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My name is Sherilyn Mathewson. I live in Gladstone, Queensland. I have two children, whom I breastfed for 16 and 20 months. I am a volunteer breastfeeding counsellor with the Australian Breastfeeding Association, spending approximately 5 hours per week helping mothers.

When mothers contact me for help the most common things that I hear from mothers about things that make it difficult for them to breastfeed are often due to misinformation.

Mothers are often being pressured to wean by relatives/friends/employers/health professionals because it is thought that their baby is "too old". Many mothers I hear from are told that there is no value in breastfeeding past 3/6/12 months.

Many mothers find returning to work difficult and often feel disempowered in discussing their needs with their bosses with regards to breastfeeding.

Many mothers lack confidence in their ability to feed their babies, and often need reassurance. However the conflicting advice that they are receiving from some health professionals and some family members makes it even harder for them. Many mothers believe that frequent breastfeeding means that they aren't making enough milk and start comp feeding for that reason. Their friends, relatives and health professionals undermine their confidence by confirming their fears.

Once mothers start comp feeding their babies often seem to settle better, and go longer between feeds, due to the fact that artificial milks are not as easily digested by the human body. Hence the mother's breasts make less milk, and before long the mother does have a lower supply which in turn requires her to feed her baby more comp feeds and is often the beginning of the end of breastfeeding. Many mothers that I come into contact with are unnecessarily being told to introduce formula or wean due to their baby being unsettled, or a belief that the baby may have lactose intolerance (even though formula contains lactose too). This poor advice from health professionals leads to unnecessary use of formula or weaning or huge breastfeeding problems.

Mothers are led to believe that certain brands of formula (eg: the Gold ones, or the lactose free ones) are better, that particular formulas are closer to breastmilk. These mothers are repeating back to me the marketing messages that the companies are giving either direct to them or via their health professionals. This marketing undermines breastfeeding. Even the marketing of toddler formulas (which are aimed at babies over 12 months of age), and not protected by the WHO Code, undermines mothers confidence that they can adequately provide what their child needs beyond 12 months. Many people do not realise that these formulas are aimed at children over 12 months age, and believe that if the toddler formula is best, then baby formula must be the best as well. While mothers "know" that "breast is best" very few have any idea that this means that babies who are fed infant formula are sicker and that there are serious health risks associated (in causing allergy and type 1 diabetes) with even a single early exposure to infant formula. The aggressive marketing of toddler formulas is having a negative impact, people think that these milks are a health food and help the brain grow.

When I meet mothers who have not had a successful breastfeeding experience, they tell me how they desperately wanted to breastfeed and how angry and upset they feel when they are conspired

against by everyone around them and are unable to breastfeed for as long as they wished. Mothers who belong to ABA and are hooked into a "breastfeeding friendly culture," are able to keep breastfeeding, are much more confident, and become advocates for breastfeeding with their friends and relatives.

As an ABA counsellor it is often difficult to keep supporting mothers because the organisation is so cash strapped. A lot of my time and energy, when I could be doing such things as promoting breastfeeding, and counselling mothers, is spent doing other things such as selling raffle tickets, chocolate drives or manning sausage sizzle so as to raise funds for our organisation.

I believe that the following suggestions will improve the current situation and enable more women to continue breastfeeding.

a) Education of health professionals. Many HCPs have very poor knowledge of breastfeeding and harm rather than assist when a breastfeeding mother comes to see them; we need better education in the system and for infant formula manufacturers not to be involved in educating health professionals about infant feeding. As recommended by the World Health Organisation, the government should be responsible for providing education on infant feeding.

b) Public health campaign. Everyone says they support breastfeeding in Australia but only under very narrow terms. In order for breastfeeding to be approved of a mother cannot breastfeed "too frequently", she cannot breastfeed in public, she cannot breastfeed once her baby is past a few months of age otherwise she will receive social sanctioning and pressure to wean her baby. This is a culture that is hostile to breastfeeding beyond the first few weeks or months. We need a public health campaign targeted at people other than mothers (friends, relatives, employers) to change these attitudes. This campaign should NOT talk about the benefits of breastfeeding but about the importance of breastfeeding and the risks associated with premature weaning from breastfeeding.

c) Funding for breastfeeding support. We need adequate funding for breastfeeding support (more than the current \$100 000pa to support ABA's 2000 volunteer community health workers), more funding for research so we really can understand what is happening in our communities and we need good statistics on breastfeeding rates. The national health survey should examine breastfeeding rates with appropriate definitions on a regular basis. Resources need to go into enabling women to breastfeed so that resources do not need to be put into treating the illnesses caused by premature weaning, for example the new rotavirus vaccine that the government is funding would be largely unnecessary if most babies were exclusively breastfed for 6 months.

d) We need funding for human milk banks so that a large proportion of our babies are not exposed to foreign food in hospitals. Early exposure to infant formula (even just one bottle) predisposes infants to developing Type 1 diabetes, asthma, eczema and allergies. Premature babies are at greater risk of life threatening complications like necrotising enter colitis when infant formula is used. Because of premature birth, maternal illness or birth complications some mothers have a delay in milk production and currently there is no choice but to give these babies infant formula. It is not good that babies are harmed in this way in our hospitals when an alternative could be made available in the form of donor human milk. It is not only good medicine to provide donor human milk but it is economically sound because our health system pays for treatment of unnecessary illness in babies exposed to infant formula.

e) We need legislative protection against the unethical marketing of infant formulas (including retailers, not just manufacturers) and bottles and teats. It is absurd that it is acceptable for manufacturers to market their products via retailers. The issue of labelling on babies foods also needs to be addressed so that products cannot be labelled as being suitable "from 4 months"

f) Paid maternity leave to enable choice and make it easier for women to keep breastfeeding. Many mothers do not want to go to work while their babies are young and that instead of placing funds into childcare (and into the pockets of businesses) the government might better optimise the health, economic status and wellbeing of society by providing universal paid maternity leave. This will make it easier for mothers to keep breastfeeding. Employers also need to be educated as to the costs to them of not supporting breastfeeding in high absenteeism (up to 600% higher) in parents of bottle fed babies.

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