

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
28th February, 2007

Dear Sir/Madam

I am the mother of three long-term breastfed children with an interest in lactation issues. I wish to comment on several of the Committee's terms of reference – not all as the many other submissions have dealt with the health benefits etc.

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

The Australian Government's response to the World Health Organisation's Code on Marketing Breastmilk Substitutes – the MAIF Agreement is completely ineffective. The Agreement is completely voluntary and covers only some manufacturers and importers of infant formula. Most retailers I have approached about excessive formula displays have been completely ignorant of the MAIF Agreement. The marketing of infant formula is mostly done at the retail level however the MAIF Agreement does not cover retailers. There is a clear conflict of interest in expecting the manufacturers and importers of infant formula to educate retailers about acceptable marketing of their products.

Complaints to APMAIF are a waste of time. My experience has been that even on the rare occasion where a complaint falls within the scope of the Agreement and a breach of the Agreement is recognized the formula company is given generous and ongoing opportunities to argue and correct their errors so that the breaches are not reported on in APMAIF's annual report. The miniscule number of breaches reported in their annual reports year after year is testament to this.

The behaviour of formula company representatives is questionable. In a recent visit to a local paediatrician's office I was confronted with a huge wall of cans of infant formula – I know the companies are allowed to give medical practitioners' samples "for their own use", but I seriously doubt that that Doctor was proposing to drink the 30 or so cans of infant formula sitting on his office shelf himself.

The overuse of dummies, teats and bottles – their acceptance as part of a normal baby's life is a worrying sign as their use is known to interfere in the breastfeeding relationship. Images of artificial feeding abound in the media and just like the tobacco company's new ploy to try to make smoking cool by having characters in movies smoke, the infant formula manufacturers, importers and retailers do everything they can to increase their

sales if not by direct marketing to parents then by stealth. They encourage the development of community standards to the extent that having a baby bottle as the symbol for the baby care room at parenting expos is seen as normal. What is normal about artificially feeding infants?

d. Initiatives to encourage breastfeeding

The short stay in hospital has negative impacts on breastfeeding – it is common these days for mothers to leave hospital on or before day 2. Often these women have left hospital with their first babies before their milk has even come in. Over the past 7 years as a volunteer breastfeeding counselor I have noticed that the percentage of callers with babies under 7 days of age has increased. New mothers need face to face help to give them the skills and confidence to breastfeed. When learning to breastfeed a mother and baby dyad needs support from a knowledgeable midwife or lactation consultant at every feed (until the mother feels comfortable and confident about her ability to do it on her own).

Reducing hospital procedures that interfere with the establishment of breastfeeding – specifically the separation of mother and infant for routine weighing and measuring before the baby has tried to breastfeed should be strongly discouraged. The first 60-90 minutes of life have been shown to be very important for the establishment of breastfeeding. Mothers and babies should ideally maintain body contact during this time.

There is a lack of breastfeeding education given to medical personnel at University. Addressing the lack of breastfeeding education in University courses would be helpful. Because of this lack of understanding about the importance of breastfeeding there seems to be a devaluation of the breastfeeding relationship amongst some paediatricians who interfere in the feeding process as a first response to a baby problem rather than the last. Whatever other interventions take place the breastfeeding relationship should be valued and supported by medical practitioners. The phrase from the Hypocratic Oath “first do no harm” springs to mind when I think about this issue. I wish those who have taken the oath were more inclined to see it that way and education is the issue here.

New mothers often complain about the confusing and conflicting information they receive in hospital and certainly this was my experience too. The lack of staff skilled in lactation issues on the wards of many maternity units is a big factor in the high failure to breastfeed rates. All Australian Hospitals should be Breastfeeding Friendly or working towards this classification. Nursing staff without lactation training should not be working on maternity wards.

The Government needs to send a clear message to the general public that breastfeeding (and parenting) is important. There is a lot of pressure on women to return to their jobs soon after having children. Women are often forced to return to work before they are ready to leave their children because of economic necessity. The Government could take a leaf out of some of the Scandinavian countries industrial laws and look seriously at the issue of adequate paid maternity leave. We need to send a message to new mothers that

they are valued. They need nurturing themselves in the post-partum period and additional economic resources could be used to source the services of a doula or other home help.

Even if new mothers are in a financial position to take extended unpaid leave so they can tend to their young children's needs and breastfeed for the recommended World Health Organisation's recommended minimum period of two years, they do not have the right to return to their former positions at the end of that time. Leaving the workforce for an extended period of time inevitably has a severe detrimental effect on a woman's career prospects and lifetime earnings.

Another way the Government could effectively intervene to improve our breastfeeding rates is to provide ongoing and adequate government support to the work of the Australian Breastfeeding Association to support their development of breastfeeding support resources and the training of volunteer counselors and community educators. This Organisation has been supporting mothers and babies to breastfeed for more than 40 years and has the expertise and the networks to make a real difference to breastfeeding rates.

f. the impact of breastfeeding on the long term sustainability of Australia's health system

Increasing breastfeeding rates will have a dramatic impact on the health system's bottom line. The Government should be putting more resources in at the beginning of life so that new mothers are not pressured to leave hospital before they are confident about breastfeeding would improve the breastfeeding rates – after all if you don't get to 6 weeks you won't get to 6 months. Sending new mothers home early from hospital is a false economy – we pay for it later with the increased health costs due to lack of breastfeeding.

Providing adequate and timely support to new mothers in their homes would also help to increase breastfeeding rates. New mothers need to be visited within 48 hours of returning home by a lactation consultant or midwife with up-to-date breastfeeding knowledge. The first visit needs to be at least 2-3 hours duration so that the woman's concerns about breastfeeding can be discussed and information and knowledge given to empower that woman to make an informed choice about continuing to breastfeed. By that I mean that health professionals should be required to fully inform their patients about the hazards of artificial feeding. Too often I have heard that they can't do this because that would make bottle-feeding mothers feel guilty but how unfair is this on those poor parents-to-be who only receive half the story ie that breastmilk is best for the baby. They are not told about the risks of not breastfeeding to their baby's long-term health.

There has been an explosion in the incidence of diabetes and obesity affecting Australia's Indigenous population. Breastfeeding is protective against diabetes and obesity but rarely does it get mentioned when public discussions of the issue of Aboriginal Health occur (as is happening right now). Aboriginal Health Workers need to receive training in lactation.

The Government could provide funding for the Australian Breastfeeding Association to deliver their newly accredited certificate IV course in Breastfeeding Counselling to indigenous women to enable them to take this knowledge back to their communities (whether urban or rural/remote).

When breastfeeding is not successful the long term health implications can be very serious for both the baby and the mother and very expensive for the health system. We are currently seeing alarmingly increasing rates of obesity, diabetes, and middle ear infections.. It's no coincidence that the rates of these illnesses (and many more) in the general community have risen as breastfeeding rates have declined.

Submission from

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