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Standing Committee on Health and Ageing
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Submission to the Inquiry into the health benefits of breastfeeding

I am a mother of one, an active volunteer in the community, and I also work in the field of mental health. I view breastfeeding as undervalued in our society, despite the health messages that are promoted via health professionals. In this submission to the Inquiry, I would like to address some of the terms of reference by exploring the following areas:

- Health benefits and how these are currently promoted
- The issue of confidence in mothers, and how this affects breastfeeding rates
- The impact of marketing breast milk substitutes
- The importance of community support and acceptance
- Recommendations for improvement in promotion, support, and sustainability of breastfeeding.

Health benefits and the promotion of breastfeeding

The health benefits of breastfeeding have been widely acknowledged and publicised, yet research is discovering more of the vital qualities of breast milk every day. Just the lower rates of diarrhoea and ear infections in young babies is a huge benefit and monetary saving for the health care system, let alone the combined effects and long-term outcomes of lowered rates of obesity, diabetes, heart disease and other chronic conditions. Breastfeeding has been shown to have important benefits to the mothers' health, too, with lowered rates of breast and ovarian cancer, osteoporosis and diabetes in breastfeeding mothers, well beyond their breastfeeding years.

Australia is doing some world-leading research into the benefits of breastfeeding, including the effects on dental health, premature babies, and mental health. A recent longitudinal study from Western Australia showed that children who were breastfed for less than six months, when compared to children who were breastfed to six months and beyond had a 61% increased risk of mental health problems at six years of age. This is a crucial societal and health benefit when you consider that depression is likely to become the number one burden of disease in Australia in the next ten years. In fact, if we consider the higher-rating conditions for burden of

disease – heart disease, mental health issues, diabetes, cancers – then breastfeeding can be seen to have a positive impact on many of these conditions. Even a small reduction in any of these would have a huge overall benefit for the Australian health care system; the impact of the majority of babies being exclusively breastfed for six months and continued breastfeeding to two years and beyond would be the most effective and beneficial health improvement exercise that the government could ever implement.

Current health promotion activities are rather hit-and-miss. There are a number of very good initiatives out there, but there is a lack of consistency across health care providers and government institutions in the messages being portrayed. The Baby Friendly Hospital initiative is an important step to having consistent messages in maternity hospitals. The Dietary Guidelines for Australia are a good example of giving breastfeeding equal prominence to other nutrition messages; their brochures and information all contain the message to "Encourage and support breastfeeding", even in the adult guidelines. Queensland Health has run a promotion campaign in conjunction with the Australian Breastfeeding Association, with promotional posters and bus shelter signs featuring the benefits of breastfeeding for the first year. However, this campaign was short-lived and had minimal impact – many people I spoke to didn't see the posters. Real promotion requires funding to run national campaigns along the lines of the "Go for 2 and 5" nutrition campaigns, as well as portrayal of breastfeeding in popular media and news. The current affairs portrayals of the 'controversial' mothers who feed their toddlers often cause more harm than good – rather than making breastfeeding acceptable, these stories have portrayed longer breastfeeding as 'freakish' and disgusting. Breastfeeding is still seen as 'best', but not 'normal', and this is the issue that needs to be addressed through increased promotion.

The issue of confidence – why mothers stop breastfeeding

In my experience, when a pregnant lady is asked if she will breastfeed (and this is a common question), she will often reply "I'm going to try". It's almost a concession, that they know it's best, but it probably won't work out. Through a range of factors, mothers lack confidence in their ability to breastfeed, or even if they are confident when they start out, quickly give up if difficulties arise. These factors include:

- the medicalisation of pregnancy and birth;
- lack of information;
- lack of support from family, friends, institutions and society;
- the marketing of artificial baby milk

The following anecdotes from my experience with friends illustrate some of these factors.

The medical system during birth and postnatal care

Birth can be very stressful, and many mothers feel powerless in the medical hospital environment – they no longer have control over their bodies, and are made reliant upon the various, inconsistent and confusing advice from well-meaning

health professionals. My experience was of different messages from different shifts of midwives, with little actual training in proper attachment technique that I could achieve myself. The result – severe cracked nipples, mastitis, and a lot of pain and anguish. One mother I know described the pressure she was put under to express milk for her baby when she couldn't attach him properly following caesarean delivery; the conflicting and sometimes demeaning or impatient advice she received from health professionals in hospital; and the pain she endured when an inexperienced midwife was sent to hand express her breasts for her. The ongoing support wasn't offered on leaving hospital, so both her children were fed artificial baby milk – the first soon after leaving hospital, the second before she left, because it was 'too hard'. When a woman feels so powerless and vulnerable, it is not surprising that she loses confidence in her body and her baby to work together. This mother, three years later, was still quite upset that she didn't get a real opportunity to experience breastfeeding.

Hospital stays are brief – most mothers are leaving hospital just as their milk is coming in, when many of the issues with attachment become prominent. Information on community support is not made apparent. I accessed a lactation consultant because a friend of mine had done so, and I made a special note of a phone number from a poster. When I asked the midwives for information on lactation consultants, I received a dismissive response, and wasn't given the information or details of other community supports for breastfeeding.

The advice received from postnatal care and development follow-up by child health clinics and General Practitioners can make or break a breastfeeding relationship. Inconsistent, incorrect and critical advice is common. Knowledge and skills to support breastfeeding needs to be promoted in health care beyond the maternity hospital for long-term breastfeeding to occur.

"My milk just dried up"

A friend of mine who still misses breastfeeding felt that she had "dried up" when her baby was 7 months old. In the preceding month, she had returned to full-time work (and wasn't expressing), had been sick, her baby had been sick, and she had been feeding less often. Prior to that, they had a great breastfeeding relationship, with minimal problems. If she had had the information that she could build her milk supply up again through more frequent feeding, she may have been able to continue for much longer. The fear of milk just 'drying up' is often expressed by mothers lacking information in this area.

Pressure from family and friends

When there are problems, mothers are often pressured into using artificial baby milk because it's 'easier' (though many breastfeeding mothers would argue that breastfeeding, once established, is far easier and more efficient). A mother I know was pressured into giving artificial baby milk to her baby from family and friends, despite having a husband who's a doctor and who supported breastfeeding. Her mother expressed ideas such as "formula fed babies are healthier and fatter". There

is still a lot of pressure on mothers to have 'big' babies, and a lot of guilt and stress from 'inadequate' weight gains, despite the current information on obesity and the link to artificial baby milk. The continued use of growth charts based on formula-fed babies means this message is often reinforced through child health clinics and health professionals. A friend who used to be a midwife (in the 60s and 70s) felt compelled to advise this mum to give the baby formula after one week because he was losing weight, "she was starving him"; babies usually lose weight in the first week after birth, then pick it up again. Dated and inaccurate advice still abounds, and mothers want to do what's best for their babies, so are vulnerable to these messages.

Complementary feeding at this early stage sets the scene for dependence on artificial baby milk and decreased breastfeeding, as the baby needs maximum access to the breast to stimulate milk production, and the baby may get used to bottle feeding and lose the ability to suck at the breast properly. Formula also immediately changes the baby's gut flora, making them susceptible to infections and digestive problems. Many mothers are not aware of these risks. This baby, despite his mother's best efforts to express breastmilk for him in addition to the formula he was fed, now has a huge range of food allergies (dairy, wheat, eggs, tree nuts, fish) that continues to cause difficulties and anxiety for his family, as well as an additional burden on the healthcare system. While this baby may have always been likely to develop allergies, one can't help thinking what difference being fully breastfed for the first six months would have made, if this mother had had the appropriate support.

Lack of institutional support – the case of work

I have heard numerous mothers saying that they had breastfed to three months, or would only breastfeed to three or six months before returning to work, because 'that's enough', 'I can't – I'll be working full time', 'I wouldn't want to express at work – where would I do that?', or even 'they'd only give him formula at childcare anyway'. Our workplace and institutional structures do not often support or promote breastfeeding, and may actually discourage it through ignorance, or inadvertent means. If a mother only has three months of paid maternity leave, and is expected to, needs to, or wants to return at this time, then there is often the assumption that this will be when breastfeeding stops, because the mother won't be providing full-time care. Despite anti-discrimination legislation, many mothers don't have a clean and comfortable place at work to express milk, don't know about or can't access breaks to express or feed, or can't bring their baby to the workplace or leave the workplace to feed. If a mother is confident and assertive, she may make suitable arrangements, but there is no advocacy or support in the workplace for mothers who don't have the confidence to do this.

The Breastfeeding Friendly Workplace accreditation by the Australian Breastfeeding Association is an important initiative that can give some visibility and promotion to the workplace support of breastfeeding. However, this initiative isn't widely known or recognised by employers at present.

Marketing of breast milk substitutes

Another way in which mothers' confidence in breastfeeding is undermined is through the insidious and cunning ways in which artificial breast milk companies market their products. The key issues about marketing is that it makes artificial breast milk sound like an equal to breast milk, it makes it seem like an 'easy' substitute for mothers who are having difficulties, and it doesn't inform parents about the risks of formula feeding in terms of their child's health. The Marketing of Artificial Infant Formula (MAIF) agreement in Australia has attempted to limit and monitor destructive marketing; however, it is really a poor substitute to the WHO code for marketing breast milk substitutes. The MAIF agreement doesn't include 'toddler' formulas, so these are aggressively marketed. This still fosters an impression that artificial baby milks are just as good as breast milk, and that there's no need to breastfeed beyond 12 months. These products have been given as free samples at my child's playgroup, at baby expos I've attended, and advertisements include phone numbers to receive free samples. Pharmacies have brochures produced by formula companies that 'inform' mothers about baby nutrition, and compare their products to breast milk in a way that makes them sound like an equal or similar product. Formula advertisements are often prominent in supermarket catalogues and supermarket displays. All of these activities are expressly banned under the WHO Code, yet the MAIF agreement does not even report complaints on these issues as they do not feature in the agreement. A proactive approach to promoting breastfeeding means a firm approach to containing the impact of marketing of formula.

The products that go with formula feeding are also a problem. Bottles, feeding and sterilising equipment are advertised as "baby must-haves". Pregnant women often buy these along with the cot, the nappies, etc – then they have them there, 'just in case'. There are so many psychological studies showing that the accessibility and availability of items means that people are more likely to use them – be they snack foods, alcohol, or bottle-feeding formula.

There are times when breast milk substitutes are required, and formula should be available for these times; but currently formula feeding is seen as a 'choice', rather than something that will provide adequate nutrition when the ideal cannot be accessed for whatever reasons. Other healthier substitutes, such as breast milk banks, are just being re-established after the concerns of HIV in the 1980s. These initiatives need to be strongly supported.

Supports in the community

Support and education in the community needs to be easily accessible to all mothers for breastfeeding to be sustainable. The expectations of breastfeeding and the reality are often quite different, and from my experience, having a supportive, encouraging network of people is crucial. I was fortunate to have very supportive

family; however this didn't prevent me developing problems. I paid for a lactation consultant to come to my home twice, which helped quite a bit, but I continued to have problems. I had private health insurance at the time – many women can't afford to have this service. Lactation consultants perform a really important role, yet many women aren't aware of them, or cannot access them.

I got in touch with the Australian Breastfeeding Association (ABA), and this became such an important support, as I was given up-to-date information and suggestions to get me through severely cracked nipples, blocked milk ducts, and five bouts of mastitis. The ABA is run by mothers, for mothers, with volunteer trained counsellors who provide phone and face-to-face counselling. The Breastfeeding Helpline, the ABA booklets, website, and the group meetings were my main means of getting information on breastfeeding. I found that being equipped with the information and support I had through ABA meant that I could handle inappropriate advice from family, friends and strangers, could advocate for myself to health professionals, and could plan my return to work with few issues. The group meetings also provide an important 'real' support network of mothers, where you can sit and feel that breastfeeding is normal. The community feel of the ABA means mothers, even those who do not breastfeed or no longer breastfeed, can feel part of something – the social and psychological impact of this organisation cannot be underestimated. This sense of community and acceptance is what is required across our society for breastfeeding to be maximally implemented, but starting with the established group of the ABA and expanding this can be a great starting point. Government support and alignment with the ABA will give it more credibility and visibility in the community.

Recommendations

I propose the following recommendations to promote, support and sustain breastfeeding in Australia:

- Fully adopt and implement the WHO code for marketing breastmilk substitutes.
- Adopt the WHO growth charts, based on breastfed babies, as standard across all health facilities.
- Increase government funding and support for the Australian Breastfeeding Association.
- Continue and promote the Baby Friendly Hospital Initiative.
- The Federal Government to provide consistent and widespread promotion of breastfeeding for all health facilities, and for the wider community.
- A government-funded national campaign, including television advertising, images of breastfeeding on billboards and advertising space, and 'celebrity mums' breastfeeding, can start the process of normalising breastfeeding in our community.
- Extending paid maternity leave to support mothers in establishing and fully breastfeeding for the first six months; and provide workplace incentives to

support breastfeeding and expressing breastmilk at work. This could include workplace crèches, providing appropriate, comfortable facilities for feeding and storing breastmilk, and ensuring mothers have lactation breaks.

- Provide additional funding and promotion of the developing milk banks, such as the one being established at the Gold Coast, Queensland.
- Provide Medicare rebates for lactation consultants in the community, and make these services more accessible, particularly in lower socioeconomic communities.

While these recommendations do mean a greater expenditure, the long-term benefits mean that millions of dollars will be saved in health care and associated costs in the future. While the personal, social, financial and environmental benefits of improved rates of breastfeeding are beyond the scope of this inquiry, these too will result in positive outcomes for Australian society and cost savings for the Australian Government.

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