Submission no. 371
AUTHORISED: 30/5/07

Parliament of Australia
House of Representatives
House Standing Committee on Health and Aging

Inquiry Into Breastfeeding

16 March 2007

Dear Committee Members

I am very pleased that you are holding this inquiry and I hope that my late submission may still be useful to you. I have chosen to write a personal response, but it is informed by my professional perspectives.

Summary
1. Personal background and hence perspective
2. Comments on the marketing of breastmilk substitutes
3. An experience of short term benefit from ongoing breastfeeding, related to increased rates of ongoing breastfeeding
4. My experience of initiatives to encourage breastfeeding
5. My experience of the effectiveness of current measures to promote breastfeeding.

1.

I am the mother of four children, all born healthy at term by induced normal delivery, one of whom was breastfed according to the World Health Organisation guidelines, exclusive breastfeeding to six months of age and ongoing breastfeeding to two years or beyond.

My almost 11 year old daughter was fed breastmilk and formula for her first week, due to the paediatrician's instructions, based on my insulin-requiring gestational diabetes and my attachment difficulties. She was then exclusively breastfed to six months and weaned at 15 months due to my symptoms of pregnancy (fatigue) and feeling I could not manage tandem feeding with the expected twins. My 9 year old twin boys had the same start and were exclusively breastfed to 5.5 months when they seemed very hungry. They weaned at 3.75 years of age due to my symptoms of pregnancy (nipple tenderness) and mutual readiness. My

recently 5 year old daughter was fed expressed colostrum after birth, and due to a change in paediatrician and my improved knowledge avoided formula, and breastfed exclusively to six months. She has probably weaned now, with perhaps four feeds in the last six months. My husband has been supportive of my breastfeeding practices.

I am a breastfeeding counsellor with the Australian Breastfeeding Association, qualified January 2001.

I am also a General Practitioner, graduated 1992 (UNSW), have been an obstetric GP and am still on an occasional obstetric roster. I have worked in an Aboriginal Medical Service for seven years part-time, with particular interest in pregnancy care and promoting and supporting breastfeeding. I am just enrolling to begin a PhD, on the topic of increasing the duration of breastfeeding. I will be very interested in the outcome of your inquiry.

I live in a large inland rural centre, population 60,000.

2.

I am concerned about the labeling on tins of infant formula/artificial baby milk.

When breastmilk is described as "best", mothers tend to believe that formula is adequate and normal. As a result, benefits of breastfeeding are seen as a desirable added bonus, but not essential. Women expect that if they have difficulties with breastfeeding, they can use formula which is seen as adequate for normal growth and health. There is no understanding among the women I see that formula is inadequate, leads to abnormal growth with significant risks for childhood, adolescent and adult obesity, or that it leads to a range of health problems which have been well documented.

I am concerned that the use of the term "Breast milk is best for babies" as the initial statement could be a deliberate attempt to separate breastmilk from breastfeeding. I have spoken to mothers who are hesitant about breastfeeding, and who feel that expressing milk for every feed for their baby is an acceptable alternative. The mothers I speak to in this setting do not establish breastfeeding, and their expressing quickly comes to an end. Certainly it can be done but the commitment required is remarkable.

When charts on the tin and text in supporting materials compare the essential fatty acid contents to breastmilk, mothers are led to believe there is a fair comparison between the two as equal and alternative products. Particularly among disadvantaged mothers, whose babies have the most to lose by being formula fed rather than breastfed, the apparent science can seem convincing proof, and there is no questioning as to whether this is the whole story.

When the message states "Good maternal nutrition is important for preparation and maintenance of breast-feeding" this is very misleading. Clearly the common interpretation is that the mother's diet is important for her breastfeeding, presumably for the quality or quantity of her breastmilk. However it is rare for an inadequate diet to lead to nutritional deficiency in a breastfed baby. Many mothers, concerned for the health of their beloved new baby, would be concerned that they may be harming the baby by their less than nutritious diet. However the vast majority of benefits from her nutritious diet are for the mother's own health, and the vast majority of Australian women's diets, while perhaps not ideal, are certainly adequate to ensure a well-nourished breastfed baby.

The statement "Unnecessary or improper use of infant formula may present a health hazard" is inaccurate. A hazard is a risk, a possibility. This risk is definite. The use of the word "may" is inappropriate, as the risks have been well-documented and apply even in

circumstances where infant formula is necessary, such as when the mother is having chemotherapy and there is no donated breastmilk available.

I am also concerned that toddler milks which do not fall under APMAIF restrictions are marketed as bringing significant health benefits, and then by their brand-names, packaging and placement on retail shelves, are associated with infant formulas.

I am concerned that a formula company can produce booklets and place advertisements in the Australian Doctor Weekly free magazine advertising special formulas to "Put feeding problems to bed" using images of night-time houses with lights on in the window. There is a current trend of focusing on sleep, where it is assumed that normal babies sleep many hours straight at night, and waking every few hours is considered abnormal. Certainly it is tiring for the mother, but it is not abnormal, and because it is common the mother may attribute this identified problem to her breastfeeding. Bayer have six types of formula targeted at problems labeled Hungry, Growing, Constipation, Diarrhoea, Reflux and Colic. The booklet has inaccurate and inadequate breastfeeding information, and advises the reader to speak to their healthcare professional who "can advise you on an infant formula that is suitable for your baby". Colic has not been shown to be any better on formula than on the breast, constipation is commonly caused by formula feeding and is often a misinterpretation of the normal "infrequent" bowel movements of breastfed babies. Hungry and growing babies surely need breastfeeding, not a specially targeted formula. This style of advertising could easily shake the confidence of a breastfeeding mother.

I am also concerned about the prevalent messages that use of infant formula is a woman's choice. The implication is that this is a choice between equal products, which she is capable of making without assistance, and that the woman has no need of health promotion messages. Cigarette smoking is also a woman's choice, but the damage that she can do to herself and others with that choice has become well known and publicly declared. At retail outlets and possibly even on the product the Quitline phone numbers are advertised. I am not aware of similar ease of access to breastfeeding support telephone numbers, I doubt that they are printed on the tins, and the Australian Breastfeeding Helplines are staffed by volunteers which I doubt is the case for Quitline.

I am concerned that in the view of some paediatricians it is normal and acceptable to give infant formula when a newborn needs to increase its blood sugar but is not breastfeeding well. This is part of the assumption that formula feeding is at times the norm. For some babies and paediatricians the availability of breast milk banks might alter this perspective. For my first three babies, the option of intravenous glucose was not considered or offered to me. Those three children have since had childhood eczema and also asthma after viral respiratory infections, which may be related to early introduction of cow's milk allergens under six months of age. Establishment of breastfeeding was delayed due to them having stomachs full of formula and being less interested in trying to attach, which in some mothers would have led to early weaning.

3.

Less than a third of babies are breastfed beyond 12 months in Australia. When my boys were 18 months old they suffered viral gastroenteritis, vomiting and diarrhoea and subsequently refusing drinks of water or ice-blocks or custards, but they were not refusing breastfeeds. At that age they were having two or three breastfeeds per day. I came home from work in the afternoon to hear that the general practitioner had told my husband they needed "one litre of fluid in the next 24 hours or they would be in hospital". I deliberately fed them every two hours, and set my alarm to wake and feed them twice through

the night. The next night they started to sit up and talk, which they had not done for several days of just lying on the lounge. The following day when they were feeding less I noticed my breasts were dripping which they had not done for months, and much fuller than usual.

The significant factors which kept these twin babies out of hospital were that they were still breastfed at 18 months, that I was available to spend more time with them, and that I had sufficient knowledge of breastmilk supply to know that my supply would increase if I fed them more often.

4.

For me the initial key encouragement to my breastfeeding practices was lactation support at the local base hospital. I had a few unsupportive, uneducated or impatient midwives, but the caring support of others and the specific interventions of the midwife lactation consultants were essential.

My obstetrician also gave me permission to learn at my own pace, commenting that I might need to stay in hospital a week or so to get the hang of it. I stayed nine days after the birth of my first baby, and could independently attach her myself for every feed only in the last 24 hours.

In the next few weeks, regular visits to the early childhood clinic lactation consultant supported my growing skills and extremely slowly growing confidence in breastfeeding and mothering. When my mother encouraged me to introduce a dummy at four weeks I had the knowledge to understand the potential disadvantages and to choose not to (with difficulty and with my husband's support).

In the next few years I was encouraged by attendance at a Nursing Mothers' Association (now Australian Breastfeeding Association) group. I attended because I was invited by a mother with pram who visited me in hospital after the birth of my first baby. I had recently moved to town and had no friends with young children, and my first baby was the first grandchild on both sides of the family. When my mother asked me at nine months when I planned to wean, I had the knowledge, absorbed from group meetings, that by feeding to one year I could avoid having to buy infant formula.

When my eldest daughter was six months old I returned to paid work in a new workplace. I was encouraged by my GP supervisor. He told me I was doing a good thing by breastfeeding, and I was welcome to take time in my work-day to express milk.

After my twins turned one, I was encouraged by the resources, human and printed, of the Parents as Teachers program based in a local primary school where I had attended a parent group for several years. Now when I was asked when I planned to wean, I could explain that brain growth and a healthy immune response were best fostered by ongoing breastfeeding to the age of two years.

When my twins were toddlers, I was encouraged by joining the training program of the Australian Breastfeeding Association. I was mentored by local dedicated women and inspired by yearly conferences with groups of passionate women who had personal prolonged breastfeeding experiences. This encouragement continued at the second and third birthdays of my twins, and then at the third and fourth birthdays of my younger daughter, it was on my mind when I was deciding whether I would buy a maternity bra each time I went shopping to replace my bra, which can be a decision-making time for women. It gave me a group of friendly acquaintances for whom breastfeeding to two or three years was a normal part of their lives.

I am concerned at the level of government reliance on volunteers for

such crucial roles as training breastfeeding counsellors, and staffing the breastfeeding Helpline. This assumes that women are just as available for volunteer roles as in the past, which may not be the case.

I am interested that as I begin my PhD, I find that many of the Australian researchers in lactation are women who have been trained as breastfeeding counsellors by the Australian Breastfeeding Association, and this is an extended role of the ABA which is worth acknowledging.

I am interested that my youngest sister, whose first baby is 11 months old, has the encouragement of working in a Breastfeeding Friendly Workplace, the Department of Education (etc) in Canberra. She was given a maternity package before she left work, and on return she was given the information for how to access the expressing room and support for her part-time hours. She has said all the staff speak positively to her about going out to express, including the security guard who gives her the room key.

The follow-on from my experiences is that my mother, who has been a hospital chaplain for some years now, has been known to speak very encouragingly to the new mothers she visits in maternity wards. She agrees with them that it may be difficult to breastfeed in the first few months but tells them they'll be so pleased after a few months with how easy and enjoyable it becomes.

5.

Midwives are increasingly focusing on improved initiation rates for breastfeeding.

I did not remember any breastfeeding information from the ante-natal classes I attended during my first pregnancy, although I do remember the class being told "The Nursing Mothers lady was going to come but she can't come unfortunately". I did not develop any breastfeeding skills during the ante-natal class, although I enjoyed being in the classes with the midwife who was lovely.

The presence of International Board Certified Lactation Consultants on the staff when my children were born was key to my successful breastfeeding experience. As were the availability of the IBCLC at the clinic after my first child, for home visit after my twins, and as Domiciliary Midwife Care early discharge visiting midwife after my youngest child. These women worked under severe time constraints and with no additional pay for their additional qualification, to provide an essential and excellent service. They did so because they were passionate about helping mothers with lactation, although particularly for the maternity ward LCs this was at times not supported by the staffing structures which required many other duties of them.

Breastfeeding Friendly Hospital Initiative has been shown to improve breastfeeding outcomes. I have heard of a hospital where low staff numbers at night mean that mothers have little support caring for crying babies, at a time when visitors are not allowed, which would reduce its efficacy. I would like to see our local hospital move towards BFHI.

Megan Elliott-Rudder
MBBS DRANZCOG Graduate Diploma in Rural General Practice FRACGP