



Submission

by

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to the

Inquiry into Breastfeeding

Commissioned by

**The House of Representatives Standing
Committee on Health and Ageing**

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1) Summary

This Submission contains my response to the House of Representatives Standing Committee on Health and Ageing's "Inquiry into Breastfeeding". I have included my opinions on the Terms of Reference based on my 11 years parenting experience as a mother of three children; my breastfeeding experience of a total of over six years and my involvement with the Australian Breastfeeding Association.

2) My Personal History

I have three daughters, ages 10, 6 and 5 years. My breastfeeding experiences with each of these children are as follows:

Daughter No. 1 - Aged 10

As a young mother, I was lucky to be exposed to the Australian Breastfeeding Association ("ABA") by a friend, while I was pregnant. I knew in advance that I would return to work shortly after the birth. I attended a couple of meetings with ABA while I was pregnant and sought advice on returning to work and breastfeeding. My friend had also returned to work and continued breastfeeding and she became another source of support. Without this prior knowledge, I would probably have not continued to breastfeed when I returned to work.

I returned to work when my baby was only three and half months old. She was placed in full time long hour childcare from this age. I worked in a small firm who were flexible with lactation breaks. I was able to express 3 times at work (morning tea, lunch, and afternoon tea). My ability to express at work was a deciding factor into when I was able to return to work. i.e. I would not have returned to work so early if I was not allowed the lactation breaks.

My eldest daughter's health was difficult in that first year when she was in childcare. Though she was fully breastfed until 11 months and 1 week, she had numerous illnesses (coughs and colds) and ear infections. I do believe that she was protected to an extent by breastfeeding and am very grateful that breastfeeding provided some protection from illness. I have since learned that the way in which a child is fed from a bottle, helps to promote ear infections. In hindsight, feeding from a cup from six months would have been more appropriate. I combined breastfeeding at home and artificial feeding at childcare until I weaned at 19 months.

I weaned my first daughter at around 19 months due to some bad advice from my GP at the time that I was not able to combine the medication I was prescribed with breastfeeding. I have since learned that there were alternative medications to choose from and I could have continued to breastfeed. I still feel quite upset that this person felt it appropriate to make a decision that was not his to make. Neither my child nor I were ready to wean.

The first 12 months aside, I have found my eldest daughter has a very strong immune system with very little illnesses. Though she continued in full-time childcare until she was three and a half years old, followed by part time care and then school, she has rarely been sick. The occasional cough or cold she does catch are quickly dealt with. She has never

been hospitalised for an illness and never caught any childhood illness (despite being heavily exposed during care eg. Chickenpox).

She is a tall, lean girl who is active and bright. She has always had a good appetite and even though she has been exposed to processed foods (and we do keep them at home), she dislikes most of the usual snack type foods that are marketed to children.

Daughter 2 – Aged 6

I made a number of different lifestyle choices with my second child. I took a full 12 months maternity leave, though subsequently quit before returning to work. This daughter was fully breastfed and never received any artificial feeds. She self-weaned at four years and seven months.

My second child has rarely had an illness and quickly recovers when she is sick. She was exposed to chickenpox at around three by her younger sister (i.e. grabbed one of her bottles and sucked on it!) and only ever produced one chicken spot. I firmly believe that being breastfed at the time allowed her body to deal with this illness without ramifications. This daughter was recently exposed to a bout of rotavirus, which hospitalised many children in our region. Though unwell, she coped with this illness at home and recovered quickly. I think that by her being breastfed, the vaccination program that is currently being proposed would have been unnecessary in her case. Her illness caused no economic impact and she recovered well.

She is now a tall, lean girl who is a “particular eater” and also does not like most of the processed snack foods marketed to children. She was fully breastfed through the usual toddler “picky eater” stage. Despite being so fussy, she grew and met all her milestones even though she seemed to live on mashed potato for a while. I firmly believe that breastfeeding allowed her to still develop to her full capacity, without the worry and stress that usually accompanies such a stage of life for many toddlers.

Daughter 3 – Aged 5

My third was fully artificially fed for reasons beyond my control.

Over her life, she had numerous ear infections and illnesses. Her medical problems are ongoing, she receives many courses of antibiotics and has been hospitalised a few times. She has another hospital visit in a month. I concur that some of her medical issues relate to her early circumstances. However, even in such circumstances, I believe that breastfeeding would have offset many of the long-term issues.

I was quite frustrated that it would not have been acceptable in our society for an alternative source of breastmilk to be provided for my youngest daughter, despite her desperately needing the benefits. Any breastmilk that can be provided to children at risk would have huge impact on their long-term health. Therefore, I sincerely believe that establishing milk banks at all major cities is something that needs to be addressed.

Experience with the Australian Breastfeeding Association (ABA)

I have been involved for 11 years with the Association and have met many mothers with lots of different experiences.

I am astounded by the lack of information and support provided by some health professionals and a majority of our society. There are many myths and misinformation in our society. It can be quite disheartening to hear mother after mother describe her inability to breastfeed, when in fact she was experiencing a very common challenge or normal breastfed baby behaviour that could have been avoided or dealt with by the provision of some correct information and support. I believe the ABA can fulfil the role of providing information and support to many mothers. Unfortunately this valuable service is not acknowledged or widely understood by a large part of the Australian community

3) The extent of the health benefits of breastfeeding

I believe that the "benefits" * will be amply covered or provided by the Australian Breastfeeding Association and I do not need to repeat this readily available information.

* I would like to state that I disagree with the terminology of "benefits" in this criterion. I believe that we should encourage our society to see breastfeeding as a normal requirement of our baby and children. Breastfeeding allows each child to reach its full potential, as we were designed/evolved to do. Therefore, there would not be any "benefits", only disadvantages or risks of artificial feeding. Though this can be confrontational, I think that the health issue of smoking can be used as an analogy to make my point. Our society would find it laughable if there was a campaign about the "benefits of not smoking" or "not smoking is best". It is acceptable in our society that there are risks involved in smoking and that it has a huge long-term impact on individual's health as well as an economic impact.

Therefore, I would suggest that all literature provided to health professionals and to parents needs to reflect appropriate terminology.

The Lactation Resource Centre is affiliated with the ABA and contains the largest library in the southern hemisphere of breastfeeding research. While such a resource is a boon to the Association, it is under-utilised by many in the health sector. I believe that there needs to be far more research into this issue. Unfortunately, breastfeeding is not a commercial venture and therefore research scholarships are few and far between.

4) Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities

Though I cannot evaluate this impact, I can provide my personal and volunteer experience.

I know of many mothers who feel that they do not need to continue past twelve months, as toddler milks are now available. These mothers view the toddler's milks as essentially equal to breastmilk. This is a new and common myth that needs to be dealt with at a government level. The marketing campaigns by the companies are aimed at mothers who breastfeed. I believe that this marketing needs to stop.

I live in a small country town and deal with mothers in my local community, as well as neighbouring towns. In my area, we have two small hospitals and a number of child health centres. We have a shortage of GP's in our area and a wait of more than a week or more to see a GP for non-urgent problems is not uncommon. I would think that some mothers would be categorised as non-urgent, especially if they did not feel confident enough to insist on an earlier appointment. It is not unusual for mothers who do not receive immediate support to choose to artificially feed. It is readily available and solves the immediate problem.

In my area, there are many socially disadvantaged people, through socio-economic circumstances as well as through physical isolation. The health services and medical centres are extremely busy and understaffed. One of two medical centres has been closed (except sporadically) for over twelve months due to their inability to find new GP's. I also know that one local hospital only has one on call doctor. This is inadequate to deal with such a spread out population.

In addition, many counselling calls to the ABA would be STD calls in remote areas, another cost to the socially disadvantaged mothers. As such, funding needs to be provided for free counselling calls through ABA.

Breastfeeding challenges are rarely straightforward and are often not a medical issue. Though it is prudent for mothers to rule out any medical cause of their problem, a majority of breastfeeding issues are more of a "providing correct information and support". This takes time and up to date breastfeeding knowledge. Many GP's do not have enough of either either.

I have spoken to women who have been told to stop breastfeeding because of recurring mastitis in the early weeks. The mothers were also not given any support on how to deal with the practicalities of suddenly weaning when having this condition. The information to wean suddenly was mostly incorrect and could have potentially led to far more problems (eg. abscess of the breast requiring surgery). I spoke with one mother for nearly forty minutes. We spoke not only about weaning ideas that suited her and her family situation, but also I helped her deal with her grief of not being able to breastfeed. If she had been given the correct information about mastitis the first time she encountered the problem, she probably would have continued to successfully breastfeed.

I don't think that GP's are able to (due to lack of up to date knowledge and/or available time), or should necessarily be *required* to, deal with such situations. Especially if there are other services that can provide this function. If breastfeeding mothers are encouraged to contact the ABA or a lactation consultant for non-medical breastfeeding issues, I believe that many mothers would be able to reach their breastfeeding goals.

In short, I believe that professionals need to be encouraged to refer breastfeeding mothers onto appropriate support ie. Lactation consultants and/or ABA counsellors.

5) The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding

I believe that this would also be addressed in other submissions. I will mention my experience.

As I have stated before, I have had varied feeding experiences. I have returned to work; expressed long term; combined breastfeeding with artificial feeding; exclusively breastfed; sustained breastfed (i.e. to 4 ½ years) and have a fully artificially fed daughter.

I find that the health of my three children is remarkably different, especially between the breastfed/artificially fed. My breastfed children are far healthier, well-adjusted children who are able to quickly deal with any illness. They have never been hospitalised for illnesses and have healthy eating habits.

My children have all been exposed to the usual childhood illnesses (coughs, colds, gastroenteritis, rotavirus, chicken pox, whooping cough etc) and they respond quite differently according whether they were breastfed or not.

My youngest (artificially fed) has numerous, on-going health problems, only some of which I believe can be attributed to earlier issues. Since two, she has received a very healthy diet, a good family environment and any required medical attention. I believe her ongoing health problems and inability to deal with common illnesses must have been established in her early years of artificial feeding.

When my youngest caught chicken pox, her reaction was immediate and quite severe. My breastfed children did not or barely reacted (i.e. *one* chicken pox spot), despite being closely exposed to the virus at home.

I believe that there needs to be more research into the length of breastfeeding and the impact on long-term/adult obesity and common illnesses. Though I often can often see overweight and obese children in our community, I have never seen an overweight or obese child at any of the meetings, seminars or conferences that are provided by the ABA. This includes the adult children of some of the older Counsellors.

6) Initiatives to encourage breastfeeding

Various ideas that I think may help to encourage breastfeeding are:

Health Professionals

1. All health professionals need to be trained and kept up to date on breastfeeding information. Perhaps a certification type process whereby professionals need to have a minimum number of hours of continued education to receive certification? A display of a certificate or posters at child health and medical centres will allow mothers to make an informed decision as to which health professional to see for her breastfeeding enquiries and support.
2. Medical organisations and Health Departments in Australia should adopt the World Health Organisation recommendation of breastfeeding to "two year old and beyond".

This should be provided in all literature and campaigns. Health professionals should then be made aware of the updated recommendations and why they are revised.

3. The current growth charts available through the health system should be updated with the new WHO growth charts which more accurately reflect a breastfed baby's growth. Too many mothers are told to supplement or give up breastfeeding because of the wrong information provided in the outdated charts.
4. GP's should be encouraged to refer all breastfeeding mothers to the ABA or lactation consultant for further information and support.
5. All medical students to attend a Health Professional seminar run by ABA to obtain a certain level of breastfeeding knowledge.
6. Stop any form of advertising of artificial milk and ancillary paraphernalia through health professionals and their places of work (eg. no samples etc to be provided, including in "baby bags"). In addition, conferences and seminars should not be allowed to be sponsored by artificial milk companies. There should be an obligation by all such seminars that anything related to child nutrition should be breastfeeding supportive.
7. More "comparison" type information needs to be provided to health professionals and parents as to the vast differences between breastmilk and formula. It is still a commonly held believe that artificial milk is *almost* the same as breastmilk.
8. All literature provided to health professionals and parents need to reflect appropriate terminology that treat breastfeeding as normal, not "best" or "gold" standards.
9. There should be programs in place where women should have the choice of midwifery care throughout pregnancy and post-partum. These midwives would ideally also be lactation consultants. I believe post-partum care for at least six weeks (or until breastfeeding is properly established) is the best way to ensure continued breastfeeding. Care could include a visiting team of midwives, lactation consultants and ABA counsellors who are available to mothers at all times in those six or so weeks. "Home help" for at risk mothers should also be provided to help them focus on establishing breastfeeding.
10. Mothers should have at least one visit by a lactation consultant while pregnant to discuss importance of breastfeeding and the risks of choosing artificial milk. All mothers should be encouraged to *at least* express colostrum onto a spoon and feed it to their baby in those first few days. This alone, would have a huge impact on that child's health.
11. Artificial milk should only be available after careful consideration, with medical advice. This rarely happens. I have two suggestions in relation to this:
 - a. Like parents who chose not to vaccinate their children have to sign a "Conscientious Objector's Form" after speaking with their GP, I believe that a similar process also needs to take place for choosing to artificially feed a child. I believe that many parents are unaware of the risks of artificial feeding and most believe that it is almost as good as breastmilk. I believe it has just as much impacts on the long-term health as that child as the choice to vaccinate or not. Perhaps linking the length of breastfeeding to the baby bonus, similar to vaccination?
 - b. When Papua New Guinea instituted prescription only available formula, it had a positive impact on increasing breastfeeding rates. I believe that by making

artificial milk less easily accessible, it will encourage people to make a more informed choice. Perhaps this is something that can only be implemented when our society views breastfeeding as normal.

Provide Funding

12. Adequate funding needs to be provided to the ABA so that they can completely reach each and every new mother in our society. They need to have the resources to take on such projects. I'm sure that ABA will provide a more detailed explanation in their Submission.
13. Resources need to go into enabling women to breastfeed so that other funds do not need to be put into treating the illnesses caused by premature weaning. (eg. the new rotavirus vaccine that the government is funding would be largely unnecessary if most babies were *exclusively* breastfed for 6 months).
14. Milk banks need to be established at all major cities to support our at risk children (premature babies, foster children, "medically challenged" children etc). Resources would need to be provided for the safe distribution to remote areas.
15. Provide research grants/scholarships into breastfeeding and the surrounding issues.
16. Support the Lactation Resource Centre to provide more extensive services to our health professionals.
17. A program of post-partum care involving midwives, lactation consultants and ABA counsellors should be available to all mothers.
18. Changes to ante-natal classes so that a more emphasis is placed on breastfeeding and normal breastfed baby behaviour (rather than the usual one hour). Obviously birthing choices is extremely important, but parents often lose sight of the fact that the birth is only one day – it is what follows that needs lots of information and support. Perhaps health professionals can start putting a more balance view on birthing and coping with a new baby (including normal breastfed baby behaviour).

Marketing of Artificial Milks

19. I think that the marketing of artificial formula, including toddler milks, should be banned. I know many mothers who feel that baby and toddler milks are close enough to breastmilk that they don't need to breastfeed. Any mother who needs information on artificial feeding can easily obtain this through their health professional.
20. The MAIF Agreement is not working and our government should adopt the full WHO code on the marketing of formula.
21. Baby foods should only be marketed "from 6 months", not "4-6 months" which is in line with current medical advice. Any introduction of anything other than breastmilk before 6 months can interfere with breastfeeding.
22. Funding needs to be provided for the marketing of breastfeeding. The ABA does not have the financial ability to compete with companies with billion dollar profits. A marketing campaign that addresses some of the common myths about breastfeeding would be a good start.
23. Private health funds should recognise subscription to ABA as a relevant claim. Alternatively, or for those without health cover, a form of tax incentive or Medicare rebate by the Government may also encourage more people to support this necessary

service. Mothers who are identified as “high risk” could be subscribed to the ABA as a form of support for that mother.

Returning to Work

24. Maternity and/or paternity leave should be paid for at least six months and be available for two years to encourage breastfeeding.
25. Upon request, workplaces are to provide lactation breaks and suitable facilities (perhaps according to ABA guidelines) for expressing. Also, flexible working hours available for first 12 months.
26. All lactation aids should be GST free.
27. Mothers who have been identified as returning to work before, say, six months should be provided with information and support by health professionals during pregnancy or immediately post-partum. Many mothers are unaware of the range of possibilities of combining paid work and breastfeeding.
28. All childcare staff should attend a breastfeeding seminar to keep updated on breastfeeding knowledge. Once again, a form of certification process seems appropriate. I had the experience of a childcare member giving me wrong information about my first baby and started her on solids at 4 months (despite the recommendations). If this staff member had a little bit of breastfeeding knowledge, she should have been aware that increasing the expressed breastmilk provided would have solved the problem. I had assumed at the time (as most parents would) that childcare staff would have up to date breastfeeding knowledge. I've found this is rarely the case.

7) Examine the effectiveness of current measures to promote breastfeeding

I believe that this will be covered in more details by other Submissions. My personal experience is that many mothers are unaware of support services available for breastfeeding. Breastfeeding is not something that most parents prepare for and when challenges arise, they do not have a “breastfeeding friendly” support network to help them. There are many undermining images, perceptions and beliefs about breastfeeding in our society that need to be negated. I find that there needs to be more emphasis on breastfeeding and normal baby behaviour during pregnancy, perhaps through extended or amended ante-natal classes.

8) The impact of breastfeeding on the long-term sustainability of Australia's health system.

I believe that this will be covered in more detail in other Submissions. However, I believe that further research would be sensible.

9) Additional Comments

In my view, artificial milk is a processed food and as such can never come close to replacing breastmilk. Breastmilk is a complex living food, which changes not only from feed to feed, but also *during* each feed. It is individually tailored to each child and their environment. There are hundreds of components in breastmilk, most of which have not been researched to find out their role and most cannot be replicated. I think that our society should do everything possible to support mothers in their journey of breastfeeding.

I fully understand that there are some situations where breastfeeding is not possible. However, I don't think our current breastfeeding rates accurately reflect this small percentage of scenarios. I believe many mothers find themselves in a position of having to artificially feed due to misinformation, lack of support and our society's warped perception on what is considered normal baby behaviour and growth.

I believe that it is in the Federal Government best interests to do all in their power to change the current situation so that breastfeeding can be seen, as not only normal, but also essential for the optimal health of our children and society.