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My name is Carol Chapman and I am a breastfeeding counsellor with the Australian Breastfeeding Association (ABA). I do face-to-face, telephone and email counselling with mothers who live locally, throughout Queensland and nationwide, even internationally. I also am involved in the training of new breastfeeding counsellors and community educators and am editor of a national broadsheet for these trainees. Locally, I educate mothers at the hospital's antenatal classes and help with fundraising for the local group. All these activities require me to spend at least an hour, almost every day, either helping mothers who are breastfeeding or helping others learn to help mothers. I have been a counsellor for eight years.

During this time, I have spoken to mothers and fathers of varied ages, social and cultural backgrounds and have found one thing that unites them all — a desire to do their best for their children. Yet too often these mothers are confused as to what the 'best' is. Too many mothers have been given conflicting information from the significant influences around them, from their partners and closest family to the health professionals who look after them.

Some stories I have heard:

Mothers must wean their baby to be on medication, when there are many alternative medications that are safe while breastfeeding.

Mothers are being encouraged to wean when returning to work.

Mothers' confidences are being undermined by magazine and newspaper articles that advise bottles and breast pumps are necessary equipment to purchase when having a baby.

If there is a tragedy involving the death of a baby, the media highlights that the baby was breastfed, subtly suggesting that this was the cause of the tragedy and thus creating more fear in the minds of mothers.

Mothers are led by the aggressive marketing strategies by artificial baby milk manufacturers into believing that these milks are as good as breastmilk or even better. Some are even unaware that these milks are made from cow's milk, containing proteins that are foreign to the needs of the human species. These milks are purchased often, 'just in case', and used without knowledge that particularly in babies with susceptibility to allergies, just one bottle can lead to early onset of allergy related health problems.

Mothers are also confused by expectations of babies' growth patterns. The weight charts that are heavily relied upon by health professionals are very often misunderstood and irrelevant to the breastfed baby. They reflect a population of breast and bottle fed children which distorts the results. Babies that start on a particular percentile line are expected to stay on that line. Many don't and then the mother's milk supply is questioned, often resulting in unnecessary complement feeding or early introduction of solids, both of which reduce the mother's milk supply further (if indeed it was actually low) and undermining her confidence again. Often health professionals fail to take into account the baby's parents' sizes or other factors that may influence growth patterns.

Conversely, the mothers that I meet who are subscribers to ABA appear much more confident with breastfeeding, feed their children longer and offer support to other mothers that they are close to. The work of ABA is certainly hugely beneficial in increasing rates and duration of breastfeeding on an individual basis. This is,

however, a slow way to influence the nation. Volunteers are limited in what they can do by time, money and other commitments.

How can we remedy these situations?

I believe that the first line of defence is to start with re-educating the health sector as well as the general community. I feel that this should be a governmental obligation, not left to cash-strapped organisations of volunteers. As volunteers, we are excellent at picking up the pieces of individual fallout from the misinformation in the community. However, it is beyond our expectations to have to carry the full burden of increasing breastfeeding rates and duration on our own. We need support.

This could be monetary support to enable us to get on with the job of counselling/educating rather than selling raffle tickets or chocolate.

Public support in the way of billboards, media advertisements or broadcasts that raise awareness of the dangers of not breastfeeding, the 'normalness' of human milk for human babies, the rights of the breastfed baby; these examples would reinforce our messages.

Education of our health professionals; with proper information and support, a breastfed nation would be healthier, requiring less drain on the public purse to provide more health services.

Legislation against the marketing of artificial baby milks needs to be real and effective. The formulas as well as the equipment needed for them must be relegated to their proper position – as last resort when all else fails. Human milk banks are far more favourable.

Carol Chapman