



Submission – Inquiry Into Breastfeeding

This submission is made by Ms Asphyxia

Key Points Made In This Submission:

- If all Australian babies were breastfed, massive savings would be made in health care for these babies. These savings should be calculated, and this sum should be put towards increasing breastfeeding rates.
- Mothers need to be made aware of the benefits of breastfeeding in tangible terms (through posters and brochures in medical clinics, hospitals etc). Mothers also need to be made aware of the dangers of formula feeding.
- Formula should only be sold by a single, generic, not-for-profit organisation so that breastfeeding doesn't need to compete with aggressive marketing strategies by multi-national corporations with enormous budgets.
- Hospital practices need to change to promote breastfeeding. Introduce the baby-friendly hospital initiative, train midwives in appropriate techniques to assist breastfeeding, and change our model of birth care to reduce intervention rates during labour and birth.

The Submission

My Experience

I am a breastfeeding mother – my son is three and I am still breastfeeding him, despite a general aura of disapproval that surrounds me. While I have been staunch about breastfeeding my child in public if this is what is most convenient to me, from the time he turned 2, I began to deliberately feed him only at home and out of sight of others, because of the pressure I feel. This is despite the fact that children benefit nutritionally and emotionally from breastmilk up to the ages of 5 to 7.

It would be good to make the benefits of extended breastfeeding known – and even to change the terminology used so that new mothers are encouraged to breastfeed their child for a minimum of two years, as recommended by World Health Organisation (WHO), and are only considered to be extending breastfeeding after this time. In our society anything after one year is considered to be extensive.

Several of my friends have had problems breastfeeding after their babies are born, and I have been shocked at how the support offered to them by hospital clinics has undermined their ability to breastfeed. One friend, after she had breastfed her baby at the Mercy breastfeeding clinic, was handed a bottle of formula made up by the midwife, and told to

“top her up” – with absolutely no explanation of why her milk might be considered inadequate to her baby. Another friend was told that she didn’t have enough milk to feed her baby, and instead of suggesting methods that would increase her milk supply, such as allowing her baby ample opportunity to suckle, her lactation consultant (again at a hospital clinic) advised her to use a bottle after each feed. I visited my sister-in-law in hospital about four hours after the birth of her baby. No-one had suggested, yet, that she give her baby a feed. It was my partner and I who helped her to get the breastfeeding started. Fortunately she has gone on to breastfeed successfully, but I was shocked that no midwife had suggested she offer the baby her breast in the first hour or so after birth.

No wonder we have such a low rate of exclusive breastfeeding for six months.

“Practices in hospitals, which may disrupt the biological process of producing breast milk on demand: the infants suckling reflex, which stimulates the production and flow of milk, is undermined. These practices include: excessive medical intervention in childbirth such as overuse of surgery (Caesareans), drugs, or other interventions which may result in prolonged or more painful labour, resulting in exhausted mothers and babies; other customs which routinely delay putting the infant to the breast soon after birth; introducing a newborn to bottle-feeding while the mother is sleeping, or persuading a mother to try it in case she needs it back home. Sucking from a bottle requires much less effort than suckling from the breast. After a few days of bottle-feeding it can be extremely difficult to get babies to breastfeed, as another habit has been formed, though with hard work it can be reversed. Since the mother cannot produce milk unless her breasts are emptied, she then has no choice but to give a substitute which, after the first few free supplies are used up and as the child grows, gets progressively more expensive. Indeed the formula manufacturers have carefully studied the biological and social processes necessary to establish breastfeeding, in order to work out the best strategies to disrupt them, and to deceive/manipulate women into giving up breastfeeding.”⁷

We Would Save A Lot Of Money If All Australian Babies Were Breastfed

“Breastfeeding promotion is one of the most cost-effective health interventions.”⁷ The government stands to benefit significantly from allocating substantial funds to the promotion of breastfeeding:

- “A study of 9,300 children in Germany found that babies who were fully breastfed for three to five months were a third less likely to be obese by the time they started school than those who were formula-fed. Breastmilk contains substances which inhibit the production of fat cells, and has less protein. A high intake of protein later in life is associated with an increased risk of obesity later.”¹ Considering the obesity epidemic in Australia, considerable funds could be saved in this way.
- “In industrialised countries non-breastfed infants are five times more likely to get diarrhoea.”² By increasing the breastfeeding rates, the cost of treating diarrhoea will be reduced. “In the US, costs of treatment for diarrhoea in children up to one year as a result of not breastfeeding are estimated to be \$291 million. In New

York alone, the money spent to treat formula-fed infants under four months for diarrhoea was 15.4 times the expenditure for treating breastfed infants.”⁷

- “A recent study in the US found that, compared to babies exclusively breastfed for at least three months, the cost to health plans for babies who had no breastfeeding was much higher: an average of between \$331 and \$475 each for the care of common infections in the first year.”³
- “In the UK \$7840 is saved for each child that is prevented from developing insulin-dependent diabetes as a result of being breastfed.”⁷ “If all babies were breastfed the UK would save \$58.8 million a year in hospital admissions for gastro-enteritis.”⁷
- “Allergists in Newfoundland estimated that improved breastfeeding could save this Canadian province up to \$370,000 per year on the care of asthma and eczema.”⁴
- “A 1995 study in the US found that only 25% of all one-day maternal absences from waged work were by breastfeeding mothers, compared to 75% for the formula-feeding group.”⁵

The costs that would be saved in health care in Australia if all babies were breastfed should be calculated. This sum should then be allocated to improving breastfeeding rates.

What Can Be Done To Improve Breastfeeding Rates

This is what I believe can be done at Government level to improve breastfeeding rates:

- Require all hospitals with a maternity unit to develop the WHO Baby Friendly Hospital Initiative. “After adopting the Baby-Friendly Hospital Initiative, the Electrostal Hospital in Russia reported that infant infections Dropped by 18%. Pneumonia among infants decreased by 48%.”⁶ Similar improvements have been reported by a number of other hospitals around the world.⁷
- Provide training and codes of practice so that all postnatal midwives in hospital give appropriate, affirming advice, such as that given by the Australian Breastfeeding Association. This training must include tips to ensure mothers are not undermined regarding their ability to exclusively breastfeed their babies.
- Disallow sales by formula manufacturers who break the WHO-UNICEF code.
- Create a single, generic, not for profit organisation which makes and distributes formula, so that breastfeeding does not have competition from multi-national organisations which have enormous promotion budgets.
- Provide more information for mothers about the benefits of breastfeeding. While existing promotion does give mothers an idea that breastfeeding is “best”, I feel most women are not clear about the dangers of formula feeding (ie that they will spend 75% more time caring for a sick baby than if they persist with breastfeeding, that their child is more likely to be obese, that by breastfeeding

their child will have better vision, be more popular socially etc). “Where women are urgently searching for ways to reduce their workload, breastfeeding suffers: women may consider it but have to cross it out. It can appear dispensable without undue harm resulting.”⁷

- Provide more information to mothers about the benefits of extended breastfeeding. This includes lower levels of illness for their children, as well as increased health benefits for themselves as mothers.
- Require organisations to include paid breastfeeding breaks for breastfeeding mothers. Provide information to organisations that they will actually benefit from this economically. “The Los Angeles Department of Water and Power found that medical claims for workers’ children dropped 35% and absenteeism among mothers was cut 27% when good breastfeeding support services were offered. The DWP employs a counsellor to advise mothers how to continue breastfeeding when they return to work.”⁸
- Provide paid maternity leave of at least six months. Provide paid paternity leave of at least one month, so that women can be assisted by their partners in their workload for the first month when they are establishing breastfeeding. Provide a breastfeeding allowance/incentive, in the form of the Family Tax Benefit, for mothers for as long as they are breastfeeding – and a higher amount for mothers who are exclusively breastfeeding.
- Reduce the amount of medical intervention that occurs during birth. Australia and the USA have the world’s highest rates of intervention and yet are listed twelfth in terms of outcome.⁹ The high use of epidurals, at around 70%⁹, depresses the sucking reflexes of as many babies, making the establishment of breastfeeding more difficult. This is also true for babies whose mothers used narcotics for pain relief during labour. To reduce intervention rates, we need to adopt a midwifery model of care, similar to that used in Denmark where cesarean rates are 7% (compared to our 30%). We also urgently need comprehensive, affordable insurance for independent midwives so that homebirths can be attended.

Thank you for considering my submission.

Yours sincerely,

Asphyxia

(Breastfeeding mother, researcher of pregnancy, birth, and newborn models of care.)

¹ *Guardian*, July 16, 1999.

² *Baby Milk Action Update 20*, February/March 1997, p.6.

³ Ball T.M., and Wright A.L., Health Care Costs Of Formula Feeding In The First Year Of Life, *Pediatrics*, 1999.

⁴ Chandra R.K., Five year follow-up of high risk infants with family history of allergy who were exclusively breast-fed or fed partial-whey hydrolysate, soy and conventional cows' milk formulas, *Journal of Pediatric Gastroenterology & Nutrition*, No 24, 1997.

⁵ Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations, *American Journal of Health Promotion*, 1995.

⁶ Baby Milk Action *Update* 23, October 1998, p.3.

⁷ "The Milk Of Human Kindness. Defending breastfeeding from the global market & the AIDS industry." By Solveig Francis, Selma James, Phoebe Jones Schellenberg, Nina Lopez-Jones. Crossroads Books. 2002.

⁸ USA Today, December 9, 1987.

⁹ Rhea Dempsey, childbirth educator, in her *Birth* workshop.