

Thank you for the opportunity to share my experiences and thoughts on breastfeeding. My son was exclusively breastfed for 6 months and continues to breastfeed at 19 months of age.

The most important factor in my successful establishment of breastfeeding and my continued breastfeeding has been the Australian Breastfeeding Association (ABA). I found the antenatal class important in dispelling the myths around breastfeeding and in helping me find ways to explain to the older generation (mother, mother in law etc) how research around breastfeeding has changed the way mothers are feeding their babies. As an ongoing part of my life the ABA has answered many questions on breastfeeding and has helped me on my parenting journey. The weekly meetings have kept me sane and positive about mothering.

I welcome this inquiry and believe it should be part of a wider movement to embrace motherhood as the most important job a woman can do. To surrender to your baby, to feed to the baby's cues, to be available 24 hours a day 7 days a week, and to continue to provide breastmilk for a child are wonderful but very challenging experiences. Women should feel supported financially and by the community to be at home with their children. Equally, women who prefer to be at work need to be supported to continue to provide breastmilk for their children. My hope is the questions "are you feeding the baby?" or "are you still feeding the baby?" will be obsolete as breastfeeding returns to be the norm it should be.

I will address parts b and d in my submission.

b. Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities;

Breastmilk substitutes or artificial baby milk (ABM) should never be marketed as an equal to breastmilk. It should never be encouraged as a lifestyle choice for the parents. It should never be encouraged as a way to get babies to sleep longer at night, which is the most common reason health professionals have given me to introduce 'just one bottle of formula'.

Amongst the non-breastfeeding mothers I know there is a perception that baby milk substitutes are almost, or in some people's minds, as good as, breastmilk. Women feel that how they feed their baby is a choice they should be free to make. They are not aware it is not a choice between two equals. The phrase "breast milk is best for your baby but..." on tins of artificial baby milk and in the information given by health professionals does not adequately inform the mother of the risks she is taking when deciding not to give her baby breastmilk.

The World Health Organisation's Code on the Marketing of Breastmilk substitutes should be implemented and made compulsory for all manufacturers, suppliers and retailers of artificial baby milks. Free samples of artificial baby milks, or so called "toddler milks" should not be made available to mothers or health care professionals.

Only health care professionals should issue information on early feeding of babies or on the introduction of solid foods to mothers. The brochures and posters etc they use and display should not be provided or subsidised by companies involved in the baby

food or milk industries. Every brochure I have received, and every poster I have seen at Child and Youth Health or at the doctor's surgery is sponsored by a baby food manufacturer. Free spoons with the manufacturer's logo are handed out at Child and Youth Health mothers groups, even to mothers of babies less than 6 months old.

d. Initiatives to encourage breastfeeding;

The Australian Breastfeeding Association (ABA) leads the world in breastfeeding research and education, and has been one of the main reasons I have continued a successful breastfeeding experience with my son. Therefore my main recommendation to the inquiry would be for funding for the ABA, to be used in the following ways.

The helpline should be expanded, to provide a 24 hour service, as a freecall from anywhere in Australia.

The current ABA antenatal classes provide practical information on how to establish breastfeeding and how and why to continue breastfeeding. These classes should be available, free, to any pregnant couple that wishes to attend.

Similarly, the information given at the antenatal classes run by the hospital should educate mothers and fathers on the risks of not breastfeeding, how to establish breastfeeding, and how and why to continue breastfeeding. At our hospital talk we were told, "breast is best, but if it doesn't work out for you, you can use formula." If, after being given adequate information, education, support and access to services, a mother is still unhappy to continue breastfeeding, then the alternatives (including expressed breastmilk and where they exist, milk banked milk) should be introduced.

The information given at the hospital or by health care professionals during pregnancy needs to be more supportive of maintaining breastfeeding. The current rates of establishing breastfeeding are almost to WHO standards, but the rates of breastfeeding at 3 and 6 months are too low. Health care professionals and hospital departments involved in the care of babies urgently need their training updated, and this training needs to become an ongoing priority. I still hear of mothers being told by the hospital to limit the amount of time they feed for, or to schedule the feeds to a routine-outdated information that contributed to the decline of breastfeeding in the recent past. I have found some of the breastfeeding advice given to me by health care professionals is based on their or their partner's own experiences, for some reason the areas of baby feeding and baby sleeping seem to be ones where research seems to take a backseat to personal experience.

Women need to be made aware of the risks of all interventions and medications during labour, including the risk to establishing breastfeeding that they present. Coupled with this is the need to reduce caesarean section rates, which is a contributing factor to the increase of problems in establishing breastfeeding.

Home visits from an ABA counsellor should be possible for all mothers, or at least those who have some difficulties with breastfeeding. It would allow easier access to appropriate help, which is important as many mothers leave hospital before breastfeeding is established. A visit at home is much more practical than the mother

having to venture out to the hospital, doctor or ABA meeting, and this is especially important given the increasing rate of caesarean section and the lack of mobility these women face.

Other initiatives to increase breastfeeding rates:

Australian mothers need guaranteed access to paid maternity leave, to encourage lower and middleclass women to continue breastfeeding. Sadly, these are the women who can least afford to pay for artificial baby milks (ABM) or to take time from work to care for sick infants who may have experienced better health with breastfeeding. Countries with the highest rates of breastfeeding also have the best maternity leave conditions.

Not only does the advertising of ABM need to be completely banned, but the advertising and promoting of breastfeeding needs to be increased. All parts of society need to see breastfeeding as healthy and normal, even vitally important. The advertising should include:

Images of older babies and children breastfeeding

Statements from legislation that makes it illegal to ask a mother to stop breastfeeding

The health benefits to the mother

The health benefits to the baby

The health benefits in the long term

A financial cost analysis, not just including bottles, sterilising etc, but the added healthcare costs and lost work time to care for children who may have been healthier if they were breastfed

Positive statements like "breastfeeding and work can be combined"

All health professionals need up-to-date breastfeeding training. I have had inaccurate advice from GPs and Child and Youth Health nurses, and friends have told me of the poor advice they have been given by obstetricians, paediatricians, midwives and neonatal nurses. Mothers believe any advice given to them by a member of the medical profession must be correct and few think to question this advice. A quick browse of the ABA website would be a good start for the health professionals so that they know the resources that are available to mothers, so if they are asked about or feel they need to comment on breastfeeding, they can refer mothers to appropriate and accurate advice.

Michelle How