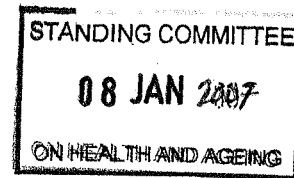


Nicolle Alexander



26TH December, 2006.

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

Dear Sir/Madam,

Please find following my submission to be considered by the Inquiry into Breastfeeding.

Responses to terms of reference:

a, c, e, and f.

Provide specific funding through NHMRC for both new research and systematic reviews of all physical, psychological and economic benefits of breastfeeding inclusive of budgets to publish summaries in mass media. See Appendices 2, 6 and 7

b. evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, indigenous and remote communities

Initial funding for baseline and updating research into a national register of breastfeeding initiation and exclusivity rates at 0, 3, 6, 18 and 36 months.

Introduce and enforce legislation to replace MAIF agreement and to follow the World Health Organisation's International code of marketing of breastmilk substitutes (WHO code) including bottles and teats. See Appendix 7

Legislation to include manufacture and sale of toys and lollies including or representing bottles and teats.

Include in this legislation the use of brand names for breast milk substitutes ie cannot advertise a toddler formula with the same brand name as a breast milk substitute and limit packaging to two colours with no photographs or graphics. See Appendix 7

Replace the use of the word "necessary" including mothers who choose to use breastmilk substitutes, State mother's who choose not to breastfeed.

Extreme suggestions-

- *Make formula only available on prescription from medical officers or lactation specialists.*
- *Limit manufacture of formula to one not for profit company ie remove approval for other products or place a large(95%) tax on profits drug companies make from manufacturing formula.*
- *Place bans on formula feeding in public places.*

d. initiatives to encourage breastfeeding

- ***Include lactation and parenting support antenatally and postnatally by lactation consultants, face to face and telephone, in the medicare schedule and approve medicare provider numbers to lactation consultants and child health specialists for these items only.***
- *increase length of paid maternity leave to allow for six months exclusive breastfeeding*
- *improve training and licensing requirements for child care centres in relation to use and storage of expressed breast milk and cup feeding – including requirements for links with lactation specialists*
- *mass media campaigns to normalise breastfeeding into the second year of life and beyond.*
- *Incorporation of breastfeeding education and demonstrations in high school curriculum in conjunction with support groups like Australian Breastfeeding Association See Appendix 3 and 4*
- *Increased funding for professional and peer support networks. See appendices 1 and 5*

Thank you for your consideration.

Yours faithfully,

Nicolle Alexander.