

24.2.07

Committee on Health & Aging
House of Representatives
PO Box 6021
Parliament House
Canberra ACT

Dear Sir

This is a submission regarding the **INQUIRY INTO BREASTFEEDING**.

I am a Midwife working for Queensland Health at Innisfail Hospital, Far North Qld. I am also an International Board Certified Lactation Consultant and a Child and Family Health Nurse. As such I work with mothers from the ante-natal period, through birth and post-natally as well as through early childhood.

Terms of reference:

- a. the extent of the health benefits of breastfeeding;** There is overwhelming evidence of the health benefits of breastfeeding, it is far superior to any breastmilk substitute. Breastmilk is the optimum food for human infants. It can have huge implications to both short and long term health by reducing the risks of infections – ear, gastro-intestinal, respiratory – and the risk of chronic diseases such as asthma, eczema, diabetes, heart disease and obesity. Breastfeeding not only provides nutrition but also enhances the mother-baby bond and therefore, has implications on the mental health and well being of the mother and baby.

Whilst most mothers and members of the community know that ‘breast is best’, very few have any idea that this means that babies who are fed formula are sicker and more at risk of developing chronic health problems. Breastmilk is seen as the ultimate, but as in most areas of life we are unable to be the best and achieve the ultimate all of the time so we accept less, and consider what is ‘good enough’. I think this is why formulas are so widely accepted and breastfeeding seen as too hard and unattainable for many. The community needs to be educated on the risks of formula feeding infants in the same way the anti smoking campaign educates on the damage caused by cigarette smoking.

- b. evaluate the impact of marketing of breastmilk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities.**

Formula companies have many resources and financial gain to consider when promoting their product and have done a great job in convincing mothers that formula is necessary and ‘almost as good as’ breastmilk. Mothers are convinced that ‘gold’ formulas are better and willingly pay extra even though the supposed beneficial effects are not substantiated. I have noticed that formula companies and bottle/teat manufacturers now produce more

breastfeeding related products such as breast pumps. They promote these as essential for breastfeeding and then with product name association then sell more formulas/bottles when mothers wean early or unnecessarily.

Infants first foods are also still labeled as suitable from 4 months, contradicting the recommendation of delaying introduction of solids until 6 months of age. Mothers come into the Child Health clinics already having introduced solids before 6 months and consider that it's alright 'because the product is labeled as suitable from 4 months'.

The promotion of formulas and their use approximately 6 times a day also under mines a mothers expectation of infant behaviour. So when babies breastfeed more frequently mothers compare this to bottle feeding patterns and interpret this as undesirable behaviour or a reflection of their breastmilk supply as being inadequate or their parenting skills as lacking as they are unable to settle their baby for longer periods. Mothers need to be educated on the normal behaviours and needs of human infants.

Educating mothers in the early pregnancy period is essential in aiding them to make informed choices about this important decision. All mothers should have the opportunity of discussing infant feeding with a lactation consultant at the ante-natal clinic. This is a health initiative that could be introduced and funded easily. This could be introduced in rural and remote areas also so it's not just for the big city hospitals.

There is much emphasis on health promotion and chronic disease management for such things as obesity, diabetes and asthma and yet the risks of developing these health problems can be reduced simply by increasing the length of time babies are exclusively breastfed.

- c. the potential short and long term impact on the health of Australians of increasing the rate of breastfeeding.** When mothers succeed with breastfeeding they feel more confident with parenting, when they are happy, everyone in the family feels this. There is no doubt that healthier babies become healthier children and adults. It is well documented the risks of formula feeding on health problems such as obesity, asthma and diabetes. The health dollars spent on dealing with these problems are huge so if just a fraction of that were spent on promoting and supporting mothers to breastfeed it has the potential to have a huge impact. The community needs to understand the importance of breastfeeding so they are supportive of its continuation, so mothers are not made to feel uncomfortable for breastfeeding in public, so they do not have to wean their babies when they return to work or when the child gets to a certain age.
- d. initiatives to encourage breastfeeding.** Funding for breastfeeding support, perhaps the government could pay for subscriptions to the Australian Breastfeeding Association. This could be a fraction of the \$4000 mothers currently get after birth. With increased breastfeeding, families would save spending money on formulas and bottles – estimated to be about \$1500 a year. Also mothers would have less doctor's visits or work absenteeism as the baby is healthier.
- Promoting the importance of breastfeeding to the whole community so there is more support generally. Employees should be educated on encouraging and

supporting practices that are compatible for mothers who are breastfeeding when they return to work.

Funding for Human Milk banks will reduce the need for premature and sick babies to be supplemented with formulas. These babies are most at risk of problems due to their prematurity so the availability of human milk would be very beneficial.

As far as my work as a midwife, I feel ante-natal education where a mother is able to discuss infant feeding on a one-on-one basis with a lactation consultant can make huge differences to promoting the importance of breastmilk and dispelling myths.

Post-natally mothers should have access to midwifery and lactation support in the community in the early weeks after birth when they are most likely to wean due to not understanding new born behaviour and needs and also having unrealistic expectations as well as recovering from birth and learning to parent and understand how breastfeeding works etc. There is an emphasis on early discharge, often due to pressure from bed availability. In the larger hospitals there may be midwifery community care but in smaller rural hospitals this is not always available so mothers are discharged after 2 days with no support until they get to child health clinics which may not be for weeks by which time they have already weaned onto formula. I believe the health system should make provisions for increased maternity support in the early weeks as this can make a huge difference to the length of time a mother will breastfeed her infant.

e. examine the effectiveness of current measures to promote breastfeeding.

More needs to be done to educate the community about the importance of breastfeeding so they are supportive of breastfeeding mothers. Breastfeeding is understood to be the 'best' but rarely do we achieve the 'best' in other aspects of our life so we accept 'good enough' instead. This is why formula is so acceptable. Support for mothers, especially in the early weeks is essential. Hospitals can take the lead in this by allowing midwives to provide services to support and promote breastfeeding.

There is much more to be said and done on breastfeeding and I believe organizations such as Australian Breastfeeding Association and Australian Lactation Consultants Association are a great resource.

Congratulations on launching this inquiry into breastfeeding and I trust there will be changes that will result in increasing breastfeeding rates for all Australians, not just those based in the cities.

Yours sincerely,

Debbie Schafer

