

Wednesday, 7 March 2007

House of Representatives,
PO Box 6021, Parliament House,
Canberra ACT 2600.

Submission to the House of Representatives Standing Committee on Health & Ageing Inquiry into Breastfeeding in Australia.

As a long term breastfeeding mum with 3 children I would like to make a submission to the above inquiry. The areas of my concern are;

- * the lack of images in society of breastfeeding women,
- * the immunity benefits of breast milk and the establishment breast milk banks
- * breastfeeding support to new mums,
- * flexible working conditions to allow breastfeeding and working & breast feeding friendly childcare.

**** Impacts of marketing of breast-milk alternatives.***

Bottle feed baby imagery is everywhere, it's a common symbol of a baby seen in our society. Unfortunately the images of a baby being breastfeed are far rarer. This subtle advertising goes further than just marketing of artificial baby milk products. Children's books, TV programs that have babies on them, the TV news snippet on a baby related issue, posters, magazines rarely show a baby breastfeeding and so commonly show a bottle. The baby in the image may not even be feeding; the bottle may be just tossed to the side. The artificial baby milk companies do not need to advertise as the images are so prevalent in society. Some places are showing more images on breastfeeding, most notable ABC TV, however the change is slow.

It's no wonder many women like myself end up with our first baby in hospital with no idea how to breastfeed as we never see anyone else breastfeed and the only images we have seen around were bottle feed babies.

There is a restriction of the marketing of formula endorsed by WHO. While I have seen some advertising that contravenes this code it is rare. However, the advertising of toddler formulas and first baby foods for under 6 months is very common and just as influential on a decision to breastfeeding. The recommended ages for the first baby foods is still labelled "from 4 months" while all current advice is to exclusively breastfeed until 6 months of age. This creates confusion for parents who then will most likely start solid foods early which will affect breastfeeding and baby nutrition. A way around this would to increase the age labelled on these products to 6 months. This not only includes first foods but also the items associated with feeding, eg spoons, bowls, cups etc.

**** Health Impacts – immunity properties of breast milk***

After the birth of each of my children I took off around 6 months of work and then returned to the workforce with my children placed in childcare centres. This is a great indicator of immunity as there are often diseases easily transferred at childcare. My

children have continued to breast feed while I work. They have only picked up a few minor illnesses, mostly colds and the occasional tummy bug. Their symptoms always seem much milder than their bottle feed friends and they always have recovered more quickly.

*** Milk Banks**

I have always had an oversupply of milk, especially in the early months post birth. It is a great shame to have to throw out the excess milk I have had to express off for comfort. Breast milk banks run currently overseas and I know there are attempts to get breast milk banks established in Australia. I think these should be fast-tracked and should be located in every major city. I would have loved to be able to give my milk to help another baby.

*** Breastfeeding Support**

Support is extremely important in the early days of breastfeeding after the birth of a baby. The advice and support given in hospitals, Community Health clinics and from medical professions varies widely and is very confusing. In the early days unless there is strong support to the mother by understanding and knowledgeable people the breastfeeding success is more difficult. The Australian Breastfeeding Association (ABA) seems to be the only organisation dedicated to supporting breastfeeding. To me it seemed like breastfeeding issues slipped between the demarcation cracks of the health professionals and I was left to work it out for myself. Of course this was not an easy task with my first child and had painful consequences, which we eventually got through with determination and wonderful support of ABA.

Apparently women make the decision to breastfeed or not during pregnancy well before birth so breastfeeding education classes such as the ABA runs are very important. Information of where to go for help should be given out prior to birth so medical professionals involved with the antenatal visits.

There really should be strong breastfeeding support in the hospitals and birthing facilities. I have had two babies in a private hospital that did not have breastfeeding friendly accreditation and I had my third baby in a private hospital that did have accreditation. The difference was considerable. The practises of between the hospitals were very different, eg rooming in attitudes, formula feeding of newborns without parental consent, set feeding routines. The breastfeeding friendly hospital had a completely different attitude and there were beautiful breastfeeding supportive posters on the walls of every room and corridor. I think all birthing facilities should be breastfeeding friendly. It should also be extended to the whole of the hospital facilities as I have been in hospital myself while breastfeeding and I have had one of my children go to hospital and these areas too need to be supportive of breastfeeding as well.

*** Return to work**

Working and breastfeeding can only occur with flexible working arrangements. I am employed by the Commonwealth Government. I was able to take off 6 months of maternity leave prior to returning to work part-time. My working conditions allow flexible work hours which mean I can take a full lunch hour to feed my baby, or when she was younger two breaks. Alternatively with one of my children I expressed at my workplace, where there were adequate facilities and flexible working hours to allow

me to do so. My workplace provides the option of returning to work part-time. This allows me extra time with my young children and time in the workforce. It is also necessary as the childcare I was able to pick up was only part time. These conditions should be made available to everyone to allow mothers to continue to breastfeed as long as they wish while in the workforce.

Childcare facilities should also be breastfeeding friendly to enable the continuation of breastfeeding as long as the mother and baby wish to. Caring for the breastfeed baby needs to be incorporated into the childcare worker's training. Childcare centres could also go through a breastfeeding friendly accreditation processes.

Thankyou for allowing me to make my submission on such an important topic. I am available for any further comments.

Melissa Fellows

Working Mother of 3 (children ages 4 ½, 3 & 1)