



Dear Sir/Madam

Saturday Febraury 24, 2007

I am writing to you in support of the **Government Inquiry on Breastfeeding**.

I am the mother of an active 3 year old (with number two on the way), a member of the Australian Breastfeeding Association (ABA) and former volunteer Educator for the association. In addition I work as a consultant psychologist in a range of developing countries (mostly in Africa) on HIV/AIDS responses (which also involve issues of breastfeeding, nutrition, poverty and formula given the need to prevent mother to child transmission and prevent infant mortality).

I am very pleased that this inquiry is taking place and lodge my submission to you with my experiences and recommendations for further support and promotion of this vital practice.

I experienced substantial breastfeeding support whilst having my son at the Royal Hospital for Women. I had free access to the lactation consultant who gave an excellent presentation and overview on breastfeeding. During this time I was also given support contact numbers that included the ABA. After my son was born I was also highly impressed by the vigilance of nursing staff to ensure my breastfeeding was establishing well. Each nurse, though coming with her own opinions and approach, provided support for promoting attachment and words of encouragement. When I was discharged from the hospital I was again given tomes of literature in my "blue book" (again including ABA details) for which I am proud to have had such a wonderful experience in an Australian Government facility that was fully subsidized.

My son fed well, so well in fact that he thrived and I withered in to nothingness (feeding on demand which for him, was 12-13 times a day). I was determined to continue my feeding as he was thriving but needed support to keep going as I felt my health was suffering (weight loss, exhaustion, lethargy etc). I contacted ABA when my son was about two months of age and received invaluable support from the professional staff which was just what I needed. Family and friends were worried about me and whilst well intended, mostly tried to push me to consider complimentary formula feeding believing my milk was not satisfying him- which I did not wish to do. I attended a few Mother's Meetings with ABA and joined the organization, which further spurred me along. I had not joined a generic mothers group or other neighbourhood gatherings as I did not feel I had much in common with these mothers in relation to my attitudes and beliefs surrounding parenting. In ABA, I found support, like-minded women with super-hero spouses. My son continued to feed ravenously, and I spent one week at the Karitane Facility when my son was 4 months of age. Here again, I found an invaluable, subsidized Government service with nurturing and highly professional staff who were successful in assisting me to reduce the feeds from 13 to 9 per day which was slightly more manageable though still a labour of love. It also provided me with the respite and support to reinforce my determination.

Unintentionally, and being led by my son and support for the WHO guidance, I fed him until the age of two (though he would still like to now). Until this age he did not experience a single childhood illness and to date is an extremely healthy, bright and contented child. I attribute much of his good health and well being to the ongoing supply of breast milk, the support of the ABA and Karitane, and an irreplaceable mother who supported breastfeeding.

In my work, volunteer and personal parenting experiences, the primary issues I feel are affecting breastfeeding include the following:

- Cultural beliefs about duration of feeding: many women believe three months is “a good innings” and furthermore, breastfeeding beyond 12 months elicits significant stigma and taboo from the public.
- Misinformation and incorrect information about milk supply and night feeding. “Not having enough milk.” This is the most commonly cited reason given by women including friends for cessation of feeding – which upon further exploration is usually due to lack of feeding spurred by cultural and familial expectations that babies should still be fed on schedules (misinformation from parents and sisters) and the push to have them sleeping through the night to satisfy parents and not babies.
- Family and community support. We have such valuable resources in Australia (and being in Sydney we are particularly blessed). However, we need to further educate and sensitize grandparents, spouses and the community to demand feeding, night feeding and duration of feeding (up to two years and beyond) so that these practices are normalized rather than outlawed by society. Whilst providing educational talks to pre-natal women at the Royal Hospital on behalf of ABA– women and their husbands are often surprised to learn of these recommended and internationally endorsed practices. ABA has produced excellent resource material which could be more widely distributed (including facts sheets for fathers, and information booklets to be given to grandparents) IF FUNDING for such were availed.
- Lack of workplace support. Most women I know have returned to work rapidly after their children are born. The notion and feasibility of breastfeeding in the workplace or express feeding are not endorsed or encouraged.
- Misinformation about feeding with breast implants. With breast implants becoming more common (especially in large urban cities such as Sydney) this is a common question at talks at the Royal. ABA also has literature on breast surgery (augmentation and reduction) that could be distributed to relevant medical practices with practitioner endorsement.
- Varying misinformed beliefs about introduction of solids. I have observed solids being introduced as early as 3.5 months by friends stating their children were hungry. Despite the information available that breast milk is all that babies need for the first six months of their lives, a broad range of supplementary feeding practices occur.

I would like to strongly recommend the following strategies to counteract the above:

- 1) A public health campaign for breastfeeding targeted at people other than mothers (friends, relatives, employers) to change these attitudes. The campaign could also draw upon the professional range of facts sheets and information booklets that have already been produced by ABA.
- 2) More stringent accountability by Infant Formula Manufacturers. It is the role of the Government and community to provide education and support for infant feeding practices, not commercial enterprises.
- 3) Better surveillance and research that provides reliable statistics on breastfeeding rates in Australia. The National health survey should examine breastfeeding rates with appropriate definitions on a regular basis. Resources need to go into enabling women to breastfeed so that resources do not need to be put in to treating the illnesses caused by premature weaning. For example, the new rotavirus vaccine that the Government is funding would be largely unnecessary if most babies were exclusively breastfed for 6 months.
- 4) Funding for human milk banks so that babies are not exposed to foreign food in hospitals. I am astounded that this service only operates in one Australian state and not in NSW or VIC who usually lead the way in health innovation. Early exposure to infant formula (even just one bottle) predisposes infants to developing Type 1 diabetes, asthma, eczema and allergies. Premature babies are also at a greater risk of life threatening complications like necrotizing enterocolitis when infant formula is used. National development of milk banks could also be a prestige program of global interest and promoted as a "model of excellence" within the International arena if well consulted, planned and implemented.
- 5) Legislative protection against unethical marketing of infant formulas, bottles and teats is required. This includes retailers as well as manufacturers. The issue of labeling on baby foods also needs to be addressed so that products can not be labeled suitable "from 4 months."
- 6) Paid maternity leave and more flexible workplace practices need to be promoted. Employers need to be educated as to the costs of not supporting breastfeeding in high absenteeism (up to 600%) in parents of bottle fed babies.

I thank you for addressing this issue. Having worked in the health sector in twenty four countries, I can say I am proud of so much of what we have achieved. However, there is much more we CAN improve in relation to our breastfeeding outcomes, which will further reflect on the Nation – as we are investing in its children.

I welcome an acknowledgement of receipt of this submission and to be kept informed of the inquiry outcomes.

Yours sincerely

Deborah Boswell. BA (Psych) BSW. MA (Psych).