



When I first heard the call for submissions to this enquiry, I thought “great! I hope they get lots of responses.” Of course, you didn’t mean people like me – non academics, without letters after their name, whose only input would be as a mother and breastfeeding supporter.

However, I have been encouraged to submit the following essays I wrote last year and hope it will be of some use.

My name is Yvette O’Dowd. I am a mother of three – aged 16, 19 and 23 – who were all successfully breastfed, but not without challenges. I have been a member of the Australian Breastfeeding Association (formerly the Nursing Mothers Association of Australia) since I was a new mother aged only 20 in 1983. Since 1992 I have been a volunteer breastfeeding counselor with various roles within the organization. The past many years I have coordinated the ABA breast pump hire service for Victoria and I field up to 20 telephone enquiries for breast pumps each day – seven days a week.

Yvette O’Dowd

Artificial Feeding – nothing to do with breastfeeding

There is no choice involved with breastfeeding.

Like natural conception, pregnancy, childbirth and all the other processes of the human body, breastfeeding is the default when it comes to feeding all infant mammals, including humans.

However, none of these natural processes are guaranteed failsafe and society has brought alternatives when something goes wrong with nature’s plan.

IVF and other fertility programs, surrogate pregnancy and intensive care for premature infants, caesarean sections and artificial feeding each intended to step in when nature stumbles.

Why then, is there such a divide between women who breastfeed and those who resort to artificial baby milk? Why can the apparent decision to do one be taken as criticism of those who do the other? Such conflict can also arise between natural versus medical childbirth proponents but imagine such a personal debate between those who conceive easily and those reliant on IVF? Imagine the full term mothers in the postnatal ward questioning the actions of those with preemies in NICU! Imagine infertile women complaining about the promotion of contraception and family planning!

So what led to this great divide?

The answer can be found if we turn back a few pages in our history books. Originally, artificial feeding was only intended as the last option for babies unable to access human milk. Those abandoned by their mother at birth, foundlings without access to wet nurses, orphans without a lactating relative to take them in. It was insidious marketing by those with a commercial interest which saw artificial feeding leap from last resort to first option and it has taken the best part of the past century to undo the damage of their actions. And the repair is far from complete.

It would be bad enough if infant formula had been marketed as just an alternative to human milk, but far worse damage was done. Powerful advertising directed at family and medical communities led many to believe manufactured infant feeds were superior to mothers own milk. Generation after generation of new mothers had all choice taken away from them as brainwashed health advisors passed on the misleading information fed to them by those whose real interest was in the making of money. Lots of money.

The most heartbreaking outcome is not the loss of breastfeeding confidence across the community, rather the failure of society to understand the risks of not feeding babies as nature intended. There are very real detrimental impacts on immediate and future health when we remove human milk from the human diet and replace it with artificially concocted substitutes. Just as there are risks with fertility treatments, premature or surgical birth, so to there are risks when artificial baby milk replaces breastmilk – whether at birth or at any time during the period nature intended humans to be fully or partly breastfed.

Any suggestion of these risks is shouted down by many in our society as unfair to mothers who have resorted to artificial feeding. For many years, these risks were cloaked in softer language and presented as benefits of breastmilk. This technique is akin to suggesting there are advantages to breathing air unpolluted by cigarette smoke! Benefits in not being exposed to toxic levels of radiation! Or perhaps reasons to consider not walking in front of a moving vehicle!! There are no benefits to breastfeeding – breast isn't best, it is normal!

The decision to introduce artificial baby milk – either partly or fully replacing human milk in a child's diet – should always follow full risk assessment. Artificial feeding is not about the choice to breastfeed or not to breastfeed. The decision has nothing to do with breastfeeding. When we add or replace a natural process with something else, it must be done with full awareness of the risks against benefit. Like organ replacement or renal dialysis, artificial feeding should only be considered when all else fails.

Emotional conflict.

Any health awareness program is designed to alter people's behaviour, change habits and encourage them to question their lifestyle. Give up smoking. Eat more vegetables, Do more exercise, Drink less alcohol. Avoid sun exposure. Reduce fat in the diet. Have a pap

smear. Eat more fibre. Nag, nag, nag! Pick up a magazine, watch TV, visit the doctor or pass by a billboard. The message is simple: there are ways you can improve your health both now and in the future. By ignoring them you are denying your own power to act.

Put up a poster promoting breastfeeding though, and suddenly people complain it is only being done to make those who are artificially feeding feel guilty! Why is this? How can just another health message seem personalized and threatening? The answer might surprise you – there is certainly emotion involved but it is nothing to do with guilt. Guilt is how you feel having committed an offense; remorse caused by feeling responsible for some offence. It is an internally created feeling and can only occur if the culprit recognizes they have done the wrong thing. Surely this description would only apply to the smallest number of mothers who have not breastfed? The real emotion felt by the majority of women who resort to premature weaning is regret: feeling sad about the loss or absence of something treasured or valued. Put simply, when these women see promotion of breastfeeding, it reminds them of a time when they experienced sadness. This can lead to feelings of anger, as unresolved emotions come to the surface. What they need is support and understanding of their grief, recognition of their regret. Unfortunately, what they usually get instead is reassurance about the decision to wean and assurance of their baby's health and well being despite being fed artificially. This failure to acknowledge their true feelings goes a long way to prolonging their emotional recovery. Raise the issue of breastfeeding in a group women at any life stage – those emotions will come flooding out just as fresh in the retirement village as in the new mother's group.

If reminders of the value of breastmilk make you feel angry, then direct that anger not to those trying to increase the awareness of a whole population, rather to those who let you down. Mothers do not fail to breastfeed: our society fails to help them do so: the real blame lies with –

- health systems that pay lip service to the benefits of breastmilk, yet expel new mothers from hospital before they have even grasped the basics of this learned skill;
- communities who view breastfeeding as an intimate act to only be performed behind closed doors, promoting only the sensual role of breasts and denying their practical use;
- a society who expects women to resume paid work after brief, unpaid maternity leave while denying them access to workplace childcare and other support for combining work and breastfeeding;
- a medical system that has until this year charted the growth of breastfed infants against the unnatural growth patterns of those fed artificially in past generations and implied failure to mothers whose babies did not measure up;
- unnecessary birth practices that interfere with the natural progression from womb to breast and strict infant regimes that deny babies access to the breast often enough for adequate nutrition;
- a society which destroys body image by portraying the pubescent female form as that of a fully mature woman and displays malnourished celebrities as role

models for adolescents and women of child-bearing age.

It is time to break down barriers between mothers and join together. There is no us and them, no good versus bad mother. Every woman has the right to the support and information she needs to birth and breastfeed her baby as nature intended, without pressure from the marketing techniques of multinational drug and breastmilk substitute manufacturers influencing the professionals guiding them along the path of motherhood.

Yvette O'Dowd

And to Hell with the consequences!

“Let mums decide what to feed bub!” exclaims Kate Wattus. ([SMH Heckler Sep 2006](#))

And while we are at it, let smokers continue their slow suicide without graphic reminders on cigarette packs. Stop telling us to slip, slop, slap – let everyone make choices about sun exposure without reminders of skin cancer.

If we follow Kate's way of thinking, then baby car seats should be optional. Let's go back to the good old days when cigarettes were promoted openly to entice young people to take up a lifetime addiction.

Of course not and why would we be comfortable with masking the consequences of such actions. Smokers, sun-bathers, drivers all need to be aware of potential outcomes of their actions.

And so do parents making decisions about infant feeding.

If Ms Wattus needed reassurance about weaning her baby, perhaps searching breastfeeding association's online and consulting lactation consultants was not the most appropriate place to go? It makes more sense to seek those who support artificial feeding, like mmm, the multi-national corporations making millions of dollars from the sale of breastmilk substitutes – their hearts must be in the right place? Google the benefits of infant formula or the risks of breastfeeding. No luck? Well then turn to a self-help organisation supporting mothers who choose not to breastfeed. Can't find them either?

Like it not, there are risks associated with the introduction of non-natural foods to an infant's body. There are costs to society and our environment when artificial feeding replaces breastfeeding. These risks are not conjured up by support groups or health professionals to create guilt. In fact, many studies into the composition of breastmilk are funded by those seeking to replicate it for the commercial market. Such corporations actively seek the secrets of breastmilk, preying on parents' anxiety. Visit any pharmacy or supermarket and browse the myriad of alternatives arrayed in prime locations. Concoctions claiming to cure every ill and cleverly packaged product to entice parents to buy, buy, buy.

Of course, there are regulations to protect parents from the high-sell of infant formula, notably the World Health Organisation Code on the Marketing of Breastmilk Substitutes for infants under 12 months. The Australian Government has its own Marketing Agreement on Infant Feeding. These codes of conduct intend to restrict marketing to parents. Yet brand recognition is ensured through bottomless advertising budgets of formula for toddlers, saturating parenting magazines and prime time television.

Ms Wattus feels mixed emotions when confronted with conflicting promotions: on one hand health advisors encourage an informed decision before premature weaning, on the other manufacturers smoothly reassure that artificial options are as good as the real thing and don't mention risks of using them.

It is important to recognise the value of any breastmilk in an infant's diet. Feeding breastmilk for only days or weeks does have on-going benefit and Ms Wattus is to be commended for persevering through challenges and breastfeeding her daughter in the most important first months. Those 12 weeks of breastmilk have given her baby many of those benefits she felt bombarded with.

The decision to introduce artificial milk – either partly or fully replacing human milk – should always follow full risk assessment. If reminders of the value of breastmilk make you feel angry, then direct that anger not to those trying to increase awareness in a population, rather to those who let you down. Mothers do not fail to breastfeed: our society fails to help them do so: the real blame lies with health systems that pay lip service to the benefits of breastmilk, yet expel new mothers from hospital before they have even grasped the basics of this learned skill.

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