

To: Secretary of the House of Representatives Standing Committee on Health and Ageing, Inquiry Into Breastfeeding

I commend the Committee for undertaking an inquiry into the health implications of infant feeding. I feel that the correlation between many of today's major health issues and the risks of artificial feeding is very high, and worthy of greater recognition and exploration. Obesity, diabetes, asthma, allergies and breast cancer are all impacted negatively by artificial infant feeding, and yet nowhere in the public sphere is the rise in these conditions linked with the normalisation of formula-feeding in the second half of the 20th Century. Likewise, there is little or no public recognition of the potential of increased breastfeeding to help tackle these issues.

As a busy, breastfeeding mother, I regret I do not have the time I would like to reference my arguments. I trust that the Committee will review the substantial research evidence available through WHO, ABA and others including the ongoing research at UWA. I also recommend the consumer-friendly, referenced summaries available at www.kellymom.com. It is clear from the evidence that the risks to health posed by formula feeding are many, varied, long-lasting, pertinent to mother, baby and the wider population, and not well-understood by the public or most medical professionals. By contrast, myths and misinformation about breastfeeding abound, and are further promulgated by some medical professionals and those who stand to benefit financially from increased formula consumption.

My recommendations include:

1. Alter the language of the Inquiry, and all government publications, to reflect breastfeeding not as "the best option", but as "normal". Rather than examining the "benefits" of breastfeeding, the government should emphasise the risks and costs of the alternative.
2. Fund further research, data collection and analysis that would assist in quantifying the long and short-term health implications, financial and environmental costs of formula feeding. Publish and promote the findings.
3. Fund a multi-media health promotion campaign. This campaign would need to reach a wide general audience, and consider not only new and expectant mothers, but all the professionals, family and friends who may influence and support her in breastfeeding (particularly fathers, grandparents, child health nurses, doctors and all involved in the provision of maternity care).
4. Require that all maternity hospitals adopt the 'Baby Friendly Hospital Initiative'. *My own experience of breastfeeding difficulties in one of the only two "Baby Friendly" WA hospitals contrasts favourably with that of my peers who experienced breastfeeding difficulties in other hospitals, most of whom abandoned breastfeeding.*
5. Encourage the provision of open-ended lactation support services. Many hospitals only provide support for the first few weeks or months. *I recently had difficulty accessing ultrasound treatment for mastitis, because my child was over 12 months old.*
6. Promote spontaneous, vaginal birth as the optimal grounding for a breast-feeding relationship. Breastfeeding is compromised by our interventionist birthing culture, in particular the continued rise in caesarean surgery. The majority of new and expectant mothers are not made aware that epidurals and caesareans may contribute to breastfeeding difficulties.
7. Provide and publicise clear information about the risks of formula feeding and factors which may limit breastfeeding success (such as: use of bottles and dummies; surgical birth; separation of mother and baby following birth; supplementary feeding; and lack of support).
8. Increase paternity and maternity leave provisions and in doing so, emphasise that a new mother needs time to rest, be nurtured and establish a breastfeeding relationship with her baby.

I hope this contribution is clear, albeit brief.

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