

Submission no. 298AUTHORISED: 4/4/07 

Hello,

Could the following please be accepted as an addendum to my submission to the inquiry, emailed on February 28th 2007.

Other issues and afterthoughts which require consideration when looking into the impacts on and of breastfeeding.

Environmental factors - The production of infant formula has a devastating impact on the world we are currently destroying. The 'top tips to reduce your households contribution to climate change' that I recently received in the mail from the Australian Conservation Foundation included at number five 'eat less red meat'. Whilst formula production has little to do with meat, the impact on the environment of the cows who produce the milk that is used to produce the formula is the same. Land clearing for grazing, methane (an online search - without references - tells me that one cow produces methane gas equivalent to 225 litres of petrol in one year) and it's impact on global warming, packaging, fuel & transport. It's obvious that it's not only humans that stand to benefit from a decrease in the production of infant formula.

Birth practices/maternity care - Whilst I believe that this subject deserves an inquiry of it's own, I will attempt to address only the aspects which I believe relate to breastfeeding. Women who have continuity of care through their pregnancy and postnatally feel more supported and confident in their ability to birth and breastfeed their children. Whilst the medical establishment in Australia is slowly (and with much resistance) waking up to this and other facts about the current inadequacies of maternity care in Australia, there is a long, long way to go. Women are constantly being told that birth is a medical emergency, we know that women with private health insurance are more likely to have birth interventions with no improvement in infant/maternal mortality/morbidity. Maternity units are being closed down left, right and centre, forcing women who choose hospital birth to visit 'baby factories' for their antenatal care, and birth in an environment which is in many cases further from home and family, surrounded by many mothers and few staff. Women who choose to birth at home and have the care of one midwife for their pregnancy and birth are forced to pay, in most cases over \$4000 from their own pocket, as the government refuses to issue medicare provider numbers to independent midwives and few private health funds have rebates, despite the shown safety and consumer satisfaction for homebirthing families. Whilst some birth centre exist to provide a natural birth choice in a hospital environment, many women are refused entry into these services due to their birth history. In my own experience, I attempted to book in to the Birth Centre at Nepean Hospital during my second pregnancy, shortly after it had opened, only to be refused and told that there were not enough staff to run it. All of these things have an impact on a womans confidence, which in turn impacts on her ability to (among other things) breastfeed. Standard birth practices that see women having usually unnecessary interventions interfere with her body and reduce the belief she has that she can provide for her young. Inductions using synthetic hormones affect the way that her body releases hormones, some of those hormones being required for breastfeeding. Practices where large babies are given formula before their first breastfeed (due to concerns about blood sugar levels) interfere with the establishment of breastfeeding. Research has recently found that epidural anaesthesia has a negative impact on establishing breastfeeding, as do ceasarian births, the rate of which are currently unacceptably and unnecessarily high. Separation of babies and mothers after birth interferes. Neonatal Intensive Care Unit staff who deter mothers from being with their babies, and see expressing and feeding breastmilk as an inconvenience. Staff who give babies formula without *informed* consent (how can they be informed if they can't be told of any of the dangers or risks of formula feeding because it might make them feel guilty!).

I was once told by a midwife that breastfeeding is '99% between the ears', and have heard others say that it is a confidence trick. Is it any wonder that so few women maintain breastfeeding when their pregnancies and births are by and large seen as close shaves, or failures, in which her body is unable to do what nature had intended?

Warm regards

16/03/2007

Bernadine Brook