



## Gippsland Women's Health Service Inc

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Reg. No. A0024460W

The Secretary  
Standing Committee on Health & Ageing  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam

### Re: Parliamentary Inquiry into Breastfeeding

On behalf of Gippsland Women's Health Service, I hereby submit the following information for consideration by the Committee regarding the Parliamentary Inquiry into Breastfeeding.

Addressing Terms of Reference:

a **The extent of the health benefits of breastfeeding:**

These have been well documented as included in the International Baby-Food Action Network (IBFAN) and World Health Organisation (WHO) websites as well as that of Australia's National Health and Medical Research Council. However it is worth remembering that breastfeeding confers proven advantages to mother and baby and the environment.

As part of looking after the environment, no resources other than a mother and her need for an extra 500 calories daily, are required for breastfeeding to occur. Bottle feeding incurs an environmental debt in relation to production of formula itself from cow's milk, containers for the formula, bottles, teats, sterilizing agents, water for formula and for sterilizing, heating agents to name only a few. There are also costs related to the mother such as contraceptive and menstrual products for the bottle feeding woman who generally menstruates earlier following parturition, than her fully breastfeeding counterpart.

Of special note in today's world are health benefits as they relate to obesity and diabetes and osteoporosis.

- Breastfed (BF) babies are less likely to develop diabetes - the risk is double for Artificially Fed (AF) infants. Women with type 1 diabetes who breastfeed need much less insulin while feeding as their bodies work efficiently at this time.
- Breastfed babies have a reduced risk of childhood and adult obesity.
- Breastfeeding mothers lose weight more easily after parturition.
- Women who breastfeed have a much reduced risk of hip fracture after 65.

**b The impact of marketing of breast-milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities:**

This is also well documented, for example the WHO's International Code of Marketing of Breast Milk Substitutes to which Australia is a signatory states, *'What makes a woman believe that she cannot breastfeed her baby is the constant undermining of her confidence by advertising.'* Gill Wilcox UNICEF UK

- As with tobacco, formula should not be allowed to be advertised for any reason.
- Formula should not be promoted as an equal alternative to breast-milk.
- Given the high infant mortality rate for aboriginal infants and the health benefits of breast feeding, the government could consider making formula available only on prescription - though not at a subsidised rate.

**c The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding:**

Again, both short and long term benefits of breastfeeding have been known, published and validated for many years. Given this society's current obesity and diabetes issues affecting adults and children, this alone justifies real support and advocacy of breastfeeding for the first 6 months of life as recommended by the WHO in their report from 2001 *"The optimal duration of exclusive breastfeeding. Report of an expert consultation."*

**d Initiatives to encourage Breastfeeding:**

If we look at Norway, which has one of the highest breastfeeding rates in the world, we could adopt their strategies, rather than re-invent the wheel. The major advances to support breastfeeding must include paid maternity leave for 12 months –

*"Breastfeeding rates in Norway are among the best in the world. This relates to the strong community support for breastfeeding mothers. Current maternity leave is for one year at 80% of pay or 46 weeks at full pay. Mothers who work and breastfeed are entitled to a two-hour break every day. Since 1970 the Norwegian Government has supported the right of a mother to breastfeed her baby and has encouraged mothers to breastfeed. Only two companies market infant formulas and they comply with the voluntary agreement by not promoting their products. Furthermore, the Norwegian Health Service is not flooded with promotional materials from formula companies; all mothers are aware of the benefits of breastfeeding and have access to support groups."*

<http://www.breastfeeding.asn.au/advocacy/who.html>

As Australia is a signatory to the WHO code, adoption of "The Ten Steps to Successful Breastfeeding" should be mandatory for all providers of maternity services.

Maternal and child health nurses must be qualified lactation consultants as part of their accreditation/registration. Those who aren't should be required to update their skills (financially and time assisted to undertake this professional development) to achieve the internationally recognised qualification of IBCLC or International Board Certified Lactation Consultant.

e **Examine the effectiveness of current measures to promote breastfeeding:**

Australia could look at and implement strategies adopted by countries like Norway that have proven high breastfeeding rates. Research by WHO and UNICEF clearly state what is required to support successful breastfeeding, ergo we know what doesn't work. Breast feeding statistics in Australia are known - on average around 50% at 3 months, down to around 25-30% at 6 months.

f **The impact of breastfeeding on the long term sustainability of Australia's health system:**

As breast feeding confers short and long-term, lifelong benefits to the mother and baby, it provides a positive beneficial impact on Australia's health system by reducing acute and chronic illness and so reducing health care costs.

For mothers, it significantly reduces breast and ovarian cancer risks and osteoporosis, all of which have significant health costs. It also helps with child spacing if the mother fully breastfeeds and so reduces contraceptive costs as well as anaemia – the most common medical illness of young women in Australia behind asthma. (IBFAN)  
[www.ibfan.org/site2005/Pages/article.php?art\\_id=83&iui=1](http://www.ibfan.org/site2005/Pages/article.php?art_id=83&iui=1)

For the child, health benefits include reductions in: cancer risk, diabetes risk, diarrhoea (gastro-intestinal infections), Sudden Infant Death Syndrome, Urinary tract infections, ear infections, malocclusions, dental caries, acute respiratory infections and multiple sclerosis. It promotes better vision and optimal intellectual development. (IBFAN)  
[www.ibfan.org/site2005/Pages/article.php?art\\_id=82&iui=1](http://www.ibfan.org/site2005/Pages/article.php?art_id=82&iui=1).

The cost to the environment of formula is also high in production, packaging and delivering of formula and its attendant requirements of sterilising agents, heating agents, bottles, teats, pacifiers, and water either bottled or tap.

Thank you for your consideration of this material as part of the parliamentary inquiry into breastfeeding. If you would like to discuss any aspect of this submission, please contact Alma Ries, GWHS Community Health Nurse, on (03) 5143 1600

Yours sincerely



Diane Wilkinson  
Executive Officer