the late 80s). Currently, not all companies selling breastmilk substitutes are signatories eg Soul Pattinson.

Signing and complying with MAIF should be made mandatory to companies who market in Australia. This Agreement is already in place. To extend it would not be that hard. This is a relatively cost free option with the possible benefits of having additional funds available to support, for example, the Australian Breastfeeding Association, from the collection of fines from non-compliant companies.

Second key initiative would be to include Human Lactation & Breastfeeding as a specialist subject in medical, nursing, allied health, health promotion, & midwifery curriculum etc.

When the health profession does not value the product the following results:

- Equality between breast milk and infant formula is assumed
- Women are blamed when they 'fail'
- Support for women having difficulties is very limited
- Conflicting advice abounds
- Bottle feeding is seen as the 'norm'
- Breastfeeding in public becomes an issue of concern for pregnant women
- Women give up because it is 'too hard'
- Their self-esteem and confidence is undermined.

Third initiative should be extended maternity leave for ALL mothers, as in Sweden. This alone will increase breastfeeding rates, as women won't be pressured to return to work in the first few months after birth. Stable and secure parenting has wider implications for the mental and physical health well being of our next generation.

Fourth initiative would be for the Federal Government to support the establishment of Human Milk Banks in all States of Australia. Currently, Australia is the only western country that has not taken up this initiative. The health and cost benefits of having banked human milk available should not be underestimated.

Fifth initiative would be for the Federal Government to actively encourage the linking of the specialist health promotion groups targeting our major health problems into breastfeeding promotion and support.

Research shows that exclusive breastfeeding reduces the risk of heart disease, obesity, diabetes, and breast cancer. However, the Heart Foundation, Diabetes Australia, The National Breast Cancer Foundation for example, never make the obvious link in their promotions and advertising campaigns. A clear statement, at this level, would ensure greater exposure to support exclusive breastfeeding and breastfeeding women. A Federal Government directive would achieve this simple positive step.

- e. The 2007 Cochrane Review "Support for breastfeeding mothers" identifies that "all forms" of extra support had a large effect on duration of exclusive breastfeeding. The additional support was both lay and professional support.

Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database of Systematic Reviews* 2007. Issue 1, Art. No: CD001141. DOI:1002/14651858. CD001141.pub3.

- f. The impact of breastfeeding on the long-term sustainability of Australia's health system would be very great. Changing a culture takes time and sustained Government support. But changing the Australian culture to see breastfeeding as the 'normal' way of feeding our babies would have health impacts at every level, including both academic and sporting prowess.

Joy Heads, OAM, IBCLC, MHPEd.