

5th March 2007

**The Secretary,
The House of Representatives Standing Committee on Health and Ageing**

To the Secretary,

Re: Inquiry into Breastfeeding

I am a research scientist working part-time for CSIRO Sustainable Ecosystems, but my interest in breastfeeding is not as a scientist. I would like to speak to the inquiry as a breastfeeding mother of two children, aged 5 and 1 ½. My younger son continues to breastfeed on demand, which can be still up to 5 – 6 times a day, and during the night. My experiences and those of other breastfeeding mothers in my contact would be similar to many breastfeeding mothers in Australia.

It is not within my scope here to document the benefits of breastfeeding for both baby and mother, or the positive impact longer term breastfeeding of Australian babies would have on the future health care system; these have been documented, need further research, and will no doubt be reviewed in this inquiry. There are several areas on which I would like to focus in this letter: the pressure to stop breastfeeding; Health Care Professionals lack of regard for benefits of breastfeeding; the ability to work and breastfeed; and breastfeeding research.

Firstly however, I would like to state that I enjoy breastfeeding my children. I find it easy, no fuss, occasionally painful (first week!), occasionally messy (wet boob patches on tops!), occasionally embarrassing (son squeezing boobs in front of the bank manager!) but generally a very satisfying and bonding experience that only a mother can appreciate. The benefits to mother and child should not be underestimated.

1. Pressure to stop breastfeeding early

It seems, that despite the benefits of breastfeeding (indeed the World Health Organisation (WHO) now recommends 'continued breastfeeding up to 2 years of age or beyond.'¹) mothers feeding children past the age of one, are a minority. It is not uncommon to be stared at when breastfeeding in public and comments are not unheard of. Pressure not to feed longer term is great, and I have even had members of my family ask when I am going to stop feeding my young son. This may be because of lack of public information, lack of role models, public perceptions, or any number of reasons. It is very frustrating that mothers are the only ones having to deal with breastfeeding and its importance. There are no campaigns targeted at society as a whole (men, employers, restaurant

¹ http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/index.html

owners etc.) Breastfeeding posters are usually hidden in places where only a pregnant woman would frequent (maternity wards for example) Any posters that do exist, show very young babies as opposed to toddlers being breastfed. Feeding babies past the age of one is almost a taboo in public, and I certainly feel under scrutiny every time I feed outside my home. I choose to continue doing so, in the face of public pressure. Longer term breastfeeding needs to be championed, posters and role models put forward to the public in general.

2. Health Care Professionals

I no longer access health practitioners for advice on breastfeeding and I do not follow baby growth charts. I have talked to many distressed mothers who have been advised to wean their babies because of lack of weight gain, too much weight gain, not sleeping or any number of other reasons supposedly associated with breastfeeding. It seems that education of health care professionals is a top priority if breastfeeding longer term is to become more widespread. Benefits of breastfeeding need to be explicit, formula growth charts need to be destroyed, and formula milk companies should NOT be able to advertise or provide educative materials. These companies should NOT be able to be in contact with health care workers and they should NOT be able to advertise their products. Formula milk is not an equal of breastmilk and should not be promoted, especially not as a better nutrition source. Today I heard a first hand account of a one month old baby being put onto formula milk so that it would sleep during the night. Is this a realistic expectation for a one month old? What is in formula milk to allow such a young baby sleep without requiring a feed? What is this doing to a baby's long term health? Health care professionals need to be educated so their understanding of longer term breastfeeding is adequate and they can be imparting correct, unbiased advice to mothers and the public. The government needs to take control of this education and promotion of breastfeeding.

3. Working

I am in the fortunate position of being able to work from home, which I can accomplish around my children. I can breastfeed on demand, and have my children with me much of my day. I do have my husband, my mother and a friend, who look after the children for me at home when I need to work, and can thus breastfeed easily even when working. If however, I had to go into a remote office location to work, I would NOT be able to breastfeed during my working day. It seems that more and more women are being forced back to work, because of family circumstances, work commitments etc. which means giving up breastfeeding early. Many women I have met have 'weaned' their babies purely because they have to return to work. There are usually no facilities for expressing milk during the day (although going through this painful and humiliating process once was enough for me), child care facilities are rarely in proximity of work places to allow for 'breastfeeding breaks,' and working options generally not flexible enough to allow continued breastfeeding. Working from home, flexible hours, better childcare arrangements, and longer maternity leave options should all be further investigated as potential ways to increase the ability of women to breastfeed longer term.

4. Breastfeeding research

Research needs to be undertaken to look into how breastfeeding could reduce the need for vaccination for example. Research also needs to be undertaken on whether vaccinated mothers pass on antibodies to their breastfed babies in the same way as non-vaccinated mothers. Medical papers currently being published² show that diseases, such as pertussis (whooping cough) are actually on the increase despite vaccination programs. It has been found that life long immunity is not afforded from vaccinations, and mothers may not have the immunity to pass onto their child if they have not been naturally immunized.

Funding of vaccination research needs to focus more on how babies who are exclusively breastfed react to diseases compared to those not breastfed. Funding needs to be diverted from treating the illnesses caused by not breastfeeding or premature weaning, to resources which would enable women to breastfeed longer term. I am sure that there is a lot of research required to further investigate the potential of breastfeeding to reduce illness and disease in the community.

Time limitations do not allow me to expand further on the implications of breastfeeding. There is a lot to be done in Australia to encourage the community to get behind breastfeeding as a positive contribution to the overall health of our nation. Funding should be greatly increased to research the benefits, promote long term breastfeeding, give women the opportunity to breastfeed etc.

This inquiry is a positive step in the right direction and I hope that the outcomes are beneficial for all breastfeeding mothers and the health of the community in general. I can be contacted by e-mail or phone, please see details below.

Yours sincerely,

Penelope Mitchell (PhD, B. Arch)

² See the PubMed Website for 2006-2007 papers on Vaccination ([www.pubmed.gov](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed) or <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed>)