

Dear Committee members,

1. Introduction

I am a 36 year old first time mum of a nearly 6 month old baby. So far she has been exclusively breastfed. My mother successfully breastfed me (for three months) and my younger sisters (for longer). I remember her feeding my sisters as a child, so breastfeeding was the normal option for me when it came to feeding my own baby. My submission is based on the reasons why I personally chose to breastfeed rather than bottle feed my baby.

2. The extent of the health benefits of breastfeeding:

2a. From the reading I have done, I understand that breastfeeding helps to protect my baby from illness while her immune system is being built up.

2b. It's my understanding that breastfeeding is linked to the prevention of diseases like type 1 diabetes and the development of allergies.

2c. Breastfed babies are less likely to suffer obesity in later life.

2d. In the short term, breastfeeding is the safest way to deliver nutrients and breast milk actually changes to suit the needs of my baby - in supply levels and content.

2e. It is also free which allows me to spend money on things like healthy food for my husband and I, rather than on formula and all the related equipment.

2f. Breastfeeding has helped me to shed my weight gained during pregnancy more quickly than I could otherwise do, which I am hoping will prevent obesity down the track!

2g. Breastfeeding my baby also means that I have to stop and take time out, which relaxes me and allows me to connect with my baby - I believe that this helps to develop strong attachment between us. This helps to stop me being overwhelmed by my new role as a mum, and my hope is that down the track, the strength of our relationship will help my daughter avoid getting into many of the problems that young people experience like drug and alcohol addiction, eating disorders etc.

This is just a brief outline of what I perceive the health benefits of breastfeeding to be. I trust that other interested parties will be able to provide details of research done in this area.

3. The impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities

3a. Marketing of breastmilk substitutes encourages early weaning. It is my observation that marketing of formula has become more subtle, the advertising that I have seen promotes formula as an additional food for 'toddlers', suggesting that when you stop breastfeeding this is a good option. I guess the way this works is that people are more inclined to wean earlier (by this I mean around 6 months) if they believe that there is a "healthy" alternative to breastmilk for their baby. The health benefits of breastfeeding are linked to the length of time a baby has breastmilk for, so this marketing could be diminishing the time a baby would otherwise be fed for.

3b. Sponsorship of health institutions and professionals by companies who make infant formula

I am concerned about the sponsoring of hospitals and health professional training by companies who produce infant formula and its related products. A bit like tobacco companies sponsoring lung cancer

conventions, to my mind. When a product is used in hospital or recommended by a health professional, parents are far more likely to use them.

An example of this from my own experience is where I purchased some baby wash because it stated that it was used in most maternity hospitals. I later found out from a midwife at the hospital that this was because the company supplied the product to the hospital for free! Outrageous.

4. The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding I would refer the committee to the plethora of research into the positive benefits of breastfeeding on the health of children. "Breastfeeding review" is Australia's professional journal of Human Lactation and regularly publishes the results of research into breastfeeding.

There is information on the health benefits of breastfeeding ranging back decades and I cannot believe that the committee should be lacking authoritative research to support any endeavours to promote breastfeeding and tackle the obstacles to it.

5. Initiatives to encourage breastfeeding

5a. The initiatives to encourage breastfeeding I encountered through the health system were:

- Session on breastfeeding in Antenatal class - more a "how to" than a "why it is best"
- Midwives in hospital providing advice and assistance to feed
- Domicillary visit by hospital midwife
- Visits to Maternal Child Health nurse provided through local government. My MCHN referred me to the hospital lactation consultants
- Home visit from lactation consultant and a visit to the lactation consultant at the hospital.
- Supportive GP who referred my daughter for a procedure to snip her tongue tie

5b. Other factors encouraging me to breastfeed were

- Reading widely on parenting and looking after babies
- Membership of the Australian Breastfeeding Association
- Family experience of breastfeeding

5c. Obstacles to breastfeeding

The most effective way to encourage breastfeeding is to remove the obstacles to it. In my experience, these are the reasons that people choose not to breastfeed or to wean early:

5c.i. Discomfort for the mother about exposing her breasts in public, fear of people's negative reactions because breasts are so sexualised in our society.

5c.ii. An expectation that breastfeeding will be easy to establish, leading people to give up as soon as they have difficulty.

5c.iii. Not enough ready information about the benefits of breastfeeding which cannot be achieved through formula feeding. By ready information I mean audio visual formats as well as written formats.

5c.iv. Whether people supporting the mother are supportive of breastfeeding (particularly the mother and partner of the new mother). If a person's mother did not breastfeed successfully, that mother is more likely to encourage her daughter to try formula for the baby. This is usually based on the information available when the mother was having babies, rather than what has been discovered since.

5c.v. Whether the mother has enough support *in general* once her baby is born - this includes practical day to day support like helping with housework and preparing meals, and emotional support like encouraging the mum to persist when she experiences problems with feeding and telling her that she is doing a good job. We need a philosophy of looking after the mother, so that she can look after the baby.

5c.vi. Availability of support services when the mother is having difficulty establishing or continuing to breastfeed. My baby had a tongue tie at birth which made feeding painful and ultimately caused her to lose weight. I was able to have a lactation consultant visit through a program at our hospital but this was only until my baby was 6 weeks old. She came to see me once and provided follow support by phone, but what I really needed was for her to come a couple of times and observe me feeding then help me to correct problems. I did go to the hospital after this to see a lactation consultant there because I was still finding it painful to feed even though my daughter had started to gain weight. No-one told me whether I could claim on medicare or from my health insurance to see her for followup visits after this time. I also was not able to claim for a breast pump from my health insurance. I

joined the Australian Breastfeeding Association (also not claimable) and have been supported and encouraged by the volunteer counsellors and through reading Essence magazine.

5c.vii. The virtual invisibility of breastfeeding in our society. Unless I am out with other breastfeeding mums, I feel like I must be the only one doing it! It never features on TV programs or ads or news stories. Its as if we are a secret society! Whenever I have spoken to friends and family about breastfeeding there is a very strong sense that "once the baby can ask for it, its over!". You really have to be prepared to go against the flow to feed your baby beyond 12 months of age - at least in public!

5c.viii. Availability of comfortable, safe spaces (like parents rooms and breastfeeding friendly establishments) to feed while out and about - this was of most concern to me in the early days of motherhood.

5c.ix. Workplaces that are not able to accommodate a breastfeeding mother. In my own work situation, I will be required to return to work when my baby is about 10 months old. For me to return to work and continue to successfully breastfeed my daughter, I need a private clean place to express milk once or twice a day, and I need shorter working days. I commute from Geelong to Melbourne to work which takes about 2 and a half hours on top of 7.6 hour day. I believe that my supply would drop if I was away from my daughter for that long. At this stage there is no suitable place for me to express milk at my workplace. Many women would be forced to wean their baby earlier than they would prefer in order to return to work. A friend from my mums group who has just gone back to work part time told us about having to express into toilet paper in the toilets at work at lunchtime. We laughed about it, but she shouldn't have to do that. She has only returned to work at this time (her daughter is 6 months old) because if she didn't she would have to pay back her paid maternity leave.

I suggest:

5d. Funding organisations like the Australian Breastfeeding association to do more of what they already try to do - resourcing lactation research, training people to help breastfeeding mothers, producing useful publications, etc etc.

5e. Putting MCHN under Hospital management rather than local government - better integration between complimentary services, better support for MCHN operating alone in the community.

5f. Invest in ad campaign - like the "Australia says no to violence against women" campaign. This could have a range of themes -
- "what breasts are actually for" (not only to get men excited) with lots of images of women from all walks of life feeding their babies
- "when are you going to wean?" highlighting the benefits of feeding your baby for 2 years as per WHO recommendations. Emphasising that its not weird, its actually best for the child for a whole range of reasons
- "returning to work from maternity leave" like the workcover ads for employers - how to make it easier for mums to return to work and maintain their breastfeeding relationship with their baby.
The ad campaign should be on radio and TV to reach audiences that don't like to read information. Also audiovisual media can better convey cultural attitudes than a pamphlet or poster can.

5g. Antenatal classes should be free and should include a session for extended family (eg grandparents) on new information on breastfeeding and supporting the breastfeeding mother

5h. Trained Lactation consultants should be readily available to everyone in the community for as long as they are needed

5i. Children need to be exposed to breastfeeding as "the norm" - if this isn't happening through their family situation, they should encounter it in context at school - for example in health education classes.

5j. Businesses and institutions should be encouraged to consider how they can become more "breastfeeding friendly" for staff, clients, the community.

5k. Support the education of health professionals in human lactation

6. Examine the effectiveness of current measures to promote breastfeeding Briefly, I think that the current measures to promote breastfeeding are

only effective for those mothers who are committed to breastfeeding their baby anyway and providing them with the healthiest start in life.

Its such a loaded issue because in my experience people who formula-feed their baby get very defensive and feel they have to justify their decision to bottle feed any time breastfeeding is talked about. I think this would be less of a problem if breastfeeding was more visible in our society, from a very early age onward. Think about it - how many little girls do you see feeding their dolly from a bottle rather than pretending to breastfeed? Why is that? Someone is investing lots of money to make sure that bottlefeeding is foremost in the minds of even our children when it comes to how babies are fed.

Government can support breastfeeding advocacy by legislating to move it much more into the mainstream (anti discrimination and health promotion policy) and funding research and training in human lactation.

7. The impact of breastfeeding on the long term sustainability of Australia's health system I am not sure what longitudinal studies have been done on children who have been fully breastfed in infancy, however if the information I have read is correct, then such children should be less likely to suffer from obesity, allergies, and certain chronic illnesses in the long term. If this is so then I would assume that babies that are breastfed until two year of age would require less medical intervention related to the above conditions, which would place less demand on:

- GP's and other medical specialists required to treat Type 1 diabetes, athsma, and obesity related illness, hospitals
- Dentists and speech therapists
- the PBS
- and possibly the mental health system, if it is true that the breastfeeding relationship sets up positive attachment between the child and its mother, which then generalises to a feeling of belonging to community and caring about other people. Perhaps such people are less likely to suffer from depression and loneliness.

7. Other points -

The committee should consider government support for Human milk banking for pre-term and ill babies where the mother is unable to breastfeed and breastmilk will help these babies reach good health.

8. Conclusion

Thankyou for considering my submission. I would be happy to answer any followup questions should there be any arising from it.

Robyn Hodge