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As a lactating mother with two sons, I welcome this inquiry. The breastfeeding rates in Australia are alarmingly low and one of the impacts of this is an increased burden on our health care system. Breastfeeding a child, particularly after 3 or 6 months of age is already considered by many in our society as abnormal, and as the breastfeeding rate falls, this has a flow on effect which further lowers the take up rate of breastfeeding and especially the rate of extended feeding. Some key reasons that women do not initiate or continue with breastfeeding are misinformation, lack of access to accurate information, lack of support from family/friends, lack of support from medical professionals and ready access to artificial infant food. In this submission I will focus on the following changes which should be implemented to improve this situation:

- Providing better education to medical professionals
- Promoting the benefits of breastfeeding and the World Health Organisation (WHO) recommendations, and ensuring this information is readily available.
- Improving access to, and information about, the Australian Breastfeeding Association (ABA) and Lactation Consultants
- Providing Medicare rebates for Lactation Consultants
- Ensuring all food labelling is in accordance with WHO recommendations (ie no infant food should be labelled as suitable for babies under 6 months)
- Informing the community that it is possible to breast feed after returning to work, and while pregnant
- Encouraging family friendly workplaces where women are encouraged to continue breastfeeding
- Ensuring stricter adherence to the WHO's International Code of Marketing of Breast-milk Substitutes (and the Marketing in Australia of Infant Formula Agreement)
- Limiting the ready availability of breast-milk substitutes
- Facilitating easier access to breast feeding aids such as breast pads, breast pumps and other accessories for expressing
- Encouraging, or legislating, the use of symbols to denote infant feeding rooms which do not include bottles.
- Promoting breast feeding as a preventative measure against future obesity

It is generally well known that breastfeeding increases an infant's immunity. However, the extent of this added protection is not generally known. For example, breastfeeding provides immunity to ear infections for several months after weaning. It is also not generally known that other health benefits of breastfeeding include a lower rate of some childhood cancers, a significant reduction in the rate of obesity in later life and a greatly reduced risk of gastro-enteritis which can be life-threatening in infants. It can even be squirted into the eyes to remedy conjunctivitis (my son's day care couldn't believe how quickly his conjunctivitis healed after this treatment). There are many other known benefits which are readily available from the WHO and Lactation Resource Centre. In my personal experience, the protection from illness, despite my son's attendance at day care has been amazing, and another, lesser known benefit, has been the ability to keep my son hydrated on the one occasion in two years when he did have a mild case of gastro (breast-milk is

more easily tolerated in such a situation). It is also not widely known that there are health benefits for the mother too, including a lower risk of some cancers.

Despite such advantages of breast-milk, I have had an elderly, male GP tell me that breast-milk is no better for my son than water. I have also had another elderly, male GP tell me that I shouldn't continue to breastfeed while pregnant. If there are members of the medical profession who don't understand the benefits of breastfeeding, it is no wonder that the community as a whole is either unaware, or disbelieving of the benefits. In order to increase the rate of breastfeeding and extended breastfeeding in the community, it is essential that this information is widely promoted to the public, with a special focus on medical professionals. Such a promotion should also inform the public that these benefits increase when the child is breastfed up to and beyond their second birthday as recommended by the WHO.

Another key impediment to breastfeeding is the lack of support available to new mothers. I experienced this first hand when my first son was born and was unable to attach to the breast. The reason for his inability to attach was not diagnosed by any one of the many midwives who attempted to help us with breastfeeding during my hospital stay. A child health nurse at the local child health centre told me I would probably never be able to breastfeed (three weeks later when the underlying problem was resolved, a tongue-tie which is easily remedied, I was able to feed without further problems). I was very lucky to have a friend who gave me an ABA membership as a gift. The support they provided enabled me to breastfeed my son. I have heard countless stories from other mothers who had similar problems and who succumbed to the pressure applied by family, midwives and/or child health nurses to give their children artificial milk. Most mothers do not know about the support available to them from the ABA or private lactation consultants, and many couldn't afford lactation consultants even if they did. Informing women of the resources available to them prior to or during pregnancy would make a significant difference to breastfeeding rates. Medicare should also provide rebates for lactation consultant services to ensure that these services are affordable to more people.

Of course, to be fully effective, any campaign promoting breastfeeding needs to target not only the mothers themselves, but also their families, midwives, child health nurses, GPs etc. The lack of support received by women attempting to breastfeed usually begins with her partner and family. Many new grandmothers were misinformed when they had children and believe in many of the myths of breastfeeding, for example that it is common to not have enough milk, that you shouldn't feed a baby more than 4 hourly or that milk can be too watery and lack nutrition. New mothers are particularly vulnerable and it is essential that they receive informed support at this time.

The promotion of breastfeeding also needs to include the benefits of extended feeding. It is considered abnormal in our society to feed children beyond a certain age, often 3, 6 or 9 months. Once a baby turns 3 or 4 months of age, pressure is applied to many new mothers to introduce solids and reduce (or eliminate)

breastfeeds. Once again, the problem could be assisted with education. The WHO recommendations of breast-milk only for 6 months, then the slow introduction of solids with breast-milk to remain the prime source of nutrition until one year of age (and then continue with breastfeeding as a supplement until at least 2 years of age) should be publicised more widely.

This should also be re-enforced by ensuring that food packaging is consistent with these recommendations. There are still infant foods such as rice cereals, and jars of vegetables on supermarket shelves with labelling suggesting that they are suitable from 4 months of age. I am constantly talking to mothers who have started solids at 4 months because they thought that those foods labelled "from 4 months" were different from those labelled "from 6 months" and that some foods are okay before the recommended 6 months of age. This is putting a considerable strain on the health system as it is now known that the early introduction of solids is a key cause of food allergies later in life.

Likewise, continuing to breastfeed while pregnant, or when returning to work, is not considered possible by many mothers. I personally continued to breastfeed my son after returning to work when he was 7 months old. I have also continued to breastfeed while pregnant, although not for as long as I would have liked, as my son self-weaned. However, if I had not been an ABA member, I would not have known how possible it was to continue to feed and would not have attempted it. More publicity needs to be given these issues to give them more acceptance in our society, and to ensure women are aware of what can be done and the resources available to assist them.

More attention also needs to be paid to ensuring that workplaces are able to cater for lactating mothers. Some mothers are told there is nowhere for them to express, or that they have to use toilets. It should be mandatory for an area to be provided where expressing can be done in a clean, comfortable environment. Studies have shown that mothers who continue to breastfeed while working require fewer sick days to care for ill children, so it certainly in the best interests of the employer and society for this to occur.

Furthermore, while lack of accurate information about breastfeeding is a key issue, the proliferation of misinformation is also an issue. Companies which are prohibited from blatantly advertising infant formulas excel at finding subtle ways to increase their product sales. One such tactic is by providing infant and/or toddler nutrition sections on commercial websites. These are picked up when consumers are searching on these topics, and usually neglect to mention the importance of breastfeeding, especially for infants over one year of age. Another disturbing example is the recent television ads for toddler milks. These are very misleading. One of these ads implies that breastfeeding is not appropriate after one year of age. It then suggests that it is also not appropriate to feed a child milk from another species, but neglects to mention that their product is made from powdered cows' milk and is also high in sugar. Another gives the impression that a doctor is

recommending their product, although in fact it is no longer the doctor speaking at that point. While such advertising is permitted, there will be children who are deprived of the best nutrition possible.

Another cause of much frustration to me as a lactating mother, is the fact that I can obtain artificial milk far more easily than products which will assist me with breastfeeding. For example, at my local supermarket, there are metres of shelf space devoted to baby and toddler formulas. Conversely, there is small section of a bottom shelf, hidden amongst the nappy wipes, where I can choose from the smallest possible packet size of just two brands of disposable breast pads. There are no larger boxes, there are no washable breast pads, and there is not much stock of the product they do sell. Similarly, there are many pharmacies in my area, all of which have a large supply of formulas. Only one supplies the large box of breast pads (and again, there are only two brands to choose from), and these are usually out of stock. The same is true of breast milk storage bags. The effect of this is two-fold. Firstly, it discourages women from breastfeeding, as it is difficult to buy the relevant products. Secondly, it re-enforces the view that formula feeding is more normal than breastfeeding.

In fact, this is just one of many subtle ways in which formula feeding is normalised in our society. Whenever babies are fed on television, it is usually with a bottle. Feeding rooms in shopping centres are usually (but not always) denoted by a picture of a baby's bottle. Children's books show babies being bottle fed. Dolls often come with a bottle as an accessory. The logo for the "mothers' group" segment on a leading morning television show incorporates a baby's bottle. In addition, breastfeeding women are made to feel uncomfortable about feeding in public. All of these things combine to create the impression that babies should be fed with formula, and that breastfeeding is an exception, even abnormal. While this perception persists, the breastfeeding rates are not likely to increase significantly. Many of these things are difficult to change, however standardising a symbol for baby feeding which does not include a bottle would be a start.

Finally, it is clear that current measures to promote breastfeeding are not working. It is clear because the rate of breastfeeding in Australia is one of the lowest in the world, and is well below government targets. And clear because I am breastfeeding in spite of these measures, not because of them. There was no government publication, advertisement, or health run service which significantly influenced my decision, or assisted with my breastfeeding problems. And it is also clear because the problem of childhood obesity is continuing to worsen. Despite the fact that studies have shown that breastfeeding significantly reduces the incidence of obesity in later life, I have not yet seen the government consider the promotion of breastfeeding as part of their plan to tackle this costly issue. For the sake of our children, our health systems and ultimately all of us, action is required to turn around the declining breastfeeding rate. Government action in other countries has successfully increased breastfeeding rates. It can be done here but money and commitment are required.