

The Secretary of the Committee on Breastfeeding
House Standing Committee on Health and Aging
Tel: 61 2 6277 4145
Fax: 61 2 6277 4844
Email: haa.reps@aph.gov.au

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Dear Sir/Madam,

I believe one of the biggest reasons that we have less than 1% of Australian infants still receiving any breastmilk at 24 months (as per WHO guidelines) is that most of our society has been misinformed about the true risks of not breastfeeding.

If you ask any expectant parent today on how they plan to feed their infant the most will invariably tell you they want to breastfeed as that is best for baby. This is usually quantified with a statement like "if I can". Unfortunately these parents are mis-informed before they even have their baby. Breastfeeding is not best, it is the biological norm for human infants (actually for all mammals). The intervention (ie artificially feeding) is abnormal. Some people may feel these are strong emotive words. Yes, but what emotions does it conjour in your mind? Do you feel offended because you may have artificially fed your own infant and do not consider what you have done as abnormal. Artificial feeding may be a cultural norm in our country particularly for those who parented during the 1960's, 70's and 80's when breastfeeding rates were exceedingly low. However it is not the biological norm.

There is overwhelming evidence that infants who are not breastfed have poorer outcomes not just in health but also in cognitive function. Much of this evidence also shows that these outcomes also appear dose related. Another words a child who does not receive any human milk is statistically more likely to have poorer outcomes than a child who was breast fed for 3 months. The gap widens when no breastfeeding is compared to an exclusively breastfed infant of 6 months, it widens again when the child has breastfed to 12 months and even more so when the child has been breastfed to 2 years or more.

If parents were truly informed about the real risks they put their infants at by using artificial milk formulas many would be truly horrified that they have been kept in the dark by health professionals who did not have the time, the knowledge or the training to help them through what may just have been a little hiccup in the early days of initiating their lactation or unrealistic expectations of normal infant behaviour. Instead they were advised to "put the baby on the bottle" as this is seen as a quick fix to an immediate problem. However we know that this quick fix is not without a price. Unfortunately that price may be paid for throughout that infants life time due compromised health due to the inappropriate use of artificial infant formulas.

Artificial infant formulas need to be viewed as a last port of call when all else fails. Infact the World Health Organization ranks artificial feeding last after breastfeeding from an

infants mother, receiving expressed breastmilk from infants mother and receiving breastmilk from a human milk bank or another mother. A good analogy is that artificial formula is like a dialysis machine yes it can perform the function (sustaining human life) however it comes at a cost to the user. The original organ is much better (be it kidney's or the breast) even a donor organ is better than the intervention. We should all be using our breasts to feed our infants and leave the artificial formula for those exceptional times when no other human milk is available.

Unfortunately our society is a long way off being able to truly offer the support needed for us to become a breastfeeding friendly country. Mothers need not feel guilty that they have not succeeded in breastfeeding their infants instead they should feel angry that our society has failed in supporting them achieve a normal biological function of motherhood.

In order to see a change in our society to one that truly believes that breastfeeding and human milk are every child's birthright we need a multi pronged approach to promoting, supporting and protecting breastfeeding. Below are just a few examples of a pro-active approach.

Promoting Breastfeeding

- All parents should be told antenatally about the true risks of using artificial milk formula so they can make real informed decisions about infant feeding
- Educators need to use the breast is normal not breast is best (best is something special that we only do occasionally it is not everyday)
- Public health campaigns that feature breast is normal
- All government hospitals should become BFHI (Breastfeeding Friendly Hospital Initiative) as this has been shown to increase breastfeeding rates, higher breastfeeding rates leads to lower future hospital admissions
- All government workplaces should become BFWA (Breastfeeding Friendly Workplace Agreement)
- Breastfeeding should be covered as part of health and nutrition in all schools at all age levels
- Recognised Breastfeeding Education Classes should be rebateable under medicare as good health promotion

Supporting Breastfeeding

- The current maternity package that is paid by the Federal Govt (commonly referred to as the baby bonus) should be linked to subscription to the Australian Breastfeeding Association like immunization is linked. We know those mothers who have the support of other mothers and ABA's trained voluntary breastfeeding counsellors are more likely to succeed in breastfeeding and will have a longer breastfeeding duration
- More resources for midwifery home visits for early discharge mothers
- Electric Breastpump Hire rebateable by medicare
- International Board Certified Lactational Consultant (IBCLC) visits rebateable by medicare (again good preventative health)

- Breastfeeding Confidence booklet (produced by ABA) be given out to all new mums when they receive their Child Health Book at hospital discharge

Protecting Breastfeeding

- Enforce the MAIF agreement with legislation
- Extend the MAIF agreement to include toddler formulas
- Adopt the WHO Code on the marketing of breastmilk substitutes in full
- Adopt a set of ethical guidelines for all health professionals to not accept conferences sponsorship by formula manufacturers
- Disallow advertising of all formulas, toddler formulas, bottles and teats from all forms of media and in supermarkets.
- All health professional should have a mandatory requirement for X amount of continuing education on breastfeeding per X years. Currently this is highly variable between professions and between states. A GP may have as few as 2 hours of education on lactation throughout their training and no current requirement for continuing education.

It would also be advantageous for the standing committee to read *'The ethics of infant feeding choice: do babies have the right to be breastfed?'* This challenging paper by *Pamela Morrison* examines the cultural assumptions that influence our understanding of infant's rights and societal and parental responsibilities. The author considers the unequal way 'rights' are applied to a discussion of infant feeding choice in different parts of the world. *Topics in Breastfeeding March 2006 Australian Breastfeeding Association.*

Below is an appendix of research that provides evidence for my discussions above.

Mrs Susan L Day IBCLC
Mother of 5 breastfed daughters

APPENDIX I **REFERENCES**

Reviews, policy statements and information can be found:

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Mothers

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It is also worth noting in the English language 'formula' is also a 'positive' or 'scientific' sounding word for example "formula for success" or "scientific formula". Whilst scientists are still experimenting with infant formula additives it is a marketing ploy of the artificial baby milk companies for us to believe that brand A is better than brand B because it has additive C. For further information on breastfeeding language see Diane Wiessingers

article from the *Journal of Human Lactation* called "Watch your Language"
<http://www.bobrow.net/kimberly/birth/BFLanguage.html>