

From: [faded]
Sent: [faded]
To: [faded]
Subject: [faded]

10 February 2007

How pleasing to see an inquiry into breastfeeding in Australia. Hopefully this will lead eventually to a society where breastfeeding is seen as the normal way to feed a human baby and where mothers don't doubt their ability to produce sufficient quality milk for their child.

I write as a mother of three children and a breastfeeding Counsellor with the Australian Breastfeeding Association of Australia.

- Some of the key points which I believe the inquiry should consider are:
1. Health professional education, particularly GPs, paediatricians and obstetricians.
 2. Normalising the depiction of breastfeeding in society and the media, particularly for babies over a couple of months of age.
 3. Public education on the risks of artificially feeding babies.
 4. Make the International Code for the Marketing of Breastmilk Substitutes into law.
 5. Support for lactation consultants, ABA counsellors and others providing support to new mothers.

Further detail:

1. My experiences with my first child 18 years ago were typical of those still faced by many new mothers in Australia today - health professionals with little or no knowledge of the importance of human milk for human babies. Being given incorrect advice in the early weeks of breastfeeding can have a catastrophic effect on the breastfeeding relationship, leading to early weaning. In my personal experience, most of the GP's and paediatricians I have come across had little knowledge of how breastfeeding works or how to support the breastfeeding mother and child - perhaps it is not their fault insofar as the medical schools did not train them in the area. On the Helpline, I frequently counsel mothers whose health professionals have advised they wean a baby under 12 months of age for reasons of low weight gain, perceived poor supply or mastitis. After counselling they decide not to wean and go on to have a satisfying breastfeeding relationship for many more months. I have also come across mums told to wean when they are about to take a drug - they then call the Mothersafe line and after getting their expert advice, they discover that weaning is not necessary or there is an alternative drug which can be taken by a breastfeeding mother.

2. By way of illustration, just look at the baby cards at your local newsagent - typically they depict a bottle or a dummy as a 'symbol' of a new baby - making the assumption that that is the normal way to feed a baby. Look at most children's picture books or television shows with babies and they are depicted bottle feeding. There is wide acceptance of breastfeeding a new baby 'if you can', however the feeding of an older baby is frequently not so easily accepted. This is only because people don't know that it is not only best for mother and baby but also of huge advantage to society to breastfeed a baby past the first 6 months. I have heard first hand many mothers experiences of being ostracised or criticised for breastfeeding a baby over a few months of age in public. One of major conveniences of breastfeeding is the portability of always having your baby's next meal ready - anytime, anyplace.

3. A public health campaign to educate the general population, not just parents, on the risks of prematurely weaning babies, and the benefits to society of longer term breastfeeding would help mothers feel supported in breastfeeding past the first few months. I assume the inquiry has plenty of information from other submissions on the research providing evidence on the savings to the nation's health bill from more widespread and longer breastfeeding - health benefits for both mothers and babies. Many mothers are advised by well meaning partners and relatives who, though always with the best interests of the mother and baby in mind, are not aware of the facts about breastfeeding - particularly after 6 months - and a public education campaign might help them support these mothers. Part of the campaign could make employers aware of the reductions in employee absenteeism - when their kids are breastfed, there is less illness and there is evidence to support this.

4. In contravention to the Code for the Marketing of Breastmilk substitutes, I was given a soy formula sample of my 6 month old baby by a health professional - though there was no medical reason for this. It was implied that my breastmilk was no longer enough for my baby though I now realise this is not true. For many mothers, this is the beginning of weaning unintentionally through lack of correct information. There are many instances of this still happening today. The artificial baby milk manufacturers are very subtle in their undermining of the breastfeeding relationship and are always careful to pay token deference to the 'breast is best', before making a subtle swipe at breastfeeding. The new toddler formulas are aggressively being marketed through doctors surgeries (where I picked up my brochure on them), pharmacies, magazines and even television. Unfortunately, there is no commercial equivalent willing to spend

money on breastmilk advertising.

5. Currently, ABA counsellors spend a lot of time selling cakes, etc, to make enough money to attend conferences to keep skills up, post newsletters to members or even just to photocopy the newsletter. A toll free national number for the Helpline would also make it easier to provide this invaluable service. Finding volunteers in getting increasingly difficult as mothers return to work in greater numbers. Many of the volunteer mothers I come across within ABA spend over 20 hours each week helping to run the organisation, fundraise, give antenatal talks, schools talks and provide the meetings and counselling support which mothers find so valuable in enabling them to breastfeed successfully.

This is just a brief summary of some of my experiences with a few of aspects which I believe the inquiry should address.

It is heartening that this issue is being examined - let's hope some meaningful action results.

Regards
Wendy Thorp