

Submission no. 359

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MK

Dear committee members

my name is Linda de Vries and I am a mother, breastfeeding counsellor (since 2001), IBCLC (2006) and former medical practitioner. I currently spend approximately 10 hours per week in a voluntary capacity helping mothers with breastfeeding. I'm writing to let you know of my personal experiences of breastfeeding and the experiences that I hear from mothers. (I apologise that this submission is late.)

Coming from a health professional background, I knew that breastfeeding was the only way I wanted to feed my baby, and although I had read books about breastfeeding, the actual practice of it was a lot more difficult than I expected. Without the support of the Australian Breastfeeding Association (then NMAA) I may have been tempted to wean during difficult times. However, I was determined to keep breastfeeding. But a lot of mums I talk to do not have the family or social supports to keep breastfeeding, even if it was what they had intended to do. When confronted with problems such as a complicated delivery and attachment problems, cracked nipples, mastitis or a fussy baby, many are told to wean, or their confidence is undermined as well-meaning relatives, friends and even health professionals tell them that their milk isn't "strong enough" or that they "don't have enough milk". This often leads to them giving complementary feeds of artificial infant formula, causing a reduction in their milk supply (the very thing they are afraid of) and eventual total premature weaning. Many women do not breastfeed past the first 6 weeks or so, and the numbers fully breastfeeding at 6 months is abysmal. This is having a detrimental effect on children's health, and contributes to increased medical and health care costs.

When I was doing my medical training in the 1980's we received only 1-2 hours on breastfeeding, and also very little in the post-graduate years. I'm not sure if this situation has improved. I hear from many women that their health adviser, whether it is a GP, paediatrician, obstetrician, midwife or child health nurse, has told them something that is inaccurate or misleading. I have heard quite often from women who have been told to wean because they have been prescribed a particular medication, when in fact it is perfectly compatible with breastfeeding (there are actually only a few medications that are totally contraindicated in lactation).

Other things that I hear from mothers is that they are told that their breastmilk has no nutritional value after 3 (or 6 or 12) months, that their baby will become "dependent", to it is implied that they are being somehow neglectful or weird to still be breastfeeding. (In fact, breastmilk continues to be highly nutritious and provides continued immunological protection throughout lactation, no matter how long.) For example, just last week a mother rang me to talk about her situation. She is still breastfeeding her 18 month old, but is feeling enormous pressure from family and others to wean. Even her GP pressures her. When her baby was 6 months old he told her that it was unnecessary to breastfeed after 6 months. Now this mother has a medical condition that may require treatment in the future, but she is reluctant to see this GP because she knows that he is

likely to pressure her again to wean when she doesn't want to. As you are no doubt aware, the WHO recommends breastfeeding to the age of 2 years and beyond. This applies not only to the so-called "third world" or poorer nations, but also to rich nations like Australia and the USA, where a recent study has shown a 20% increase in mortality risk for children fed infant formula, not to mention much higher rates of respiratory infections and gastrointestinal illness.

I could go on, but I'm sure you have received many submissions, so here are a few ideas that I think would improve the breastfeeding situation in Australia:

1. We need to change society's attitudes to breastfeeding. As with smoking, where the message finally seems to be coming through as a result of years of public education campaigns, we need a national, coordinated approach, a national public education campaign, that breastfeeding is the normal way to feed babies, how important it is to continue breastfeeding beyond 12 months (preferably 2 years) and also to include the **health risks** of artificial breast milk substitutes.

2. We need to increase breastfeeding continuation rates, so we need good, consistent, accurate breastfeeding information from public health officials, hospitals, doctors, midwives, child health nurses and other health professionals. There need to be an improvement in their breastfeeding knowledge and the practical application of that knowledge, preferably at the undergraduate level (or perhaps even starting at school would be good!).

3. We need to **Support** women to breastfeed. There are several aspects to this. Women need accurate and consistent information; practical help in the neonatal period; practical and timely advice and help when breastfeeding queries or difficulties arise; the support and encouragement of their families, acceptance from society in general and the support of peer groups such as ABA. Women need time to be with their babies, so **PAID** maternity leave would be a great start. (Look at the *Scandinavian countries for example.*) This would make it easier for them to continue breastfeeding.

4. We need to do something about the marketing of infant formulas. Currently they seem to be accepted as "not quite as good as breastmilk, but an acceptable alternative" or nearly equivalent. Nothing could be further from the truth. Now "toddler milks" are being marketed (these are totally unnecessary for most children) as a way of getting the brand names known and accepted. We need to make artificial milk substitutes less visible. We need protection from aggressive and unethical marketing (including retailers).

5. There needs to be adequate funding for more research into breastfeeding, and funding for breastfeeding support.

6. We need publicly funded human milk banks, so that babies who, for whatever reasons, are unable to have their own mother's breast milk, can at least have access to human milk, rather than run the risks associated with artificial milk substitutes (especially important for premature babies).

Thank you for your enquiry, and for considering this submission.

Yours sincerely,

Linda de Vries.

16/03/2007