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

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INQUIRY INTO BREASTFEEDING

I have prepared this submission in the format of following the terms of reference. I have not included any references as this is intended as only a submission from the perspective of a mother, with personal experience and anecdotal evidence. I have included a brief summary at the start under each of the terms of reference.

a. the extent of the health benefits of breastfeeding

- Importance of people being aware of the health risks of artificial feeding in order to make a truly informed choice.
- Importance of changing perception of artificial feeding from equal alternative to one of being useful only as a last resort.

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

- Toddler milk advertising highlights a loophole in the Marketing in Australia of Infant Formula (MAIF) code.
- Australia should implement the full World Health Organisation (WHO) code.

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

- Breastfeeding important for bonding and mental health.

d. initiatives to encourage breastfeeding

- High rate of interventions in birth, including Cesarean section (CS) has a detrimental effect on breastfeeding.
- Importance of initiating breastfeeding soon after birth.
- More support and funding for the Australian Breastfeeding Association (ABA) needed.
- High exposure media campaign on breastfeeding needed.
- Visits to Lactation Consultants (LCs) should be subsidized.
- Milk banks for should be set up throughout Australia and funded for use with premature babies and be available for "one off" use.

e. examine the effectiveness of current measures to promote breastfeeding

- Breastfeeding is undermined by poor knowledge of Health Professionals stemming from poor training.
- Child and Youth Heath (C&YH) nurses should have completed a certified breastfeeding education course prior to appointment into the position and should receive ongoing training and support.
- Undergraduate nursing and medical students should receive compulsory breastfeeding education.
- Closer liaison between health professionals and with the ABA needed.
- WHO guidelines (to breastfeed exclusively for at least 6 months then some breastmilk for up to 2 years or more) need to be promoted more.

f. the impact of breastfeeding on the long term sustainability of Australia's health system."

- Artificial feeding increases the incidence or severity of a wide range of acute and chronic diseases both in infancy and in later life.
- Breastfeeding decreases the incidence of cancer in a woman who has breastfed.
- Significant cost savings to the government and the community would be achieved if breastfeeding rates were increased.

a. the extent of the health benefits of breastfeeding

I will not include here a detailed description of the health, social and emotional implications of breastfeeding or artificially feeding as I am sure submissions from health professionals will cover these, and there is a significant amount of literature and many studies to support the superiority of breastfeeding.

I'd like to point out though, that if breastfeeding is viewed as the biological norm, language should be changed to acknowledge that it is health risks of artificial feeding, not benefits of breastfeeding. I understand why people talk in terms of benefits rather than risks- not to alienate or upset mothers who use artificial baby milk (ABM), however, historically, glossing over the risks or something and focusing on the benefits of something else has been proven not to work. Interestingly, in the QUIT campaigns of past decades, they tried to promote the benefits of not smoking in television advertisements- this was proven not to reduce the numbers of smokers, and gradually the advertisements changed to the scare campaigns we see today, which have proved to be quite successful. I am not suggesting that a breastfeeding campaign be modeled on a QUIT campaign (this has recently been attempted in the USA, and there has been quite an uproar among mothers, time will tell whether it has been successful in increasing breastfeeding rates though), only that if families do not know of the risks of artificially feeding, it is seen as an almost equal alternative along the lines of should we paint the baby's room yellow or green? Should we formula feed or breastfeed? If people do not know of the risks of something, they are unable to make an informed choice.

It is not enough to educate mothers, or even fathers of young infants, which is what is being attempted at the moment. A concerted society wide media campaign is needed, as friends and grandparents also exert significant influence on breastfeeding mothers. There is a need to change the perception of ABM from that of being an equal alternative to one in which it is seen as an alternative only in emergencies. Artificial feeding should only be considered after other avenues according to the World Health Organisation, such as giving the mother's expressed breastmilk, being breastfed by another mother or giving donated breastmilk, have been explored.

People need to be aware of the importance of exclusive breastfeeding for 6 months. There seems to be a culture recently where it is acceptable, even preferable to "give the baby a bottle of formula at night to get it to sleep better." I hear of pregnant women talk of their intention to do this before their baby is even born. Any introduction of artificial milk, or other foods, introduces foreign proteins into a baby's immature digestive system, and can have negative effects on their health. The vast majority of mothers seem to be unaware of this.

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

I see toddler milk advertising on a daily basis, in print media, television and on the internet. This is packaged in containers extremely similar to infant formula, and is a very sneaky way of getting around the Marketing in Australia of Infant Formula (MAIF) guidelines to promote infant formulas. This loophole weakens the already watered down MAIF further, and supports the argument that the MAIF is outdated, and needs to be replaced. I have even experienced direct marketing, where an advertisement for S-26 Toddler Gold formula was sent to my email address, offering me a free sample. This had a direct link to the Wyeth nutrition site which had information about infant formulas on it. The marketing is, I believe, very effective. It preys upon mothers fears- I am depriving my child of something he needs. If I were not breastfeeding, I would feel pressure to give my 2 year old toddler formula, as he is a 'picky' eater. The formula companies always state that breastfeeding is best for infants (as they are legally required to do), but never mention the possibility of breastfeeding past the age of one. I believe this should be compulsory, and the WHO guidelines- to exclusively breastfeed to 6 months and then provide some breastmilk to the age of 2 or beyond- be printed on formula cans. I also think that the risks of formula feeding should have to be printed on the can, as they are currently on cigarette packets.

The Australian government should implement the full WHO code rather than the watered down MAIF, and make it compulsory. I have heard that there is difficulty implementing the WHO code for marketing breastmilk substitutes because of free trade laws? Again, if artificial feeding is likened to smoking, I am sure there was an uproar from the tobacco companies when smoking advertising was banned and their sale restricted, and I am sure some legislation needed to be enacted to get around this, but public health was put first. Artificial feeding in certain situations saves lives, but the unnecessary use of it as a lifestyle choice causes the direct and indirect deaths and serious illnesses of many infants every year.

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

I am sure that the physical benefits of breastfeeding will be covered by more qualified health professionals than me. It is also briefly mentioned in section f. Breastfeeding also has implications for maternal- child bonding and mental health both in infancy and later in life. Studies have shown that mothers who are artificially feeding spend significantly less time holding and physically interacting with their baby, which is important for bonding

d. initiatives to encourage breastfeeding;

The high rate of intervention in births and cesarean (CS) births interfere with establishing breastfeeding. In my experience after my son was born by CS, I had some difficulties establishing breastfeeding, my son's blood sugar levels dropped, and he only narrowly avoided being given supplemental formula, which would have introduced foreign proteins to his digestive system before it was able to cope with them. Many mothers experience a delay in their milk 'coming in' which results in the need for artificial supplements and has a detrimental effect on the establishment of breastfeeding. Research has shown that breastfeeding is more successful when a baby has his or her first breastfeed within 30 minutes of birth, preferably immediately. While not impossible this is difficult, and happens only occasionally after a cesarean birth. When I had my son, I knew this, and before my emergency cesarean I specifically asked to be able to breastfeed immediately. Despite this, however, and despite asking while in theatre I was not allowed to breastfeed until in recovery- over an hour later. My son was also taken away from me for ½ hour soon after birth to be cleaned and weighed before his first breastfeed, routine in many hospitals, but detrimental to establishing a good breastfeeding relationship. The reduction of unnecessary cesarean births, in conjunction with other measures, would result in a higher rate of exclusive breastfeeding. Midwifery led birthing practices, which result in a much lower intervention rate and cesarean rate should be promoted as the norm for low risk births. Both midwives and obstetricians should be more aware of the importance of early breastfeeding, and allow this to happen in both natural and CS births wherever possible.

More support for the Australian Breastfeeding Association (ABA) is needed. I attended an antenatal breastfeeding education class, the best parenting move I ever made. The association is supportive and its information is up to date and consistent. I am currently training to become a Counsellor with the ABA.

ABA funding is currently $100,000 a year- this is a very small amount for such a large and influential organisation. The government needs to promise at least 1 million a year, plus a joint ABA/ government advertising campaign should be launched, with high exposure on television, radio, internet and print media.

The government should provide funding to ABA for:

- every first time mother to attend an ABA run Breastfeeding Education Class. This includes a year's subscription to the ABA. Research has shown that members of ABA are much more likely to breastfeed for longer. Failing this, membership should be made tax deductible/ subsidized by the government.
- funding to help ABA expand and develop its health professional education and to develop online education for health professionals.
- funding for the ongoing education of Counsellors and Community Educators who currently spend a lot of time fundraising instead of counselling and educating.
- funding so that ABA can have a toll free national number that diverts calls directly to a counsellor's home. Currently mothers have to call a different number in each state which gives the home telephone numbers for the counselors on the roster for that day. This means that mothers have to call two numbers- and for mothers in remote areas that means that they are making two long distance calls. This disadvantages women from low socio-economic areas and women in rural communities. Even for women in metropolitan areas the system is not ideal- recently, when I made a call to the SA/NT branch number for assistance with a query about mastitis, the counselor on duty was in Darwin, so I had to call, and pay for a long distance call if I wanted help.

Visits to lactation consultants should be subsidized and be able to be claimed on Medicare.

Milk banks should be set up and funded for use with premature babies. Providing breastmilk to premature infants, often whose mothers do not produce any or enough milk, greatly reduces the incidence of necrotizing enterocolitis which cost a hospital thousands of dollars per admission. They should also be available for one off use, for example for when milk is 'slow to come in', which is common after induced and cesarean births, and baby needs a one off bottle feed as mentioned before, even one bottle of ABM can damage a babies gut.

e. examine the effectiveness of current measures to promote breastfeeding

I have included in this point of reference ways in which breastfeeding is discouraged. This is undermined by poor knowledge stemming from poor training.

Health professionals need to be kept updated with the latest breastfeeding information. C&YH nurses vary a lot in their knowledge- they should have to have a qualification in breastfeeding education (such as a certificate IV in breastfeeding counselling soon to be run by the ABA), or be lactation consultants before being appointed, and have ongoing education. Feeding a child, whether breastfeeding or artificial feeding is one of the most important, and time consuming aspects of parenting. C&YH nurses have a huge amount of influence on mothers in relation to this. Both my experiences and that of my friends and many acquaintances have been extremely varied- some C&YH nurses are extremely supportive of breastfeeding, while others encourage weaning at the first sign of trouble. I had an excellent C&YH nurse for my parenting education classes (who was also a lactation consultant), however I had a friend who was told during her parenting education classes to breastfeed to a schedule, delay feeds by letting the baby cry, introduce solids at 4 months and have the baby eating 3 meals a day within a few weeks of introducing solids- all of this advice would lead to a decrease in supply if followed, which would probably ultimately lead to supplementation with artificial baby milk and premature weaning.

Doctors, both specialists and general practitioners also vary in their knowledge, and require ongoing breastfeeding education. I had the head paediatrician at one of the largest hospitals in South Australia tell me that I could start my son on solids at 5 months- even though my son has eczema and was being investigated for asthma, and has a strong family history of both. The WHO recommendation is for exclusive breastfeeding for at least 6 months- meaning that solids should be introduced any time after 6 months, not before. Furthermore, introducing solids after 6 months is recommended as being particularly important for babies with a family history of eczema, asthma and allergies, as it can reduce the incidence and severity of these conditions.

There should be closer liaison between health professionals and between health professionals and ABA- so people are referred to ABA for general breastfeeding problems and support and to a lactation consultant for medically related breastfeeding problems. As mentioned before, many Child and Youth Health nurses need more education on breastfeeding. I am disappointed with the level of knowledge of general nurses and doctors which I have seen first hand through undertaking a nursing clinical placement in an emergency department of a large, breastfeeding friendly accredited hospital. Health professionals other than lactation consultants and paediatricians still have a lot of contact with breastfeeding mothers- especially for GPs and those working in paediatric emergency and general paediatric practice.

In my own experience, as a 3rd nursing student, we have had extremely limited breastfeeding education, only a brief mention that artificial feeding increases the risk of otitis media. I am reserving my judgment about the full course until I have completed my training at the end of this year, however judging by what I have seen in hospitals, the general standard of training for nurses

is not very extensive. There is, however, a strong focus on primary and preventative health care in my university course. I think breastfeeding would fit in well with this, considering the increased rate of morbidity and mortality associated with not breastfeeding. Breastfeeding education should be made compulsory for undergraduate nurses and doctors. The people running the breastfeeding education should be qualified lactation consultants or breastfeeding counsellors. As medical professionals primarily deal with illness and injury, and how to prevent and treat it, the breastfeeding knowledge is often how to deal with breastfeeding problems such as mastitis. They should, however, also be trained in the basics of breastfeeding such as how the breasts make milk and how to recognize low supply and naturally increase it. This is something that could prevent many mothers from prematurely weaning due to poor advice. For example, I have heard of both GPs and C&YH nurses advising women to "wait a few hours so their breasts fill up" when mothers have low supply, whereas this has the opposite effect and reduces supply further.

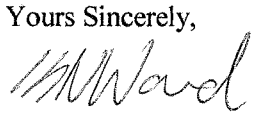
World Health Organisation guidelines (to breastfeed exclusively for at least 6 months then some breastmilk for up to 2 years or more) need to be promoted more. I only learnt this at Child and Youth Health classes- which were run by a qualified lactation consultant. From reading the popular baby care books, the general consensus seems to be to stop breastfeeding at one year. Because of this, there is an expectation to wean before or at the first birthday, and breastfeeding mothers come under a lot of pressure from friends and family to wean. If two years is the expected norm, then more people are likely to breastfeed for longer, even if perhaps not for two years. In my personal experience, I was quite well supported in regards to breastfeeding when my son was younger, but as he approached one year, and increasingly since, I have experienced pressure to wean from my friends, my family, including my mother, brother and sister in law, and, more recently, my partner. I have endured comments such as "breastfeeding a toddler is disgusting, sick and wrong", "It makes me sick", "How can you do that" and "You will turn him gay." I believe these kinds of attitudes stem from a normalization of formula feeding, ignorance of the importance of breastfeeding, and premature weaning in Australian society.

f. the impact of breastfeeding on the long term sustainability of Australia's health system."

Artificial feeding increases the incidence or severity of a wide range of infectious diseases including diarrhoea, respiratory tract infections, otitis media, bacterial meningitis and necrotizing enterocolitis. It also increases the risk of SIDS, type 2 diabetes, obesity, high cholesterol and asthma later in life. Breastfeeding also reduces the incidence of breast cancer and ovarian cancer in a woman who has breastfed, with the protective benefits increasing with longer duration of breastfeeding. An increase in the rate of breastfeeding would reduce the burden on acute care settings such as hospitals, and lead to a decrease in hospital admissions and a cost saving to the government and community. Increasing breastfeeding rates would also lead to decreased absenteeism of parents at work because breastfed infants are hospitalized less than artificially fed ones.

I welcome this inquiry. Australia has the opportunity to become a world leader in breastfeeding promotion and increase breastfeeding rates significantly. I hope the government doesn't choose not to act and allow rates of diabetes, obesity and deaths continue to rise because of our sadly low breastfeeding rate.

Yours Sincerely,



Kathryn Ward