

Submission to the Standing Committee on Health and Ageing Inquiry into the health benefits of breastfeeding

'The Australian Breastfeeding Association (ABA) is an organisation of people interested in the promotion and protection of breastfeeding. Amongst these are breastfeeding women and their partners and health professionals such as doctors, lactation consultants and midwives. ABA was founded in Melbourne, Victoria in 1964 (as the Nursing Mothers' Association), with the primary aim of giving mother-to-mother support to breastfeeding women.

The Association is supported by health authorities and specialists in infant and child health and nutrition, including a panel of distinguished honorary advisers. ABA is recognised internationally as a source of accurate information about breastfeeding management and research. With the support of the Lactation Resource Centre (LRC), ABA provides information to its counsellors and educates the wider community, from preschools to universities and professional organisations. ABA's voluntary breastfeeding counsellors are experienced mothers who have completed an intensive training programme and have successfully breastfed their own children. They are bound by a code of ethics and offer their support over the telephone, in person and through a wide range of literature.

Since its inception over 120,000 people have been members of ABA and thousands more have used the telephone counselling services, literature and community education opportunities. ABA is one of the largest non-profit self-help groups in Australia, and as at February 2007 has over 14,000 subscribers'.

(quoted from the Australian Breastfeeding Association website www.breastfeeding.asn.au)

Our Vision

For breastfeeding and human milk to be the norm for human babies.

For babies to breastfeed exclusively for six months, with continuing breastfeeding for 2 years and beyond.

Our Mission

As Australia's leading authority on breastfeeding:

- To educate society and support mothers, using up-to-date research findings and the practical experiences of many women
- To influence society to acknowledge breastfeeding as normal, and important to skilled and loving parenting.

As current branch president of the Queensland branch of the Australian Breastfeeding Association, it is my job to maintain an overview of all ABA activities conducted in Queensland. Through regular communication and direct contact, I and the branch management team offer support and information to all breastfeeding counsellors, community educators and trainees throughout the state, and report our activities and initiatives to our a national board of directors.

This submission does not seek to replicate the much larger document submitted by the Association at a national level, but rather offers our perspective as a state office, and suggests three measures which we feel would greatly improve the rate of breastfeeding in Australia, and so improve the health of Australian children.

Queensland branch, as do all other Australian branches of the Australian Breastfeeding Association, conducts regular breastfeeding education classes all over the state, and maintains a state Helpline, which is available 7 days a week to ABA subscribers and non-subscribers alike. The ABA volunteers who staff the helpline roster are all trained breastfeeding counsellors, and are there to provide counselling and breastfeeding information to any person seeking help. An average roster day on the helpline involves between 15-30 calls, and will cover a whole range of breastfeeding issues and concerns. The calls received on roster, and the comments received at meetings and classes provide great insight into the place of breastfeeding in modern Australian culture, and the following points are some observations based on our experiences as counsellors and community educators within the Association:

1. Many women lack any confidence in their ability to breastfeed their own baby. While most women express an expectation that they will be able to carry a pregnancy, many gingerly 'hope' that they can breastfeed. Our culture separates and places much less of an emphasis on breastfeeding as an automatic follow-on from pregnancy and birth.
2. Lack of correct and up-to-date information about breastfeeding inevitably leads to premature weaning. One of the most common questions asked by anxious first time parents is 'How do I know my baby is getting enough milk?' Breastfeeding does not offer the comfort of measurable input, so other signs, such as output, demeanor and weight gain are observed and discussed when counselling a mother with this concern. Incorrect advice and social pressure from relatives, friends, and ill-informed health professionals quickly undermines the confidence of many mothers by confirming their fears and playing on their anxieties. Unnecessary use of artificial baby milk, and indeed a great range of other breastfeeding problems often begins with negative support or poor advice. 'Complimentary' feeding of artificial baby milk reduces a mothers' supply of breastmilk, and can lead to a downward spiral to weaning, whether the mother intends it or not. Weight gain measured against out-of-date and inappropriate charts can only lead to poor advice, and a blow to a vulnerable mother's self esteem. Research indicates that there are health risks associated with even a single early exposure to artificial milk.
3. Our society tends to make judgements about whether a baby is 'good' or 'bad' according to how well the baby sleeps, and gains weight. Breastfed babies tend to be leaner babies than those fed artificial baby milk, and weight gain is another major concern for new parents. As counsellors and educators, we know that cow's milk protein is harder to digest than human milk protein, so tends to stay in the gut longer, so that artificially fed infants tend to gain more weight, and can (but not always) settle for longer than breastfed ones. The desire to ensure that you have a 'good' baby by using artificial milk is strong in our culture.
4. The rates of obesity, diabetes and allergy in Australia today are of great concern to us all, and research shows that breastfeeding can reduce the potential for these diseases to develop. Lack of confidence and lack of information ensures that these facts are left aside as mothers consider whether or not to wean.
5. Breastfeeding in Australia is generally considered to be something that you do with babies until they are three months or sometimes six months old. As a culture, we

maintain a level of discomfort and squeamishness about breastfeeding older children, and sometimes express the belief that there is no value in breastfeeding past infancy. Research tells us that it is unfounded.

6. One of the biggest issues faced by mothers today is the issue of returning to work and maintaining a breastfeeding relationship. Many mothers believe this to be impossible, and wean when they and their babies are not yet ready. As counsellors and educators we know that breastfeeding and working is entirely possible with support and information and a bit of preparation, but many mothers feel very disempowered and unable to approach their employers with their concerns and requests for flexible work options. While many employers are supportive of the breastfeeding relationship, many others have little understanding or real desire to accommodate a breastfeeding mother.
7. Australian society has a perception that breastmilk and artificial baby milk are interchangeable alternatives for infant feeding. While most people probably have an idea that 'breast is best', those words offer the comforting implication that while breast may be best, artificial milk is normal, and is therefore acceptable. As stated in ABA's Vision and Mission, it is human milk that is biologically normal. Artificial milk is not normal, and is very much a lesser product. Formula manufacturers have become increasingly clever in their marketing strategies, and have appropriated much of the phraseology of breastfeeding organisations. 'Breast is best' is indeed what is touted by some formula marketing strategists, whose following statements then undermine and dismantle that thought. Leading statements in a formula advertising, such as 'Breast is best. But what comes next?' cleverly suggest that breastfeeding is only a temporary activity, and inadequate for the next stage of an infant's development. It is no wonder that parents receiving conflicting and misleading information may choose to wean.

These points indicate that Australian society has a great degree of ambivalence about the importance of human breastmilk, and the value of breastfeeding as a part of skilled and loving parenting. There are many things we can do to improve breastfeeding rates in this country, change our attitude, improve our education and take a lead role in improving the health of our nation. The Association's *Australian Breastfeeding Leadership Plan*, launched by the Federal Health Minister Tony Abbott in August 2004 details many helpful and necessary initiatives. We believe the following three initiatives are a vital start:

1. Implement the WHO Code – the World Health Organisation Code for the Marketing of Breastmilk Substitutes. At present, marketing in Australia is governed by the MAIF Agreement – the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement, which applies to members of the Infant Formula's Manufacturer's Association of Australia and other manufacturers and distributors, and is essentially a voluntary scheme functioning on the basis of self-regulation. The agreement does not cover retailing at all. Breaches of the agreement attract nothing more than a reprimand. The introduction of enforceable regulation via legislative amendments to the Trade Practices Act, would ensure that the marketing of artificial baby milk, and other items such as bottles and teats, complied with the aim of the WHO Code, which is to protect the nutritional well-being of infants. Legislative change would also help to avoid the persuasive and misleading messages that are currently allowed to undermine the ability of parents to offer their children the optimal start they deserve.
2. Develop and implement better education for health professionals, in the area of human lactation and the practice and management of breastfeeding. While GPs have a good understanding of the physiology of breastfeeding, many have a poor knowledge of

breastfeeding management, as they have received less than an hour's education about human lactation as part of their basic degree. It is to health professionals first however, that most women understandably turn for help and advice. Out-of-date or incorrect advice from a health professional tends to complicate rather than assist a mother with breastfeeding issues, and can leave a mother disempowered, with little belief in her body's ability to nurture her own child. Implementation of better education for health professionals should include funding support for the Baby Friendly Hospital Initiative, as this encompasses the training of staff at all levels of hospital operation.

3. Ensure that the new WHO baby growth charts, released in May 2006, replace the old charts in every health setting across Australia. These old charts have undermined breastfeeding for decades as they are based on growth patterns of formula fed babies. In advising mothers on 'normal' growth, the charts have been biased by the inappropriate growth patterns of artificially fed infants, and shown breastfed infants as underweight. Research since the 1990s has shown that formula fed babies gain excessive weight, because of their higher energy intake, and it is critical to ensure that no mothers continue to be misled and so advised to introduce solids before the WHO recommendation of six months.

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