

27 February 2006

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Email: haa.reps@aph.gov.au

Dear Mr Somlyay

RE: SUBMISSION - INQUIRY INTO BREASTFEEDING

Thank you for the opportunity to prepare a submission to the Inquiry into Breastfeeding.

I am a 33-year-old first time mother (daughter born August 2006), and am on 12 months unpaid maternity leave. I am currently breastfeeding my daughter "on demand" (i.e. whenever she indicates she's hungry, as opposed to feeding on a set schedule) and my intention is to exclusively breastfeed until 6 months of age at which point solid foods will be gradually introduced, with her main sustenance to be obtained from breast milk until the age of one year. I then intend breastfeeding her for as long as she wishes, possibly beyond her second or third birthday.

I will now address the terms of reference:

"The Committee shall inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding. The Committee shall give particular consideration to:

a. The extent of the health benefits of breastfeeding;

I will not dwell on this point, as there are many others, including the World Health Organization and the NH&MRC, who are in a much better position to comment on the health benefits of breastfeeding, however I do ask that you note that breastfeeding has health benefits for both the **mother** and the **child**. The main benefits that come to mind are:

1. For baby:
 - a. Reduced rates of illness in breastfed babies – in particular ear & gastrointestinal infections;
 - b. Reduced risk of obesity in adulthood;
 - c. Reduced risk of allergies;
2. For the breastfeeding woman
 - a. Reduced risk of some cancers;
 - b. Reduced risk of osteoporosis

- c. Aids loss of weight gained during pregnancy;
- d. Promotes mother-child bonding.

In addition, breast milk is the most nutritionally appropriate food for human infants. It is always available, at the correct temperature and consistency, requires less work (washing & sterilising bottles, preparing & heating artificial breast milk) and is cheaper.

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

Many people, including new parents and some health professionals seem to believe artificial breast milk (ABM) is “as good as” or even better than breast milk. This belief appears to stem directly from the advertising conducted by ABM manufacturers. ABM manufacturers currently spend a fortune trying to convince consumers that their product is the best possible thing for our children.

Whilst the MAIF (Marketing in Australia of Infant Formula) Agreement goes some way to addressing the overzealous advertising of ABM there are a number of problems with this:

- a. The agreement is voluntary;
- b. It only covers infant formula (0 – 6 months), not the follow-on toddler milks (6+ months). This results in a lot of advertising for toddler milks, which seems to be trying to get around the restrictions contained in the MAIF with regard to advertising infant formula. Toddler milks are advertised to imply that they are essential for the health of our children. Given the WHO recommendation that infants be breastfed for an extended period of time (well in excess of 12 months), the toddler milk advertising undermines the message that breast milk is best, even after 6 months.

c. The potential short and long-term impact on the health of Australians of increasing the rate of breastfeeding;

Given the many health benefits of breastfeeding to both the mother and child the health benefits from increasing the rate and duration of breastfeeding for Australians include:

- 1. Short term
 - a. Reduced hospitalisation rates for infants, in particular for ear and gastrointestinal infections, and faster recovery times for those who are hospitalised;
 - b.
- 2. Medium-Long term
 - a. Lower rates of obesity and related health issues (adult onset diabetes, heart disease, etc)
 - b. Lower rates of juvenile diabetes, juvenile cancers, eczema and allergies
 - c. Lower cancer (breast & cervical) rates for breastfeeding women and possibly breastfed girls upon reaching adulthood;

It would seem that a breastfed society is a healthy society.

d. Initiatives to encourage breastfeeding;

Currently the only support available to pregnant and breastfeeding women comes from:

- a. Health professionals (primarily obstetricians, midwives, paediatricians, Lactation Consultants, Child Health Clinic nurses and GP's)

In my opinion health professionals seem to vary widely in their understanding of both how breastfeeding works and the benefits of breastfeeding, in particular the benefits of breastfeeding beyond 6 months. There does not appear to be sufficient training available to health professionals, with some still quoting the outdated (and dangerously incorrect) advice to breastfeed an infant no more than 3-4 hourly. Recent research has shown that this is not sufficient to sustain adequate growth for an exclusively breastfed infant, and is also detrimental to the mother's ability to sustain breastfeeding, as the supply of milk produced is matched to the demand for it. As such, if a mother is advised to feed 4 hourly her breasts do not receive adequate stimulation, resulting in a reduced supply, which then tends to lead to supplementary feeding with ABM, which further reduces demand which leads to even less supply, and ultimately a fully ABM fed baby.

Health professionals need to receive accurate and up to date training, on a regular basis, to ensure they are presenting the most pro-breastfeeding message possible. Health professionals need to become practical breastfeeding advocates, willing and able to help when breastfeeding problems occur (mastitis, low supply, etc) rather than suggesting ABM is the answer.

- b. Australian Breastfeeding Association;

The ABA is the predominant pro-breastfeeding organization in Australia, however it is restricted by a lack of funding. In particular it would seem there is currently no way the ABA can try to reduce the ABM manufacturers impact head on by running advertising campaigns (TV and print media) due to a lack of funding.

- c. Family and friends.

Having the support of family and friends cannot be underestimated. If a woman feels supported in her decision to breastfeed she is much more likely to succeed. If on the other hand a husband/partner, and to a lesser extent extended family and friends, do not actively support breastfeeding, the child is much more likely to end up on ABM as this is seen as the "easier" option by those people close to the mother.

Initiatives that are required urgently to promote breastfeeding include:

- o The Australian government needs to commence a comprehensive advertising campaign (TV, print media, radio, billboards, etc) to promote breastfeeding AND help dispel the myths perpetuated by the ABM manufacturers. Governments manage to do this to help reduce the rates of smoking and drink driving, so I see no reason why an ongoing campaign supporting breastfeeding cannot be conducted;
- o Major increase in funding to the ABA to:
 - a. Enable the breastfeeding help line to be a toll free (1800) call from anywhere in Australia;
 - b. Engage in establishing a more visible presence through advertising;

- c. Train more Breastfeeding Counsellors and Community Educators;
 - o Government funding to assist the ABA in running more Breastfeeding Education Classes, and a Medicare rebate for attending a class to be provided. It is vitally important that the father of the child (where possible) is encouraged to attend as well as the mother, as the father is often the main support a mother has, especially at 3am, and he needs to be able to provide practical breastfeeding support, rather than suggesting formula to “fix” the problem.
 - o All hospitals should be part of the “Baby Friendly Hospitals Initiative” which supports breastfeeding through staff training and implementation of best practices.
 - o More funding to local health services to allow for frequent home visits from Lactation consultants or breastfeeding-trained child health nurses in the early days to address any problems and encourage longer-term breastfeeding.
 - o Adopt the WHO growth standards nationally so that breastfed babies are seen as the “normal” standard, as opposed to the current formula based charts upon which many breastfed babies appear to be below the “target” weight for age.
 - o Breastfeeding Education Classes and Australian Breastfeeding Association membership should be tax deductible, as should breast pump purchase/hire;
 - o Paid maternity leave of 6 months minimum and unpaid leave of up to two years to allow for extended breastfeeding in line with the NH&MRC and World Health Organization recommendations.
 - o All health care workers who may encounter expectant or breastfeeding mothers (eg GP's, Paediatricians, child health nurses, midwives) should have a minimum level of breastfeeding education, which is regularly updated. They should also be encouraged to subscribe to the ABA's Lactation Resource Centre to receive current information on breastfeeding best practice.
 - o “Human milk banks” need to be set up in major hospitals (at least one per state) with all NICU staff given specialised training in how to support breastfeeding (and feeding expressed breast milk) for premature and ill infants. Breast pump hire should be provided at no charge for all mothers of infants in NICU as well as support from government funded Lactation Consultants;
 - o Workplace support for breastfeeding mothers should be encouraged and supported by the government (eg paid lactation breaks).

e. Examine the effectiveness of current measures to promote breastfeeding

To be honest, what current measures? Everyone says, “of course breast is best” but where's the real, practical, timely hands on approach that is needed to actively promote breastfeeding? My personal experience has shown that, unless I went out and actively sought out information on breastfeeding (primarily from the ABA), there wasn't anything readily available. Nothing was mentioned during appointments with my obstetrician other than an in-passing “oh, so you'll be breastfeeding?” and the midwives in hospital varied dramatically in their breastfeeding bedside manner with some resorting to the “baby's-head-in-one-hand, breast-in-the-other-hand, and bring-the-two-together-like-cymbals” methodology! It would have been so much more beneficial, as well as less stressful for both baby and myself if the staff had shown us baby-led attachment

It is also my understanding that ABM manufacturers sponsor a number of conferences for health professionals. This needs to stop immediately – no wonder health professionals are suggesting formula as “the solution” to a myriad of breastfeeding “problems” – they’ve been brainwashed into believing it’s as good as (or better than) breast milk!

In summary there are many benefits, both health and financial, to the baby, the mother and the wider community which will arise as a result of an increase in the breastfeeding rate. The Australian Government needs to make a commitment to normalising breastfeeding as it is still seen by many people as an “alternative” parenting “choice” rather than a child’s birthright.

Should you have any queries please feel free to contact me on the details provided.

Thank you for taking the time to consider my submission, and I look forward to a much more breastfeeding friendly experience when I have my next child.

Yours faithfully

Deborah Lewis