Submission no. 70
AUTHORISED: 21/03/07

Federal inquiry into breastfeeding Submission 20/2/07
Tracey Hall

SUMMARY

1. Introduction
2. Why women wean before 12 months
3. What changes could improve breastfeeding duration

1. Introduction

My name is Tracey Hall and I have 3 children- Rohan is 12, Alice is 7 and Harry is 2. I have had quite different breastfeeding experiences with each. Rohan I only breastfed for 3 ½ months, Alice, after becoming involved with the Australian Breastfeeding Association, I breastfed until she was 35 months. Harry is still being breastfed at 34 months. I have been a volunteer breastfeeding counsellor with the Australian Breastfeeding Association for over 5 years. As well as facilitating breastfeeding discussions and support meetings for local mums, every 2 weeks, I spend 24 hours on the breastfeeding helpline every 6 weeks. In the past 5 years I estimate that I have spoken to well over 1000 women about breastfeeding and parenting.

2. Why women wean before 12 months

- perceived low supply
- incorrect advice from health professionals
- maternity hospital practices and early discharge
- lack of support from partner, family and friends
- lack of support and facilities in workplace.
- Sleep training and controlled crying
- Concerns with "low" weight gains
- Marketing of breastmilk substitutes

Perceived Low supply:

Most Australian women want to breastfeed their babies but for many reasons the majority will wean before 6 months. If the breastfeeding relationship doesn't go as they have hoped and planned it can create enormous feelings of guilt for mothers. On helpline I have found one of the main reasons women wean is a real or perceived problem with low supply. In fact you could describe it as a lactating woman's greatest fear and one infant formula companies prey on. My own experiences with my first baby I believe are fairly typical.

Rohan was born in 1995. He was two weeks late, induced and eventually born via an emergency

caesarian. His Apgar score was only 3 so he was whisked away to the special care nursery and I didn't get to see him again for another 5 hours. While feeding within ½ hour of birth is recommended for successful lactation, luckily in my case, once together, attachment wasn't a problem. I had barely ever held a baby before having my own. I wanted to breastfeed but along with changing nappies, bathing etc, didn't know if I'd be very good at it. Luckily we mastered all the mechanical aspects of baby rearing, including feeding, very quickly. Rohan was certainly "into" feeding and fed frequently, day and night (i.e. sometimes less than an hour between feeds). The Maternal and Child Health clinic sisters "solution" for my comfort-sucking baby was to give him a dummy, give him water and "stretch him out for 3 hours". This we attempted to do, though it was less fun than sitting feeding for 3 hours. I believe "stretching him out" had an adverse affect on my milk supply, which was never explained to me, as while he eventually went longer between feeds during the day, at around 12 weeks my supply for the evening feed got very low. We endured a week or so of Rohan screaming for a few hours every night before buying some formula. It took a few days for him to take it but when he eventually did he was magically settled again at night. I had cut out the evening breastfeed entirely and so inadvertently started the weaning process prematurely. Within a few days my supply was low for the afternoon feed, then noon feed etc. Within two weeks I had pretty much lost my milk and Rohan was fully bottle-fed. I was sad that the process had happened in this way. While this happened 12 years ago it is entirely possible that that clinic nurse is still working and still giving out this incorrect advice.

The myth that babies only need to be fed every 4 hours is still extremely prevalent among parents and health professionals. It is normal for young babies to feed 8-12 times in 24 hours and for these feeds to be unevenly spaced (evening "cluster feeding" is very common). Many mums aren't aware of this and aren't prepared for it. Many mums I speak to don't understand the very basics of how breastfeeding works and think if they wait longer between feeds then their breasts will be fuller and there will be more for baby when the opposite is true. Part of the problem is that very few of their mothers would have breastfed in the 1960's and 1970's so are not a reliable source of information or support.

Incorrect advice from Health Professionals (HP's):
Often when mums speak to HP's about low supply they are told to rest more (difficult with young children), drink more water or other drinks such as Guinness, sustagen or Milo rather than the appropriate suggestion of feeding or expressing more frequently. As a counsellor I find it is difficult to counteract bad advice given by a health professional as often they are more credible in the mum's eyes than an unpaid volunteer. Recently I counseled a mother who was told by her HP that her milk was of poor quality. She came to me for suggestions to improve it's quality for which of course I had none. Even African women in famine conditions can produce milk almost identical to western women.

When Alice was a baby I was given a suggested daily feeding routine for babies of different ages, by the child health nurse. If I had followed this routine I wouldn't have been providing my baby with enough breastmilk and would have risked my milk supply.

Supplementing breastfeeding with infant formula feeds (or solids) to increase weight gains seems to be common advice. What doesn't seem to be explained is the effect this can have on lactation- a breastfeed is replaced with formula, the body receives the message to make less milk and the baby's appetite for the next feed is diminished. Often this is the beginning of the end for breastfeeding.

Often it seems if a HP can't find the cause of an ailment then breastfeeding is blamed. Once a poor

mum with an eyesight problem was told breastfeeding was the cause.

Maternity hospital practices and early discharge:

In recent years I have been getting more calls from mothers of babies only a few days old who are having problems feeding. They have been discharged from hospital within hours, before their milk has come in (which usually happens on day 3) and without being shown how to attach properly. When their milk does come in they often end up very engorged which makes attachment even more difficult. Outlying areas of Brisbane do not seem to be serviced by follow up visits from midwives. These calls are very worrying as there is a real risk to the baby's health.

While in hospital many women say that each midwife they saw told them something different which they find very confusing. Babies are still given formula and dummies in hospital nurseries at night to "give the mum some rest". This happened to my sister in a major Brisbane private hospital. She did have to sign a form to say that she agreed to her baby receiving formula but no-one explained to her that that may jeopardize the establishment of breastfeeding.

My experiences with the pregnancy and birth of my third child Harry, I believe highlight how establishing breastfeeding is extremely difficult if you have to have a high degree of medical intervention in the birth. After two textbook pregnancies, with Harry my body developed Anti E antibodies against him in utero, a soft sign for downs's syndrome was discovered at our 18 week ultrasound and I developed gestational diabetes. This created a number of issues that could affect the establishment of lactation that I was concerned about. The risk of premature birth, (if the Anti E started affecting Harry too much the only solution would be to take him out and my obstetrician was quite comfortable with that being a good solution after 32 weeks), he was most likely going to be born with severe jaundice, anaemia and he could be hypoglaecemic. I started to do a bit of research. A lactation consultant colleague sent me some valuable information and suggestions including the US Academy of Breastfeeding Medicine protocols for glucose monitoring and treatment of hypoglycemia in term infants. Concerned that I would be pressured to give Harry formula when born, I rang the paediatrician to question him about what he considered dangerous blood glucose levels. I can't say the phone call went really well, I think he was really surprised that anyone would ring and question what the treatment would be. With his comment something along the lines of "don't worry we can always give some formula to fix things up, I decided to change paediatricians. When I mentioned to my obstetrician that I wanted another paediatrician who I'd heard was very supportive of breastfeeding, he tried to warn me off him as he was "a bit out there in his views" but said he would try and see if he was available. I'd also found out that, if needed, it would be better in terms of establishing lactation to give glucose in a drip rather than formula. My obstetricians response to this was that there were a lot of risks involved in using drips. Unfortunately he didn't mention any risks involved in using formula! When I mentioned another suggestion of giving donated breastmilk, or pre-expressed colostrum that I had frozen, he nearly fell off his chair! Big Big risks with using donated breastmilk- you don't know what diseases people have- I was thinking of using my sisters milk- "oh family members are the worst you'd never know if they were using intravenous drugs!" Ironically Harry did end up being fed by a glucose drip for the first two days even though his blood sugars ended up being fine.

I should say here that generally I had a positive and friendly relationship with my obstetrician. He was comfortable with me having a VBAC (vaginal birth after caesarian) with my second baby and was prepared for me to try naturally with Harry too if it got to that stage. But his whole attitude was let's get this baby out alive and the breastfeeding isn't that important- while my attitude was – lets

get this baby out alive and have the best chance of establishing breastfeeding. He wasn't used to any patients questioning future possible treatments and was quite surprised that I knew what I was talking about. I never told him I was a breastfeeding counsellor though. I was disappointed in his lack of support and general knowledge of breastfeeding. You feel very vulnerable in these situations, I knew I needed to sort things out before I had the baby because once in hospital and have given birth you feel very powerless.

Harry was born by caesarian at 36 weeks. Apparently the paediatrician I had requested wasn't available as it was Easter. Half an hour before my Caesar we didn't have a paediatrician. The doctor we ended up with – wouldn't have been my choice- even though he did a great job- because he was older and I assumed fairly conservative. I think my obstetrician had forewarned him though that I was one of those breastfeeding fanatics! It seems to be a major failing with our private maternity system that patients don't have more say in choosing their paediatrician and that you don't meet them before giving birth, especially in high risk pregnancies such as ours. Once given birth the obstetrician isn't concerned with the baby's health and he and the paediatrician don't seem to communicate.

Harry was born a healthy 7lb 2oz but decided he didn't want to breathe. He was taken to intensive care and I didn't see him again for 24 hours. Harry came very close to needing a full exchange blood transfusion for severe anaemia. He needed CPAP to help him breathe and was on a drip. He was also severely jaundiced and receiving triple phototherapy. I started manually expressing colostrum in case Harry would need it later- 10 mins would produce just about cover the bottom of the little jar. I was worried that my milk wouldn't come in quickly without a baby sucking on my breasts for that first day. My other two babies were very frequent feeders. Even as a breastfeeding counsellor I was terrified that I'd need to express, it just seemed so overwhelming to organise a pump etc, even with knowing well the person I'd be getting if from.

The next morning I was allowed to go see Harry in intensive care. He was now breathing by himself. I was allowed to try and breastfeed after being warned not to expect too much the first time and that he might be too tired for it. I am so grateful that he pretty much latched on straight away. I was only allowed to have him out of the lights for limited time. I had researched the latest treatment for jaundice which emphasized that breastfeeding 10-12 times every 24 hours was the recommended feeding schedule to more quickly "flush" out the bilirubin. However at no stage was this suggested or recommended by the medical staff. When I suggested that I would feed every 2 hours one nurse said they would only let him out from under the lights every 5 hours for a feed and concern was raised whether my breasts could handle it!
My milk came in as normal and from then on I fed Harry on demand which was roughly every 3-4 hours. Harry spent 7 days in intensive or special care. He didn't end up needing the full exchange transfusion. His bilirubin levels kept going up and down and the phototherapy required was what prevented him coming home. He had his feeds and then went back into the box, naked. No nice cuddles, no sleeping with mum.

Another thing I found difficult to get used to was the way my breastfeeding was monitored. Because Harry was sick I was quite often quizzed as to how the feeds had gone and how long I'd fed for etc. I honestly had never thought to look at my watch when feeding though Harry seemed a fairly quick feeder. I'd just say each side took 10 minutes- that seemed to be the magic number that kept every body happy! My paediatrician was also quite surprised that I hadn't got Harry weighed yet after being home a week. The fact that I knew breastfeeding was well established, he was attaching well and had lots of wet nappies, didn't seem to count for much. I must say though that I

was offered the support of a lactation consultant both in the maternity and children's hospital.

After 3 days my obstetrician started talking about me having to go home- and I was shocked and devastated that I would be sent home without Harry especially as I was demand feeding. My obstetrician wasn't sympathetic to my plight but the paediatrician was and another lovely midwife who marked my chart in such a way that I did stay 7 nights. Once we were home Harry still needed blood tests every few days. After one day at home Harry's jaundice had worsened and we were admitted to the childrens hospital for more phototherapy. 3 days later at nearly 2 weeks old we were finally home, but still having blood tests every few days and told to keep an eye on his colour. A few times Harry came very close to needing a top up blood transfusion. My paediatrician prescribed iron drops for Harry's aneamia- because "breastmilk doesn't have much iron in it"- unfortunately he didn't seem to realise that 75% of iron in breastmilk is bioavailable compared to about 10% from other sources. Iron stores are laid down in utero in the last 4 weeks of gestation which is why premature babies are often given extra iron. My paediatrician also suggested starting solids early for this reason, a suggestion I ignored. Despite not starting solids until 6 months, from 3 months to 6 months Harry's red blood count actually increased, during a time when even in full term babies it usually decreases until solids are introduced. This I consider my own little experiment that proves, to me anyway, that there is actually a lot of very useful iron in breastmilk. Harry's hasn't had to have a blood test since 6 months and passed his 12 and 24 month check ups with flying colours. He is healthy, happy 2 yr old and meeting all his milestones and a delight to us every single day.

In conclusion, there seems to be a big role for breastfeeding counsellors to play to help and support women facing difficult pregnancies or births with a high degree of medical intervention.
My suggestion to women in this situation would be to try and become as informed as they can be as to possible future medical treatments and what effect these will have on establishing lactation. Ask their medical advisors what their protocols are and discuss what their preferences are and if they aren't happy with the answers, try and get a second opinion because there probably are alternatives.

Lack of support from partner, family and friends

Research has shown that a partners support is vital for successful breastfeeding. Often if Dad's are aware of the importance of breastfeeding then they are the one's who, with a clear head, post partum, can prevent mum's "throwing in the towel" when the going gets tough and will often ring the helpline if the mum is "losing it". As previously mentioned the next biggest influence would be mothers and mothers in law. On a recent helpline shift in January I noticed I had been talking to a lot of mums with concerns about supply and many who were contemplating introducing solids early. A pattern seemed to be emerging- because of the holidays, a lot of these mums had been staying with family recently and had been subjected to negative advice by mothers or mothers in law. Friends and the "mothers group" can also influence feeding. I have had a good friend ask straight out what point there was in my breastfeeding my toddler. Another mother I counseled was experiencing a lot of negativity from her child's childcare centre about him still being breastfed. They seemed to think it was disruptive of her to visit at lunchtime to feed him.

Lack of support/ facilities in the workplace

Returning to work is a common reason for early weaning. One member of our group returned to full time teaching when her son was a few months old and successfully expressed milk for him until

he was 1. I was shocked to learn that teachers, a female dominated profession, were not entitled to lactation breaks.

Sleep training and controlled crying

Every parenting magazine will contain at least one article on "teaching" your baby to sleep. These theories are based on the premise of scheduling breastfeeds. A baby's job is to double his or her birth weight in the first four to six months after birth. Restricting breastfeeds may make this task seriously difficult.
Sleep training and controlled crying are promoted at Qld Health Maternal and child health clinics to parents of very young babies. Successful breastfeeding depends on at least 6 feeds in 24 hours including overnight feeds. Going for long stretches without feeding could be detrimental to supply.

Concerns about "low" weight gains

Often mothers are convinced they don't have enough milk purely from their baby's weight gain pattern. This seems to be a big preoccupation with HP's. Usually mum's don't realize that the weight charts in the back of the books they are given in hospital are based on mainly bottle fed babies. Breastfed babies grow differently to bottle fed babies as evidenced by the new WHO growth charts which should be adopted as a standard nationally by all health authorities and practitioners.

Marketing of Breastmilk substitutes

Bottle feeding is the norm in terms of Australian culture. We grow up playing with dolls with bottles, children's books usually show babies being bottle fed, pictures of bottles commonly illustrate articles in magazines and newspapers about babies and babies are usually shown as bottle fed on TV shows eg Neighbours and even Play School.

I could write for pages of the type of advertising of infant formula and other breastmilk substitutes which are allowable in Australia and undermining breastfeeding. I will have to concentrate on some recent and most concerning examples. As a micro example of the total marketing of breastmilk substitutes consider the following full page, glossy advertisements which appeared in Practical Parenting magazine, Nov 2006 and Australian Parents magazine Aug/Sep 2006:

- Dr Browns baby bottle "It's a natural"
- Nuk soothers
- Nuk teats and bottles-"improved lip support-more like a mother's breast"
- Karicare Toddler Gold – large picture of can Nutricia slogan "Caring for *babies* since 1896" clearly visible- large and small ad. Small ad includes phone number to receive free sample.
- Nestle Toddler Gold- the ad is also promoting Nestle infant formula products that contain bifudus. Ad states that "Nestle had incorporated Bifidus BL into its *range* of milk drinks" and to "look for the special yellow sun symbol on Nestle *products* in the *baby* aisle."
- Tommee Tippee teats- misleading advertising "helping baby breastfeed for longer", "teat mimics the natural flex, stretch and softness of a mums breast to make switching between breast and bottle easier than ever before."
- Heinz Nurture Toddler Gold
- Philips sterilizer, bottle warmer and food steamer (advertises suitable from 4 months)

- Bellamy's Organic Toddler formula
- Avent soothers
- Pur teats
- Avent teats and bottles
- S26 Toddler Gold
- Tommee Tippee soothers
- Only Organic baby food (jar advertises suitable from 4 months)
- Pigeon "Peristaltic Nipple"- "medically proven", "as close to breastfeeding as it can be". "because breastfeeding isn't always possible", "teat stretches just like a mothers nipple", "round contoured shape similar to a mothers breast"
- Advertisement for Infanurture "Put Feeding problems to bed" was stapled into the middle of Australian Parents magazine Aug/Sep. This was a breach of MAIF as website link led to infant formula promotion however Bayer was not a signatory. Copy of ad infers that using this formula will solve the "problems" of reflux, colic, constipation, diarrhea, growing and hungry. This could encourage breastfeeding mothers to use this formula as a method of easing these "ailments". It is particularly disturbing that "hungry" and "growing" are listed as a feeding problem. The loose stools of breastfed infants are also sometimes mistaken for diarrhoea by new parents. Use of artificial milk could most likely worsen the symptoms of reflux or colic due to the adverse effects on digestion.
-

Number of advertisements for breastfeeding or related services in those mags: NIL.

Formula companies are using Toddler milk as an indirect way of advertising their baby formula by having very similar packaging, slogans and marketing materials. Nutricia recently had an advertisement running on television that shows a claymation mother with her baby saying that she has breastfed him for 12 months and she then says that she doesn't want to give him milk from another species. Then she says that she will give her baby Karicare Gold toddler formula. This is misleading and potentially harmful to the health of children. It is recommended by the World Health Organization that children be breastfeed for up to 2 years or more. The advertisement is misleading because it suggests that Nutricia's toddler formula is in fact made from human milk (ie not milk from another species) and specifically suggests that it is not made from cows milk when it is in fact a product based on cows milk.

Baby foods are still packaged as suitable from 4 months even though Australian and World health guidelines are that babies be only breast or bottle fed until 6 months.

Junk mail advertises infant formula week in and out. A full page ad for Wyeth S26 appeared in Brisbane's newspaper The Courier Mail on Thursday September 21, 2006. During the week of this massive promotion for S26, Coles Fairfield Gardens, Fairfield, Qld had large aisle end displays of S26 and Karicare under a prominent "dollar dazzlers" heading. Junk mail advertising is deemed to be outside the scope of MAIF because it is retailer activity. I would like the inquiry to consider and investigate who actually pays for this form of advertising. It is common practice in the grocery industry for manufacturers to pay for "specials" and other deals as part of their terms of trade (eg Coles will invoice Nutricia). The manufacturers also have input into timing so that this price promotion supports other forms of media advertising. Therefore this is Manufacturer activity and is within the scope of MAIF.

Pamphlets promoting infant formulas are available freely from pharmacies and doctors waiting

rooms
Eg: Wyeth "Information on common feeding problems with babies" brochure obtained from waiting room display Womens Wellbeing Clinic, Greenslopes, Qld. This brochure is a way of advertising Wyeth infant formula as logos used are recognisable. This booklet is problematic for several reasons. It provides information on medical conditions like iron deficiency and reflux. The information is also frequently misleading and designed to hide the role that introduction of infant formula might have in their child's discomfort. For example; there is a section on constipation. Constipation is extremely rare
in exclusively breastfed babies however, it is very common in babies who are introduced to infant formula. At no time is this stated. In addition, where treatment for constipation is discussed, weaning from infant formula back to breastfeeding is not mentioned either. Of course, the reason why the information is not clearly stated is because Wyeth has a commercial interest in parents not being made aware of the problems that their products can cause babies. The brochure also promotes Wyeth's website which advertises their infant formula. The WHO states that governments are responsible for educating parents about
infant feeding. This brochure is an example of why no company with a commercial interest in women weaning their babies from breastfeeding should be allowed to provide educational materials to parents. APMAIF have deemed that this brochure is not in breach of MAIF as it is "educational and informative".

2.What changes could improve breastfeeding duration

- **Basic information on breastfeeding- public health campaign eg how to tell if you have enough milk, feeding more = more milk, young babies need frequent feeds**
- **Improved training on breastfeeding for health professionals- compulsory and standardized with regular refreshers**
- **Improved funding for Australian Breastfeeding Association- often mothers can't get through to our helplines, the resources of our counsellors are stretched by having to continually fundraise**
- **Improved access to breastfeeding support in regional areas**
- **Implement the WHO code on marketing of breastmilk substitutes and make it mandatory**
- **Compulsory lactation breaks through EBA's or awards**
- **Advertising regarding the possible health risks of using infant formulas**
- **Implementation of WHO growth charts**
- **Funding for human milk banks to help premature babies**
- **Health campaign directed at general public re how important it is to support breastfeeding mothers and to highlight mothers rights**
- **All hospitals to comply with Breastfeeding friendly hospital initiative (WHO)**
- **Incentives for employers to make their workplaces and practices breastfeeding friendly.**
- **Promotion of the health benefits of feeding older babies and toddlers**