

Submission for the Parliamentary Inquiry into Breastfeeding

Submitted by Maxine Wilson

My submission is my personal viewpoint but I will state that I am a Midwife, an International Board Certified Lactation Consultant (IBCLC), a breastfeeding counsellor with the Australian Breastfeeding Association (ABA) and the mother of three breastfed children.

The World Health Organisation recommends that babies be breastfed exclusively for six months with the then gradual introduction of family foods and with breastfeeding continuing for two years or more. Whilst initiation of breastfeeding in Australia is high, the rates at three, six and twelve months are appallingly low for a society that should have access to appropriate health information and support. I believe there are many reasons for this and a multifaceted approach is needed to turn around this public health shame. Our society should be enjoying better health than we do and this less than optimal health is partly due to the early weaning of children and the subsequent introduction of artificial milks. The evidence for the increased health risks to babies, children and in later life as adults, of premature weaning is readily available. There are many short and long term risks involved in early weaning. These include suboptimal nutrition, reduction in IQ, inadequate jaw and oral cavity development and eyesight development, obesity, infection, diabetes, allergies, SIDS and cardiovascular disease. It is also well understood that visits to the doctor and hospital admissions, both frequency and length of stay, would be reduced for babies and young children with increased breastfeeding rates. The risks for the health of women who wean prematurely are also well known. The mother's risk of cancer of the breast and ovary and also the risk of heart disease and osteoporosis are increased. There is also a considerable environmental cost from early weaning. The production of artificial milk has a significant negative environmental impact, from the greenhouses gases and other pollutants produced, to the excess waste and misuse of resources.

The marketing of artificial milks has an enormous impact on the breastfeeding rates. To be reasonable - it is big business, their bottom line is profit and they have a pretty vulnerable audience. Unfortunately breastfeeding is still not seen as the normal thing to do and very few parents understand that there are risks associated with early weaning and artificial feeding. This is also an issue with health professionals including some specialist doctors, dieticians, general practitioners, midwives, child health nurses and pharmacists. All these groups

are courted by the artificial milk companies. As a general statement most doctors have very little understanding of the huge public health issue that is caused by early weaning. Most don't realise the significance of giving ill-conceived advice to wean a child. Definitely the understanding that is presently in the community, including the medical community, is that breastfeeding is best but not that important and artificial milk is very good, if slightly second best i.e. that there is not that much between them.

Socially disadvantaged women are even more likely to wean prematurely if they have commenced breastfeeding at all. They often have not received the same level of education either at school or in specifics such as prenatal care. They and their children are more at risk in many areas of health and they frequently don't have the same access to health care. They may have poor social support, have lower incomes and they also may have multigenerational health and social issues. The babies of these mums are already disadvantaged without being weaned early as well. On a contrasting note though, the most wonderful example of breastfeeding friendly communities that I have ever seen, where there was close to 100% breastfeeding rates for 2 years or more was in indigenous communities in East Arnhem Land. There was minimal marketing opportunities for "formula" there and also very strong probreastfeeding messages from within the community/culture (women had always breastfed), and from the health professionals working with the communities.

The initiatives needed to increase the breastfeeding rates are relatively simple and straightforward.

- We need massive public awareness/education campaigns - on a large scale and for some time. We need to change our "bottle feeding" culture. We need everyone to know that weaning early is vastly inferior to breastfeeding for one to two years. The community needs to be told the risks of not breastfeeding their children. The messages are currently very soft and mixed. I believe we need the likes of the anti-smoking campaigns, the life-be-in-it campaigns, the HIV campaigns, the skin cancer campaigns. It is a public health issue and needs to be treated as such.
- The community health messages need also to be reinforced by all the health professionals with whom families are in contact. This would involve first educating the health professionals. At present there is very little, if any, information about breastfeeding management included in the education of doctors and nurses. Even more shocking, general practitioners and obstetricians also receive scant, if any, information about breastfeeding. It should be essential for any doctor who will be attending women through their pregnancy and postnatal period, or babies and children, to have advanced training in breastfeeding management. This means all general practitioners, paediatricians and obstetricians. Midwives, although having some training in breastfeeding management,

still have great variability in their skill level and that also needs to be addressed. The Baby Friendly Hospital Initiative should be essential for all hospitals with birthing units or paediatric admissions.

- That artificial milk is only available on prescription following consultation with a doctor or IBCLC. The risks of early weaning should be explained by a health professional so that parents are able to make an informed decision and also have support to overcome any breastfeeding hurdles they may have.
- Lactation consultant services should be readily available to all women and babies who require them, currently there are frequently waiting lists in areas that do have them and many women have no access to this service.
- Access to midwifery care and continuity of midwifery care throughout pregnancy until the end of the postnatal period are also initiatives that would have an impact on the level of information and support women would be receiving. We know that women being cared for continuously by someone they know in labour use fewer drugs and have less intervention. Drug use and intervention in labour increase the likelihood of breastfeeding difficulties. Separation of mothers and babies at birth even for routine procedures such as weighing prior to the first breastfeed can impact on the success of breastfeeding. Levels and quality of midwifery care in labour and the early postnatal period is a preventative strategy. Early discharge programmes where there is inadequate home visiting or home support are also impacting on the success of early breastfeeding. In the Netherlands where many mothers birth at home, there is a home helper who attends daily to help with domestic chores. The midwife also visits frequently for a week to ten days.
- As a community we need to support mothers to be able to breastfeed their babies easily. One of the obstructions to this is unpaid maternity leave and difficulty in continuing breastfeeding when returning to work. There needs to be increased incentives for breastfeeding friendly workplaces. Women who choose to stay home and breastfeed their babies and care for them should not be financially disadvantaged as is the case currently. There should be some compensation, mothering benefit or tax break for those families that decide that a mother staying at home to care for and breastfeed a baby is essential in the first year of a child's life. Mothers in Norway are given 12 months paid leave and generous breastfeeding breaks when they return to work and consequently Norway has one of the highest breastfeeding rates in the world.
- Providing ABA (Australian Breastfeeding Association) contact and support information to all mothers in the prenatal and postnatal period would also be an intervention that would assist families in accessing ongoing community support whilst breastfeeding. Providing opportunities for women to claim their ABA subscription on private health insurance or

as part of their "baby bonus" would also be an incentive for women to access more information and support.

- At present the committed volunteer breastfeeding counsellors from ABA provide a 24 hour a day, seven days a week helpline nationally. This is not funded on a full or permanent basis despite the fact that millions of health dollars are being saved due to the support and information given freely by volunteer counsellors to anyone who rings the helpline. This helpline should be given priority funding as an essential support service to the community.
- The establishment of milk banks should be fully supported and facilitated by the relevant health and government authorities. Premature and sick babies who do not receive breastmilk are at risk of severe and life threatening disease. They should not be denied breastmilk when it is so freely available.
- The World Health Organisation growth charts based on breastfed children should be implemented immediately. Until we see breastfeeding as the norm, we will continue to measure our children against an unnatural and unhealthy standard.

The Marketing in Australia of Infant Formula (MAIF) agreement is a joke. You only have to walk into any shopping centre to see breaches of the agreement. And now we also have the "toddler" formulas to contend with. The unchecked marketing of "milk" to the parents of babies and young children is one of the biggest difficulties in educating parents. Companies have immense advertising budgets and it is in their best interest to convince the population of the "essential" nature of their product. Unfortunately in the case of artificial baby milk producers and suppliers, this is at the cost to the health of the baby, mother and community. It is very difficult as a health professional and a volunteer breastfeeding counsellor to be heard above the formula advertising and uninformed advice given by many medical professionals.

The Australian Breastfeeding Association (ABA) does an outstanding job in the promotion of breastfeeding. I would credit the ABA as the driving force behind the majority of the positive (albeit still inadequate) achievements there have been in breastfeeding in Australia since the 1960's. ABA provides an incredible service to the community and considering there are only a handful of paid positions within the association, it's accomplishments are immense.

The IBCLCs around the country and the other dedicated health professionals who promote breastfeeding all work tirelessly to influence the clientele with whom they come into contact. Unfortunately without the government's support at an "advertising" level I do not see how the information about breastfeeding is ever going to get to the general public. There is too great a tide in the opposite direction due to the marketing of artificial milk companies and the poor quality of the advice handed out by many in the medical and nursing profession. I also

believe that education and training of doctors and nurses needs to change for them to have the skills and knowledge to effectively promote breastfeeding.

What effect does increasing Australia's breastfeeding rates have on our health system and our society in general? We know we will have fewer sick kids, fewer sick parents, fewer visits to the doctor, fewer hospital admissions, fewer deaths, less sick leave - all significantly less and shown over and over with research. Surely this is money well saved in the short and the long term? Of course the cost to quality of life for those who benefit on an individual level is immeasurable. We also produce a smarter, healthier society. The social benefits are incalculable. To do this we need to change the present culture around feeding babies. We live in a bottle feeding culture where breastfeeding is still not regarded as the normal way to feed a child. We need a government that is willing to drive this financially and with legislative support and the benefits will be apparent very quickly.

Signed Maxine Wilson
11th March 2007