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Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

23rd February 2007

Re: Inquiry into Breastfeeding

Dear Sir / Madam,

I was watching television recently and saw a commercial for <u>Life. Be In It</u>. This was followed a few minutes later by an advertisement for <u>Slip Slop Slap</u>. Both of these campaigns are so well known by pretty much every Australian that I do not need to explain that they most likely represent the biggest and longest-running national health messages ever put forward by the Australian government.

I propose an ongoing national campaign for breastfeeding on the same scale. As a society, we have been educated about the importance of exercising regularly and protecting our skin against cancer. It is now time that all Australians are fully educated about breastfeeding - the most natural and cost-effective method of nourishing our young and growing them into happy and healthy individuals.

The Australian government must publicly acknowledge that BREAST IS BEST and that BREASTFEEDING is the NORMAL way to feed an infant. There is significant research out there to more than substantiate that this is the case. The government must step-up and intervene at a national level to increase the breastfeeding rates and durations in this country for the benefit of generations of Australians to come.

In addition to an ongoing national health campaign about breastfeeding being the normal way to feed a baby, I also suggest:

1) More pre-natal education for women about breastfeeding.

Breastfeeding must be promoted as the normal way to feed a baby. Education should include information about the health benefits of breastfeeding for both mother and baby, why infant formula is definitely NOT equivalent to breast milk and contact details for local support services that a mother can access if she needs help with breastfeeding. (For example, the Australian Breastfeeding Association).

It would be extremely beneficial for all pregnant women to be given a FREE DVD about how to breastfeed and what to expect when breastfeeding. The DVD should include actual demonstrations from breastfeeding women and address attachment issues, the supply-and-demand equation and frequently asked breastfeeding questions (and myths)! The more knowledge that women can obtain about breastfeeding before they actually need to do it will assist in reducing the information overload - and the confusion about which information is right - that most women experience in those first emotional days after giving birth. The beauty of a DVD is that women will be able to refer back to it for as long as they need to after their baby has been born.

2) A serious review of the caesarean rates in Australian hospitals.

This country has one of the highest caesarean rates in the world, far beyond that recommended by the World Health Organisation (WHO). It is well-known that it can be harder for women to establish breastfeeding following a caesarean. This is due to several factors, including a lack of immediate skin-on-skin contact between mother and baby, hormones usually released in the mother during natural childbirth being either delayed or absent after caesarean section and the need for the mother to heal following major abdominal surgery. Lowering the caesarean rate in Australia would certainly give a greater percentage of mothers and babies the chance to establish a solid breastfeeding relationship.

The government therefore needs not only to address breastfeeding rates, but the birth experience of Australian women as a whole. Natural birth is the NORMAL way to bring a baby into this world, just as breastfeeding is the NORMAL way to nourish a child.

3) Better support for women in hospital and home visits from midwives (ideally trained lactation specialists) for at least the first six weeks postpartum.

The government might initially save money by shunting women out the hospital door as soon as possible after birth, but when sufficient time is not given to

women to help them to breastfeed their babies, the economic and environmental costs of resultant formula-fed infants becomes staggering. The government should support women to stay in hospital until they feel confident enough about breastfeeding and mothering to fly solo. This may require an increase in the number of midwives employed in hospitals.

Having said that, there are already some midwifery practices in the community that provide continuous-based care and support for women throughout pregnancy, childbirth and the early weeks of breastfeeding and mothering. Early discharge from hospital is often encouraged under this model of care, but it is done so with the ongoing support of midwives making home visits to mothers. More government funding should be provided to build on existing practices and also to establish new practices under this model of care. (It should be noted that caesarean rates within these practices are usually significantly lower than the national average. Combine this with the ongoing support and in-home care provided to mothers and breastfeeding is likely to be far more successful).

In any case, it takes most women at least six weeks to properly establish breastfeeding. Funding needs to be provided to ensure that all women have access to free home visits from midwives (ideally trained lactation specialists) for at least six weeks post-partum.

4) Financial support for women to enable them to stay home with their children for longer.

In recent times, the government has put a lot of emphasis on creating more childcare places to enable mothers to return to the workplace. There has been very little talk, however, of providing financial support for those women that want to stay home with their children but cannot afford to. One way to increase the duration of a breastfeeding relationship between a mother and her child is to give her more choice about WHEN (or IF) she returns to work.

In some European countries, all working women receive 12 months paid maternity leave. The breastfeeding rates in those countries are amongst the highest in the world. If the Australian government is serious about increasing breastfeeding rates and durations in this country, it must legislate for paid maternity leave for all working women, to enable them to stay home with their children for as long as possible. A positive outcome of this would not only see more women breastfeeding their babies for longer, but also a decrease in the need for childcare places in Australia.

Greater financial support must also be offered to women who choose to take up Homemaking as a career. Such a move would not only foster breastfeeding by allowing mothers to stay at home long term with their children, but could also have a major impact on our society with the role of primary care-giver of the next generation of Australians reverting to parents instead of childcare centres.

It must be recognised that some women WANT to return to work and that is a choice that should always be available. Whilst some women successfully manage to return to work and continue to breastfeed their babies (by expressing or otherwise - well done ladies!) the sad fact is that through one pressure or another, a significant number of breastfeeding relationships come to an end in such a situation. More support must be given to working mothers to ensure that they can continue to breastfeed their children for as long as possible. It should be a requirement that employers provide breastfeeding-friendly workplaces in these situations. The Australian Breastfeeding Association (ABA) has an excellent program to assist workplaces in achieving breastfeeding-friendly accreditation and more funding and resources should be offered to ABA to facilitate the implementation of this program in relevant Australian workplaces.

I may not be a health professional but I feel more than qualified to speak from personal experience as the mother of three young, healthy, breastfed boys. I have a Bachelor Degree in Engineering yet I knew nothing about the mechanics of breastfeeding when I embarked on the journey of motherhood nearly five years ago. I am one of the lucky ones, overcoming my ignorance about such a fundamental part of human life and having the full support of my partner, family and close friends in learning to breastfeed my babies. Since then I have been breastfeeding almost continuously, in every possible form, including demand feeding, comfort feeding, breastfeeding through pregnancy and tandem-feeding.

I urge the government to really listen - I mean REALLY listen - to the submissions that have been made to this inquiry and to be bold enough to embark on a national campaign fully extolling, supporting and promoting breastfeeding for the sake of all Australian babies and the health and future of our country as a whole.

Yours sincerely,

Shani Bryceson Darwin NT