

The Secretary, Breastfeeding Inquiry
 Parliamentary Committee on Health and Aging
 House of Representatives
 PO Box 6021
 Parliament House, Canberra ACT 2600

To the Secretary:

I hope that the Committee tables a document in Parliament which releases the ABA from their fear of sidelining on the breastfeeding/bed-sharing issue. This sidelining fear is explained briefly below, and follows the quick listing of the bed-sharing recommendations from the better breastfeeding nations.

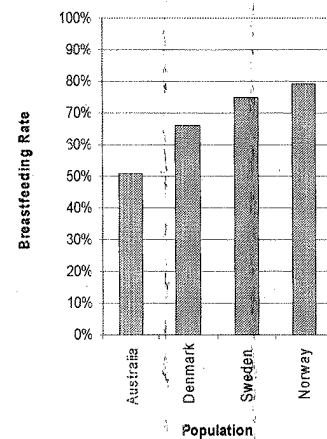
The world expert in bed-sharing research, Dr Helen Ball, Professor of the Department of Anthropology, University of Durham (UK) is keynote speaker at the ABA conference next week in Melbourne (Aug 1-4). Under the weight of evidence the ABA may sensibly wish to make a change to their bed sharing recommendations and I hope for your Inquiry support.

I also briefly discuss the Indigenous issue.

Bed-sharing Recommendations from the Better Breastfeeding Nations

- The Norwegians *tell* their women to sleep with their babies (see attached).
- The Swedish *recommend* bed sharing and advise their women to listen to their instincts. They discourage sleep school ideas (see attached).
- The Danish *address* the night-feeding bed-sharing issue in their advice to Health Personnel dispelling bed sharing myths and describing safe practices, but in their parent literature don't address the big night-time sleep issue in one direct section, instead suggesting it's helpfulness over a number of sections (see attached).
- The Australian Breastfeeding Association in "Breastfeeding ...naturally" writes very specifically about the need for most babies to breastfeed a number of times during the night, but *recommends nothing to support this need*, and so the recent cultural practice of mother-infant separation continues in the absence of direct advice, except amongst educated, informed, strong parents, and the families who place themselves beyond supposed mainstream culture - our failure rates are high. Australian women successfully breastfeed by bed-sharing with no institutional support whatever – for many women it is very stressful to behave beyond the supposed mainstream.

Fully Breastfeeding Rates at 3 Months
 (Estimated and Precise 2000/1)



Why the ABA has not made a bed-sharing recommendation

After my first two years studying this (and associated) subjects it became apparent that most breastfeeding women depend on the practice of co-sleeping to be successful at breastfeeding. In my first ABA group I was lucky to be told by three counselors that they all slept with their babies (too late for my first child). I rang the ABA at this time (two years ago) to ask them why they weren't recommending bed-sharing. I spoke to their promotions officer at the time (Lee King).

She expressed the view that there was a lot of co-sleeping support within the ABA, but that the decision had been made not to promote bed-sharing (unlike other groups) some time ago for fear that the ABA group would be sidelined for appearing too far beyond the supposed cultural 'mainstream'.

My view is that the ABA have failed to properly support breastfeeding women in Australia by fearing such sidelining (promoting breastfeeding to women without informing them of the practices which are likely to make them successful), and of course the public health system has failed to properly support the ABA by fostering an environment which creates such a fear, rather than one which **listens to and respects the expertise of women.**

Bed-sharing is being actively discussed and promoted throughout the USA now (chiefly through Dr James McKenna), and their breastfeeding rates are now challenging ours in the educated bed-sharing states, though they must continually fight uniformed advice from the American Association of Pediatricians and ill-informed, bad-science SIDS research (often funded by infant formula companies).

The Norwegian women must fight bad SIDS research and programs too. In September 1999 Norwegian women were given the SIDS advice to place babies on backs, breastfeed, not smoke, and *not* bed-share (against the breastfeeding recommendations). The outcome, published eventually in 2004¹, was that the women embraced the back sleeping advice and bed-sharing decreased by only 5%, but breastfeeding reduced by 5%, and smoking increased by 5%. The women were put under a great deal of stress, SIDS cases went from 14 in 1999 to 24 in the year 2000 post SIDS advice year. I don't know how they managed to compensate their women and families for this experience.

At the ABA conference next week in Melbourne (Aug 1-4), the world expert in bed-sharing research, Professor Helen Ball, is keynote speaker. Under the weight of evidence the ABA may sensibly wish to make a change to their bed sharing recommendations, and I hope that the Committee will table a document in Parliament which is able to release the ABA from their fear of sidelining on this issue.

Indigenous Issues

If the Committee wishes to foster indigenous health it will need to encourage breastfeeding through fostering the traditional Indigenous practice of mother-infant co-sleeping. As the indigenous population never had houses or cots it has always been a cultural practice for a mother to sleep with her baby (of course), and is the reason for the very good breastfeeding in communities, despite the

¹ Changes in parental risk behaviour after an information campaign against sudden infant death syndrome (SIDS) in Norway", Acta Paediatrica 93: 250-254, 2004, Hill SAR et al

very young age of the mothers who have largely needed to withstand mainstream hospital practices, often at a great distance from their home.

You will need to keep breastfeeding-ill-informed SIDS advice away from the mothers and babies. As 50% of indigenous mothers smoke, the recommendation would be that these mothers *not* share a bed with their baby. While this may perhaps stop 1 or 2 of the “undetermined” deaths a year (but probably not given the prevalence of extremely dysfunctional environments), a direct instruction not to sleep with their babies will cause a failure of thousands of indigenous breastfeeding experiences, and all the attendant ear infections, and poor health associated with being bottle-fed “sunshine” powdered milk. A decision of reason and cultural support is required in the Indigenous case.

Finally

I've seen friends and relatives (and nearly myself) fail at breastfeeding through poor institutional advice and failure to support positive practices. **No more pressure should be put on women to breastfeed without fostering practices which are likely to enhance the chance of success. Australian women are already working incredibly hard, under tremendous pressure and ill-advice.**

We certainly need

- a National Breastfeeding “Officer” and support staff (to manage the plethora of bad institutional advice that continues to pop up),
- a fully funded counseling line,
- proper and accurate promotional and educational material to all first time mothers,
- a complete re-education of all health staff who may have contact with a breastfeeding mother (including midwives, lactation consultants (not all know their stuff) and M&CH nurses, pharmacists, doctors, but particularly pediatricians who appear to know the least of all since they are generally only exposed to babies with severe health issues associated with not breastfeeding!)
- a complete investigation into our state and federal parenting institutions, including a review of the true, unbiased evidence base of the practices they promote (practices promoted and discouraged are generally based on mythology and on the personal belief of the individuals in charge – the majority of whom are likely to have bottle fed their own infants in the late 1960's and 70's and were inspired by Freud and Spock) – and full enlightened breastfeeding education to be given for those who remain. (I have spent some time in correspondence with such Australian institutions – evidence bases are generally lacking, and their absence is acknowledged, but ignored.)

education to be given for those who remain. (I have spent some time in correspondence with such Australian institutions – evidence bases are generally lacking, and their absence is acknowledged, but ignored.) *generally old men*

Thank you very much, and best wishes,

Madeleine Love

Madeleine Love

Concerned mother, relative, friend, and advocate