

Submission no. 236
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I welcome the government's federal inquiry in to breastfeeding. I have addressed a number of keys points below.

The extent of the health benefits of breastfeeding:

Research continues to show, repeatedly and regularly the superiority of breastmilk over any substitute man can make. This fact can not be made be publicised or marketed without persons being accused of 'making mothers feel guilty' or denying mothers the choice of how to feed their babies. But women have the right to know. How can they possibly make an informed decision on what to feed their baby with only a small portion of the facts? How will the vast majority of women ever learn the extent of the damage that can be done by not breastfeeding if they can not be warned of the risks of formula feeding?

The health benefits of breastfeeding have been proven, and can not be disputed, and for this reason there is littel point in me reciting them. I hope that those with more formal education than myself have made submissions, and have provided you with endless studies and papers to support this fact.

Impact of marketing of breastmilk substitutes:

The marketing of breastmilk substitutes (including solid foods, but in particular infant and toddler formulae) is insidious, relentless and ever present. This marketing spreads fear and doubt among mothers like a contagious disease. Formula companies (pharmaceutical companies) have billions of dollars to spend on focus groups and advertising. The name of any formula typed in to an internet search engine will provide a hit for the companies 'nutrition' website, which promotes their products without regulation, directly to parents and health professionals in contravention of the WHO code for marketing of breastmilk substitutes. Most of these websites have discussion forums, providing the companies with an insight in to the minds of mothers considering formula feeding. They feed the insecurities of mothers (that their baby isn't getting enough, that they can't produce enough milk, or milk of a high enough quality, that if they don't eat a perfectly balanced diet their baby will miss out on nutrients etc), all the while assuring them that their product is just as good as breastmilk, and that their baby will do just as well on formula, and save mum the constant worry at the same time. It is interesting to note at this point that a recent study published in the US shows that about a quarter of people believe that formula is as good as breastmilk, so the advertising is working, and lets face it, if it didn't work, they wouldn't spend money on it. The names of their products ('progress', 'gold'), the phrasing used in their marketing ('feed your childs potential', 'supporting your babys immune system') and the labelling and imagery used (eg; the tick of approval emblazoned across the tins of Nutricia's Karicare products) all carry positive connotations. It is interesting to note that the marketing of tobacco, another product which is known to harm the health of those who use it, is restricted by the government, health warnings now appear on all packaging, and the names of tobacco products are no longer allowed to include words which imply a healthier choice of an unhealthy product, but formula companies, who sell a product which research continues to show over and over increases a Childs chance of developing a plethora of health problems from ear infections to asthma to diabetes to obesity and SIDS, continue to be allowed to use words and phrases as per the above examples. It is interesting to note that studies have shown formula fed infants are almost 5 times more likely than breastfed infants to be hospitalised in their first year,

whilst children who are exposed to environmental tobacco smoke are only twice as likely as children not exposed to tobacco smoke to be hospitalised. The WHO code was written to protect mothers and health professionals from this kind of marketing, but Australia has refused to implement the code as law. Australia's version, the MAIF agreement is, unbelievably, voluntary, carries no penalties for breaches, applies only to formula manufacturers and importers (not retailers), and covers only infant formula, leaving manufacturers free to advertise solid foods (from the age of four months, contrary to current NHMRC recommendations), and 'toddler milks', the formula you can advertise when you're not advertising formula. I have written several times to the Advisory panel on the MAIF Agreement (APMAIF) with concerns about the ways in which manufacturers and retailers market these products (for example, offering free feeding bowls and equipment with tins of toddler formula, offering bonus 'fly-buys' for purchases of two tins of formula, retailers including formula in the 'health' section of their advertising), but have been told on every occasion except for one that my concerns were not within the scope of the MAIF agreement, and therefore they were unwilling and/or powerless to do anything about it. The one occasion that the result was different, the Panel admitted that a particular advertising campaign *would* have been considered a breach, except that the company responsible was not a signatory to the MAIF agreement, and was therefore free to do as they please. I know I am not the only one who finds this unacceptable, but concerns such as my own are often dismissed as coming from a fanatic. **The marketing of breast milk substitutes needs to be regulated, the MAIF agreement needs to be either overhauled or done away with altogether, and a more stringent set of guidelines (laws) introduced to put a stop to the deceptive and unethical techniques used by manufacturers, importers and retailers of formula, toddler formula, solid foods and bottles/teats.** In my own personal experience, my first child's change from breastmilk to formula at just 6 weeks old was suggested by a baby nurse, who visited a local pharmacy one day a week. With hindsight, I see that she had more than mine and my babies best interests at heart. I trusted that she was recommending a particular brand of formula because it was superior to any others. I know now that there is little difference in the quality of different brands, and that most have been found at some point to have levels either too high or too low of various ingredients, and figure, 10 years on, that her wage for this service was more likely paid by the company who make the formula that she recommended, than anyone else. The name cards I have kept from the hospital cribs of my second and third children show the name of a formula company on the back. These companies donate goods to hospitals, who are typically resource poor and understandably accept whatever they can get. They employ sales reps who visit Dr's surgeries and pharmacies to share with health professionals of the value of their product. When the average Dr has spent less than a day learning about lactation, and years later, a well dressed, gift-bearing representative from XY formula company comes along with the news that their brand can solve any of the problems faced by breastfeeding mothers, is it any wonder that women are advised so poorly. I could spend hours on end telling you the kind of rubbish that women are told about breastfeeding by health professionals. Is it any wonder that breastfeeding rates in Australia are so poor? Information on formula is presented to Dr's at a free seminar, with the incentive of good food, and perhaps even electrical goods or a holiday. Breastfeeding information comes to the only when seminars are offered by volunteer organisations, at a cost to the Dr, on their own time, with no incentive other than an increase in ones knowledge and possibly a few CERPS to offer. **How can breastfeeding possibly compete?**

Formula companies should not be allowed to sponsor health professional education seminars/conferences. This is a gross conflict of interest.

Research funded by formula companies should be scrutinised by an impartial person or board to ensure no bias.

Initiatives to encourage breastfeeding:

There is a distinct lack of breastfeeding information available to women during pregnancy. A quick half hour on the benefits of breastfeeding during antenatal classes is all the average woman gets,

covering only the reasons why she might choose to breastfeed. This overview does not explain to a woman how breastfeeding works, what normal newborn feeding behaviour is, how to overcome problems should they arise, nor where they can get help – all vital information for a breastfeeding mother to have. Prospective parents can attend Breastfeeding Classes run by the Australian Breastfeeding Association, but at a cost of \$70. **Accurate antenatal education is vital for ensuring that mothers and fathers are as prepared as possible for breastfeeding their baby.**

It has been the experience of almost every mother I know that the information they receive from their doctor or hospital midwives is conflicting, out of date and/or inaccurate. The average GP spends only a few hours in their training learning about breastfeeding. Midwives advice seems often to be based on their own experience. Almost every woman who has birthed in an Australian hospital will concur that they received different advice from every different midwife they spoke to, and that the instructions they received for feeding their child changed with the shifts. Almost 90% of women in Australia intend to, and start breastfeeding, but with this kind of support, it is little wonder that these rates drop off dramatically in the first few weeks and months. How can we expect mothers to establish and maintain breastfeeding if we can't even support them with accurate and consistent information in the days after their child is born. Few hospitals in Australia are accredited under the Baby Friendly Hospital Initiative, which supports breastfeeding. **One of the first steps towards improving breastfeeding rates should be ensuring that all hospitals where babies are born work to be BFHI accredited.**

Hospitals should have breastfeeding policies that are supported and consistently promoted by all staff working with postnatal women.

Hospitals need to have full time breastfeeding clinics to give postnatal mothers access to the information and support they require to assist them in establishing breastfeeding.

Milk banks should be included in every hospital with a maternity ward to ensure that all babies have access to breastmilk, whether they are able to get it from their mother or not. This impacts on premature and ill babies, babies whose mothers have died during childbirth, babies whose mothers are undergoing cancer treatment etc.

Public education campaigns (aimed at parents) that do not pussyfoot around the risks of formula feeding need to be devised so that parents can be aware that breast or bottle is a health choice, not a lifestyle one.

Public education campaigns (aimed at everyone) to educate the whole community of the importance of breastfeeding to babies and women will improve the level of support for breastfeeding women, and reduce the amount of misinformation in the general community.

The effectiveness of current measures to promote breastfeeding:

I am not aware of a single initiative currently in place to promote breastfeeding. I am not aware of any government/health service initiative to promote breastfeeding. The only promotion of breastfeeding that I have ever seen has been done by the Australian Breastfeeding Association.

Impact of breastfeeding on the long term sustainability of Australia's health system:

We currently hear a lot about the epidemic of obesity in children, breastfeeding reduces the chance of a child becoming obese. We hear about the increase in diabetes, breastfeeding reduces a child's chance of developing diabetes. We hear more and more of women dying of breast cancer, breastfeeding decreases a woman's chance of developing breast cancer. The list goes on. It doesn't

take a professor to see that if we reduce the incidence of these conditions (and many more) by preventative measures, such as breastfeeding, that pressure on the health system will be significantly relieved.

I sincerely hope that the points raised by myself and others are given appropriate consideration, and that steps will be taken to improve the way that Australia supports it's breastfeeding mothers. An increase in breastfeeding rates has the potential to improve life for many Australians, in many different ways.

Regards

Bernadine Brook