

27 February 2007

The Secretary of the Committee on Inquiry into Breastfeeding
House of Representatives
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To Whom It May Concern

I am 31 years of age and currently breastfeeding my 1yr old daughter. She is our first child. I would like to convey my experiences and ideas for the above-mentioned inquiry. I hope this will help in seeing a change in the way that breastfeeding is viewed and supported in our community.

Massive campaigning and re-education amongst the general public and health professionals is sorely needed to see the type of breastfeeding rates that the WHO puts down as a *minimum*.

My experiences and suggestions will be broken down under each relevant term of reference. I am not commenting on all terms of reference.

a. the extent of the health benefits of breastfeeding;

- We should not promote the **health benefits of breastfeeding**. Why?
Because breastfeeding is normal. We need to normalise what nature intended us to do. We should talk about **the risks associated with artificially feeding our babies with artificial baby milk**.
- We do not talk about the health benefits of not smoking cigarettes; we talk about the **risks associated with smoking**. This is the way we should be talking about breastfeeding. **There are real risks associated with not breastfeeding**.
- The **risks of feeding a baby with artificial baby milk** need to be widely understood by everyone in the community so that people are fully aware of the risks they are taking: The risks are:
 - *For baby*
 - Higher incidence of obesity
 - Higher incidence of ear infections
 - Increased risk of SIDS
 - Increased risk of diabetes

- Increased risk of allergies
- Reduced optimal development of brain in baby
- Reduced optimal development of eyesight, jaw, speech and oral cavity in baby
- Offensive smelling waste/poo
- Time delay in feeding baby as need to prepare milk as opposed to instant food when fed by the breast
- *For family and health system*
 - Poorer health/increased risk of admission to hospital/increased doctor visits
 - Costly
- *For the environment*
 - Puts stresses on the environment and world resources. Uses fuel, energy, chemicals to produce
- *For the mother*
 - Increased risk of cancer of the breast, ovaries, heart disease and osteoporosis
 - Reduces the body's natural ability to return to pre-pregnancy state
 - Does not delay the return of menstruation and therefore natural spacing of children is altered with which puts financial and emotional stress on family's
- More weight needs to be given to emotional nurturing that breastfeeding gives babies. The breast is not just a container. Breastfed babies are better attached to their mothers which forms a solid base of trust and love in their care-giver. This then leads to a more confident, self-assured child and adult. Less risk of mental illness later in life.

b. evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, indigenous and remote communities;

- Formula companies have done a remarkable job of brainwashing our culture in believing that artificial baby milk is just as good as breastmilk. They use language that plants seeds that artificial baby milk is an easier, as good an option. "Breastmilk is best" is on the tin but who can or wants to be the best all the time? use "formula" to make things easier on yourself. The name "formula" makes it sound like a special scientific concoction of high quality. People blindly put their trust in them and do not think twice (or know) of the risks they are exposing their child to by using a breast milk substitute.
- My sister commented to me the other day that "formula is now the closest its ever been to breastmilk". How wonderful a result for these companies that the marketing of their product has been so effective. How **not wonderful** this is for the health of our children and for our public health system that has to deal with the by-product of their effective marketing campaigns. Ill health and increased doctors visits. The impact is not only on the family pocket, the public health purse but also employers who lose staff when they take time off work to care for their children
- Breastmilk changes over the course of a feed. Breastmilk adapts to suit the needs of a growing baby as they age. Breastmilk is flavoured with the last meal you ate! As you wean, the body boosts the antibodies in breastmilk as one last booster for

your child as their breastfeeding day's end. How could artificial baby milk match or even **come close** to that? Yet people do not realise the huge differences in artificial baby milk and breastmilk. The effective marketing of formula companies has led most of the general public to believe that the only real difference is the container.

- They advertise in full page spreads in parenting magazines and papers (like Sydney's/Melbourne's/Brisbane's Child). They get in through subtle means and sell their product by talking about the goodness it contains. They appeal to the emotional side of parents by playing on guilt. They list the minerals and vitamins they put in it making it sound full of goodness. They even tie in breastfeeding by saying "when you are ready to move on from breastfeeding" so they don't look like they don't respect the way babies should be fed. It is emotionally manipulative and very effective.

d. initiatives to encourage breastfeeding;

- I was fortunate enough to have a midwife at the hospital speak very highly of the **Australian Breastfeeding Association's breastfeeding workshop**. It was because of this and my continued association with the Australian Breastfeeding Association that I have had a long and successful breastfeeding relationship with my daughter.
- I had months of ongoing issues. Because I **knew to call the Australian Breastfeeding Association hotline**, their counsellors saw me through it all (white dots, oversupply, blocked ducts, mastitis) and were so incredibly helpful and supportive. My own GP referred me to them as she recognised that they knew more than her and were the best people to talk to.
- **Breastfeeding workshops by the Australian Breastfeeding Association for all expectant mothers and fathers should be subsidised by the government or included with the baby bonus**. As well as a subscription to the Australian Breastfeeding Association. The two ingredients for success with breastfeeding are knowledge before the baby arrives and a positive resource to use for ongoing information and support.
- **The Australian Breastfeeding Association needs continual government funding** so they can train more counsellors and continue to provide their amazing services to thousands of women.
- **Their hotline needs more volunteers for each roster. It needs to be government funded**. It is often engaged as there are peak periods. I have spoken to people who give up calling after a while if it is continually engaged. This could be the difference in a mother continuing with breastfeeding or giving up. Often when women make the decision to ask for help it can be very disappointing to not be able to get in touch with someone immediately. This could be alleviated if the Australian Breastfeeding Association was funded.
- I had issues at the start with finding a good position on my right side that didn't hurt. The midwife at the hospital seemed poorly trained in breastfeeding as she told me that "it looked right" but never suggested trying different positions. Perhaps the **Australian Breastfeeding Association counsellors could be funded by the government and provide counsellors to work in hospitals** to ensure mothers are getting as much support and help as they need in those early days to make sure that breastfeeding can be established.

- We had a midwife come to our home each day for 5 days after we left the hospital. We were on the early discharge program. We had a change over in midwives after day 2 and it was the 2nd midwife that was able to get a position on the right worked out for us that didn't cause pain. **Trained lactation consultants or Australian Breastfeeding Counsellors should be funded to do home visits until breastfeeding is clearly established for however long that may be.**
- **Ensure all Child Health Nurses and Health Professionals across the board are educated by the one body so that information given out to the community is consistent and up to date. Have continual seminars to keep them up to date as new research unfolds.** There is currently a lot of conflicting information from GP's and Child Health Nurses that leave new mothers confused and uncertain. Many Child Health Nurses are "old school" and seem unwilling to embrace current information and practices.
- **The Australian Breastfeeding Association should be acknowledged and promoted as the leading breastfeeding resource in the country by our government through ad campaigns (see below).**
- There are some instances (rare) that women are physically unable to breastfeed. In these rare situations **artificial baby milk should be prescribed by a doctor.**
- **We need government funded tv advertising campaigns** much like the huge campaigns for quit smoking, drink driving and skin cancer which teaches our community that breastfeeding is normal. **We need to promote the normality of breastfeeding** and not promote it as the "best" thing we can do for our babies. This puts unnecessary pressure on new mothers which encourages the use of artificial baby milk as an easy way out.
- **We need to talk of the risks associated with not breastfeeding in these campaigns.** We need to disgust people enough into not using artificial baby milk unless medically necessary. Much as we are disgusted with the graphic images we see on tv of accident scenes caused through drink driving. Much as we are disgusted with graphic images of drug taking in teenagers and the consequences. Much as we are disgusted with the graphic images of domestic violence. **We need to teach our community that artificial baby milk is not an acceptable substitute for breastmilk unless medically necessary.**
- Breastfeeding is a learned skill and if it was simply expected of us to do it (through normalising it through ad campaigns in the multi-media), then more people would just do it.
- **Campaigns on television should include the WHO recommendations** that babies are to be breastfed exclusively for the first 6 months and then up to the age of 2 years while family foods are introduced.
- We need to change general attitudes and do massive re-education that breasts are physiologically designed to feed babies.
- **We should have visual campaigns on bus shelter bill boards** much the same as the tv ad campaigns.
- **Bans should be placed on artificial baby milk companies from advertising in line with the WHO Code.** They undermine the right of a newborn baby to be fed as nature intended.

- **Parental leave needs to be increased** to ensure that *at a minimum* a mother can meet the WHO recommendation of exclusively breastfeeding her baby for the first 6 months.
- Paternity leave is a pittance - one week. **Healthier promotion of the value (and responsibility) of family is much needed.** By increasing maternity and paternity leave it relieves the financial pressure on parents to return to the workforce early. **Extend both paternity and maternity leave to closer to 12 months.** This would give us healthier children physically and mentally as breastfeeding rates could increase as well as reduced use of childcare in the first years of life which enables stronger attachment and security to parents by the child.

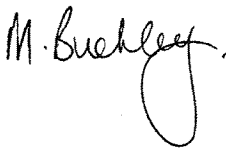
e. examine the effectiveness of current measures to promote breastfeeding;

- The effectiveness of current measures in promoting breastfeeding is clearly not working. There are so many myths amongst health professionals and the community which inhibits higher breastfeeding rates. The statistics on rates vary but not even 50% of babies are exclusively breastfed to 6 months which is the World Health Organisations recommendation.
- The misinformation in the public health system and the general public are huge road blocks in the promotion of breastfeeding. Until these are broken down and replaced with more positive beliefs and **current information** we will continue to see low breastfeeding rates. Some of the misconceptions and beliefs I have heard are:
 - milk dries up after a few months
 - many women stop breastfeeding then. I too got very concerned when my breasts suddenly got soft and not as full as they had been for the first few months. It does seem like your milk "has dried up" which is what you hear. I called the Australian Breastfeeding Association to express my concern and they informed me that your breasts cannot stay big and swollen forever. After a few months the body adjusts to the supply and demand of your baby rather than just producing milk as a result of giving birth. Your milk supply is still ample for your baby and softer breasts are of no concern and are the normal course of events.
 - not enough milk
 - boosting supply is easily remedied with the right information although it is a common reason women stop breastfeeding. There is a lack of understanding that babies have appetite increases at times and by simply increasing feeds a mother can meet this short term demand
 - I can not produce enough milk for my big baby
 - the supply and demand of milk supply is not widely understood. Your body continually replaces the milk that is taken so it can always meet the demand of any sized baby

- mastitis means you cannot breastfeed
 - a common misconception - the best thing to do with mastitis is to keep breastfeeding - the infection is in the breast tissue, **not** the breastmilk
- breasts are sexual objects
 - “it is disgusting/offensive to breastfeed your baby or an older baby.” We need to re-educate men and others in society that breasts are there for the purpose of breastfeeding. Evidence shows that the belief system of a partner and level of support they give to the mother has a huge impact on the length a woman will breastfeed.
- feed your baby artificial baby milk and they will sleep for longer periods at night
 - all babies who are healthy and normal wake up at night in the first few years regardless of how they are fed
- breastfeeding babies are underweight and need to be supplemented with artificial baby milk
 - breastfed babies gain weight differently to artificially fed babies. They put it on more sporadically over time. Outdated growth charts hinder this understanding.
- Growth Charts in the baby blue books are outdated and lead many mothers who are breastfeeding (and Child Health Nurses) to believe their baby is underweight. **All old growth charts need to be thrown out.** Current charts released by the WHO need to be the only ones available. **An overhaul of old for new WHO charts needs to be done in all medical centres where mothers are seen with their babies** (doctor surgeries, medical centres, hospitals, birth centres, child care centres, child health clinics, chemists). They also need to be interpreted correctly ie. there is a healthy range and anywhere in that range is **normal**.

We must also fully consider and take into consideration that breastfeeding doesn't just effect the physical health of our babies. There's an emotional bonding between the mother and child as well. The touch and physical contact between mother and baby feeds the part of the brain that learns of empathy and love. There are physical and mental health effects from breastfeeding. By increasing breastfeeding rates we can raise a healthier population. We can also raise a new generation of more empathetic people. The positive effect in our community and society would not go unnoticed; a reduction in mental illness as well violence. We would have reduced stresses on our health *and* justice system. Breastfeeding provides security for a baby and child. A secure child grows into a more self-assured adult.

Kind regards,



Michelle Buckley