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Submission to "Inquiry into the health benefits of breastfeeding" by:
Marion Bowen

Inquiry Submission Summary:

Initiatives to encourage breastfeeding:

1) Significant financial support to Australian Breastfeeding Association.
2) Access of all mothers to hospital and community- based lactation consultants.
3) Incorporation of attendance at a couple of Australian Breastfeeding Association discussion meetings (where available) for Child Health Centre mothers groups e.g. second week of the group and then towards the end of the group.
4) Breastfeeding milk banks to be developed Australia-wide where breastmilk is available to all babies.
5) Once point 4) is achieved, artificial baby milk should only be available on prescription from doctors.
6) Alteration of point 10. of the Baby-Friendly Hospital Initiative guidelines to e.g. "Foster networking with established breastfeeding support groups and refer mothers to them at repeated occasions from the **booking-in stage** and including discharge from hospital. Where support groups do not exist, foster their establishment."
7) Legislate against breastfeeding education being provided to doctors, child health centre workers, child-care workers, etc. where it is sponsored or provided by companies which produce artificial baby milk.
8) Proactive government calls for and funding for more breastfeeding research with follow-up project implementation to address barriers to breastfeeding.
9) Varied health advertising campaigns which are on-going and overtly government sponsored.
10) Development of breastfeeding programs and resources which target an support specific groups.

How forward thinking it would be to plough millions of dollars into the prevention of disease through breastfeeding promotion/education and support activities. I do hope members of the government have the courage to allocate significant funding for breastfeeding promotion/education and support as a result of this inquiry, as the health and wellbeing of the nation is at stake.

Submission to "Inquiry into the health benefits of breastfeeding" by:
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I write as the mother of two who has developed a passion for educating herself and the community about the value of breastfeeding. I submit this as an individual who has gained much support from Australian Breastfeeding Association (ABA) – formerly known as the Nursing Mothers' Association of Australia, lactation consultants, doctors and child health centre staff as well as my partner and family in my own breastfeeding experiences. My opinions have been informed by my contact with the above in my role as a mother (since 1992), as an ABA member since 1995 (becoming involved after the birth of both my children) and also as an ABA trained counsellor (since 1998).

I breastfed my first child for a year after severely cracked nipples at the start, mixed feeding from about 5 months. If I had known then the risks of introducing artificial baby milk and been exposed more to alternative options, I would most likely have taken them. If I had subscribed to ABA before I had my baby, I'm also sure I would have had an easier start to breastfeeding and breastfed her for longer. After I had my second child, I became involved in ABA and went on to breastfeed him until 3 including through a few bouts of mastitis. If I had known then, what I know now about introducing solids, I could have had a positive impact on his eczema sooner – not feeling compelled to introduce solids so soon, being much more vigilant about what I was introducing and doing it much more slowly and not panicking about 'variety' of food.

a) **the extent of the health benefits of breastfeeding**

The Australian Breastfeeding Association has collated an incredible amount of literature on this and indeed on the 'risks of artificial baby milk' in its text "Breastfeeding Management", edited by Wendy Brodribb, 2004. Also the Lactation Resource Centre is internationally renowned and contains many research articles and case studies. The research clearly demonstrates the risks of not breastfeeding are far-reaching.

The World Health Organisation (WHO), the National Health and Medical Research Council Dietary Guidelines for Children and Adolescents in Australia, government breastfeeding policies (such as the Tasmanian Food and Nutrition Policy and the National Breastfeeding Strategy) and updated policies (for example the Royal Australasian College of Physicians policy) are based on this research. The health benefits of breastfeeding have been documented and referenced extensively through the above mentioned organisations/documents.

I don't believe there's any doubt that the extent of the health benefits of breastfeeding is huge and many more benefits, I'm sure are yet to be researched.

b) **evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, indigenous and remote communities**

Again, ABA and others would be better placed to answer this comprehensively.

From a mother's point of view – advertising works. If it didn't, the millions of dollars artificial baby milk companies spend on advertising wouldn't be occurring. This advertising also affects health professionals and this is why some offer free samples to mothers and offer comments such as "this formula is a good one." These practices (although arguably with the best of intentions) continue to undermine the confidence of mothers, and mothers/parents are not informed of the risks of artificial feeding. I really don't think switching to artificial baby milks would be so prolific if :

- mothers, fathers and the wider community realised the risks of artificial feeding;
- artificial baby milks were not seen as a quick-fix solution to so many difficulties with babies (and sometimes 'normal' baby behaviour)
- artificial baby milks weren't so easily accessible via supermarkets and chemists
- mothers and fathers had the support they really needed in relation to breastfeeding.

Media images automatically associate baby feeding with bottles - bottles generally filled with artificial baby milk. Another example of the impact of this, is that mothers express concern when they express their own milk and find it looks watery with a 'bluish' tinge because they are comparing it with cow's milk (and artificial baby milks are generally cow's milk based) and holding up the cow's milk as being the 'norm.'

Another area of concern is the emphasis now on various artificial baby milk products to address colic, gastric reflux, etc. The product is being made out to be an all encompassing solution to what is usually a complex situation and actually 'good for the baby' and mothers are switching with no idea of the long-term health implications for their baby or themselves. The baby's behaviour often does not improve, or after a short period of improvement, reverts back as the underlying problems have not been addressed and mothers then label themselves (and perceive they are labelled by others) as 'failures at breastfeeding' and feel guilty, when the failure has actually been that of our society in not providing adequate and timely information and support, and the failure to provide a human breastmilk alternative when it is not possible to breastfeed.

Mothers often aren't being offered options which they are entitled to explore. For example, stopping breastfeeding seems to be a major 'solution' to a range of problems whether it be colic, gastric reflux, post-natal depression, unrealistic expectations about normal baby behaviour, lack of partner/family/other support - rather than a proper investigation of underlying problems and provision of the range of supports that mothers need.

The production and provision of artificial baby milks seems to be a huge experiment with few controls and multiple claims that are not backed up by research. And this is what millions of children are being fed everyday!

We need government endorsed and funded human milk banks to give mothers with difficulties breastfeeding a better option than artificial baby milk for their babies.

c) the potential short and long term impact on the health of Australians of increasing the rate of breastfeeding:

I'm sure the references for these are within submissions by Australian Breastfeeding Association and others (if not, however, with some additional time I could do some more referencing). They include and I'm sure there are more:

In babies/children, reduced:

- allergies and severity of allergies e.g. asthmas, eczema
- SIDS
- infections e.g. ear, bladder, kidney, rotavirus, pneuomonia, upper respiratory infections, gastro-intestinal, septicaemia, meningitis
- juvenile diabetes
- obesity
- heart disease
- lymphomas and leukemias
- future orthodontic work and dental caries
- death e.g. from necrotizing enterocolitis for premature babies

In females, reduced:

- postpartum haemorrhage
- premenopausal breast cancer
- ovarian cancer
- osteoporosis
- heart disease

There is increasing evidence in the research now, of the importance of breastfeeding on the emotional and mental health of babies into childhood and adulthood.
For example: A recent study showed that fewer amounts and the shorter duration of breastfeeding are risk factors for behavioural problems occurring in children aged 4 to 5 years; that breastfeeding for 9 months or longer was a protective factor against behavioural problems occurring in both boys and girls and that mixed feeding for girls (some combination of breastmilk and artificial baby milk) was a risk factor for behavioural problems.[1]

The importance of the experience of breastfeeding for babies and children is not only in the nutrition and positive immunological impact it provides. It is also in the relationship development which occurs through a child being in skin contact with its mother, and the psychological impact of this on bonding and attachment. We are seeing now the importance of this bonding and attachment being reflected in the literature for adoptive babies (including relactation in adoptive mothers), as well as 'normal' mother-baby pairs, and the literature demonstrating the importance of co-sleeping to successful breastfeeding and safety of babies.

I can also remember reading about research indicating protective effects on breastfeeding in relation to schizophrenia. Again, I would hope submissions from others who have had the time to reference their material would corroborate this. I am aware there is research available indicating the huge economic savings of just some of these health benefits, let alone the human benefits in terms of unnecessary suffering.

[1] Liu F, Ma LJ, Yi MJ: Association of breastfeeding with behavioural problems and temperament development in children aged 4-5 years. Shongguo Dang Dai Er Ke Za Ahi (Chinese Journal of Contemporary Paediatrics) 2006, Aug: 8 (4): 334-7.

d) Initiatives to encourage breastfeeding

1) Significant financial support to Australian Breastfeeding Association – this volunteer group is already saving the country a small fortune and could do so much more with financial support. The infrastructure is already in place – the more subscribers they have, the more work they can do at the grass roots level (it is the volunteer membership base from which community educators and counsellors – the information disseminators - are trained). Information dissemination activities include primary and secondary school breastfeeding education, which is crucial to helping to develop a 'culture of breastfeeding as the norm'. Their key area is peer support and includes antenatal Breastfeeding Education Classes. The research is now starting to demonstrate what they have known since 1964, when they began e.g.

- Following a literature review, Wood and Mortensen[1] found professional interventions increase breastfeeding duration to two months but have limited long term effects, whereas peer support interventions have potentially longer lasting effects. The Cochrane Review found that lay breastfeeding supporters were effective in extending exclusive breastfeeding durations[2]. In Australia, mothers who sought support from ABA in a 2004 Victorian infant feeding practices study were nearly twice as likely to be breastfeeding beyond three months.[3]

Most mothers find it helpful to have contact with other mothers who have successfully breastfed and this includes those who have overcome problems. One of the ways ABA provides support is through local groups. These consist of mothers who are fully breastfeeding, some who are artificially feeding and some who are mixed feeding (for a whole range of reasons), and yet others who have fully weaned ranging from weeks to years ago. Many mothers (though not all) who become involved in ABA, who may have weaned before their breastfeeding goals were reached with one or more babies, have gone on to successfully breastfeed future babies with additional knowledge and support. Indeed, many of our past and current counsellors have been in this position and this process has been a catalyst for them to educate and support other women.

The minority of women who are unable to breastfeed, at least develop an understanding of the factors that prevented this from occurring. They can also be supported to still have a 'breastfeeding relationship' with their baby with the assistance of e.g. ideally expressed breastmilk from another mother and the use of a supplemental nursing system at the breast. I have had the privilege of working with a mother in just this situation.

I have experienced for myself, and through counselling many mothers, that accurate information and support at crucial times in the breastfeeding relationship can make all the difference.

[1] Wood K and Mortensen K, 2004. Breastfeeding and Peer Support, Lactation Resource Centre Hot Topic, Australian Breastfeeding Association, 1-4

[2] Sikorski J, Renfrew MJ, Pindoria S et al, 2002. Support for breastfeeding mothers (Cochrane Review) In: The Cochrane Library, issue 1, Oxford: Update Software cited in Sachs M, 2002. MIDIRS Midwifery Digest, 12:2, 245-247.

[3] James JP, 2004. An analysis of the breastfeeding practices of a group of mothers living in Victoria, Australia, Breastfeeding Review 12:2,19-27 cited in Wood K and Mortensen, K, 2004. Breastfeeding and Peer Support, Lactation Resource Centre Hot Topic, Australian Breastfeeding Association, 1-4.

The context of mother-to-mother support within ABA cannot be underestimated. In my role as a counsellor, I have been surprised that various mothers including those with health professional backgrounds will not always seek support from a counsellor even if they are Association members. It is when the counsellor makes contact with them about a group activity or to enquire about general progress and family health, that a lot of incidental breastfeeding counselling and support occurs e.g. mother says, "while I've got you..." and then goes on to ask a counselling question/discuss a problem that is bothering her, which otherwise may not have occurred. This too, is what often happens at our group get-togethers.

Another way for mothers to receive support is by having contact with a trained breastfeeding counsellor through ABA's free and confidential telephone counselling service. When this contact is fostered before a baby is due (e.g. following an antenatal class request) it is an easy and effective way expectant mothers can begin to tap into mother-to-mother support and develop confidence in their ability to breastfeed. With some contact with a local breastfeeding counsellor during pregnancy, many mothers then feel more comfortable contacting a breastfeeding counsellor for support once their baby has been born. The breastfeeding counsellor can also offer to make contact again pre- and post- the birth of the baby if this is desired by the expectant mother.

Research indicates the confidence in the ability to breastfeed was the strongest predictor of breastfeeding outcome[1] so it makes sense to support an organisation which fosters in women their confidence to breastfeed. In these days of smaller families where many have not seen a baby breastfeed until they have their own, it also makes sense to expose mothers(-to-be) to visually seeing other mothers breastfeeding, a source of modelling this behaviour.

2) Access of all mothers to hospital and community-based (especially as mothers are being discharged so early post-birth now) lactation consultants who can visit mothers at home in the early days and weeks of breastfeeding where problems such as tongue-tie (and its negative impact on the start to breastfeeding as it often causes nipple damage and pain which then can lead to a drop in supply or mastitis) can be picked up and acted upon, sooner rather than later

3) Incorporation of attendance at a couple of Australian Breastfeeding Association discussion meetings (where available) for Child Health Centre mothers groups e.g. second week of the group and then towards the end of the group. This is supported by research, which indicates that the peer support offered through groups such as the Australian Breastfeeding Association, differs from the peer support available through new mothers groups organised by health professionals, which do not focus on breastfeeding and do not affect breastfeeding initiation and duration rates.[2]

4) Breastfeeding milk banks to be developed Australia-wide where breastmilk is available to all babies. Hearing about the risks associated with artificial baby milk, after a weaning decision has been taken, is difficult. The tendency is to get angry with those who provide this information. Our society needs to support all babies receiving breastmilk. Mothers whose milk is slow to 'come-in' or who experience other complications where expressing is not a viable option, should have access to the breastmilk of another mother, NOT artificial baby milk.

[1] Ertem IO, Votto N, Leventhal JM 2001. The timing and predictors of the early termination of breastfeeding, Pediatrics, 107 (3): 543-538. (Cited in Breastfeeding Review, 10 (2) July 2002, p.33)

[2] Wood K and Mortensen K, 2004. Breastfeeding and Peer Support, Lactation Resource Centre Hot Topic, Australian Breastfeeding Association, 1-4

5) Once point 4) is achieved, artificial baby milk should only be available on prescription from doctors

6) Alteration of point 10. of the Baby-Friendly Hospital Initiative guidelines ("Ten Steps to Successful Breastfeeding") to something along the lines of "Foster networking with established breastfeeding support groups and refer mothers to them at repeated occasions from the **booking-in stage** and including discharge from hospital. Where support groups do not exist, foster their establishment."

7) Legislate against breastfeeding education being provided to doctors, child health centre workers, child-care workers, etc. where it is sponsored or provided by companies which produce artificial baby milk.

8) Proactive government calls for and funding for more breastfeeding research with follow-up project implementation to address barriers to breastfeeding.
Examples of research to be done:

- more research on predictors of successful breastfeeding, including breastfeeding through problems; factors affecting unsuccessful breastfeeding and development of programs to combat these; use of 'prediction' information to target *at risk* mothers and provide intervention programs to make a difference e.g. premature babies, sexually abused mothers, young mothers from low socio-economic backgrounds; mums who didn't breastfeed their first babies for very long; mothers who have unsupportive partners/family, etc.

- research how different levels of involvement in ABA affect breastfeeding duration e.g. subscribing due to breast pump hire and/or use of ABA's breastfeeding counselling service and/or receipt of written information (local bulletin, Essence magazine) and/or attendance at a Breastfeeding Education Class and/or regular attendance at group get-togethers. (I suspect that those mums who attend regular local get-togethers are more likely to breastfeed for longer because of the ongoing group peer support which occurs at the meetings and the exposure to a wider range of 'normal' baby behaviour and 'normalising' of problems and support to work through these)

- the impact of values/beliefs about co-sleeping, controlled crying and 'fears about spoiling babies'; the importance of breastfeeding; breastfeeding into the second year of life; awareness of risks of artificial baby milk and premature weaning; breastfeeding as a relationship vs. only for nutrition, followed by implementation of programs where many (perhaps most importantly primary and secondary students) have the opportunity to explore and examine these with a trained facilitator and be presented with up-to-date information and literature. With this information they would then be in a position to effect change to those factors which are detrimental to successful breastfeeding. Accurate information could be provided about: safe co-sleeping and its advantages in terms of successful breastfeeding (see James McKenna literature); meeting babies needs vs. teaching them "learned helplessness" (see Sue Cox literature); risks of premature weaning; the normalcy and importance of breastmilk for human babies (nutrition, immunity, physical development and emotional health); and the importance of asking for help and referral contacts.

- Provision of programs which educate about normal baby behaviour at e.g. the 6 month mark of pregnancy and assessing for impact on breastfeeding rates. I believe a lot of difficulties are created because mothers and those around them have totally unrealistic expectations of normal breastfed baby behaviour: e.g. frequency of feeding to establish supply and because breastmilk is easily digested; baby sleeping/waking patterns in relation to development and the normalcy of night-waking, babies do change your life, importance of asking for support and developing a network. Many of these and similar topics are covered in ABA discussion get-togethers.

9) Varied health advertising campaigns which are on-going (TV, radio, bus and billboard advertising, pamphlets, etc.) - in consultation with key stakeholders such as the Australian Breastfeeding Association, Australian Lactation Consultants Association, etc. This campaign could address over time:

- the importance of breastfeeding – getting the message out that breastfeeding is not a lifestyle choice but a health choice for the mother and baby (debunking 'I was fed artificial baby milk and there's nothing wrong with me'....later in life health problems); risks of premature weaning to baby and mother's health
- help is available from e.g. Australian Breastfeeding Association, doctors, child health centres, lactation consultants, midwives
- the importance of support from partners and the community for successful breastfeeding
- education about WHO information which indicates that the first best option for a baby is to receive its own mother's milk at the breast; second option – a mother's expressed milk ; third option – milk from another mother; fourth option – artificial baby milk (this helps to reinforce the importance and value of breastmilk in a culture where bottlefeeding has become the 'norm')
- a broad campaign which helps parents/the community to question the plethora of so-called 'experts' who do not have qualifications in child mental health, nutrition, development or breastfeeding but who claim to facilitate parents 'developing control' and 'independence' in their babies without references to the detrimental effects of some of their advice on breastfeeding and other aspects (review the Australian Association of Infant Mental Health's policy statement on controlled crying)

The aforementioned health messages need to come overtly from the government (not just some health professionals and ABA) in terms of advertising AND financial support of initiatives such as those outlined above. Unfortunately, otherwise, when information is provided (e.g. about the realities of premature weaning), many assume that they are being judged (due to regret/guilt/confusion over past decisions) or misinterpret that not-breastfeeding is associated with bad mothering or unloving mothering. This is certainly NOT the case. We know that parents make the best decisions they can with the information, resources and support they have at the time.

10) Development of programs and resources which target and support specific groups:

- young mums (involve them in how to advertise to 'them')
- fathers
- mums who were 'unsuccessful' first time around - that help is

available; encourage contact with Australian Breastfeeding Association counsellors and their local group and with lactation consultants several months before birth

- parents who have eczema, asthma, food intolerances in their family history
- grandmothers who didn't breastfeed – exploring issues of guilt, regret, anger and grief; reinforcing that they didn't fail – society 'failed' to support them to breastfeed/breastmilk feed successfully. This would provide an opportunity to debunk many breastfeeding myths and help them to understand the different events which may have contributed to an unsuccessful breastfeeding relationship (which often includes inaccurate information, unhelpful hospital and health professional practices and advice and lack of partner/other emotional support) in the hope of them being more open to supporting other women now having babies.
- mums who have been sexually abused/assaulted
- mums with postnatal depression – access to medication hotlines; importance of other practical and emotional support (giving up breastfeeding is often seen as an answer and can lead to more problems with guilt, regret, mastitis, etc.)

e) examine the effectiveness of current measures to promote breastfeeding:

Although lots of good work is being done, we are currently not achieving breastfeeding targets. Although breastfeeding initiation rates are relatively high in Australia, they soon decrease at e.g. 2 weeks, 6 weeks and 3 months, etc. Breastfeeding initiation and duration rates have remained fairly stagnant over the last several years, therefore something needs to change (several things in fact) if the targets are to be met.

Initiatives to encourage breastfeeding need to occur across a number of areas – government (federal and state), hospitals, Australian Breastfeeding Association, Child Health Centres, the medical profession, midwives, the community (e.g. breastfeeding in public and in businesses campaigns), the Baby-Friendly Hospital Initiative, workplaces, child-care centres, etc. as a reflection of the whole community's input and response to breastfeeding in the broadest sense.

Initiatives need to include activities which demonstrate networking and cooperation across all these facets not just 'paying lip service to support of breastfeeding' where actions are incongruent with real support. Examples of incongruent behaviours are limited government funding to ABA, health professionals who are not really supportive of breastfeeding (see Jack Newman's website, handout 18 "How to know a health professional is not supportive of breastfeeding"), hospitals employing lactation consultants through Baby-Friendly Hospital Initiative accreditation and removing these positions once accreditation is achieved, the problems with the Marketing of Infant Formula Agreement (MAIF) versus government legislation to implement the complete WHO Code.

In general, for women to breastfeed successfully:

i) They need to know human milk is designed for human babies and is the norm for human babies.
ii) They need to know it is important (risks of premature weaning) – this can be a strong motivation when there are problems/motivation to seek professional and peer support.

iii) They need access to accurate information quickly (e.g. not after a month of having excruciating nipple pain).
iv) They need adequate encouragement and support when there are difficulties – it is so very easy for a vulnerable mother's confidence to be undermined.

Point iv) is the most important in many ways. Points i)-iii) are only relevant because the impact of artificial baby milk advertising and availability (supported directly in the past by health professionals) and the impact of women losing confidence in their body's ability to breastfeed their babies, needs to be undone.

Regarding point i) we are only now changing terminology from 'breast is best' and perhaps unattainable for most to, 'breastfeeding is the norm'; at present bottlefeeding artificial baby milk is still considered normal for human babies.

Regarding point ii) – the messages to mothers and parents about this, need to be more direct and government sponsored.

Regarding point iii) – regular updating of health professionals, breastfeeding counsellors and others is an ongoing process; currently there is still considerable misinformation in the community compounded by delays in or lack of mothers getting support from knowledgable professionals, delays in or lack of referral to trained peers such as ABA counsellors.

Regarding point iv) – mothers who do not have antenatal contact with supports or who lose confidence quickly due to inaccurate or conflicting advice, often find it difficult to continue breastfeeding especially where risks of premature weaning information is not provided. Those who make early and good use of resources of e.g. ABA, lactation consultants and midwives are more likely to succeed.

Over the last 12-15 years, changes have happened so slowly, despite the many volunteer hours expended (often with steps forward followed by several steps back), that without a major shift on the part of government, breastfeeding rates and durations will remain stagnant.

How forward thinking it would be to plough millions of dollars into the <u>prevention of disease</u> through breastfeeding promotion/education and support activities. I do hope members of the government have the courage to allocate significant funding for breastfeeding promotion/education and support as a result of this inquiry, as the health and wellbeing of the nation is at stake.

I have many more thoughts but not enough time to collate them, so this will have to do.