These are some of my observations, insights and suggestions (some may appear radical!) from my work with breastfeeding mothers over the last nine years

74% of Ballarat mothers were breastfeeding on discharge from hospital in 2004/05; that means a quarter had already weaned by Day 3. Only **30%** were still **breastfeeding at six months** – lower than the Victorian average and far short of the NHMRC objective of 80%. The World Health Organisation (WHO) recommends exclusive breastfeeding to **six months**. **70%** of our **babies** are **weaned** at this age.

Breastfeeding rates in Australia were at their lowest in 1970s, therefore new mums and dads of this generation were unlikely to be breastfed as infants. Most babies were artificially fed from birth and everything was very rigid. It was a formula culture.

Consequently new parents have no breastfeeding expertise in their families; they are uninformed and not sufficiently supported to overcome common obstacles. Many new mums have never held a new born baby. Smaller nuclear families – rarely grow up seeing mum breastfeed younger siblings or older sibling breastfeeding new babies. Breastfeeding in public is taboo – hardly see breastfeeding at all. Very few parents have experience of 'normal' breastfed baby behaviour. Most first time mums are confused by sleep issues and comparing weight gains with their formula-fed counterparts – the next obese generation. Given correct information and support (particularly from baby's father), most women can successfully breastfeed. Breastfeeding is NORMAL. Few expectant mothers doubt their body's natural ability to incubate a baby for nine months, yet many seriously doubt their ability to feed it. 99% of mothers are physically able to breastfeed (though some babies have physical challenges – cleft, tongue-tie, Down, disorders, small, prem, etc). Research shows that mothers whose partners support the decision to breastfeed are 10 times more likely to persevere.

Is breastfeeding normal?

Breastfeeding is not the norm in our community. Artificial feeding (formula) is marketed as an equal nutritional substitute for babies, but it is not. While this fallacy continues to pervade the thinking of mothers-to-be – thanks to unethical, deceptive, aggressive advertising by formula manufacturers – the many health and other costs of artificial feeding are ignored. Society is blissfully unaware of the compromised immunity of formula-fed infants (yet governments pay huge sums for immunisation campaigns). Research shows that breastfed babies have better immune responses following vaccination. Why is breast milk not adequately recognised as the first inoculation?

Ballarat medical practitioners believe it is the mothers' choice as to how they feed their infants. Yet unless health professionals (and Government) advise of the risks of artificial feeding, families are unable to make an informed choice. Whose job is this? Unlike tobacco companies, formula manufacturers aren't compelled to report the dangers of their products.

Government's role

Strong Government support for breastfeeding does make a difference to breastfeeding rates (e.g. Norway, Papua New Guinea, etc). Volunteers will continue to promote breastfeeding and support new mothers who choose to breastfeed, however YOUR action is essential to reverse the plummeting breastfeeding rates in Australia.

A Government supported education campaign needs to address the following issues: the dangers of artificial feeding, the value to society of the work of breastfeeding and understanding the challenges of breastfeeding.

Knowledge is power. Most infant feeding decisions are made before conception or during the first trimester of pregnancy. Children at school learn about space and the universe, etc, but not normal human infant feeding.

Formula fed children are statistically fatter, sicker and dumber

Breast milk substitutes – the original junk food. Families need to understand that infant formula was designed for foundlings – babies of mothers who died during childbirth. It is not natural - it is abnormal and should only be a last resort.

Artificial feeding increases the incidence of many diseases including asthma, SIDS, diabetes, obesity, arthritis, MS, cardiovascular, respiratory and coeliac diseases, lymphoma and cancers, etc. Lack of breast milk negatively affects cognitive and physical development and has long-term effects on diseases that occur later in life.

Mothers who don't breastfeed suffer increased risks of breast and ovarian cancers, anaemia, osteoporosis, mental health problems, etc.

Breastfeeding is a vital health and economic issue not only benefiting mothers and babies but also the family and community at large. Government health bills increase when babies are artificially fed, requiring more visits to doctors and hospitals, and a drain on the health system in later life. The rural doctor shortage is a problem in the country. Artificial feeding increases the need for doctors (which are in short supply in this region).

The costs

Breastfeeding can alleviate poverty in many ways. Families who breastfeed save around $1500 in artificial milks and associated paraphernalia in a year. Lactating mothers tend to live a healthier lifestyle for the benefit of their infants (diet, less alcohol, nicotine and other drugs, etc) so the whole family benefits.

Environmental costs of artificial milks include pollution from grazing, manufacturing, transport, sterilisation, landfill, etc. Mothers who formula feed experience earlier return to fertility – using more tampons, and sanitary products for disposal.

Water costs include extra washing, rinsing and sterilising feeding equipment, and preparation. More water is used for cleaning and disinfecting following vomiting, diarrhoea, etc from unsafe feeding practices. Powdered breast milk substitutes are never sterile.

Working mothers

Unlike most other countries (except Britain and America), our society places less value on the (unpaid) work of breastfeeding than remunerated work. Therefore many Australian families also require (knowledge of) options for mother to combine breastfeeding and paid employment. Our community forces most mothers to choose between breastfeeding and employment. Despite parents of formula fed children missing more days of work (caring for sick children), most employers are not family friendly and mothers are neither informed nor supported enough to combine breastfeeding and paid work.

Lactation breaks, flexible work options and adequate maternity leave also benefit the employer: greater employee retention, less retraining and less absenteeism.

The challenge

Some ideas:

No one apologises for the factual Quit campaign or confronting TAC advertisements, yet everyone tip toes around breastfeeding promotion. No one wants to "make mothers feel guilty" about past regrets, so future parents are continuing to make uninformed choices (due to generations of bad advice).

* A **community education campaign** specifically targeting future parents, teenagers, etc. e.g. "**Breastfeeding sucks!** Really?/Of Course!/It's normal!" Breastfeeding needs to be seen as the normal way to nurture infants. Families need to have realistic expectations of breastfed baby behaviour (and growth patterns)

* Automatic **subscription** ($50/$35) to **Australian Breastfeeding Association** (ABA) when pregnant women book into any hospital antenatally. New

subscriptions include a free copy of *Breastfeeding...naturally* (retail $34.95) – an excellent resource for any (literate) family intending to breastfeed. Research shows that informed mums are better equipped to overcome hurdles. Mothers who have antenatal contact with successful breastfeeders can meet other families who have successfully combined breastfeeding with employment, etc

* ABA subscription should be **refunded** by all **health insurance**

* A **Medicare rebated** appointment with a **lactation consultant** while pregnant
* **Medicare rebated appointments** with lactation consultants post-natally

* Ongoing **lactation education** for all **health professionals** dealing with mothers and/or babies should be compulsory e.g. CERPs

* All **prescribing practitioners** should **consult** the **Drug Info Experts** before prescribing medication that is (supposedly) contraindicated for breastfeeding (e.g. Monash Medical Centre and Royal Women's Hospital in Victoria). Most drug companies have blanket exclusions for both pregnancy and lactation – sometimes without good reason and many babies are unnecessarily weaned.

* If **temporary weaning** is necessary, **referral to a lactation consultant or ABA** should be part of the prescribing process. (I have personal experience of this – my GP should have been more informed. Luckily I found a GP (an ABA counsellor) who could advise about "pumping and dumping" and my baby returned to the breast following nine days of formula, after the medication was eliminated from my system.)

* **PND** – acknowledgement of the importance of the breastfeeding relationship to many breastfeeding mothers – depressed or otherwise. Check suitability of drugs, if necessary, with the Drug Info Experts and refer to ABA or other PND group which supports breastfeeding

* Increased **funding** for Australian Breastfeeding Association nationally – their volunteers are stretched for time and fundraising obligations limits the time available for mothers. Community support is essential in a society with so little breastfeeding expertise in the family

* An advertising campaign to **promote** the **ABA** national **website**: discussion forum, email counselling, accurate breastfeeding information, etc. Any mother with internet has 24-hour access to a wealth of resources – to counter all the rubbish they read and hear elsewhere

* All Australian hospitals to apply for - and maintain - Baby Friendly Hospital Initiative **(BFHI) accreditation**

* Extended **domiciliary care** by lactation experts. According to GPs I have spoken to, the six-week postnatal check-up is too late – after the horse has bolted. Mothers need intensive support in the early days.

* All new and expectant mothers should receive copies of
"BREAST OR BOTTLE. What will you choose?" brochures
– available from ALCA, BFHI Australia and ACMI.
These need to be explained antenatally and reconsidered post-delivery

* All new and expectant mothers should receive copies of
"Is your baby sleeping safely?" brochures
– available from ALCA, BFHI Australia, Maternity Coalition and LRC.
These need to be explained antenatally and reinforced post-delivery. I believe co-sleeping and breastfeeding is a better option than sleeping alone and formula feeding (adhering to the guidelines in this brochure).

* Money talks! The **Baby Bonus** could be **re-structured to reward breastfeeding**. Some countries provide additional money for breastfeeding mothers – in recognition of the extra food required for lactation (*The Milk of Human Kindness*, 2002)
This is not as difficult to monitor as you might suspect. Breastfed babies smell sweet. Formula-fed babies don't. Nappies don't lie. Neither does your nose.

* Expectant parents who attend breastfeeding classes antenatally could get extra baby bonuses. (Parents of babies who arrived prematurely would need to be exempt). Lots of expectant parents are pre-occupied with the birth (a hard day's work) without a thought for feeding (for at least a year)

* Information I want new parents to know
- Behaviour of exclusively breastfeeding baby
- Gastric emptying time of breast milk is 90 mins. Breast milk is digested in 90 minutes (whereas formula takes four hours) – designed for a continuous feeder
- Range of feeds/24h – young baby 8-17feeds/24h – average is 11feeds/24h
- Breast milk is more "concentrated" than formula. Lots of formula is wasted (high volume). Little need to force feed truckloads of expressed breast milk/formula into small baby

Feed at least 8-12x/day when your baby "wakes up" – might be still worn out from birth/knocked out from drugs

Feeding is more important than routines. Need to get lactation established and maintained FIRST. Routines (thought "necessary" by control freaks) come later – shouldn't be at the expense of milk supply. There is a big push for babies to adhere to a very strict routine – often detrimental to breastfeeding relationship. (In 1980s demand feeding was acceptable.) In 1990s the current rigid routines

were introduced - feed, play, sleep. Midwives, maternal and child health nurses, doctors, etc need to discredit these rigid routines at every opportunity.

* Apart from hygiene when expressing/storing, lots of things about breastfeeding are fairly flexible

* Some countries **limit** the **availability of formula** (or bottles or teats). Only by prescription, only from chemists, etc – these governments are legislating for breastmilk.

* It should be **illegal for health professionals to supply infant formula**. Why are they doing this?

* It is unethical for formula manufacturers to be sponsoring and educating maternal and child health nurses about infant feeding – clear conflict of interest.

* Retailers need to adhere to the WHO's International Code of Marketing of Breast Milk Substitutes. Why is infant formula advertised? **Infant formula needs NO advertising!** Retailers – shouldn't be immune from code.

The Advisory Panel on the Marketing in Australia of Infant formula (APMAIF) needs to have wider scope to include retailers

* PPP – rules for Maternal and Child Health Nurses to solve problems (used in WA, Queensland, etc) are detrimental

* **Controlled crying**/comforting **isn't appropriate** for babies. AAIMHI (Australian Association for Infant Mental Health Inc, 2003)
Shut down syndrome – babies learn not to cry when no one responds to their cries (research in orphanages).

* Having a sleep school speaker at new mum's groups is not appropriate. Babies learn to sleep (eventually!) like they learn to tie their shoe laces and ride a bike

* Maternal and child health nurses' new mums' groups – often "the blind leading the blinder". Need lactation experts available or the group quickly degenerates into a competition to wean

* Many people weighing babies still use **old growth charts** which were based on American formula fed babies (today's current obese generation). Breastfed babies' weight appears to falter (but they are, in fact, normal and not physically programmed to be obese due to overfeeding in infancy)

* IVF and multiples – lots of small/prem babies surviving at earlier gestations – need better understanding of normal growth rates for these babies

Big push for complementary feeding in Ballarat – leading to the weaning downhill spiral – tomorrow's obese generation. Nobody explains impact on milk supply

* We need to encourage parents to have physical contact with babies. Give them permission to trust instincts. Increased temperature and heart rate when infant reunited with mum.

Our society has virtually no understanding of, and less acceptance of, exclusively breastfed baby behaviour. Our society doesn't value mothering/parenting, so we need to impress on new parents the importance of raising emotionally secure children...

Newborn crying is normal. Tell parents breastfed babies have frequent "fussy periods/appetite increases". Crying peaks at two months - hunger/pain/visual/auditory

If we warn new parents (now) that babies cry, then, hopefully, it won't be such a shock to the system when they take the baby home

At six months at least 40% of babies wake between midnight and 5am (babies have different sleep cycles to adults)

Breast storage capacity varies between mothers (Hartmann's study) – some babies feed more often

Feed it, change it, cuddle it, bath it if it's dirty – love it

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