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Inquiry into Breastfeeding

Summary:

In my experience of breastfeeding 2 children and taking part in 10 or so mother's groups both in QLD and WA, I have found that my children are healthier both emotionally and physically than many of the other children that we associate with. I attribute this to co-sleeping extended breastfeeding (my son who is 4 1/2 still asks for and receives breast milk), my husbands complete support of breastfeeding and co-sleeping, and being as patient and kind parents as we can. We believe that if children are cared for lovingly and gently that there will be no need for war or other types of strong conflict as the children will grow into self secure and compassionate members of society. Looking after the mental health as well as the physical health of my children reduces their need to use the health care system now and in the future.

My 20 years of working as a Rehabilitation Consultant has shown me the devastating impact of childhood emotional scars. Breastfeeding is one way to heal family patterns of hurt and poor nutrition.

Terms of Reference

“The Committee shall inquire into and report on how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding. The Committee shall give particular consideration to:

a. the extent of the health benefits of breastfeeding;

I feel very strongly that Breast feeding is naturally the best nutrition that I can offer my children. I have taken some information from the WHO site which concurs with my own feelings and actions about breastfeeding.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. A recent review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life

- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the child wants, day and night
- No use of bottles, teats or pacifiers

Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life.

Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. These effects can be measured in resource-poor and affluent societies (*Kramer M et al Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. Journal of the American Medical Association, 2001, 285 (4): 413-420*)

Breastfeeding contributes to the health and well-being of mothers, it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.

While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices. WHO and UNICEF launched the **Baby-friendly Hospital Initiative** in 1992, to strengthen maternity practices to support breastfeeding. The foundation for the BFHI are the **Ten Steps to Successful Breastfeeding** described in Protecting, Promoting and Supporting Breastfeeding: a Joint WHO/UNICEF Statement. The evidence for the effectiveness of the Ten Steps has been summarized in a scientific review document.

The BFHI has been implemented in about 16.000 hospitals in 171 countries and it has contributed to improving the establishment of exclusive breastfeeding world-wide. While improved maternity services help to increase the initiation of exclusive breastfeeding, support throughout the health system is required to help mothers sustain exclusive breastfeeding.

WHO and UNICEF developed the 40-hour Breastfeeding Counselling: A training course to train a cadre of health workers that can provide skilled support to breastfeeding mothers and help them overcome problems. Basic breastfeeding support skills are also part of the 11-day Integrated Management of Childhood Illness training course for first-level health workers, which combines skills for adequate case management with preventive care. Evaluation of breastfeeding counselling delivered by trained health professionals as well as community workers has shown that this is an effective intervention to improve exclusive breastfeeding rates ([link to graph](#))

The Global Strategy for Infant and Young Child Feeding describes the essential interventions to promote, protect and support exclusive breastfeeding.

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

I know how damaging marketing of imitation breast milk is as I myself was not breastfed and this was one of the reasons.

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

The short term impact on breastfeeding increases the mother and baby's wellbeing. In the short term it provides a higher immune functioning in the baby which protects the baby from any viruses or diseases that can harm the baby.

In the long term it may heal the mother of Post Natal Depression and provide continued support to the growing baby. My experience of having a c section with my first baby produced Post Natal depression for around 11 months. Breast feeding enabled the breast feeding hormones to bridge the gap between being a depressed and angry mother to being a mother who wanted to do the best by her baby and heal myself.

Breastfeeding my toddler has helped him to get over a deadly bug that rendered me bed ridden for a couple of days. This saved us both from being hospitalised.

The emotional health of our children should never be underestimated. Looking after our babies with Breast milk and co-sleeping and kindness will ensure a happy and self-confident child/adult. Happier people get sick less, take little or no sick/stress leave and contribute to a healthier nation and produce happy children too.

d. initiatives to encourage breastfeeding;

Small business needs more financial support to enable them to employ women who may be of child rearing age.

Provide women with choices to birth at home or in a hospital setting. Women who choose to birth at home cost the government and community nothing yet these families bear the high costs themselves. The midwife I employed supported me for 6 weeks at home by home visits and phone calls. This continuity of care is not provided by hospitals and leads to a reduction in breastfeeding and therefore reduced health of baby and mother.

Breastfeeding should be part of a Health promotion strategy for all Australians. Mobile clinics could assist women in remote areas to ensure successful long term breastfeeding.

I have been meeting some women where the husbands lack of support reduces or totally inhibit breastfeeding altogether. This is also a health promotion area that can be addressed. Women are pressured by many areas of society and husbands/partners can unfortunately risk their own baby's health through lack of information.

Publicity of long term breast feeding eg toddlers feeding posters. Socially not acceptable to breastfeed a toddler in our culture.

Daily visits to mothers at home by qualified midwives or doulas to ensure breastfeeding is working for baby and mother for at least 2 weeks. 2 weeks of home help for all mothers to reduce the stress of trying to "do it all" straight after birth.

At least one years paid maternity leave to encourage Mother's to stay at home and be a full-time parent. Reducing Mothers stress will ensure a good supply of milk.

Employers being provided some type of tax break to enable them to support one years paid maternity leave.

Milk banks can assist Mothers who are having difficulty with breastfeeding or are not providing "enough".

Breast feeding needs to be a topic at school for all Australians in all schools at both primary and secondary levels. Home schooled and distance educated children need to have access to breastfeeding education also.

e. examine the effectiveness of current measures to promote breastfeeding; and

Current measures to promote breastfeeding are inadequate.

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

The savings that are made in the health system are doubled environmentally by exclusive breastfeeding.

Breastfeeding is a preventative measure. It increases the health, intelligence and emotional well-being of new born Australians. We can not afford to ignore this natural resource. Mental health care as well as hospitalisation are far more expensive than after birth care of mother and baby.

If we look after and nurture our babies and children in the most natural way possible, we will reduce depression, anxiety and many other expensive health issues. It makes good sense to promote our natural breastfeeding and keep future health care costs down.

Please see Robin Grille's "Parenting for a peaceful world" at www.our-emotional-health.com for further research which backs up my claims.

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