Submission for Inquiry into Breastfeeding

AUTHORISED: 17/4/07

Dear Sir/Madam,

Thank you for allowing me to submit my thoughts on breastfeeding and how it can be improved and supported. I hope the committee makes good progress. I am a mother of three children and a breastfeeding counsellor with the Australian Breastfeeding Association.

Ban all marketing of artificial milk

Australia should sign up to the WHO code on marketing milk, which would cut back on all the lost leader type tactics that the formula companies are able to get away with here. They give away toddler milk samples, they advertise toddler milk in a totally inappropriate way yet because the product they are marketing is a toddler formula it is beyond the scope of the APMAIF to reprimand the company. I recently reported what I saw as a breach of the code to APMAIF and I have enclosed a copy of their letter back. There can be no doubt that marketing impacts on breastfeeding, otherwise why would the companies market so aggressively?

Most mothers could continue to breastfeed through the first year, even if they return to work. The order of preference for a baby is

- 1. Breastfeed from own mother,
- 2. Breast milk from own mother in cup or bottle,
- 3. Breast milk from another mother,
- 4. Artificial milk.

I believe that it is little understood in our society the difference between formula and breast milk.

Many mothers see them as equivalents rather than formula as a far inferior substitute. This must be due to the marketing of the formula companies. The companies benefit from this perceived equality and will do nothing to dispel it. In the society of "helicopter" parenting where people will do anything to keep their too few offspring safe, why would they choose to forfeit this most basic and significant of health factors for their little one? If the companies are allowed to sell their product and to all intents and purposes market it, then the product must be safe. This is the public's rational and it is a reasonable one.

The impact of marketing is insidious and there should be a blanket ban on all artificial milks except on doctors' advice. They're marketing needs to be cut back to the proper terms of the code on marketing infant milks. No bottles, no teats, no supermarket specials.

Artificial milk should be seen alongside junk food; a very poor equivalent to nutrition. The health effects of not breastfeeding are recognised at the grass roots level; a paediatric doctor would not expect to see a full term breastfed baby in A&E, just bottle fed babies. They understand that those babies are at greater risk of infections of all sorts and that their immune system will cope less well.

The only way that the committee will achieve any sort of progress with breastfeeding is to address the large artificial milk companies. They can not be allowed to participate in the debate at any meaningful level; the loss of their market will be to Australia's health gain. It is hard to quantify the effect of increasing breastfeeding

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rates, but I would imagine that they would be great. Less sick babies, less sick mothers, happier babies, happier mothers.

If there were a direction to go it would be to finance some independent research into the effects of formula feeding. This would be a subtle shift of emphasis; breastfeeding research always feels like it is on the back foot and forced to justify itself. If there was research talking about the risks of using a non-sterile product and looking at and publicising the method of production and what is actually in formula things would look very different from a public perspective.

Normalise Breastfeeding

To encourage breastfeeding it has to be normalised. It can't be put up on a pedestal as an unachievable gold standard (this is one of the marketing ploys of the artificial milk companies – it's too hard for mere mortals so use our milk instead). Breastfeeding must be the normal way of feeding a baby for at least the first year. Women who bottle feed report feeling guilty in public because they are not breastfeeding. Women who continue to breastfeed beyond six months feel guilty too. Our society's views of normal have become skewed; little babies breastfeed, anything that can hold a toy does not. I know many women who have continued to breastfeed into the second year of their baby's life and stopped feeding in public out of embarrassment. This is not the way it should be in a healthy society that embraces all ages and colours and creeds. Babies are an (ever diminishing) part of our society and they should be fed the best food for babies as long as they need it.

Breastfeed and work!

Breastfeeding and work is a very easily achieved goal. All work places which employ women should have a breastfeeding friendly accreditation. This involves a decent place to express your milk, an area of a fridge to store the milk and the right to do it. Child care centres should be showing that they are willing and able to deal with a breastfed baby, and be appropriately trained to understand the importance of this for babies.

Governmental support.

This could be in the form of food allowance, free medical care or other "fringe" benefits which would show that the government values a mother's contribution.

Government subsidies for Australian Breastfeeding Association

Governmental support for Australian Breastfeeding Association, not dependant on the party in power or re-applying every year, but entrenched support.

Market Breastfeeding

A two pronged marketing campaign for breastfeeding - one side promoting and normalising breastfeeding, the other pointing out the risks of formula feeding similar to the cigarette campaign - show sick babies on the side of artificial milk cans.

Improve training

Midwifery training needs to include a significant amount of time with lactating mothers and learning about lactation. Many mothers report poor treatment in hospital post-natal wards, and this is very damaging to their future ability to breastfeed.

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I have had a mother tell me that she had a low supply, and her midwife had told her to express 90mls from one breast to increase her supply. Her baby was days old, and if she could express 90mls she did not have a low supply. This mother was incredibly frustrated that she had been undermined (led to believe she couldn't breastfeed successfully) and misinformed (she didn't have a low supply), but the damage was done for her and it was difficult for her to trust any information.

Post natal midwives are in a very powerful position to dictate how women go into motherhood. Either they leave hospital with a good understanding of breastfeeding and faith in their bodies abilities to feed the baby, or they leave feeling useless and that the whole process is beyond them. As part of the midwifery course there should be more emphasis on this phase, or a special module just on lactation. In the UK, the midwifery degree contains 18hours of breastfeeding training. I took over a year to train as a counsellor for the ABA, certainly clocking up a couple of hundred hours before I spoke to a mum on my own.

This would also apply to general practitioners and paediatricians who are frequently called on to give advice in the early days. They often give personal accounts and don't understand the process or respect it. Breastfeeding should be given the same amount of support as any other scientific process and advice only be given on what is known to be true, not what is believed to be true.

I truly hope the committee will make changes. It requires some ability to rise above the big business that is always at the heart of these things. If Australia's children's health is really of a concern then there is a way forward, and I hope that this committee will help to find it.

Yours sincerely

Claire Saxby

Websites I have looked at:

WHO website – Planning guide for implementation of the global strategy for infant and young child feeding http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159429_2.htm

WHO website - The international code of marketing of breast-milk substitutes. Frequently asked questions http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159429_2.htm

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