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Committee Secretary
Standing Committee on Health and Ageing
Inquiry into the Health Benefits of Breastfeeding
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

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Dear Sirs,

Thankyou for the opportunity to make a submission to this important inquiry.

I am a mother of three children aged five, four and three and hope my ideas and experiences are of some use to the Committee.

The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding

Increased rates of Breastfeeding in Australia will have a positive impact on the health of babies and children, mothers and the community in general. Health Costs are a major expenditure in the Federal Budget and any moves to reduce costs will be advantageous to the whole country.

A major area of concern is the increasing levels of obesity in the Australian population and in particular children. Almost every day there is the release of a study or initiative that is hoped to reduce obesity levels in the community, yet we ignore the health benefits of breastfeeding.

Breastfeeding – particularly past the first few months of a child's life – is well proven as way to reduce the levels of obesity in a society but the message of the importance of breastfeeding is not being given out to the wider community. In Australia we are coy about adopting the World Health Organisation's recommendation that breastfeeding continue for at least 2 years and women who do not prematurely wean their children are looked upon with some suspicion.

Breastfeeding reduces illness in children which would result in less stress on an overstrained health system and less time off for working parents.

For women, the longer a woman breastfeeds the lower the risk of developing breast cancer and osteoporosis among other illnesses. The woman who breastfeeds faces a lower risk of fractures in later life. One only has to look at the actual cost of a fairly common medical procedure such as hip replacement surgery to realise that the potential savings to the health budget if an initiative that is essentially free i.e. breastfeeding, were to be encouraged and supported by the health system and the community.

The marketing of breast milk substitutes

There is a place for breastmilk substitutes and formula for babies. However, in our anxiety not to make anyone feel guilty for using formula to feed their babies we are neglecting to promote and encourage breastfeeding and are consequently undermining the confidence of those who do breastfeed.

Australia needs to embrace and accept the WHO code for the Marketing of Artificial Infant Formulas and extend it to include retailers not just manufacturers and importers. The APMAIF has become a "toothless tiger". Every day I see advertising in store catalogues and magazines that seems to me to be very close to contravening the code, yet nothing seems to be done about it. The code does not apply to retailers, but it is common knowledge that large retailers have items "on special" because the manufacturers sell them the items at discounted prices.

Australian children need to be protected from the marketing activities of the manufacturers, importers and retailers who are interested in only their own profits (as any company should be) not in the health of the Australian population.

The latest trend to advertise "Toddler Milks" is another insidious example. The toddler milks are packaged in the same way as the baby formulas and are able to be advertised. No nutritionist or dietician would recommend a meal replacement program for children, yet these are marketed as a meal replacement for children who are fussy eaters or as a natural extension to a year's breastfeeding. The increasing sale and consumption of these nutritionally questionable sugary drinks is surely a factor in the increase of childhood obesity levels and the natural extension to a year's breastfeeding is another year's breastfeeding.

I should be able to feed my young children a healthy, balanced diet, which includes breastmilk, free from advertising which seeks to undermine my confidence as a mother.

Initiatives to encourage breastfeeding

- a. My first recommendation would be to ensure that health professionals paid for by the Australian people actually endorse and encourage the policies regarding breastfeeding that the health departments purport to hold. For example, the NHMRC recommends exclusive breastfeeding until 6 months before the introduction of solids and then the continuation of breastfeeding for at least 12 months yet, I have been heard the nurses at my local giving advice expressly contrary to their own department's policies. Imagine the outcry if they were advising pregnant women to continue smoking or if an employee of the department of foreign affairs was advising travellers, contrary to the department's recommendations, to travel to an unsafe area.
- b. There needs to be more education for health professionals about the benefits and mechanics of breastfeeding. For many families, the first port of call, outside family, when there is a problem with breastfeeding their child is the local GP. Unfortunately medical students are not given very much information regarding breastfeeding so unless they have first hand experience, it is easy to advise parents to move to artificial feeding as a band aid solution but the effect of that is increasing the child's risk of illness.
- c. There needs to be increased government funding of the Australian Breastfeeding Association. I am sure the ABA submission will detail the number of women its volunteer counsellors assist by telephone and email alone and I am sure that figure will be in excess of 100,000 per year. In the past, I have been associated with a small community radio station that was funded mostly by government grants. The radio station, although providing an excellent service, provided a service that was able to be received in other ways and it assisted less people than the ABA yet it received more in government funds – this does not seem a logical use of my tax dollars. The ABA is in a unique position to be able to assist every family in the country with a new baby and should be funded accordingly. For every family that is helped continue their breastfeeding relationship, there is a reduction in health care costs and an increase in general health.
- d. There needs to be an advertising campaign about the health and psychological benefits of breastfeeding children – not just small babies. EVERYONE in our community needs to be made aware that breasts – no matter how attractive – are for feeding children and not just for sexual gratification. If some of the “titillation” factor could be removed, more women would be able to use the best; most efficient and convenient food there is to nourish their babies.

- e. Although government and workplace policy initiatives are touted as “family friendly”, too often women are returning to work and prematurely weaning their children before the recognised minimum time is reached. Both employers and governments need to make it easier for women to continue to breastfeed and work. Measures to be taken could include formalising lactation breaks in workplace agreements so that women could either feed their babies or express breastmilk when needed, increasing the possibility of working from home arrangements and increased provision of on-site child care for breastfed children. There is also the perception that breastfeeding is an “all or nothing” way of feeding a child yet it is quite possible for mothers to breastfeed their babies outside working hours and have their babies fed another way while they are in care. Even a small amount of breastmilk is more beneficial than any other artificial food source.
- f. Immediate adoption by State Health Departments of the WHO growth rate charts based on populations of breastfed infants. Too often breastfeeding women are being told that their children are not growing fast enough and that they should be given baby formula because the babies’ growth is being measured against charts based on populations of formula fed babies.
- g. An immediate education program for all school children in Australia so that food for babies is associated with breasts not bottles.
- h. A more radical initiative could be to limit the sale of toy baby bottles as children’s toys. They look harmless enough, but they serve to normalise bottle feeding to little girls and boys who grow up to become mothers and fathers. When I was a child, chocolate cigarettes were on sale at most lolly shops they were a way that cigarette smoking could appear to be normal behaviour to children grooming them to become the smokers of the future. We no longer allow the sale of chocolate cigarette for that very reason.

My personal breastfeeding experience

As a baby in the 1960s, I was breastfed for 6 weeks. My mother was told under no circumstances were mothers to breastfeed their babies at intervals of less than 4 hours. At the end of that period, at the insistence of Clinic Nurses, my mother began feeding me solid food, orange juice mixed with sugar and cow’s milk with added vitamins. In speaking to other women of my mother’s generation, I have since found that this advice about diet was typical for babies born in New South Wales.

In my opinion, this lack of breastfeeding knowledge in today’s grandmothers has meant that women in Australia have lost a wealth of knowledge and confidence which would enable them to see breastfeeding as the “normal” way to feed their babies. It is to our own parents we turn for advice about parenting, yet if they have no knowledge of breastfeeding, what are we to do?

When I became pregnant with my first child, I realised that I would be breastfeeding and knew my mother had little confidence about breastfeeding, so I joined the Australian Breastfeeding Association (ABA) to find out more about it and my husband and I attended a Breastfeeding and Early Parenting Seminar run by the Association's volunteer counsellors. This was the best time and money that we spent in preparation for parenthood. We attended Ante-Natal classes conducted by the large private hospital in which our baby was born in which almost no information on breastfeeding was provided.

When my baby was born, by emergency caesarean, I was unprepared for the effects of the surgery, but no where near as unprepared as the midwives in the hospital seemed to be about breastfeeding. I knew that I had the knowledge and the equipment necessary to successfully nourish my child, but the midwives were intent on ticking boxes and did not seem to know that it is suckling that brings on milk production, not filling in hospital paperwork. At one stage, before my milk had "come in" my baby was taken from me and fed formula against my explicit instructions so that the midwife could say he had fed. The baby was not unwell and I was told not to be quiet and not to complain. This happened as recently as 2001.

Mothers' Groups run at the local Early Childhood Health Centres are a vital way for mothers to connect and receive information on infant feeding. Unfortunately, at the Early Childhood Health Centre I attended, feeding babies solids before 6 months (in direct contravention of the State Health Department policies) was promoted and weaning was discussed by the nurses, but there was no information given on breastfeeding our babies beyond a few months despite the NHMRC guidelines of breastfeeding for at least 12 months. Is it any wonder that most of my contemporaries breastfed for a shorter period than that recommended?

When my first child was 8 months old, I discovered that I was 19 weeks pregnant with my second child. My husband and I were delighted and began to embark on the adventure of breastfeeding while pregnant and continue to tandem feeding. I spoke to the senior nurse at the Early Childhood Centre that I attended and was dismayed to find that she had very little knowledge of breastfeeding while pregnant. She advised me, against the recommendation of the NHMRC to wean my baby. Thankfully, I had the knowledge and experience of the ABA to draw upon as well as the support of my Obstetrician and the Physician who was monitoring my gestational diabetes and I continued to breastfeed all the way through the pregnancy. But, the most important support of all came from my husband and my, initially sceptical, mother and mother-in-law.

When baby no 2 was born, my elder child was 12 months and 4 days old and I was ready to tandem feed my children. Again the hospital midwives appeared to have little knowledge of breastfeeding and were alarmed that my milk had not "come in". However, as I knew that I had enough milk to feed a 12 month old the day before my caesarean section, I knew that there was milk there. In the hospital, I spoke to the Lactation Consultant for some advice on tandem feeding and who told me she "knew nothing about tandem feeding" and I was brushed aside. This from a person who is paid to provide breastfeeding and health advice – surely at the very least she could have referred to a textbook and provided me with information at a later time!

I now know that the milk of women who give birth by caesarean section does not "come in" until a day or two later than women who give birth vaginally. Unfortunately, after having three emergency caesareans, I have found that very few midwives seem to know this yet these are the very health professional we are relying upon to encourage breastfeeding in new mothers and our rate of caesarean birth is increasing.

I went on to tandem feed my first two children until I was 6 months pregnant with my third child and they were aged 2 years and 2 months and 1 year and 2 months respectively.

My third child has just turned three years old and has started pre-school is currently an avid breastfeeder.

Yours faithfully,

Margaret Heppell