



1 February, 2007

The House of Representatives
Standing Committee on Health and Ageing
House of Representatives,
PO Box 6021,
Parliament House,
Canberra ACT 2600

Dear committee members,

Re: your inquiry into breastfeeding

I wish to make a submission to your above enquiry addressing the terms of reference as listed on your website.

As a mother who has (and continues to) breastfed three children, I feel qualified to address the terms of reference as outlined below.

a. the extent of the health benefits of breastfeeding

As a parliamentary enquiry committee, I expect you are aware of the health benefits of breastfeeding. Unfortunately, these benefits are not well known in the general community. The main benefits are:

- Breast milk contains all the nutrients a baby needs for at least the first six months of their lives
- The colostrum a baby receives in the first few days and the breast milk that follows contain antibodies that provide resistance to infection
- Breast milk provides the optimum nutrition for brain development – thus formula-fed babies may have a lower intelligence.
- Breastfeeding helps minimize allergy problems
- Breastfeeding provides optimal development for eyesight, speech and jaws in babies
- Artificially fed babies have a lower resistance to disease and are more likely to become sick.
- Artificially-feeding babies has been links with a higher risk of SIDS
- Non breastfed babies are more likely to develop ear infections
- Artificially feeding babies may also increase the risk of the baby developing juvenile diabetes and/or heart disease in the future.
- Breastfeeding helps mothers return to their pre-pregnancy state more quickly
- Women who have not breastfed have an increased risk of cancer of the breast, ovaries, heart disease and osteoporosis.
- Breastfeeding can delay the return of periods, thus saving money and reducing the environmental costs of sanitary protection

- Breastfeeding can act as contraception if done exclusively
- Breastfeeding is easy, sterile and portable
- Breastfeeding has a lower impact on the environment than the production of artificial milk and the paraphernalia and equipment that accompanies it.
- No packaging and chemicals are needed for the preparation and production of breast milk.

b. evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities

The companies that produce artificial milk for babies have a seemingly inexhaustible supply of funds for marketing and product information dissemination. In order to get around restrictions on advertising, they attempt to “advertise” their products by providing “scientific” information and samples to health professionals.

The women who produce breast milk for their babies are mothers with none of their resources. Volunteer advocacy groups such as the Australian Breastfeeding Association try to fill the breach but are unfortunately no match for the might and power of the resources of the huge multinational conglomerates.

There is a dearth of balanced and impartial information available to health professionals. The government is not providing the health professionals with the balanced and unbiased information that they require. The makers of artificial breast milk are filling this vacuum to the detriment of breastfeeding.

When women have access to information they are empowered to make their own choices. Unfortunately many women do not have access to correct information. Government funding for disadvantaged and remote areas is poor. The government allows the providers of artificial breast milk to step in and fill the gap. Lip service to “breast is best” policy is seen as adequate. Too many excuses are made to enable a woman to feel “good” about her decision to bottle feed a baby. The idea of worrying about “making bottle feeding mothers feel guilty” should be seen in the same light as worrying about the emotional feelings of mothers who smoke. This idea gives credence to the idea that bottle feeding is somehow on “par” with breastfeeding when it is clearly not.

Mothers get so much conflicting advice when their children are young. There appears to be little regulation of the information given out by early childhood nurses, general practitioners and information and support lines such as Karitane and Tresilian in NSW. From sampling all these providers, as a mother of demanding babies, my experience has been that only the Australian Breastfeeding Association has been able to provide a complete range of services in a timely manner. The support they provide to encourage feeding and appropriate weaning has proved invaluable to me. They deserve more support from you.

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

It is obvious that the impacts of increasing the rate of breastfeeding on the health of Australians would be enormous. Children would have a higher immune system. They

would be less likely to get ill. Families would have a higher disposable income (breastfeeding is free and feeding artificial breast milk is expensive), thus being able to afford more nutritious food and a higher standard of living. The flow on effects to the economy would be substantial.

d. initiatives to encourage breastfeeding

Currently the initiatives to encourage breastfeeding are poor. Having baby friendly hospitals (as prescribed by WHO) is one thing, but women are being discharged from hospital very early, before their milk comes in, in most cases, with little or no back up support. Breastfeeding is a 24 hour job in the first few months. The Australian Breastfeeding Association is the only place mothers can get 24 hour support. This service needs more government support and praise.

Early childhood nurses and general practitioners need to be trained as lactation consultants. They need to be aware of the benefits of breastfeeding. They need to be immune to the marketing prowess of formula companies.

Breastfeeding needs to be encouraged in public. Although it is illegal to ask a breastfeeding woman to stop or move on, this needs to be highlighted in training courses such as the Food Handling Courses that people are required to undertake when working in a restaurant. It should also be included in workplace training for all government workers such as museum and gallery staff, teachers, police, hospital workers, etc.

Breastfeeding needs to be seen as the normal and natural way for babies to gain sustenance. Artificially feeding a baby needs to be seen as poor substitute which is listed by WHO as the fourth preference of supplying nutrition to babies.

In an ideal world, the sale of formula should be restricted to pharmacies so people are given correct advice before the sale as well as alternative methods of support. Formula should have a heavy tax on it, except if it is sold under a doctor's prescription where the tax could be waived. Formula should not be sold in supermarkets.

e. examine the effectiveness of current measures to promote breastfeeding

These are currently very poor. Breastfeeding needs to be seen in the general public. Breastfeeding needs to be seen on television. Characters of soap operas should be breastfeeding their babies and loving it. The benefits of breastfeeding need a television campaign. The rates of breastfeeding decline rapidly in Australia as babies grow older. Women need to feel comfortable breastfeeding their babies regardless of their age. WHO recommends breastfeeding until the age of two. This appears to be rare in Australia. Women should be encouraged to breastfeed to as long as their and their babies wish. They need to be given unbiased and unconditional support and information to encourage them to make this decision. This currently does not happen. A public awareness campaign should be targeted not only at mothers but also at their support people (grandparents, fathers, other children) to re-educate people that breastfeeding is normal and natural.

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

As already stated, increased rates of breastfeeding lead to decreased rates of illness and disease in both children and mothers. This in turn leads to a decrease on the overburdened health care system. Australia's health system should be moving to prevention rather than cure. Breastfeeding is a prime example of prevention of illness and disease.

In conclusion:

One can see from your terms of reference as well as existing government legislation and data that the government already knows that breastfeeding is a vital element of raising a child. It is also obvious that the government is concerned about insidious marketing ploys from multinational companies supplying artificial breast milk who are trying to protect their market share.

The government faces the challenge of either facing these companies head on and taking a leading stance or cowering to them. The government has faced similar challenges in the past in relation to companies that produce cigarettes, asbestos products, and coal fired energy to name a few of examples.

As members of the government you choose what you do with the information presented to you. Having an enquiry and being presented with the facts as already known is one thing. Acting on the irrefutable data presented to you is another. It is the action (or lack thereof) the will be your legacy. To have the knowledge and to fail to take action is almost criminal in its negligence.

I wish you good luck with your enquiry and I look forward to seeing the results in the near future.

Yours sincerely,

Tmne Blair