

Childbirth
Education
Association
(Brisbane)
Incorporated

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Submission no. 212

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The Secretary of the Committee

House of Representatives Standing Committee on Health and
Aging
House of Representatives
P.O.Box 6021
Parliament House
Canberra ACT 2600
haa.reps@aph.gov.au

Dear Secretary,

Please find below a submission by the Childbirth Education
Association (Brisbane) Inc to the Inquiry into Breastfeeding.

The Childbirth Education Association (Brisbane) Inc. is a non-profit
community group that has been providing quality independent
childbirth education and advocacy in maternity reform since 1965.

Our aim is to provide expectant parents the opportunity to be
informed, empowered and confident on their journey to the birth
experience of their choice by providing up-to-date information and
support. CEA does this through antenatal courses, a telephone
information service, a newsletter, specific projects and toy
libraries. CEA is also actively involved in providing consumer
representatives to changes in hospital and government maternity
service development and policy.

Benefits of breastfeeding.

For Babies

Breast milk contains all the nutrition for the first 6 months of life
and continues to be the most important part of the diet for the first
12 months.

The composition changes as the baby grows to meet their
changing nutritional needs. Breast milk provides the baby's first
immunisation, giving antibodies that protect the baby from
common respiratory, intestinal diseases and infection.

Breast milk contains *lactoferrin*, for optimal absorption of iron and
lipases to assist in the digestion of fats. Studies have shown that
the unique fatty acids present in breast milk (and absent in
formula) contribute to cognitive development and IQ.

Research has also shown that breast milk helps reduce the risk of
the following: allergies, eczema, asthma, middle ear infections,
pneumonia, lymphoma, gastroenteritis, respiratory infections,
urinary infections, juvenile diabetes, heart disease, juvenile
rheumatoid arthritis, obesity, SIDS.

Breastfeeding also aids in the development of an infant's eyesight,
speech, jaw and oral capacity development.

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For Mothers

Breastfeeding helps the mother's body return to pre-pregnancy size more quickly. It also reduces the risk of heart disease, osteoporosis, ovarian cancer and especially breast cancer, contraception.

Breastfeeding does not only provide health benefits. It also aids mother-child bonding. It is convenient, portable, always ready, hygienic and at the right temperature. There are no bottles to sterilise, prepare, and warm, there are less offensive dirty nappies, *lower health care costs and fewer sick days.*

For the environment and the community.

Breastfeeding saves fuel and energy resources, there is no packaging required and no chemicals needed for preparation. It is the ultimate renewable resource. Breastfeeding reduces pressures on the environment and community resources such as health system, through creating ongoing health benefits for both mother and baby.

Barriers to Breastfeeding.

The barriers to the initiation of and continuation of breastfeeding are diverse and varied across different populations. The primary barrier is lack of access for women to community based, continuity models of care with a known and trusted midwife. The lack of availability of these models means women experience:

Barriers include:

- Limited support when and where they need it (women need to have a known midwife/educator who can visit them in their home on a regular basis for the early months of parenting)
- Limited access to role models (other women who breastfeed and support breastfeeding)
- Conflicting and changing advice from a variety of carers
- Lack of information, knowledge and education
- Early return to work
- Unemployment and poverty
- Being uncomfortable feeding in public
- Breastfeeding difficulties and pain
- Feeling tied to the infant.
- A societal culture that does not support breastfeeding as the best way to feed and nurture your baby

Potential interventions to extend breastfeeding

The best outcomes for women and babies according to evidence-based information is when women receive community based continuity of care from a known trusted midwife during their pregnancy, birth and early parenting journey. The Federal Government needs to make a commitment to ensuring that

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models of care ensure a lead midwife carer in a community based setting is available for every woman in Australia.. In Queensland currently only 1% of women have access to continuity of care with a know midwife when the demand is far greater than this. A community midwifery model of care is more likely to ensure the following outcomes for women:

- Consistent advice, information and support for women
- Small and informal education sessions for women, their partners, parents and significant others, where information and skills are shared,
- Early interventions assisting women in decision making
- Peer support groups
- One-one-one support with a known, trusted carer

Other strategies might include:

- Multi media interventions, in particular videos/DVD
- Lactation support services that are accessible for all groups of women
- Programs and training at hospitals to ensure breastfeeding friendly outcome
- Entitlement to paid maternity leave for all women for a minimum of six months in support of policies which support practical aspects of working and breastfeeding
- Training for health professionals specifically focused on the provision of accurate and consistent information.
- Training for antenatal education providers to be pro-active in breastfeeding promotion, to offer information to all but especially those who are undecided.

Yours sincerely

Sandiellen Black
President
3 March 2007