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Standing Committee on Health and Ageing
House of Representatives
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To whom it may concern,

I write to you as the mother of two children and as a breastfeeding counsellor with the Australian Breastfeeding Association. I am very pleased that our government is holding an inquiry into supporting and encouraging breastfeeding as a way to improve the health of the Australian population, and I would like to make a submission on the following terms of reference:

a. The extent of the health benefits of breastfeeding.

The health benefits of breastfeeding are already well-documented and researched, and babies who are prematurely weaned from breastfeeding are more likely to develop type 1 diabetes, more likely to become overweight, and more likely to be hospitalised for respiratory infections like bronchiolitis. Mothers who do not breastfeed are at increased risk of breast and ovarian cancers, rheumatoid arthritis and type II diabetes. These illnesses cost our health system millions of dollars each year and have a huge cost to our economy in terms of lost productivity.

A community-wide education campaign should take place to highlight this information to our society as a whole. Our community needs to be told about the importance of breastfeeding and about the risks of not breastfeeding.

b. The impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities.

The World Health Organisation and UNICEF recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding up to 2 years and beyond. The initiation rate of breastfeeding in Australia is around 90% but quickly declines by the 3 month mark. There are many reasons for this, including that mothers are unsupported in their choice to breastfeed by our society where infant formula manufacturers are able to continue to market their products.

The provisions of the WHO Code have not been fully implemented in Australia. Australia's response to the WHO Code, namely the *Marketing in Australia of Infant Formula: Manufacturers' and Importers' Agreement 1992 (MAIF Agreement)*, is a voluntary agreement that does not fully reflect the intent of the WHO Code. The MAIF Agreement is not legally enforceable and there are no penalties attached to flouting this code. As a result, in Australia advertisements for breastmilk substitutes and infant feeding equipment are commonplace. There is also a proliferation of "toddler milk" advertisements (including TV advertisements), which are one way that formula manufacturers get around the current advertising restrictions for infant formula.

The provisions of the WHO Code should be fully implemented in this country to allow more effective control of the marketing and advertising of infant formula and feeding products.

d. Initiatives to encourage breastfeeding.

As a mother, and as a breastfeeding counsellor, I feel that the following initiatives would encourage women to breastfeed:

1. Access to clear and consistent breastfeeding information during pregnancy; this might include free breastfeeding education classes.
2. More breastfeeding support in hospitals, with implementation of the Baby-Friendly Hospital Initiative provisions in all hospitals and maternity facilities.
3. More community-based services to support and encourage breastfeeding mothers. Breastfeeding is a learned skill, and peer-group support organisations have already been an important part of increased breastfeeding rates in a number of countries, including in Scotland (see <http://www.breastfeed.scot.nhs.uk/> for more information). Local group meetings run by the volunteers of the Australian Breastfeeding Association (ABA) already take place in this country, and with proper funding these services could be extended to reach many more parents. My local ABA group, of which I am the current group leader, meets twice per month and at these meetings I see first-hand how women benefit from having access to trained breastfeeding counsellors, access to accurate and up-to-date breastfeeding information, and the ongoing support and encouragement of other breastfeeding mothers.
4. The provision of up-to-date and complete breastfeeding education for all health professionals (including GP's, child health nurses, etc), so that this information can then be passed on to mothers in an effective way. As a breastfeeding mother I often received conflicting breastfeeding information and incorrect advice. As a counsellor, I now often counsel mothers who are experiencing the same confusing situation, which then undermines their confidence in their ability to breastfeed.
5. The Australian Breastfeeding Association helplines in each state take hundreds of calls each day. A national free-phone number would make this service easier for mothers to access. Much could also be done to promote the use of this Australian Breastfeeding Association helpline (and the other services that the association provides to our community) and provide funds to ensure its continuing operation.
6. An education campaign to "normalise" breastfeeding in our society, so that all mothers feel confident to breastfeed wherever and whenever they like, without fear of comments or criticism

Yours sincerely,

Shona Cassels