

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
P O Box 6021
Parliament House
Canberra ACT 2600
AUSTRALIA
Email haa.reps@aph.gov.au

Submission no. 54

AUTHORISED: 21/03/07



I am writing this submission for the Federal parliamentary inquiry into breastfeeding as a mother of two and as a trained volunteer breastfeeding counsellor with the Australian Breastfeeding Association.

In my experience the job of being a mother and learning to breastfeed can be hard but is often made much more difficult when women receive conflicting and often incorrect information about how breastfeeding works and about normal infant behaviour. From my counselling experience I have had Mums being told ridiculous things such as very young babies only needing to feed every three or four hours (breast milk is fully digested within two hours and a newborn needs to feed on average eight to ten times a day and often will feed more often than this) and shouldn't be feeding during the night.

Mums are also being told not to breastfeed babies to sleep and instead to use strict feed, play, sleep routines with babies as young as three weeks old. Breastfeeding works on a supply, demand basis and in the crucial first six weeks of establishing lactation it is vitally important that babies are fed according to their needs not according to any kind of routine or schedule.

I have also had the unfortunate experience of counselling mothers of babies who refuse to breastfeed because of overzealous midwives in some hospitals who literally force an unwilling, uninterested newborn to breastfeed before they are ready. Could you imagine someone forcing your head into your dinner plate to eat when you may have been too tired and not interested in eating? This traumatic experience is etched into a baby's memory and many times it is impossible to entice these babies back to the breast depriving them of the benefits of breastmilk and unnecessarily exposing them to risks associated with artificial feeding such as allergy, illness, diabetes, obesity, childhood leukaemia, lower IQ, just to name a few.

Many things need to happen in order to improve breastfeeding rates in this country. We need mass media campaigns to educate the wider community about the risks associated with artificial feeding and not be concerned about 'offending' mothers who choose not to breastfeed. Artificial feeding is not just as good as breastfeeding and not even second best. The World Health Organization rates artificial feeding as fourth on the list of preferred milk for babies. If babies are for some reason unable to feed directly from their mothers' breast or to receive her expressed breastmilk it is preferable according to the World Health Organization for a baby to receive the breastmilk of another mother rather than artificial baby milk.

To improve the health of this nation in the long term we need to look at how all Australian babies can receive breastmilk exclusively for the first six months of life with a gradual introduction of other foods after six months and continued breastfeeding for up to two years and beyond. (recommendation of the World Health Organization) Although we have quite good initiation rates of breastfeeding in Australia the number of babies exclusively breastfeeding until six months, in fact even until three months is very low. Not only do the public need to be informed about the risks of artificial feeding the health professionals that mothers of young babies seek help from need to give correct information. If parents received uniform and well informed advice instead of outdated and often misguided and contradictory information quite often a lot of breastfeeding difficulties could be prevented. Parents

need information well before their baby is born – we need to target young people before parenthood is in fact even considered.

Breastfeeding needs to be seen as not only the optimal way to feed babies and young children but as the normal way to feed babies. Artificial feeding should be considered unusual and rare instead of the norm.

Human milk banks need to be funded to ensure that all babies have access to breastmilk such as in cases where a mother has delayed lactation or in the case of severe illness or maternal death.

Companies that manufacture artificial baby milk need to have severe penalties imposed on them for breaching the MAIF agreement. They should not be supplying free samples to health professionals, sponsoring health professional seminars or be permitted to advertise their products (even toddler milks) in any form. I am disgusted that some Mums are given samples of artificial baby milk before even birthing their baby. The just in case attitude – if breastfeeding doesn't work the artificial baby milk is just as good – needs to be eradicated from people's thinking if we are to improve the health outcomes of generations of Australians.

Hospitals and clinics in the community that provide care for pregnant women and mothers and babies need to comply with Baby Friendly Health Initiative Standards and health professionals should also be required to update their breastfeeding knowledge.

As a mother who successfully breastfed my daughter through a pregnancy and until her brother was seven months old (he's currently sixteen months old and still breastfeeding) I was appalled when I was told by a mother on a counselling call that she was told by her doctor that her miscarriage was caused by her breastfeeding her toddler. This kind of misinformation should not be happening. Unless sexual intercourse has been contraindicated in a pregnancy breastfeeding should not be.
(Successful Breastfeeding 1991 Virginia Phillips)

If health professionals perpetuate myths about breastfeeding how are members of the public expected to make decisions based on correct information. Unless parents have confidence in their own judgement and access correct information and support from sources such as the Australian Breastfeeding Association they are unlikely to make a well informed choice about breastfeeding.

It is a sad but unfortunate fact that unless the following occurs

- *public education about the risks of artificial feeding in mass media, schools, antenatal and postnatal education
- *health professionals are required to update breastfeeding knowledge and pass on correct information
- *hospitals and child health clinics are required to comply with Baby Friendly Health Initiative standards
- *government support and funding of Human Milk Banks
- *comprehensive postnatal breastfeeding support for families by trained midwives or Lactation consultants
- *government funding and support for the Australian Breastfeeding Association
- *severe penalties for breaches of the MAIF agreement

our country's breastfeeding rates and consequently the health of our citizens will not improve.

Erica Parker

011 641 0000
www.breastfeeding.org.au
1800 0 1000