



I am delighted that the Parliament has seen fit to hold an inquiry into breastfeeding in Australia. As the mother of four young adults, all of whom were breastfed, a volunteer breastfeeding counsellor and retired IBCLC (International Board Certified Lactation Consultant) it is a continual frustration to me that the normal way to feed a human baby is not supported by many in our society or medical professions. In no other area of health care is the normal function of a body part so flippantly and frequently dismissed and an alternative, artificial solution suggested, except perhaps in childbirth, where caesarean section is prevalent – but that is, perhaps, grounds for another inquiry.

I would like to address the Inquiry's terms of reference:

*a. The extent of the health benefits of breastfeeding*

Breastfeeding is the normal way to feed a human baby. There are no health benefits per se, as it promotes a normal state of health. Unfortunately, we are currently experiencing the health effects in our country of many decades of feeding children artificial baby milks. The health risks associated with these milks are well documented and are responsible for many western societies' experiencing epidemic rates of asthma, allergies, obesity and diabetes. When looking at these diseases, health departments often look at the population's general diet, but don't think to consider that damage to the immune system and gut may have been established as soon as baby was fed something other than human milk.

It is also normal for babies, once weaning is commenced, to continue to breastfeed for several years as family foods are gradually introduced. This continues to support their immune system and ensure that they have enough nutrition as they develop a full, healthy diet.

*b. Evaluate the impact of marketing breastmilk substitutes on breastfeeding rates and in particular, in disadvantaged, indigenous and remote communities.*

I lived and worked in remote and indigenous communities for five years, having close contact with indigenous mothers and their extended families. I know that in remote and indigenous communities where the health staff are supportive of breastfeeding and community acceptance is very high; there were virtually no instances of mothers having problems with lactation. Where both the climate and parents' access to facilities to clean and keep clean artificial feeding equipment such as teats and bottles means that bottle feeding is a defined risk, health professionals can be extremely supportive of breastfeeding.

Non-indigenous women in remote communities where they have a high level of breastfeeding support – for example, supportive health staff, a volunteer breastfeeding counsellor or IBCLC also find breastfeeding is successful. Community acceptance,

family support and community expectations are relevant in any community and breastfeeding rates will rise according to people's knowledge, expectations and acceptance of what is a normal process.

*c. The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding.*

The Lactation Resource Centre, run by the Australian Breastfeeding Association for the use of Health Professionals, breastfeeding counsellors, and the general public, collects breastfeeding related research and data from around the world. There is much within this collection that would show not just potential impact but measurable impact on the health of babies and the lifelong impact of breastfeeding. In reality it is not breastfeeding having a positive effect, but feeding babies artificial baby milk instead of breastfeeding that has a negative impact, not only on the health of the child, but also the health of the mother.

*d. Initiatives to encourage breastfeeding*

For mothers to breastfeed successfully, there must be family, community and government support. Mothers must know that breastfeeding is important, both for themselves and their child. Society must accept that the advertising messages of the 1950s onward from manufacturing companies that sell artificial milks are based purely on the amount of profit they can extract from the community, not on any health goals they may have for infants.

We must realise that if we are to support breastfeeding, governments must support the systems that support breastfeeding. Antenatal education, Baby Friendly Hospital Initiative, Milk banks for babies who cannot have their own mother's milk, Community groups such as the Australian Breastfeeding Association, who have trained volunteer breastfeeding counsellors available 7 days a week to support mothers in person, and via telephone and email.

There must also be a community education campaign so that we eliminate the 'guilt' that is seen to be part of choosing not to breastfeed. When a mother cannot breastfeed, or is not helped by her health professionals to overcome problems breastfeeding and must use artificial baby milk, guilt is not the issue. Anger, regret, frustration maybe, but guilt is when you have done something that you know to be wrong and most mothers would not choose that for their baby.

*e. Examine the effectiveness of current measures to promote breastfeeding*

Current measures are not changing the statistics significantly enough. Although Australia has a high initiation rate for breastfeeding, many people in our society still believe that artificial milks do no harm. This has been proven untrue. Health professionals still offer formula as a solution, rather than identifying and treating the problem. Manufacturers of breast milk substitutes still advertise openly, most recently introducing unnecessary 'toddler milks' packaged and named in the same way as their baby milks and promoted as necessary and healthy. With the health profession concerned about 'epidemics' of diabetes, asthma and allergies, it seems frustrating that an identified cause of these problems (artificial baby milks) is not being investigated and their use minimised.

Australia must become a signatory to the World Health Organization's code of marketing of breastmilk substitutes.

The Australian Breastfeeding Association is a wealth of current information and peer reviewed research. Use them for information and collaborative projects and support their breastfeeding helpline.

Education must start from school age and continue throughout life. The community must realise that breastfeeding is normal and that feeding a baby artificial milks, as with any medical intervention, has risks.

*f. The impact of breastfeeding on the long term sustainability of Australia's health system.*

I think this has been addressed above. Promotion and support of breastfeeding will effectively save our health system significant amounts of money and the savings will build as more generations of children are breastfed.

In conclusion:

There is already evidence enough that artificial baby milks have negative health related side effects for many babies and that these effects last throughout life.

Mothers also can experience health related effects from not breastfeeding. It is the normal completion to the process of pregnancy and birth.

In remote communities where artificial milks are clearly perceived as a health risk, almost every mother successfully breastfeeds her babies and the ones who cannot, have milk donated from other mothers.

Society must accept that breastfeeding is normal and important for babies' health. WHO code compliance will help to minimise the profit-driven messages from manufacturers of breastmilk substitutes.

Baby Friendly Hospitals Initiative is already happening but needs more support.

Volunteer breastfeeding counsellors are well trained and available, however the Australian Breastfeeding Association should receive funding for this important community service and all mothers should receive information about ABA. It should be possible to have information included in the birth registration forms so that every mother, whether baby is born in hospital or at home, would receive information about how to access breastfeeding information and support.

Health professionals dealing with lactating mothers should be reminded of the importance of protecting breastfeeding and required to keep their education in the area up-to-date.

Lactation Consultants who hold the IBCLC qualification have passed rigorous testing and approval procedures. They are specialists in dealing with breastfeeding and breastfeeding related problems. I believe they should be medicare accredited so that mothers do not hesitate to contact them if they need extra help with breastfeeding problems. This one action (medicare accreditation) would encourage mothers to seek help before the problem leads to weaning their baby.

Thank you for the opportunity to present my thoughts.

Querida David