

House Standing Committee on Health and Ageing

Committee activities (inquiries and reports)

Inquiry into Breastfeeding

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My professional background is medical science, and I always thought I'd go back to that after my children were born. However, my life experiences dictated otherwise. I was a Nursing Mothers' Association of Australia (NMAA) Breastfeeding Counsellor for 15 years, and I have worked in private practice as a Lactation Consultant for 17 years. I founded Australia's first private breastfeeding clinic, Bayside Breastfeeding Clinic, 15 years ago. My practice extends Australia wide, and occasionally, overseas. I have been involved in breastfeeding education work for over 30 years.

I am the mother of three children, all born in Australia in the 1970's. My third child was the only one who was lucky enough to be breastfed in the manner that Nature intended – until he weaned himself. This was an immensely satisfying, beautiful experience for both of us. He has always been by far the healthiest of my children, reflecting what decades of research have firmly established as fact.

The only reason that I was able to breastfeed my third child as happily and successfully as I did, was that I discovered the Nursing Mothers Association of Australia. Not one health professional I consulted with my babies knew anything of the very basics of how breastfeeding works, let alone the more specific intricacies. None mentioned NMAA either. The situation is not much better thirty years later.

Disturbingly, I find it is still easier to discuss sex than breastfeeding issues with a surprisingly large number of health professionals. Many seem to find breastfeeding confronting because of western attitudes to breasts and sexuality.

Parents coming through my clinic repeatedly identify conflicting, confusing advice from health professionals as being a basic issue. This reflects the Cinderella position of breastfeeding in the awareness of the average health care provider.

I do not criticize health professionals themselves – but I am highly critical of the completely inadequate infant feeding education of health care providers in general. In Australia we grow up with breastfeeding folklore that has been heavily contaminated by several generations of superficially successful artificial infant feeding. Health professionals likewise grow up in this community. If their folklore is not replaced with something better, they continue to pass on misconceptions that are strengthened by a health professional's credibility rating.

Even worse, if a health professional's education includes only a few lectures on breastfeeding issues, the student receives two messages:

- *Breastfeeding is not very important*
- *That's all there is to know about breastfeeding.*

The comparison of respective benefits of breast or artificial feeding is best made by imagining a marketing campaign to convince us all that surgical removal of our vital organs and substitution thereof with a fine set of artificial ones will not compromise our health in any way that matters.

Human milk sets up human physiology for life. We are what we eat, especially in the first crucial year of our lives. In the first twelve months, we have the fastest rate of brain growth and development of our lives, except for the nine months before birth. Artificially fed children may expect to have at least an 8 IQ point deficit compared with children lucky enough to be breastfed.

Tens of thousands of Australian women would love to see government initiatives make it possible for them to breastfeed as easily as Mrs Cavewoman did. We owe our existence on the planet to millennia of successful breastfeeding. It is only in rich western countries that we make it extremely difficult for mothers to achieve something so fundamental to human existence.

A new language has arisen to cover our peculiar problem – “mothers who *choose to bottle feed*”. In fact, with well over 85% of mothers initiating breastfeeding, our comparatively poor ongoing breastfeeding figures by 3 months and 6 months speak more depressingly of “bottle feeding by default”.

Money flow imposes much pathology on women's birthing experiences in western countries. Obstetric interventions are not always necessary, and tend to lead to cascades of other interventions that require more recovery time, for both mother and baby. Breastfeeding is merely the next casualty for far too many women in Australia. (*The greatest risk factor for having a Caesarian birth is that the mother-to-be has private health insurance!*)

Research into breast milk components has long been used to successfully market artificial infant feeding, rather than to convince anyone of the superiority of human milk for human babies.

Even paediatricians frequently advise parents that “there's no difference” between the real stuff and the “golden” pretender. Modern advertising and sales promotion (especially in professional journals) have so far won the battle over who “owns” infant feeding. It made smart commercial sense to target health professionals to spread the sales message for artificial feeding. (Even better, somebody else pays them to do so!)

Breastfeeding is a visually learned art. Yet very few of us in western countries have opportunities to see from childhood onwards how breastfeeding is accomplished. Even worse, pictures in professional literature often don't “get it right”. Neither does much of the literature read by the rest of the community.

Research over more than three decades has consistently shown that early weaning is mainly due to nipple damage and perceived low supply. The first problem is 99% preventable, especially if *everyone* understood that pushing a baby's head onto the breast is one of the prime causes.

Perceived low supply amounts to “blaming the first thing you don't understand”. In fact, 90% of mothers can expect to be somewhat oversupplied for the first 4 months of their babies' lives. Insecurity about the reliability of women's breasts has been fostered by the whole artificial feeding industry over several generations.

The loss of breastfeeding costs families financially and emotionally. This cost is passed on to the entire community. Breastfeeding sets up healthy relationships within families. Breastfed children are at much less risk of abuse and neglect – insidious experiences that should be unknown in rich countries like ours.

Generally, only very well motivated or desperate parents become my clients. Most health insurance funds do not rebate for my services because I am not a nurse and the funds are not recognizing the IBCLC credential for Lactation Consultants. Ideally, parents consulting a Lactation Consultant should be able to claim a rebate from the Medicare system, which would indicate real government commitment to seeing a majority of Australian babies breastfed well beyond six months.

I also believe that financial incentives for mothers to become members of the Australian Breastfeeding Association and generous ongoing funding of ABA would be a very cost-effective way to help achieve government breastfeeding targets. To continue with the magnificent job it has been doing for over 40 years, ABA warrants both acknowledgement and financial support.

Lastly, I would like to emphasise the vacuum of practical support available to mothers. We now have “early discharge” from maternity units, but we have token community “safety nets” available to support mothers who are overwhelmed by the various troubles that can affect families – other than hospital readmissions. Effectively, we throw new mothers out of planes without parachutes.

It would be vastly cheaper and far less traumatic if mothers could be “plugged into” home help and Meals on Wheels whenever the need arises. When new mothers are struggling with survival issues, the first thing that “goes” is breastfeeding.

While community attitudes in Australia continue to undermine mothers’ efforts to breastfeed their babies, we will all continue to pay the price of babies unnecessarily weaned onto inferior milks.

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When the Back of the Baby's Head is Held to Attach the Baby to the Breast

* the baby's automatic response may be to push his head backwards against the hand holding his head....

- causing - attachment problems
- fussy feeding behaviour
- breast refusal

* three of the reflexes necessary to successful breastfeeding are overridden....

- the rooting reflex
- the gape reflex
- the (tongue) extrusion reflex

* the relative positions of the baby's anatomical features, crucial for his comfort during feeding, become sub-optimal. That is, when positioning is correct, the baby's hyoid bone and thyroid cartilage come **forward** in relation to his other oral anatomical structures. If the baby's head is inclined slightly backwards, this will be achieved. However, when the back of the baby's head is held, his head will almost inevitably be inclined forwards....

* the baby's attachment is **nose first, chin last**, which is entirely the reverse of optimal attachment

* interference with baby's breathing may occur

* Nose-first attachment results in the least optimal attachment for breastfeeding, with the least amount of breast in the baby's mouth, usually just the nipple.

* The mother's experience of nose-first attachment is usually somewhere between discomfort and intense pain.

The mother needs to be taught to hold her baby with one of her hands supporting the baby's upper back and neck, and with no part of this hand higher on the back of the baby's head than just under the base of the baby's skull. Even one of her fingers resting against the back of the baby's head (higher than the base of the skull) is enough to compromise good attachment.

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(Cited as reference material for the current Lactation Consultant Series, international resource material for Lactation Consultants.)

50 Things You Should Know About Infant Feeding

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1. Individuals who have been breastfed maintain a lifetime advantage over those who have not.
2. Just one month of breastfeeding confers higher calcium retention in children's bones, which are then less likely to be subject to osteoporosis in later life.
3. Women who breastfeed are themselves less likely to develop osteoporosis in later life.
4. Just one month of breastfeeding has been shown to greatly improve the baby's immune responses to vaccination.
5. Individuals who have been breastfed are less prone to allergic illnesses.
6. Children who were breastfed have a lower incidence of cancer, especially lymphoma.
7. Postmortem studies done on children who died accidental deaths showed that the longer they had been breastfed the healthier were their major blood vessels.
8. Premature babies who were given tube-fed human milk for just the first month after birth have continued to maintain about 8 IQ points advantage over other premature babies who were not fed any human milk. These children are now over 7 years of age and are still being followed up by the researchers.
9. Premature babies who are fed human milk are far less subject to one of the major complications of prematurity – necrotising enterocolitis (death of a section of the bowel).
10. Artificial baby milks (formulae) are made from cow milk unless the label says otherwise.
11. It is impossible to make up an artificial milk (formula) feed without contaminating it with various microorganisms. Hence the need for great care with hygiene and storage of these feeds because they contain no antimicrobial agents to kill these potentially harmful microbes.
12. Formula is a perfect medium for bacteria to grow in, especially when warmed to feed a baby. Ideally formula feeds should be warmed for the baby just before he is fed, and consumed within 30 minutes to reduce the risk of gastrointestinal infections.
13. It is impossible to express breast milk without contaminating it with various microorganisms. However these will be kept within safe limits by the active antibacterial, antiviral, antifungal and antiparasitic properties of this milk.

14. Fresh human milk is actually cleaner of microbes several hours after being expressed than it was initially, because of the activity of white blood cells in the milk.
15. Fresh human milk can be stored in a clean covered container at room temperature for 10 hours before its microbial contamination levels make it unsafe to feed to the baby.
16. Ferret milk is actually much closer in composition to human milk than cow or goat milk.
17. The fear of AIDS has closed most of the world's human milk banks (previously used to feed very sick babies) but not our human sperm banks, even though pasteurisation kills viruses such as HIV. Sperm cannot be pasteurised and keep their function, whereas pasteurised human milk retains most of its value as the optimal feed for sick babies.
18. Breastfeeding prevents far more pregnancies worldwide (even in industrialised countries such as Australia) than all other forms of contraception added together.
19. On average, most women who breastfeed their babies fully during the first six months (that is, without using dummies or giving any other food or drinks) will not menstruate until 6-7 months after the birth.
20. However, the normal range for return of menstruation in breastfeeding women is any time from about 4 weeks after the birth till about 3 months after weaning.
21. Breastfeeding can be continued during pregnancy..If breastfeeding is proposed to be a miscarriage risk due to the release of the contractive hormone, oxytocin, then sexual activity would equally need to be banned for 9 months, since orgasm releases far greater concentrations of oxytocin than does breastfeeding.
22. Telecom (before it became Telstra) and the Australian Taxation Office have both made provision for women employees who wish to express and store their milk at work to do so.
23. Newborn infant reflexes, still present many weeks after the birth, enable babies who are placed in direct skin-to-skin contact with their mothers' bodies (tummy down on the mother's stomach) to crawl to the breast, attach themselves and feed.
24. Breastfed babies have far lower rates of infections than artificially fed babies.
25. Breastfeeding reduces the risk of SIDS (Sudden Infant Death Syndrome).
26. Women who breastfeed their babies have a lower incidence of breast cancer before the menopause than those who do not. The more accumulated time spent breastfeeding, the greater is the protection. (After the menopause the relative risk becomes the same for both groups of women.)
27. Individuals who were breastfed have a lower incidence of inflammatory bowel conditions such as Crohn's disease and coeliac disease.
28. Insulin-dependent diabetes is less likely to develop in people who were breastfed babies.

29. The success rates of kidney transplants is greatly improved for patients who were breastfed babies, and improved further if the donor kidneys came from siblings who were also breastfed.
30. Orthodontic development is enhanced by breastfeeding.
31. Babies enjoy the taste of garlic (from their mothers' diet) in breast milk - and drink more of it. On the other hand, they drink less breast milk if it contains alcohol.
32. No baby milks should ever be heated in microwave ovens. The major risk to babies is third degree burns to the mouth, needing 3 months to heal. Microwaves also destroy nutrients and create abnormal proteins in all types of milk.
33. If all the babies in Logan City (Brisbane) were bottle-fed, it has been estimated that the cost of electricity alone (to boil the water for disinfecting equipment and making up feeds) would be over \$1,000,000 per year.
34. Breastfed babies are less subject to gastrointestinal infections, especially moderate to severe gastrointestinal infections. This is significant because even in Western societies, gastroenteritis ranks among the ten leading causes of death in young children. 10 - 40% of Australian babies develop gastrointestinal illness in their first year of life.
35. The minimum UK cost of gastroenteritis able to be prevented by breastfeeding alone has been estimated at £12,000,000. No comparable costing has been done for Australia.
36. Even in the wealthy USA, the cost of hospital treatment of artificially fed babies is 15 times higher than for breastfed babies.
37. If every mother in the UK breastfed, 3,000 tonnes of paper would be saved each year on sanitary protection products. (As well as saving this amount of waste to dispose of.)
38. For every 3 million bottle-fed babies, 450 million tins of artificial milk are used. This amounts to 70,000 tons of metal, needing huge energy expenditure to produce - and which is not subsequently recycled.
39. It would take 135 million lactating cows to replace the milk produced by the mothers of India. Cows need pasture - this many cows would need to occupy 43% of the surface area of India (about 6 times the area of the UK).
40. Cow pasture must be cleared of trees - leading to deforestation, soil depletion, soil erosion, loss of habitat and species, methane gas production and water pollution.
41. Breast milk is a complete food for at least the first six months of a baby's life.
42. Breastfed babies don't need to drink water - artificially fed babies do, to help their kidneys excrete unusable components of artificial baby milks.

43. Dummies, teats and nipple shields are best not used with breastfed babies in the first few weeks as the baby becomes used to the unique muscular actions needed to breastfeed successfully.
44. Pain is not a normal part of breastfeeding and indicates that something needs to be corrected.
45. Premature babies can be tube or cup fed before they can be breastfed, and can successfully breastfeed before they can successfully bottle-feed.
46. Although one of the most common reasons given by mothers for early weaning from the breast is that they couldn't make enough milk, research has shown that many of these women are in fact oversupplied.
47. Milk supply is determined by the volume of milk removed from the breast, therefore more feeds for an effective breastfed baby make more milk.
48. Women have breastfed twins, triplets, quadruplets and quintuplets successfully.
49. A third of all colic in breastfed babies disappears when cow milk products are removed from the mothers' diets.
50. Breastfeeding is a non-polluting, energy efficient, renewable resource capable of saving billions more Australian dollars if it were more prevalent in our community.