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I wish to address the marketing of breastmilk substitutes and the effectiveness of current measures to promote breastfeeding.

The health benefits of breastfeeding are freely available in published professional and scientific literature, and the impact on the health of Australians and the Health system should be able to be extrapolated from that information.

As the mother of three breastfed children, I am appalled at the lack of information available about the dangers of feeding babies artificial breastmilk substitutes. In fact, artificial breastmilk substitutes (abm) are being freely advertised in a variety of means. The MAIF agreement is not widely known in Australia, even among the breastfeeding fraternity. It has watered down the spirit of the WHO code on the marketing of infant milk substitutes. For example, WHO code, Articles 5.1 and 5.3 stated that there should be no advertising or promotion to the general public of artificial breastmilk substitutes or milk feeding products. The exclusion of retailers from the MAIF agreement, makes the advertising, promoting, and special displays acceptable in Australia. The abm manufacturers find "backdoor" means to advertise their products and stay within the agreement. For example, on TV and in print media, we are being bombarded with advertisements for *toddler* formula. The brand recognition then extends to their *infant* formula which is similarly packaged, usually just changing a number on the can. In another advertisement, baby bottles and teats are packaged with a manual breastpump as a "breastmilk feeding set". (Funny, I thought that what was I had on *my* chest). Having talked to some mothers about the MAIF agreement, we have copied it and have distributed this to supermarkets and pharmacies in our area, when we see a potential breach. In every case, the retailers have been polite and interested in the material provided and have changed the display. However, many pharmacies have never heard of the MAIF agreement, and could therefore be breaching the agreement, every time an

assistant and not the pharmacist gives advice on abm or demonstrates artificial feeding. I have never found any material available at the display on the risks of artificial feeding (MAIF clause 4(a) and 4 (b)). However I realise that this may not change attitudes to artificial feeding. After all in Florida, USA in the aftermath of Hurricane Katrina, babies were being discharged from hospital with abm, even though health professionals knew that obtaining abm supplies was going to be difficult and that there was no access to fresh water and limited access to power. In their minds, it was the mothers' choice. A choice that is entrenched by 2 generations where the accepted norm was bottle feeding substitutes from cows milk.

The promotion of breastfeeding cannot be successful with an advertising campaign alone. It takes a shift in the health care system. The health care system in Australia should be commended in encouraging all mothers to breastfeed after birth, and our initiation rates are quite good. Midwives and lactation consultants in hospitals do a great job. The evidence of the failures in the system is to be found where the breastfeeding rates drop off. Many mothers are discharged in NSW on day 4, when their milk is just coming in. The visit by the community nurse or midwife does not often coincide with a breastfeed. Volunteer Australian Breastfeeding Association counsellors may work full time (especially in Sydney, where house prices and mortgages force mothers back to work) and are unable to observe a feed, although they can still counsel by telephone and email. It is these mothers who need more support.

In the community, early childhood centres monitor the health and well being of babies in NSW. Among other checks like hearing, vision, genitals, hips, length, head circumference, child developmental milestones, immunisation, child safety, post natal depression, etc the nurses are asked to be experts in breastfeeding. There is little consistency in their approach or the information they disseminate. GPs spend only a couple of hours in their training on breastfeeding. Grandmothers, and Aunts, who in a traditional society would be able to support the mother, may not have had a successful breastfeeding relationship, or may have breastfed in the era of timed feeds. Many breastfeeding parents then have very little breastfeeding support to rely on, and very little exposure to the active promotion and support of breastfeeding. A referral to trained lactation consultants should be available. In our area, there are very few IBCLs or LCs endorsed by the ALCA. These should be funded through medicare and be available to *all* breastfeeding mothers, regardless of the age of the baby, upon referral by a health care professional. Training of GPs and community nurses in the promotion and supporting of breastfeeding should also be a priority in the health care system. This includes respecting the rights of all babies to be breastfed, a good knowledge about what is normal for a human breastfed baby (including new weight charts), being able to reassure parents and referral to appropriate support, such as the Australian Breastfeeding Association, PND support and lactation consultants. There is little recognition among GPs and ECC nurses for the benefits of breastfeeding throughout a baby's second year, and tacit acceptance of 2 and 3 year olds sucking on dummies and bottles, yet surprise that children of the same age would still breastfeed. This *must* change to successfully promote breastfeeding in Australia.

Yours sincerely

Penny Gill