



Judy Gifford

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*Thank you for the opportunity to present a submission to the Government inquiry into the importance of breastfeeding. Though an active and long-term counsellor with the Australia Breastfeeding Association, these are my personal thoughts. There are many complex reasons why breastfeeding rates are low for women who do not access our services and we know that better funding is one solution. Many of our counsellors juggle their families, paid work and volunteer commitments or resign as counsellors because of economic pressures and their skills are then lost. Paid maternity leave or some sort of payment for breastfeeding women would be wonderful as far too many are forced to go back to work before they are ready. Such an initiative might relieve the pressure on childcare places.*

I will declare my interest from the outset, in that I have been actively involved since 1972 with the Australian Breastfeeding Association (ABA) formerly known as the Nursing Mothers' Association of Australia (NMAA).

These are some other issues, apart from payment to breastfeeding women and better funding of ABA that I personally feel ought to be addressed:

**1. The noticeable increase in advertising of artificial baby milks, aimed both at families and health professionals.**

When I had my 3 daughters in the early 1970s, women's magazines were full of advertisements for such milks and breastfeeding was damned with **faint praise**. Then came the major breakthrough in 1981 with Australia becoming a signatory to the international agreement on the Marketing of Breastmilk Substitutes. These advertisements disappeared. Despite the MAIF agreement, these advertisements have recurred and are becoming endemic. Because the 1981 agreement did not cover follow on milk or toddler milks (as they then did not exist) the manufacturers have been able to exploit this loophole. They claim, inter alia, with no scientific backing, to enhance a toddler's natural immunity - only breast milk can do that! It is also very common for conferences for health professionals (HPs) to be sponsored by the makers of artificial infant milks. It is pretty obvious why the companies do that - they know that an endorsement by a health professional is very powerful in convincing a mother to prematurely wean her baby.

*I call on the Government to look at ways to restrict this direct advertising- the long-term health benefits to the whole community is on a par with the benefits of not smoking.*

**2. The proliferation of so called 'experts' writing books aimed at parents with titles referring to baby taming, baby whispering, promises about contented babies, that**

have very restrictive, and totally unrealistic rules about when and, for how long, a baby should be breastfed and should sleep. The popular media uses these unqualified people (often men or childless women) to provide information that is not researched-based, thereby creating new myths about normal infant behaviour. *I am not too sure how this can be stopped but following the edicts in these books is a factor in women stopping breastfeeding*

3. The proliferation of classes about **settling techniques, sleep schools** and advocates of **controlled crying**, now more euphemistically referred to as **controlled comforting**. **Note the use of the word control**, here and in the books alluded to in Point 2. Parents are led to believe that the arrival of a baby will make no difference to their lifestyle and that if they follow this sort of advice, their baby will magically conform. When this does not happen, there is much distress for the parents, not to mention the baby. One can't help wondering about the link with postnatal depression. The Australian Association for Infant Mental Health Inc (AAIMHI) has grave concerns about this as studies show that controlled crying is not consistent with an infant's emotional needs and psychological health.
4. The settling and controlled crying edicts mentioned in 2 and 3 have **impact on breastfeeding** because the number and timing of breastfeeds is quite strictly regulated, thus reducing the amount of breastmilk a baby receives, which thus, in turn, reduces the amount of milk that the mother produces. The offering of another breastfeed may be exactly what is needed for the baby to settle and go to sleep. Too often the information about the number of breastfeeds a baby might need per day betrays a total misunderstanding of the reality of successfully breastfeeding. Breastmilk is rapidly digested, a young baby's stomach capacity is quite small and it is normal for a baby to need to be breastfed little and often. The amount and content of breastmilk varies within a feed and from feed to feed, but if a baby is offered the breast as needed, and it is not rationed in anyway, the baby will ensure his needs are met. In the early weeks, a baby needs to be close to his mother and fed little and often.
5. **Education for health professionals**. Many will admit that their education about breastfeeding was very limited in their training and that they learn it on the job, or as parents or from involvement with the Australian Breastfeeding Association. For over thirty years I have heard countless mothers complaining about the conflicting information they get from health professionals. Mothers can never get it right — their baby is either underweight or overweight and they too often feel criticised, needing to defend their parenting choices and having their confidence undermined. ABA counsellors, on the other hand take the time to praise, admire, reassure, educate gently and refer on to relevant health professionals, as necessary. *The Government has a role here in ensuring that breastfeeding is a compulsory part of the training of all health professionals who deal with parents of young children.*
6. **Concerns about guilt**. Education is one area that needs to be addressed as too often HPs pay lipservice to the importance of breastfeeding because of the concern about making bottle-feeding women guilty. It should not be a matter of guilt, rather of providing skilled help and educating women about the importance of breastfeeding to counteract the advertising of the inferior substitute. It is interesting to note

that in advertising campaigns about other areas of public health, nowhere is the question of guilt addressed, let alone even thought about — campaigns about the dangers of smoking, safe sex, use of seatbelts, excessive speed are classic examples. I see breastfeeding as just as important to health as not smoking, not to mention all the other health issues that the Government spends money on. Government campaigns should be developed showing why breastfeeding is important for the short-term and long-term health of the whole community. The savings to the health budget if all babies were breastfed even for 6 months, let alone 12 months and beyond are almost too large to quantify. *These Government-funded campaigns should not be aimed solely at mothers but at the whole community as nothing major will be achieved until Australia becomes a breastfeeding-friendly culture.*

7. **Mothers' groups.** NMAA/ABA have been running such groups for 43 years and they are successful because they are led by a breastfeeding counsellor who has breastfed at least one child herself and undergone an extensive training course and is well in-serviced. The mothers who attend have children of various ages and share their experiences, so a new mother can have insight into the reality of living with a breastfed baby and know that problems can be overcome. In contrast, the mothers groups that have been set up in many areas by various health departments are aimed at mothers of babies of very similar ages — while a good idea in theory — in practice, they are not very successful as far as breastfeeding is concerned. Once the health centre worker's job is done, they often end up being quite competitive with regard to the amount of sleep their baby gets, the beginning of solids and the like. Many women end up coming to ABA groups, saying they are the only ones still breastfeeding in their mothers' group and feel under a lot of pressure to wean. They just love our meetings where breastfeeding is the norm.
8. **Early discharge.** Women are routinely being discharged from hospital far too early with little or no follow-up. It is very common for ABA counsellors on the ABA Helpline to receive calls from mothers of babies less than a week old. These mothers find themselves at home alone, with engorgement, cracked nipples and all those sorts of things that a person skilled in breastfeeding management can quickly remedy in person. It is much harder to do so over the phone. However, we do provide that help, as well as a lot of educating over the phone. I was on the NSW helpline on Sunday afternoon and talked to a mother of a 5-day-old baby, convinced that her baby had diarrhoea. The baby did not have this — she described what is a normal breastfed motion. I had to reassure her over and over again that it was okay to breastfeed every 2 hours. I am sure she will continue breastfeeding. A simple basic question on a Sunday — the only ones available to reassure and help such mothers are volunteer ABA counsellors. *All counsellors can tell you such instances and we would all like to see the Government more realistically fund our activities so that we could free our energies from fundraising to have more time to help breastfeeding women.*
9. **Post-discharge follow up teams.** My dream would be that a paid peer counsellor, trained by the Australian Breastfeeding Association would be a respected and integral part of a skilled post-discharge team, all employed by the health system. This team would follow up women for at least the first 6 weeks, ensuring that the woman was well supported and then referred onto local support groups. *The cost to*

*implement this initiative would be offset by the savings to the health budget because breastfed babies are 5 times less likely to need the services of the medical profession for the common infant illnesses.*

10. **Breastfeeding culture.** Australia is not a breastfeeding culture. A mother needs to see breastfeeding in her extended family and friendship circles. The obvious place to find this culture is within the Australian Breastfeeding Association. We know that women who come to meetings when still pregnant and continue to attend after the birth of their baby, breastfeed more successfully and over a longer period. Many ABA second-generation women who were born in the 1970s and 1980s are now feeding their own babies and toddlers. I am very proud of the fact that my three daughters are all currently breastfeeding children over 2 years of age and that two of them are also themselves breastfeeding counsellors. **They have been exposed to mothers and babies and breastfeeding all their lives and that is why they are so committed and so successful.**

**Judy Gifford**

**Mother of 3, grandmother to 5 and a 6<sup>th</sup> due in April.**

**ABA Honorary member and still an active breastfeeding counsellor with 32 years' experience**