



Lisa Jeffery

Dear Sir or Madam,

I am writing in regard to the Parliamentary Inquiry on Breastfeeding. I am the mother of an eleven month old son and I am writing to give you my experiences and perceptions of breastfeeding. I have used the following format: a bold heading indicating a barrier to successful breastfeeding; then an explanation for giving this statement; then a suggestion that the Government should implement in order to overcome this problem.

I commend the Government for investigating ways to improve breastfeeding rates in Australia.

1. Parenting books containing erroneous breastfeeding information

Whilst I was pregnant a friend loaned me a book entitled "On Becoming Babywise" by Gary Ezzo and Robert Bucknam. This book contains frightening stories about babies who are breastfed too often suffering from malnutrition because they consume too much watery foremilk. The author claims that parents must use his routine-feeding approach to ensure their babies are properly nourished. After reading this book, I was scared to breastfeed my baby too often as of course I wanted what was best for him. Once my son was born he seemed to want 2 hourly feeding but I was scared to follow his cues. Later I was shocked to learn that this author has been widely discredited, including being linked to malnutrition cases in America when parents have followed his advice. Recent scientific evidence reveals that the distinction between foremilk and hindmilk is not this clear-cut. I also learnt that feeding according to the baby's cues rather than the clock is the best way of ensuring that the baby receives the nourishment they need, and helps establish a proper breastmilk supply.

The Government should take steps to prevent the sale of parenting books containing incorrect breastfeeding information. Government information and promotions about breastfeeding with reference to some of the "myths" about breastfeeding would assist parents-to-be and the wider community to develop a better understanding of breastfeeding and be able to reject wrong information when they hear it.

Many parents (myself included) also use internet parenting forums to discuss and seek advice on feeding issues. The Government should require that the Moderators who oversee these websites have suitable training in breastfeeding issues so that the discussion and advice being given out can be monitored and erroneous information can be withdrawn or edited.

2. Conflicting advice from Health Professionals

When my son was born I received different advice from different midwives in hospital about the appropriate duration and frequency of breastfeeds. This inconsistency left me feeling uncertain about how to breastfeed right from the beginning and doubting my ability to know if I was meeting my baby's needs. Later when I had mastitis and oversupply problems, while one Health Professional encouraged me to feed often and express the extra milk, another Health Professional suggested "maybe breastfeeding is not for you". Luckily I was able to confirm that the first advice was the correct path and I followed it. The negative assessment I received from the second source could have resulted in me stopping breastfeeding and feeling that I would be unable to breastfeed any other babies I might have in the future.

The Government should ensure that all Health Professionals receive quality and detailed training on breastfeeding and lactation throughout their careers. At least once a year there should be refresher training in which Health Professionals can learn about the latest "best practice" initiatives for supporting and advising on breastfeeding in their work, and how to refer mothers to appropriate support services.

There is a lot of emphasis on weight gains for babies and slow weight gain is the main reason that several of my friends stopped breastfeeding their babies. The "Personal Health Record" given to all parents contains outdated growth charts for babies. The World Health Organisation released new charts in 2006 based on a world-wide study of breastfed babies. These new charts show a different growth pattern with a greater range of normal weights and heights.

The Government should ensure that all parents receive these new charts so that they are not unnecessarily worrying about their baby's weight gains and ceasing breastfeeding because they feel their baby is not thriving. The Government should promote other methods for parents to determine if their baby is healthy, such as babies having 5 wet disposable nappies per day, and having good skin tone and some alert times.

3. Many women have never seen someone breastfeed and don't know about the support available to help breastfeeding mothers

As breastfeeding rates declined in Australia many women have not seen a woman breastfeeding. This lack of familiarity with breastfeeding can be addressed by families attending a Breastfeeding Education Class run by the trained volunteer counsellors of the Australian Breastfeeding Association (ABA). I believe that all of these classes include a breastfeeding demonstration by a local breastfeeding mother and her baby. Currently parents-to-be must pay a fee to attend. Instead the Government should provide all parents-to-be with a voucher to allow them to attend one of these classes for free, and receive a year's subscription to the ABA. Fortunately a friend gave me a gift subscription to the ABA when I was pregnant, and I have attended many of their local meetings and spoken to their counsellors via the

helpline. The ABA counsellors helped me enormously when I had mastitis, oversupply and a cracked nipple. Without their consistent information and support I might have stopped breastfeeding due to these problems. You may not be aware that ringing a counsellor via the ABA helpline involves calling a centralised number then listening to a list of names and phone numbers of counsellors on call at that time, then dialling the homes of the counsellors. Several times I have had to pay STD call charges to reach counsellors.

The Government should increase funding to the ABA to cover these initiatives: all parents attending a Breastfeeding Education Class and receiving a year's subscription to the ABA; provision of a toll-free national phone system for their helpline; advertising of ABA; training of counsellors; developing training for Health Professionals.

4. Common breastfeeding myths in the general community

Myths that I have encountered include:

- a) formula is "just as" or "nearly as good"
- b) babies should be fed routinely and if they are hungry in between it is because the mother has insufficient breastmilk or it is too watery
- c) babies should sleep through the night and if they don't then they need formula
- d) if your Mother couldn't breastfeed then you won't be able to either
- e) you need to bottle-feed so you can see how much your baby is drinking
- f) breastfeeding makes the mother "run down" and takes the nutrients out of her body
- g) after six or twelve months there is no benefit to breastfeeding and the baby might as well be weaned onto a bottle
- h) babies need solids at four months as breastmilk is no longer enough
- i) it is "wrong" to breastfeed a toddler as there is no nutritional benefit
- j) women shouldn't breastfeed in public, and if there is no parents room they should breastfeed in the toilet

The belief in myths like these can mean that well-meaning family members discourage breastfeeding and it is hard for those women who wish to persevere with breastfeeding to receive support from people close to them. The myth that babies over six months should be weaned is common in my experience, so too that solids should be introduced at four months. In actual fact the World Health Organisation (WHO) recommends exclusive breastfeeding until six months, and that breastfeeding continue for two years and beyond, according to the mother and baby's wishes. The labelling of baby food "from four months" or "for all ages" suggests that it is appropriate for all babies to be given solids earlier than six months.

The Government should run regular "community service announcements" on television, radio and the print media to debunk these myths, increase awareness of breastmilk as the perfect nourishment for babies and to increase public acceptance and awareness of breastfeeding as the biologically normal way to feed a baby. These advertisements should include information about the many benefits of breastmilk for babies and toddlers, particularly the immunological benefits of breastmilk, and the

health benefits that breastfeeding brings the mother including a decreased risk of many cancers.

The Government should require that baby food labels reflect the WHO recommendation of not introducing solid foods before six months.

5. Lack of support in the crucial early days from the health system

In my first week home from the hospital I did not receive a visit from my local Early Childhood Nurse. They were so busy they couldn't see me until my son was over 2 weeks old, and I was told that I was lucky they could fit me in then, as other women had to wait 3 weeks or more. In these early days a lot can happen and you can have a lot of doubts in a 24 hour period, let alone a whole week. The specific breastfeeding help available through the Early Childhood Health System is not well promoted either. I was fortunate to receive a home visit from a Lactation Consultant when I started having breastfeeding problems but many women I know did not realise that Lactation Consultants are part of the Early Childhood Health System.

While I understand that Health programs are largely the responsibility of the State Government, I would like the Federal Government to increase funding specifically to the Early Childhood Health System so that all women can receive regular visits from a Lactation Consultant in that crucial first few weeks of their baby's life. Also all Early Childhood Nurses should receive regular refresher training in breastfeeding so they can be the first point of contact for breastfeeding issues.

6. Constant advertising of formula creates the assumption that formula, rather than breastmilk, is the normal food for babies

I am amazed by the frequency of formula advertising in chemist and supermarket catalogues. Even variety and toy stores often advertise formula. Every week it seems that one brand or another is on special. I believe that this gives parents the assumption that formula-feeding is the normal way to feed your baby. In addition, formula flyers are distributed in chemists which play on parents' fears and worries, such as poor sleeping and reflux. Parenting and women's magazines contain many "toddler formula" advertisements which create brand recognition with their "follow-on" terminology and identical packaging. These "toddler formula" products play on the real fears of parents that their toddler may not be properly nourished. In fact my local Paediatric Dietician advised me that the correct usage of toddler formula is under the guidance of a Paediatric Dietician or similarly qualified Health Professional who has developed a plan for overcoming the very picky eating habits of a very small number of children. She advised me that the vast majority do not require such supplement and using it can actually increase picky-eating as these drinks are high in sugar and fill up toddlers' tummies.

I was surprised to learn that Australia is a signatory to the World Health Organisation's Code for the Marketing of Breast Milk Substitutes. We clearly do not adhere to the Code because these constant formula advertisements are allowed here. I have heard rumours that these supermarket specials are the result of a cost-price

discount offered by the company whose product is on special. This would mean that the formula companies were actually directly advertising, which would even contradict Australia's voluntary MAIF Agreement. Organisations such as the ABA are unable to fund pro-breastfeeding advertisements to counter this bombardment of formula-feeding information. Having written to the Advisory Panel, I realise that Australia's MAIF Agreement is insufficient if this country is truly interested in promoting and supporting breastfeeding. I also wrote to my local Federal MP on this matter and he advised me that Australia's Trade Practices Act prevents full implementation of the WHO Code. If we really want to increase breastfeeding rates then a way around the Trade Practices Act must be found, like the restriction on advertising cigarettes. The appropriate way to learn about baby formula is through Health Professionals, and formula should be always available at the cheapest possible price, in a similar way to medicines, not subject to price fluctuations as if it were a standard grocery item.

The Government should implement the full WHO Code, including restricting the advertising of "toddler milk" or "follow-on formula" products.

7. Lack of awareness of just how good breastmilk actually is

As a breastfeeding mother I knew that breastmilk was the ideal food for my baby for his first 6 months. However I did not realise until I attended an ABA meeting the enormous range of ingredients in breastmilk and therefore why infant formula is not "just as or nearly as good". I did not understand that would be harder for my baby to absorb nutrients from formula than from breastmilk. That my breastmilk provided my baby with antibodies to help his developing immune system was a revelation. I also learnt that babies who are fed formula have an increased risk of conditions like asthma and eczema. Furthermore some babies, particularly premature babies, cannot cope with the artificial ingredients and large proteins of infant formula. These babies face risks to their immature digestive systems if their mothers are unable to provide breastmilk to them. While other countries have a milk bank system to treat and distribute donated breast milk to those who need it, we only have two facilities in Australia (Perth and the Gold Coast, with the Gold Coast struggling for funding to begin operations). Personally I would be delighted to donate expressed breast milk to a suitable local facility to help other mothers and babies in need.

The Government should promote scientific evidence on the composition of breastmilk so that all parents can make a completely informed decision about feeding their babies. The Government should introduce a Federally-funded network of milk banks across the country so that babies who need it have access to donated breast milk. When the wider community hears that breastmilk is so important to some babies that they need to receive it via donations, this will have the added advantage of increasing awareness of the benefits and value of breastmilk for all babies.

8. Returning to the paid work force

I returned to the paid work force in a part-time role when my son was 10 months old. I am fortunate that my employer pays 14 weeks maternity leave in addition to the

statutory 52 weeks unpaid leave. Currently I express enough milk for my son to have two bottles of breast milk while I am at work. Even expressing just two bottles can be a challenge and I believe that if I had to return to work sooner, my son would have ended up formula fed because expressing enough milk would have been too difficult. I believe that the right for women to access paid maternity leave is crucial to the establishment and continuation of breastfeeding, and that the International Labour Organisation's recommendation of 14 weeks paid leave should be implemented for all Australian women. Other workplace initiatives to protect and support breastfeeding are often contained within Awards and Enterprise Agreements, such as the requirement for mutual agreement before rosters can be changed. My entitlement to paid maternity leave and to return to work in a part-time role until my child's second birthday were both contained in my Enterprise Agreement and without them I may not have been able to breastfeed for as long as I have. Many women may not think to negotiate these provisions into an Australian Workplace Agreement or they may fear that asking for maternity leave when first joining an employer would suggest an intention to begin a family immediately, hence harming employment or promotion opportunities. For this reason I believe that the Government's Work Choices legislation and preference for AWAs may be detrimental to breastfeeding rates in Australia.

The Government should establish a paid maternity leave scheme for all women, and protect family-friendly initiatives through Awards and Enterprise Agreements rather than favouring AWAs.

To conclude I suggest the Government introduce the following initiatives to promote and support breastfeeding:

- a) Remove from sale any parenting books which contain incorrect breastfeeding information, and ensure that internet parenting forums employ Moderators who are trained in breastfeeding issues**
- b) Distribute the 2006 WHO growth charts to all new parents**
- c) Ensure that all Health Professionals receive quality breastfeeding training throughout their careers including refresher courses on breastfeeding "best practice" every six months**
- d) Increase funding to the ABA for services such as: national toll-free helpline, advertising ABA, counsellor training, training for Health Professionals, running "Breastfeeding Education Classes"**
- e) Provide all parents-to-be with a Government-funded voucher to attend an ABA "Breastfeeding Education Class" and a year's subscription to the ABA**
- f) Run regular community service announcements across all media to debunk breastfeeding myths and promote the many benefits to babies, toddlers and mothers of breastfeeding**
- g) Ensure that all baby food labels reflect the WHO recommendation of not beginning solids until six months.**

- h) Provide specific funding to State Health Systems so that all mothers can be regularly visited by a Lactation Consultant during the crucial first few weeks of their baby's life**
- i) Eliminate the advertising of infant formula and introduce the full WHO Code**
- j) Educate the community about the composition of breastmilk**
- k) Establish and fund a network of milk banks across the country to provide donated breast milk to babies who require it**
- l) Establish a paid maternity leave scheme for all Australian women.**
- m) Prefer Awards and Enterprise Agreements for their protection of family-friendly initiatives such as mutual agreement to change rosters and entitlement to return to work part-time.**

Thankyou for your attention to my submission.

Yours Faithfully,

Lisa Jeffery