

Submission no. 349

AUTHORISED: 23/5/07

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Submission from BellyBelly.com.au

In response to the Commonwealth Government Inquiry  
into Breastfeeding

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## **WHAT IS BELLYBELLY.COM.AU?**

BellyBelly.com.au is one of Australia's leading family websites, which provides articles, information and forums covering topics from pre-conception to parenthood, but particularly focuses on pregnancy, birth and early parenthood. BellyBelly.com.au was created by Kelly Zantey, who is currently a mother of two young children, a Birth Attendant (Doula) and a member of the Australian Breastfeeding Association and Maternity Coalition. The BellyBelly.com.au forums are moderated with the help of around 18 volunteers who are also mothers. There are currently over 6,100 forum members and around the same number on the website mailing list who may not be members of the forums.

BellyBelly.com.au has never and will never accept advertising for artificial milk, (including toddler products) or artificial feeding products and actively supports the Australian Breastfeeding Association through promotional activities.

## **WHY PRESENT A SUBMISSION?**

I believe that I have a unique view on the situation of breastfeeding in Australia, given that I have heard many 'mainstream' women sharing their real-life experiences on my website's forum for over four years. In the BellyBelly.com.au community, women talk openly and honestly about their experiences and how they feel as a result, and it's almost every day that I am horrified at what they are going through. Frequent stories of:

- Being told to stop breastfeeding when baby is 12 months old (for no reason)
- Being told to stop breastfeeding because they are pregnant again
- One mother was told that her breastmilk was the cause of a baby's ongoing upset tummy and told the mother to use formula (who would question a paediatrician?)
- Being offered samples of formula from chemists
- Hospitals advising pregnant women to buy formula to bring in for the birth 'just in case,' ... and this is just to name just a few.



I have seen the same stories, patterns and trends unfold in a place that is anonymous and representative of the main population. The women all have a diverse set of experiences and backgrounds, and include women wanting to be led by medical professionals due to a lack of confidence or information, as well as those who are starting to question the care they are getting, and those who are seeking newer avenues they have not previously explored due to bad experiences or through information they sought for themselves.

Over time, I have seen women on my website gain more confidence and pass this onto others, and it is very exciting seeing such a shift. But sadly, I know that I am only one of the few major Australian websites trying to help empower women with evidence based information, rather than just give them what I think they will want to hear or what will 'sell a story'. I am also actively involved in discussions so I can help as best I can.

I have become very passionate about getting the facts out in the mainstream and helping the community see this is very much big business to artificial milk manufacturers. They have lots of money at their disposal for marketing and growing their business – but we don't have the dollars to respond which is terribly saddening and disappointing.

On a personal note, I have also been a breastfeeding mother of two children, for a total of 5 years, having breastfed both children over two, following their lead.

### **THE ADVERTISING OF BREASTMILK SUBSTITUTES**

The parenting website with the biggest marketshare (and it is a very large share) in Australia is readily accepting advertising dollars from artificial milk companies and therefore their website has a great deal of advertising for milk substitutes throughout it. I am aware of other leading sites which decline this revenue as I do, due to affiliations with industry organisations or their own beliefs.

Many times I have had large amounts of advertising dollars proposed to me from artificial milk manufacturers, but I refuse. I was also approached repeatedly from one manufacturer who wanted to sponsor my recent conference, the Australian Birth & Post-Natal Services Conference. None of those attending would have been very happy if I did and they would have copped lots of criticism if they came, so that would have been interesting!



But they are very determined and sponsor big events like Maternal and Child Health conferences. I think it is inappropriate for them to sponsor professionals in the mass blanket way in which they do. They have huge stands at baby and parenting expos and focus on toddler milk as required, offering out samples (sometimes with someone dressed up in a big costume bear) which they have ready made from the stand. It astounds me because you see parents walking away with boxes of tins! They even approach parents with babies – not toddlers – to give them information ‘when the time comes’. There are many ways they are sneaky about the boundaries.

The problem is that there is always going to be a group or two who needs those advertising dollars and will accept it from companies like artificial milk manufacturers who have more than enough money to spend.

I would like to see the AMIF become more like the WHO code so that it is mandatory for all artificial milk manufacturers to abide by the code.

### **GUILT OVER THE CHOICE OF FEEDING**

Yes, there is much guilt over feeding choices but I think it is imperative for us to move forward through this otherwise we’ll have more of the same forever. Once women are more educated and well supported, the guilt will lessen and perhaps not even exist at the levels of today. I am very aware that some women cannot breastfeed for psychological reasons and that is not an issue; I have supported survivors of sexual abuse who have found it too challenging to overcome – I am definitely not saying lets force those women to breastfeed. Let’s support them too so they feel okay about themselves as mothers.

### **MAIN SUMMARY**

Eight main initiatives I believe will encourage breastfeeding:

1. Government funded education programs in pharmacies
2. Restriction of the sale of artificial milk
3. Government funded breastfeeding awareness campaigns
4. Automatic ABA memberships for women
5. Further training for all Maternal & Child Health Nurses
6. Education in schools about infant nutrition
7. Endorsements of approved books and resources in bookstores
8. Continuity of care throughout pregnancy and birth



## **Initiatives to Encourage Breastfeeding**

### **1. Government-Funded Educational Programs in Pharmacies**

Having a background in pharmacy before I had children, I was very easily misled by formula companies who came in and provided training for staff. The management obviously thought it would be helpful for us to have training, and of course, we'd recommend the tins of formula based on what the companies were telling us would be best – i.e. 'ours has animal fats, the rest have vegetable fats, ours is superior' etc. We cannot allow formula companies to provide such training, especially to young girls who haven't had children and think these products are superior and a great alternative to breastmilk. Pharmacists should also be trained in basic counselling or education for women coming into a pharmacy and assist them as a first, basic point of call – this is where many people go at the first sign of feeding issues – to the chemist to get some formula. Pharmacists and assistants need to be prepared and educated, and not by an artificial milk manufacturer.

### **2. Restriction Of The Sale Of Formula**

It may seem drastic to say that formula should be restricted from sale in supermarkets, but I believe it's far too easy to fall into the trap of formula based on your own diagnosis or that of your family/friends or what you have read on the internet. Selling formula in pharmacy or by prescription only is a great option because consumers can get the support they need through the advice of health professionals or by referrals to support groups like the Australian Breastfeeding Association – it will be a way to help women get balanced information before making a hasty and/or emotional decision when all they need is support, encouragement or the facts. Nothing is supporting women when they go to the supermarket, no-one can offer advice or support and they just fall through the cracks.

As mentioned above, if pharmacy staff are trained in the basics of breastfeeding and not artificial milk, then they can possibly prevent the switch to formula by referring the mother to support groups and / or giving them advice.



### 3. Government-Funded Breastfeeding Awareness Campaigns

The government should be squarely letting Australia know where it stands on this issue and the Australian Breastfeeding Association is not in a financial position to fund such an extensive campaign – they do not get enough government funding. Either the government needs to appropriately fund the Australian Breastfeeding Association to undertake a massive campaign, which should be on-going, or the government needs to take responsibility for educating women via the media, on television, in print publications etc. about the facts of formula. Yes, sometimes it is needed in a small percent of women. But I also see many women who turn to formula when it is not needed – it was the support and education that was. New mothers often doubt their milk supply and nutrition levels in their milk, something which I believe has come from a formula society, where babies are fed certain measurements of formula and it contains certain vitamins and nutrients. I'd like everyone to know that there are hundreds of ingredients in breastmilk in comparison to the 20-odd in artificial milk – starting with white blood cells to protect your baby!

### 4. Automatic ABA Memberships For All Women

I believe every single woman who gives birth in Australia should be provided with a free, 12-month subscription to the Australian Breastfeeding Association. This could be organised at around 36 weeks of pregnancy so the information is on hand immediately after they have had their baby.

Once they are subscribed they receive a beautiful breastfeeding help book, details of their nearest ABA support group with a name and number of that co-ordinator. A regular newsletter also comes out advising of parenting and feeding information sessions in that area. A breastfeeding support network is so important, especially one which is already established and serviced by trained co-ordinators. Lots of mothers are seeking support groups, friends and networks after the birth of their babies and I can't think of a better environment for them.

### 5. Further Training for all Maternal & Child Health Nurses

I am saddened to see some of our health professionals letting us down, when they are in a position to ultimately lead to a woman continuing to breastfeed or not. There is growing confusion amongst mothers over what is really best for their baby due to the multi-million dollar advertising by formula companies, but the messages are also reinforced by those who these women go to for help and check-ups.



I have heard countless stories of Maternal and Child Health Nurses (MCHN) suggesting formula for sleep problems, allergies (and other health problems) and weight problems. However I am told that it is not a requirement for a MCHN to have any lactation certifications which I think should be a requirement when they are so influential! A MCHN is a person a woman will have a relationship with for her child's first five years, so it is one built on trust. I am very pleased to see the WHO growth charts based on breastfed babies released last year and I hope they continue to implement these Australia wide as a more accurate guide than the older charts based on formula-fed babies.

Even many paediatricians are the cause of much despair for mothers and should be the target of extra training and education. My own personal experience with my first born at the six week check-up involved me telling the paediatrician that I was feeding my daughter every two hours, he said something to the effect that my nipples would fall off and made me feel like it was too soon between feeds, so it squashed my confidence and I probably went home trying to stretch out feeds. I was very easy to influence at that point as I had no support around me at all.

#### 6. Education in Schools About Infant Nutrition

Throughout my schooling I never learnt about anything to do with babies, only where they came from! I think it would be a great addition to the Australian schooling curriculum in health or science subjects to study the differences between breastmilk and formula and to do a research project so they can learn it for themselves. Not only are they learning something the majority of them will be able to use in real-life, but by teaching them early, we will have an educated generation who will not have the amount of guilt women talk of now, as they have learnt facts from an early age and will know that support is readily available.

#### 7. Endorsements of Approved Books in Bookstores

I believe the Australian Breastfeeding Association has something running where books or bookstores can purchase stickers to place on books which the ABA have approved. I believe this needs to be assisted with government funding as it will either be at the cost of the ABA who receive very little funding as it is, or another entity who do not want to pay for it. Women purchasing books need to know which ones are best to buy – I see so many women buy books about everything pregnancy to parenthood based on friends' recommendations or what looks most appealing – they need to know what books contain the most appropriate educational content.



An example of this is the pregnancy book, 'Up the Duff' by Kaz Cooke. A very entertaining book, I loved it myself during pregnancy – but it doesn't include the real information they need to know about birth! I always ask clients or those on my site what books they are reading about birth and they say, 'Up the Duff.' Yes it has a cute name, looks good and will make you laugh; it does not prepare you for the realities.

#### 8. Continuity of Care Throughout Pregnancy and Birth

The number one post-birth problem in hospitals women will tell you about is the fact that they receive conflicting advice on breastfeeding. I completely agree based on my own experiences, it confused the living daylights out of me – everyone had something different to say. The midwives have varying levels of training and experience and some have children and some don't. So you get a whole mixed bag of information depending who is on shift. Continuity of care has so many benefits to a pregnant and labouring woman, which extends to after birth with breastfeeding support and mothering.

#### **OBSTACLES TO BREASTFEEDING**

A summary of the things I believe to be obstacles to breastfeeding:

- Lack of training and education for health professionals
- Massive, elaborate advertising campaigns by artificial milk companies
- Easy access of artificial milk
- Lack of continuity of care and increasing intervention / medical births
- Self-diagnosis of issues or influence from family or friends
- Inappropriate education levels of the general public due to lack of quality info
- Lack of funding for the Australian Breastfeeding Association to adequately promote breastfeeding, especially in the media
- Lack of confidence for mothers to feed in public – breasts are seen more as sexual objects and many women find breastfeeding in public to be embarrassing
- Comments made by the public when women do breastfeed in public which can be helped by breastfeeding awareness and education campaigns including breastfeeding toddlers. The public need to be informed of the benefits of breastfeeding - I have been told I was making a rod for my own back by breastfeeding my 4 month old in public when she was crying, and when feeding my 18 month old at a parenting expo, I was bombarded with questions as to feeding a toddler as if it was something never seen before.





- Reluctance or not knowing where to go for help – not realising you can access a private lactation consultant or the Australian Breastfeeding Association (and you may not even get through on the phone due to lack of funding for enough counsellors).

## CONCLUSION

Much work needs to be done to improve breastfeeding rates in Australia – we could be the leading example to the world if we get something solid in place without blurry boundaries which can be flaunted. There have been some fantastic submissions for this breastfeeding enquiry and I believe they are all saying the same thing – we need to listen to all of these groups taking the time to prepare these submissions saying exactly the same thing!

I'd like to see the government working closely with the Australian Breastfeeding Association and to either provide them with much more funding or for the government to fund these campaigns themselves. As a taxpayer, I would be really pleased for my money to be spent on the health of future generations – something that is the very first thing we can do for our population from the moment they are born to give them the best start in life.

We are going to have to start making the shift, many people don't like change but we are an adaptive species and it will soon be seen as the norm if we all work together. If we didn't embrace change, we'd still be lighting our homes with candles!

Let's only use formula as it was intended and encourage breastfeeding for babies until at least 12 months as opposed to 6 which is currently promoted through health centres, then encourage healthy eating (as well as breastfeeding if desired) for toddlers. The whole 6 months (which is also on most baby food jars and packets as when to give babies food from) is a major marker for so many women and they see it as a signal as when they can stop – lets promote the benefits from birth and way beyond.