



21 February 2007

The Secretary of the Committee
House Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Madam/Sir

SUBMISSION: INQUIRY INTO BREASTFEEDING

It is pleasing that the Government is finally making an effort to address the health issues associated with the decline in breastfeeding rates. I am writing to you from the perspective of my voluntary position as a Community Educator with the Australian Breastfeeding Association and as a mother of two beautiful, healthy daughters who have been fortunate to have had the benefit of "extended" breastfeeding. I say "extended" in inverted commas, because the length of time they were/are breastfed is considerably longer than what is considered the norm. The first, who is 7 was breastfed until 17 months of age, and the second who is 27 months, is still breastfed.

Examine the effectiveness of current measures to promote breastfeeding:

Initiatives to encourage breastfeeding:

From my training as a Community Educator (CE) with the Australian Breastfeeding Association (ABA), I have learned that although breastfeeding is normal, it is still a learned skill, and from my own experience and the stories I have heard from many other mothers, this skill is not nurtured nor developed and supported by health professionals in the position to do so.

I believe that funding for the consistent education of all health professionals, i.e. obstetricians, midwives, Maternal & Child Health Nurses, is vital in ensuring that breastfeeding rates increase. I was originally given samples of Artificial Baby Milk (ABM) from my Health Centre Nurse when I was returning to work after my first daughter. Although this is no longer allowed, I feel there is still not enough information given to these very hard working nurses about the potential health risks associated with ABMs. I have also heard many stories from mothers who have been told by hospitals (predominantly private hospitals) that complimentary feeding with ABMs is ok to allow the mother a rest – what they don't tell her is that this is detrimental to the mother in the meantime, because it causes a decline in the production of breastmilk. Also financial support in the form of grants for organisations such as ABA to continue to provide guidance to mothers – one on one and telephone counselling – is imperative. There is only so much an organisation can

do with primarily voluntary workers – these people are also in paid jobs and have their own families to care for.

Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates:

I have been collecting “junk mail” advertisements over the last few months and many of them advertise ABMs on special. There has only been one which has included a disclaimer referring to breastfeeding as being the ideal first food for infants. This surely has an impact on the mother who is not feeling confident about their ability to nourish their baby completely themselves, and considers that because these products are marketed as “formulae” that they must be good for baby. I have heard stories about Asian mothers who come to Western countries with such a strong belief that everything Western must be good and proceed to feed their babies ABMs as a result. There are also many television advertisements for “toddler milks”. The celebrities and doctors who promote these as providing nutrition for the “fussy eater” fail to inform that most ABMs are cow’s milk based and would not be suitable for those with allergies. They also do not come close to providing the nutrition of breastmilk, requiring the baby/toddler to drink many times more of the product than they would of breastmilk, increasing the potential for obesity and diabetes later in life. This is certainly a good argument for human milk banks. There is only a small percentage of women who cannot, for physical or medical reasons, breastfeed, but the only current alternative for these women is ABMs. A further argument for milk banks and a good reason to have ABMs available by prescription only, or only available with counselling.

I would be happy for you to consider my submission to the Committee and am available for further comment, should this be necessary.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Lisa-Marie Robinson', with a long horizontal flourish extending to the right.

Lisa-Marie Robinson