

House Standing Committee on Health and Ageing**Committee activities (inquiries and reports)****Inquiry into Breastfeeding**

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Thank you for allowing my submission. I am a mother of 3 young children, an ABA counsellor, committee member for the Baby friendly Health initiative in Mudgee & a pre natal educator .

A) Extent of the health benefits of breastfeeding.

The benefits have been well documented with robust & extensive scientific research. It is not my intention to present other author's findings but even with a sample group of our 3 kids, the benefits are apparent.

Our oldest is 7, breastfed for 2 ½ years, & has been to outpatients once at age 5 for gastritis & possible 3 other doctor visits.

Our son is 4, breastfed for 3 ½ years, outpatients for a middle ear infection, doctors for bronchiolitis & a dietian for help to diagnosis, his amine intolerance which was causing eczema.

I have no doubt that his eczema would have been much worse if he was formula fed as it was suggested by some medical practitioners.

Our last child is 4 months, & the journey really has just started.

Neither of our older child suffered gastritis, ongoing ear infection, the need for speech pathologists, dental decay, obesity & show all the sign of intelligent, co-ordinated & well balanced kids. We have no doubt the extended breastfeeding contributed to this.

There were also benefits to me. I have a reduced risk of ovarian, breast cervical cancers, my weight was return to my pre-pregnant state quite quickly & I am well bonded & intune with my kids.

B) Evaluate the impact of breastmilk substitutes on breastfeeding rates

These are my thoughts with respect to rural regions, with no real scientific research undertaken by me. It is hard to walk into a supermarket or a chemist without the presence of formula being apparent. The promotion of formula is often found in advertising material of the above outlets. This ease of availability of an inferior product does confer to the general public that formula is safe, normal and as good as breastmilk- The science shows us this is not the case. I believe that in some countries, formula is only available on subscription.

C) The potential short & long term impact on the health of Australians of increasing the rate of breastfeeding.

I am sure there are academics who can give you current information, though my suspicion is, breastfeeding can only be beneficial.

D) Initiatives to encourage breastfeeding

To me the overall impression is that it is normal to bottle feed & if you do breastfeed than you are the exception and that you do not do anything else. These images are found in child's book's, general media & within professional associations such as comment by the AMA president recently.

The normalisation of a breastfeeding baby must occur. This should start with prenatal mothers & continue as long as the child & mother chooses to feed. To give a the mother the confidence she need to breastfeed she should be aware of the benefits of breastfeeding & the risks of formula feeding,& have access to supportive & knowledgeable health people. This would mean to retrain all health professional & child care agencies.

My children were born in 3 different hospitals,& I have come in contact with 4 Early Childhood Centres and about 10 doctors. The information the majority gave was not supportive of breastfeeding. This was in relation to timing of feed, number of feeds, night feeds , age and feeding, feeding from one breast only, teeth decay, weight gains, use of dummies, cradle cap causes, tandem feeding, feeding through pregnancy , getting pregnant, teething- general childhood information.

Midwives often gave mixed messages about breastfeeding. I heard one exclaim "that none of my 4 children breastfeed & they are alright". The early childhood nurses based most of there advice on formula feed babies- ie 4 hourly feeding & lots of sleep due to the morphine like milk protein found in bovine milk. The weight chart still in common use are based on American formula fed babies, whose growth patterns are not like breast fed babies & children. One doctor told me that in his undergraduate studies he had 1 lecture on breastfeeding, which was more to do with anatomy than how it works in relation to breast feeding. To encourage health areas to spend money on training & support, the Baby Friendly Initiative should be included in the core units for quality accreditation for all maternity hospitals.

Every maternity & community health services should have at least 2 (depending on size- but one is sometimes away & not available) lactation consultants, which mothers can see at bulk billing rates.

Mothers often feel they can not breastfeed because of work commitments. I have worked part-time as a vet, & am involved in many children organisation in a volunteer manner . Childcare personnel may need information to be able to support a mother in her wish to continue to feed. The first day care lady Rebekah had in Sydney, tried to encourage me to wean at 7 months, the second lady was very supportive though in 7 years Rebekah was her first child to be fed breast milk in care. Work arrangements such as breaks & facilities for expressing should be standard, not extra's. It is often the acceptance that formula is good ,though if you want to try really hard & challenge this norm, you can continue to breastfeed as work- or really anywhere apart from with a little baby in private.

Mothers will be more likely to feed with positive peer support. as well as positive professional attitudes. By supporting & encouraging ABA, it would achieve this. ABA members are more likely to feed & for longer.

To acknowledge the time and commitment of ABA volunteers it may help to retain they skills in the organisation by allowing them to claim some of their expenses against a wage.

E) Examine the effectiveness of current measures to promote breastfeeding.

Apart from the posters in the maternity units & promotions through ABA , I have not be aware of any formal promotions to promote breastfeeding to the general public. I am aware of NSW health promoting it with some health professional.

F) The impact of Breastfeeding on the long term sustainability of Australia's health system

Again I hope that there will be research to show the true cost of formula feeding but as breastfeeding reduces the risk of diabetes, obesity, osteoporosis, allergies, dietary intolerances, SIDS, & mental health concerns in the child, I think it can be assumed that will reduce the load on our health providers. By putting funding into promoting, supporting & normalising breastfeeding we will be preventing rather than curing & managing these conditions, and have more intelligent kids as well.