

House Standing Committee on Health and Ageing
Commonwealth Government Inquiry into Breastfeeding



Nearly all women – around 99% – can breastfeed successfully and make enough milk for their babies to not simply grow, but to thrive. With encouragement, support and help, almost all women are willing to initiate breastfeeding. ...it seems likely that exclusive breastfeeding rates could be improved if consistent support were available, and if approval within the family and the wider community for breastfeeding, both at home and in public, were more obvious and widespread. (Ecologist Magazine in April 2006)

I'd like to take the opportunity of the Commonwealth Government's "Inquiry into Breastfeeding" to communicate my experiences as a mother who has experienced first hand the current measures to promote and support breastfeeding in the Australian Health System. I have encountered a number of initiatives and supportive systems and organisations that I believe are the reason I continue to sustain a breastfeeding relationship with my 23 month old son. I have also encountered a number of barriers that I was able to overcome because of the **preparation and ongoing support** I have received. Flowing from my personal journey, I have some suggestions to make that would help support future mothers.

I wish to address these terms of reference in my submission:

- A The extent of the health benefits of breast feeding
- B The impact of marketing of breastmilk substitutes on breastfeeding rates.
- D Initiatives to encourage breastfeeding.
- E Examine the effectiveness of current measures to promote breastfeeding.

I have always planned to fully breastfeed any children I might have. During my antenatal visits to the birth centre at the hospital, the midwife talked of breastfeeding and gave me an ABA breastfeeding 'show bag' of information. It gave me confidence that I could indeed breastfeed despite the wide perceptions suggested to me that "You may not be able breastfeed", which was a pretty much standard, negative attitude, even from those who had breastfed their children. This was discouraging to my confidence, knowing I wanted to breastfeed. There was a brochure that said "breastfeeding is a learned skill" and information about classes I could attend to learn how to do it. I went online, booked in and later attended the Australian Breastfeeding Association's "Breastfeeding Education Class" for one morning. It was GREAT! As a result I felt empowered by knowledge and confidence. I knew how breastfeeding worked, how to avoid or overcome common initial problems, how to hold the baby and tips for attachment and importantly, learnt ways of accessing support and the confidence to know how to and when to do this. I am certain this experience, a thorough education in breastfeeding, was pivotal in my continuing breastfeeding relationship.

I later attended the hospitals antenatal class for three mornings, and found the information on breastfeeding support to be lacking in comparison. We were encouraged to 'give breastfeeding a go' as it would save us money! There was little emphasis on the importance of breastfeeding to health, and the ideas raised were those put forward in a group brainstorming. We watched a video on attachment that was good, and were shown where the post natal breastfeeding support clinic was. Overall I found that if it had been my only breastfeeding education there would be little chance I would be breastfeeding now. We were not skilled on avoiding or overcoming problems well, and other avenues of support were not adequately covered in my opinion. Options in feeding were seemingly considered equivalent, more of a lifestyle choice. I noticed breastfeeding myths raised in discussion that were not dispelled by the nurse running the group – perhaps she did not even know?. There was not adequate information about the risks of not breastfeeding. There was no information on how artificial feeding affects babies or the increased risks it causes, even for things such as constipation, ear and respiratory infections and higher risk of allergies, obesity and misaligned teeth that are common in the non breastfed baby. Parents have the right to this information. We were given none of this information.

When my baby was born, we had him in a "baby friendly" hospital (Flinders Medical Centre Birth Centre, South Australia), part of the "Baby Friendly Hospitals Initiative" which promotes practises supportive of breastfeeding such as feeding soon after birth, rooming in, carers trained in breastfeeding, all things part of the 'Ten steps to successful breastfeeding' which was a great comfort and widely promoted in the hospital. Every hospital should be a Baby Friendly hospital, or they are essentially promoting artificial feeding by default in not supporting mothers with information and assistance. (I have heard of private hospitals having a 'formula room' that they pressure mothers to visit.) At Flinders Medical Centre breastfeeding was supported as normal and I had midwives who helped me (mostly – one didn't seem to be informed). Nothing that interfere with the establishment of breastfeeding occurred. One thing that was a negative was a midwife shoving my baby's head onto the breast at a late night feed on his first day when he was sleepy. He was very upset, and this happened before I could stop her (I knew it was a BAD idea) No lasting effects, though – I was guided by

baby-led attachment and continuous breast access (feeding on cue) to establish breastfeeding well. I saw this incident as an example of the 'pressure to perform' schedule of a hospital system and also a lack of up-to-date information on best practise (baby-led attachment) in staff in this case.

While in the hospital I was reminded of the existence of the "Post Natal Support" clinic. A Lactation Consultant was regularly available as part of a drop-in clinic for support, which I used. Just having somewhere to go and sit while feeding, to overhear the conversations and have someone provide tips was reassuring and extremely helpful. I was given little tips to correct things that might have become problems later. Such facilities should be standard and full time in each maternity hospital – there were women visiting the LC from the northern suburbs (it was in the southern suburbs) I was also visited by an ABA member who reminded me of the free services they provide breastfeeding mums, such as the Breastfeeding Helpline, which I have called for a variety of issues, even when my toddler was over 20 months of age! It is a service for every breastfeeding mother, or family member to access, but many Mums do not even know of this highly professional, up-to-date and consistent service. The lady told me how she had spent lots of time visiting the LC, so I did the same thing! This was very reassuring and helped develop my sense of a "community" able to support me if I encountered problems, and that I could overcome anything, which I have. This is very important as often women are moved out of the hospital before their full milk even 'comes in' and feel isolated and uncertain at home alone. I had already become an ABA member as part of the breastfeeding education class, so soon went to local meetings as well, where my group leader was also a lactation consultant as well as a breastfeeding counsellor. The ABA is an amazingly supportive organisation for mothers, the ongoing support, information, help and friendship I receive is just WOW – irreplaceable.

When I returned home with my new baby I was visited the next day by a midwife. Then a couple of days later. I don't recall having breastfeeding issues that I was unable to deal with by myself, but had a few other health concerns. I would have liked more visits if I was having problems. Some of the nurses were very overworked it seemed, and when they had planned to visit they sometimes called by phone only. I found the helpful friendly support very important as a new mum with a shiny new baby, the main thing I needed was a confidence boost. I also visited the Lactation Consultant at the hospital a number of times for support and information. Parking fees became an issue with our low income. The local ABA breastfeeding counsellor called me. My husband was very supportive and would help me position the baby and support me with confidence and water and other things so I could simply respond to the baby and learn our needs together. We slept with the baby in our bed, which made night feedings so much easier, with minimal disturbance, though we still that bone-tiredness that comes with a tiny newborn! We had been educated on how to bed share safely, which is information all parents should receive. Some clinic nurses and one of the midwives was woefully uninformed on this worldwide practise, which is supportive to breastfeeding, instead trying to terrify me pointlessly as I was fully informed. It was tedious arguing, and I would suggest not good practise to tell a parent they will definitely kill their child. (Moron – I reported that too, and yes, it was NOT what she should have said – should have gone over bed sharing safety issues) Again, the inconsistency in training was the issue.

In the early months I was supported by the information from the ABA, online communities supportive and informed about breastfeeding, resources on the internet and in books and having a supportive environment around me to breastfeed. I had few issues, those I encountered I could deal with myself, thanks to the education and confidence I had from the breastfeeding education class, usually with a reassuring word, a good breastfeed and a nap! I fed my baby often, to his changing needs. On visiting certain forums (parenting communities) I see it is common practice for poor information on breastfeeding to be given out as advice, perpetuating myths and misunderstandings, and discouraging women from breastfeeding. This could be alleviated by requiring all parenting websites to have up-to-date links to breastfeeding support avenues for mothers to access.

I knew that breastfeeding was important for my baby because it was the biologically normal way to start life, antibodies helped protect him from illness, breastmilk helped him grow fast and mature well, it supports the development of all his organs, his eyesight, brain and jaw. It helped us to learn about each other together, supported his development and nutrition 100% for over six months – very empowering for a new mum. I knew all this information initially from research at school on the importance of breastfeeding from a Home Economics text book, and further research on the Internet then support from the ABA. For myself, I new it helps protect me from breast and cervical cancers, lessens my risk of osteoporosis, aids in my iron levels by lactational amenorrhoea, helps me lose flab, keeps me relaxed with the hormones to aid in adjusting to the new role of mothering, and ongoing, it is such an easy cure for everything and makes mummying so much easier on all levels. It is an integral, normal part of our lifestyle. It is easy and free, is reassuring to breastfeed a toddler who eats whimsically like all other toddlers, fixes meltdowns, supports his nutrition and makes bedtimes a breeze. Long term consequences of sustained breastfeeding I know about include protection from the risks of asthma, childhood cancers, obesity, and teeth misalignment and ear infections. The supported immune

system is very effective for the breastfed toddler, thus those not breastfed have far more colds and illnesses for a longer duration. The emotional support due to the skin on skin closeness, and the relaxing hormones released during feeds help regulate responses to stress and facilitate resilience and independence that effect throughout life.

In the hospital I found the midwives very supportive, although there was at times an undercurrent fear if the baby does not 'perform' on their schedule (ie when present in the room).. and this comes across. That gives the message that breastfeeding is a highly sensitive process that is inherently fragile and could blow up and fail at any moment, and adds to stress, which is not a good partner to the early days of mummying! I found they helped me breastfeed by plonking the baby on my chest at birth so he found the nipple himself and later helping me learn to feed in different positions (laying down, in a chair) and talked of the attachment videos available to watch. My baby was not taken from me, was not given a dummy or any supplementing. He slept with me. All these things helped us. I did okay as I had the basics and knew to feed the baby as often as possible and keep near constant skin on skin to aid in bonding and establishing his/ our breastfeeding. It was helpful to be reminded of things as my baby brain evaporated a lot. Having one main midwife I connected with to ask for advice was helpful, as I wasn't getting all the conflicting advice my friends were often getting in hospital.

I have had a range of experiences with health care professionals. It has been obvious which health care professionals have had breastfeeding training. The first doctor I saw at my 6 week check up was dreadful, raced me out the door, didn't check the baby, instead said "He's Ok isn't he?" and things like "When you wear him" (He was 6 WEEKS old!) She only checked his heart as I asked her to – and then didn't fill in the record book. I ended up going to the CYH clinic to do the visit again as I was so unimpressed – and that was a thorough, comforting check up. My other doctors have been supportive, especially of night feeding, where CYH nurses are hot on night weaning at an early age, regardless of my opinion, or seemingly of what is normal in infant feeding and sleep. Anything 'natural' was deemed too difficult and draining, rather than actually easier in the long run (only in some of my experiences visiting there – again highlighting the inconsistency of breastfeeding education in nurses). There were certain agendas being followed, and I sensed an undercurrent of these being that breastfeeding was inherently difficult, the moment it 'interfered' with your life, it was okay to just drop it. Two doctors encouraged me to keep it up as long as possible for the support to my health it provided as well as to my baby. This was supportive and encouraging, these doctors obviously knowing about normal breastfeeding and what to expect. I have only taken my baby to the doctor once in his life for a cold in almost two years. Breastmilk protects him and supports him.

The baby clinic nurses I encountered were nice, yet some nurses ideas on breastfeeding seemed out of date by many years – I was told to delay a crying baby's feeds to achieve a 3-4 hour feeding schedule, and was mocked for cue-feeding my baby by one nurse. This was the one running the "New Mothers Group" I went to. Schedule feeding is what is done with bottle fed babies, it is damaging and ignorant to advise this to a breastfeeding mother. Others hinted I could not possibly cope with cue feeding, when this is biologically normal and actually easier and empowering to me as a new mother – learning to respond sensitively to my own baby! This seemed odd when feeding to the babies changing needs is what we are supposed to do! Obviously I ignored this rubbish, but it was demoralising none the less. I ended up just lying to them, and stopped going soon after I just didn't feel supported, I was also concerned at the emphasis on early solids despite recommendations to feed exclusively until six months, and a focus on weight gain over other indicators of health or sustaining breastfeeding naturally as per all the accepted scientific evidence. At the time growth charts were based on artificially fed babies, so it was often recommended to supplement breastfed babies to fatten them up to the charts 'guidelines'- another way breastfeeding is systemically discouraged. When I complained to the head office about being told to delay and schedule feeds I was told the advice was faulty and that measures were in place to hopefully ensure staff would be recommending current recommended best practise. Considering the same response was given to a friend a year before that, and that I have friends who are still being told to begin solids early and to schedule feed four hourly, a year later and two states away, the up-skilling in relation to breastfeeding still needs some work!

I found the CYH nurses I encountered advocated weaning before 12 months, and give no other form of information or advice- even the websites do not even acknowledge breastmilk as a normal part of the toddlers diet, meanwhile talking happily about soy bean milks and coconut milks. This makes no sense to me and is something that would help support mothers who may wish to sustain breastfeeding – just saying it is possible to do it! I have friends who stopped feeding only because they were told to – they had no idea it was possible to continue.

In relation to introducing solids I found that there is a tendency to encourage solids from FOUR months of age. We were basically scared into thinking the baby would perish though iron loss, never learn to eat or talk (I'm

not exaggerating here!) if the baby isn't eating three meals BY six months of age. This is against the recommendations of AT LEAST six months exclusive breastfeeding then slow introduction of solids at baby's pace. I perceived a conflict of interest that this information was provided in brochures by an artificial breast milk and baby food manufacturer at the clinic. So were all the nutritional posters I saw, which also promoted premature weaning, and had out of date recommendations to begin 'weaning' at 4 months. On mentioning this to staff I was told to write a letter to the formula company to change their poster – this from a health care professional?

In the early days I experienced minor engorgement some mornings and overcame this with more feeds, an encouraging word by a midwife. I had a blister from poor attachment the second day (I fell asleep and so did he) and had let down 'sting' for a month or two. Some plugged ducts, resolved the same way (frequent feeding, other tip) and other issues resolved with access to the Lactation Consultant at the hospital "Post natal support service" that I was able to just drop in to for free.

As my baby grew older, I had some biting phases, the odd blocked duct, minor worries and concerns that I resolved with access to breastfeeding counsellors on the Breastfeeding Helpline, the online ABA Breastfeeding Support Forum and other mothers, counsellors and community educators at local ABA meetings., as well as support from my husband, it turns out that his support is crucial – women are far less likely to exclusively breastfeed if their partners are uneducated about the importance of breastfeeding – a reason for this to be an area of breastfeeding support – educating the wider community.

While sustaining breastfeeding past one year I have realised that there is a lack of knowledge and therefore support in the wider community about breastfeeding and many out dated myths abound. I constantly hear 40 year old ideas that undermine breastfeeding if followed, and many folks who believe breastfeeding is equivalent with using formulas. People seem unaware it is even made out of cows milk or soy beans! I surround myself with support yet have friends and relatives who experience ongoing negativity and ignorance that is shocking to listen to, in some cases active bullying about weaning from a very young age. It is okay to breastfeed very young babies, but then weaning to bottles should shortly follow. I feel a public education campaign directed at the wider community would help dispel some of the mis-information about what normal breastfeeding is actually like.

Breastfeeding in public needs to be promoted as the right of the baby – the baby needs to eat. Women are discreet, others can avert their eyes as she attaches, the babies head covers any 'flesh' – in any case most teenagers flash far more flesh than a woman feeding her baby. I have had only positive experiences, smiles and encouragement. Facilities for women to breastfeed distractible babies need to be clean and comfortable and safe – the Australian Breastfeeding Association has a system for recognising and developing appropriate facilities – these should be promoted and supported. (I always look for the stickers saying "Breastfeeding Welcome Here" and "Baby Care Room", though I feed wherever my baby needs to eat.)

These are a few of the common breastfeeding myths that I have personally been exposed to, by health care professionals, and people in the community:

Health Care Professionals have told me in classes, by phone or in appointments:

- Babies only need to breastfeed every 3-4 hours, schedule and delay feeds by using a dummy
- Frequent feeds make your milk go sour and gives your baby a belly ache
- Babies don't need to breastfeed at night past 6 months
- Breast milk contains no nutritional value past 6 months
- There is no benefit to feeding after 3 months
- You should stop breastfeeding with illness or mastitis
- You should feed solids from 4 months of age
- Breast milk is only needed to coat their intestines and only protects them from about 3 illnesses.

Others have told me these false myths about breastfeeding:

- Your milk can dry up for no reason
- If you cannot express then you don't have enough milk for your baby
- If your mum couldn't breastfeed then you won't be able to
- Breastfeeding drains your body/ hair/ teeth of nutrients
- There is no benefits after 3/6/12mths
- Women with small breasts cannot breastfeed
- Formula is just as good as / better than breast milk 'these days'
- Breastfeeding will make your breasts sag
- Women with flat or inverted nipples cannot breastfeed
- Using formula at night or regularly won't effect breastfeeding

In relation to breastfeeding and paid work haven't gone back to work as it would be too difficult for me in my type of job, as I would need to express and I am bad at it! I would need regular 'lactation breaks' and would want a regular timetable, preferably day blocks or half day blocks of work that is impossible in my job – I would have had to go in daily. Creches for mothers in workplaces would be useful, and ensuring child care centres are educated about breastfeeding and using breastmilk. I know women who have been bullied to wean onto artificial milks to suit child care centres. This needs a set of national guidelines to support breastfeeding mothers and to educate child care workers on care of the breastfed infant or young child.

I think that for expectant parents it is really important that they attend a specific breastfeeding education class that focuses on attachment, overcoming possible problems and how to access support. People around them need to be aware of what to expect with normal breastfeeding so they are not undermined by out of date information that is damaging to the breastfeeding relationship. Unrealistic expectations put undue pressure on us that baby 'should' be feeding so some arbitrary timetable that does not take into consideration the differences in babies and mothers breasts. I had a frequently feeding baby, as I have smaller milk capacity in any one sitting, this is perfectly normal, had I followed the dreadful advice I was given by the uninformed I would be unlikely to be breastfeeding now.

For new mums in the hospital it is critical that they have a continuous access to midwives with current breastfeeding knowledge, and access to sessions for breastfeeding support while in the hospital, like the one I attended on post natal physiotherapy issues. For new mums in the hospital it is critical that they have a continuous access to midwives with current breastfeeding knowledge, and access to sessions for breastfeeding support while in the hospital, like the one I attended on post natal physiotherapy issues. I would have loved to attend breastfeeding support sessions with a breastfeeding counsellor at that time – a breastfeeding counsellor or Lactation consultant available to give tips "Drop your shoulders!" – breastfeeding is a learned skill – by observation, and experienced advice is a big help. These sessions could be run every other day, like the physio class was.

In the early weeks and months at home it is of crucial importance that mums are visited or phoned frequently in the early days and prioritised for at home specialised support if required, for 6-8 weeks if that is what they need. They need to know of the Breastfeeding Helpline in particular, and local breastfeeding support in their communities. Mums need to know they can go to local breastfeeding support at ABA meetings or the online forum for just friendship, for support, for reassurance, for confidential help, it was fabulous for me.

All health care providers that encounter breastfeeding women should be regularly updated on breastfeeding knowledge, and TESTED on key aspects randomly, so mums are not told, as I was, not to feed a newborn on a 40+ degree day for two hours as it would 'Go sour in it's stomach feeding more often than that' and to give it a dummy to delay feeds! Dummies are NOT recommended for delaying feeds, nor before 6-8 weeks as breastfeeding is established. Totally out of date information from a national parent help line.(breastmilk digests in 20 minutes, babies need continuous access in hot weather and dummies interfere with breastfeeding establishment, and then duration if used to delay feeds) All I needed was a word of reassurance and a confidence boost as I was home alone for the first time! The ABA breastfeeding helpline was unavailable that day....

As wider social support for breastfeeding and promotion of the importance of breast milk, I think that these initiatives would help to improve breastfeeding rates:

- a) The "Breastfeeding Helpline" should be made a FREE call from anywhere in Australia – I have had to make interstate calls to the counsellor on call as I live in Canberra.
- b) The "Breastfeeding Helpline" should be promoted on television by the Government as a community service announcement, as it is a service available to ALL families, not just ABA members.
- c) Government funding for every expectant mother to attend the ABA "Breastfeeding Education Class", as they will receive ongoing support and information.
- d) Parents should be subsidised to attend ABA breastfeeding education classes antenatally, perhaps as a voucher to be redeemed.
- e) Govt should provide more funding to the ABA to train Breastfeeding Counsellors and Community Educators as these are unpaid health care workers for the community, allowing more funding to be used in supporting mothers and extending the services of the ABA.
- f) All hospitals should be part of the "Baby Friendly Hospitals Initiative" which supports breastfeeding by training of staff and various other accepted best practices.
- g) More funding to local health services to allow for frequent home visits from trained midwives or Lactation consultants in the early days to address and support breastfeeding.

- h) A regular "breastfeeding best practice" program for all Health Professionals in contact with expecting or breastfeeding mothers to attend.
- i) Adopt the WHO growth charts as standard across the country so that parents are not unnecessarily worrying about weight gains or lack thereof, and the breastfed child is the norm. This will help HCP as well.
- j) Ensure labelling of all baby food to reflect the recommended 6 months plus for introducing solids- I have heard SO MANY people say "Its ok I started so early as I used the jars that said from 4 months" (even if this was at three months). It is inappropriate that commercial interests benefit to the detriment of exclusive breastfeeding and thus health.
- k) Subsidised membership to the ABA for anyone wishing to join – perhaps as an 'invitation' that is reimbursed, supported by the Health Department, sponsored, free membership for 'at risk' groups in the community – as the ongoing support is invaluable.
- l) Breastfeeding Education Classes, Australian Breastfeeding Association membership should be tax deductible, as breastfeeding is a woman's 'work' and this support is like any other workers association fees that are currently tax deductible.
- m) Breast pump sales and hire should be tax deductible.
- n) Removing the GST from breastfeeding related goods and services. (note formula is tax free)
- o) Parents of a new baby should be able to freeze mortgage repayments and interest for 6 months to aid the financial support for exclusive breastfeeding.
- p) Paid maternity leave of 6 months minimum and unpaid leave up until two years, in line with the World Health Organisation breastfeeding recommendations, which is a conservative organisation!
- q) All health carers who may encounter expectant or breastfeeding mothers (eg GP's, Paediatricians, MCHN's, midwives, child care centres) should have a minimum level of breastfeeding education, equivalent to the ABA Breastfeeding Education Class, which is regularly updated.
- r) All health carers who may encounter expectant or breastfeeding mothers (eg GP's, Paediatricians, MCHN's, midwives) should be encouraged to subscribe to the Lactation Resource Centre to receive current information on breastfeeding best practice from around the world.
- s) All health centre who may encounter expectant or breastfeeding mothers could be encouraged to subscribe to the ABA "Essence" magazine for their waiting rooms as it is a wonderful support for mothers.
- t) "Human milk banks" to be set up in major hospitals (at least one per state) with specialised training in supporting breastfeeding under premature baby circumstances given to their NICU staff. Free breast pump hire to all Mums. Subsidised or free support by a Lactation Consultant. Free membership to the ABA.
- u) Workplace support for breastfeeding mothers should be strengthened.
- v) Government health websites to include human milk under toddler nutrition information with details of the nutritional, immunological and emotional support it can provide.
- w) The Health Department to monitor that information on infant feeding in health care facilities does not come from artificial milk manufacturers, as I encountered.
- x) Specialised funding for breastfeeding research.
- y) A series of community service announcements about the importance of human milk and the support services that the ABA provides, government funded.
- z) Awards for initiatives, organisations, centres and individuals prominent in breastfeeding support.

In 2003 Australia's National Obesity Task Force noted that *'effective prevention needs responses from all parts of society to encourage more active living and healthy living, beginning from the very start of life with breastfeeding*'. It listed breastfeeding as the key, most cost-effective way for governments to tackle the problem of obesity. (Obesity and infant nutrition *Public policy framework: Breastfeeding and obesity, 2006*)

Before I had my baby I knew that not breastfeeding increased many risks for my baby, so I was determined to be informed and supported to breastfeed. I learnt it from a school book and from research in the Internet. I also knew the increased risks it carried for me and also the financial burden and drudgery of artificial feeding, and I was aware this contributed to post natal depression and made for a lot of emotional torment as well from Mums I knew who were unable to sustain breastfeeding as long as they had desired.

Since having my baby I have learnt a great deal more via reading and the internet and particularly feel undermined by the constant blanketing of artificial substitutes in the media. They target breastfeeding mums like me, giving us misrepresented information designed to scare us into buying the products 'just in case'. They undermine my confidence by implying breastmilk is lacking, that normal toddler behaviours represent deficiencies, that weaning is 'normal' at 3, 6 or 12 months and that their products are the only choice of a responsible parent. It makes me very angry that this can happen in Australia, which should do better by women.

As I mentioned earlier, the Child Youth Health system I have encountered had posters and brochures sponsored by Infant formula manufacturers that reinforce early weaning, and offer no support for sustained breastfeeding beyond 12 months. Yet the World Health Organisation recommends two years or more and the NH&MRC *at least one year*, or longer as desired. It is interesting to note this subtle undermining of breastfeeding and promotion of formula in a recent update to the Child Youth Health (SA) Website "Feeding Toddlers" <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=302&id=1756#14>

2006: "Toddler milks are marketed for children 1 to 3 years of age. They have added vitamins and minerals, and some are higher in energy than cow's milk. **Generally toddler milks are not needed. Most toddlers will eat enough other foods to get all of the nutrients they need, even if they are only eating small amounts of food.** If a toddler is not gaining enough weight, **it is important that she is checked by a doctor rather than just started on toddler milk.**"

2007: Now it says: "If you are very concerned about your toddler's diet, and she is healthy, you could give her toddler milk, but limit it to 2 or 3 cups a day, and make sure that she is still offered a good variety of healthy foods."

Despite the fact that informed medical doctor's report: "**Toddler formulas are not necessary for good nutrition and advertisements for these products exploit parental anxiety about normal 'fussy' toddler intake.**" (Dr Patricia McVeagh of the *Sydney Children's Hospital, Randwick*) NSW Public Health Bulletin, 2005. 16(3-4) 67-68

This is merely a promotional advertisement for formula. Advocating continuing breastfeeding should be a way to reassure parents. Even formula manufacturers are using the WHO Guidelines of breastfeeding until two to scare parents into buying their products. For example this marketing flier, which also seeks to promote brand and logo recognition of the "shield" image, which is on infant formula tins. (cross marketing again) http://www.nutricia.com.au/img/immunity_advertorial.pdf Knowing it is culturally reinforced by government health websites (such as the Child Youth Health one above) to wean by one year, the formula manufacturers are filling a niche by scaring parents into buying these unnecessary products. The government is thus promoting formula for those with a commercial interest. The 'norm' is sustained breastfeeding. If the government is now promoting toddler formulas over continued breastfeeding, as this example shows, they need to provide parents with information on the nutritional, immunological and emotional importance of sustaining breastfeeding into the second year. Just having that information available will support women to continue.

This reflects the gradual erosion of breastfeeding as the normal food for human infants and young children in preference for commercial, inferior substitutes. It is interesting indeed that the only ONE mention of breast milk in the diet of the toddler in the whole web site. I had to hunt it down, there is *one line*, under the heading "*Foods for babies (solids) 1 - how and when to start*" (NOT in the sections 'milk for toddlers' or 'Feeding toddlers') and says: "*Keep giving milk - breastmilk is still very good for your toddler.*"

I have been to doctors who subtly undermine sustained breastfeeding, hinting it is not necessary, rather than biologically normal and to be celebrated as a wonderful investment in health, bonding, nutrition and immune support.

"What makes a woman believe that she cannot breastfeed her baby is the constant undermining of her confidence by advertising." (Gill Wilcox UNICEF UK)

It concerns me that the majority of images encountered in media weekly promote artificial feeding as the normal way to feed babies. For instance, I just bought the "Parents" magazine by Woolworths. There is one article about breastfeeding (That was excellent and had avenues of support included), yet I counted over 10 advertisements for artificial feeding in the magazine, several were repeats. All this constant imagery gives the message that artificial feeding is the normal thing, the accepted and promoted 'better' way to feed babies. There is never any information on the risks it exposes babies to, this seems a bizarre, unethical misrepresentation of the facts. When I got my 'bounty bag' of baby things from the hospital, I was given teats for bottle feeding, and marketing about formulas. This is a breach of the WHO Code right there! I am a parent who is quite educated about the importance of breastfeeding to a child's normal development. I feel undermined in *my breastfeeding confidence* when seeing the constant "Rollback of prices on your favourite everyday products", "Give your toddler this advantage", "Most toddlers are anaemic, this product will help" type slogans. It makes me wonder how many mothers are conned by scare tactics into using these toddler formulas, which are recommended only under supervision with a doctor.

The information is universally lacking in ANY information on or outcomes the risks associated with artificial feeding. The fact that they look exactly like the infant formulas is the reason they were developed – they cross market infant formulas. Consider the photo below from my local supermarket – there are three WHO Code breaches right there for a start.



- (Spot the “Toddler Formula”) All tins of artificial baby milk contain a large image of the giraffe.
- The tins of ‘toddler formula’ use the same layout, colours, images and terms of the infant formulas.
- They have the numbers 1, 2 or 3 prominently identifying them as part of the breastmilk substitute range titled “Heinz Nurture GOLD”.
- The “free sample” logo used to promote and market the toddler formula is the same layout and colours as the “NPD” Logo on both the Toddler milks and infant formulas – seeking consumer recognition.
- It is available with the infant formula products in stores - one needs to search it out as they are usually all jumbled together. This ‘normalises’ artificial feeding for those parents scared into using these products.

The formula industry may not be allowed to openly market infant formulas, but they provide marketing to chemists and other retailers who do it for them. The “Guidelines for retailers” section of the MAIF is meaningless – any complaint about retailers ignoring these guidelines is considered “outside the scope” of the MAIF, and is ignored. This seems a conflict of interest to me- and we know how advertising works so effectively. I wonder why it is allowed when the importance of breastfeeding is so well known. Artificial baby milks are advertised as a health food with NO information on the risks associated with their use. Parents have the right to this information. It is not a lifestyle ‘choice’, it is a matter of health, and more protection is needed. How can one make a ‘choice’ without the facts? Further, the Dietary Guidelines prepared by the National Health Medical Research Council noted strong evidence that mothers’ feeding choices were influenced by commercial marketing practices.

What about the public health implications of this misinformation? The only restraint is the MAIF “Agreement” which is frequently breached and really only ‘monitored’ by members of the public who take the time to complain. Bizarrely this does not apply to the retailers who actually do the marketing to parents. In order to be informed, I think that before their baby is born all parents should be fully informed of the risks of artificial feeding. I was, and it gave me a determination to access all the support I could to breastfeed.

Information on artificial feeding where needed should come from Health Care Professionals who are skilled in breastfeeding support, and not from representatives or brochures from baby milk companies or those who make money selling breastmilk substitutes. Those who have a commercial interest in infant feeding (as using formulas from birth to three years as they ‘recommend’ is worth several thousand dollars per child) should not be allowed to inform (as they advertise and market rather than educate) on infant feeding. Obviously more consumer protection is needed from this huge conflict of interest. Instead, the Health Department could develop a database whereby a visitor could put in their postcode and be given contact details of local breastfeeding support such as ABA groups, lactation consultants, breastfeeding counsellors, breastfeeding clinics at local hospitals, clinics. That would be supportive, rather than reading about breastfeeding with “Choose the right formula” in the column right next to it. “Baby Clubs” are an avenue whereby formula makers can contact parents, via advertising their toddler formulas and providing links to their information on infant formulas. There is great potential for the erosion of breastfeeding initiatives.

As a mother, I have sent a number of letters to APMAIF. All of the complaints I made were breaches of the WHO /UNICEF International Code for the Marketing of Breastmilk substitutes, a number were 'on paper' breaches of the MAIF Agreement, or the "Guidelines for Retailers". The responses I received state that that ALL of the complaints I have made are "*outside the scope of the MAIF Agreement.*" This is in relation to well over 100 advertisements of artificial baby milks in my local area. All WHO Code Breaches. All OK in Australia.

In relation to the marketing of breastmilk substitutes I think that these initiatives would help improve breastfeeding rates:

- a) Retailers should be unable to market breastmilk substitutes – it is known where they are available, and as they are all the same, a consistent price should be standard, as the WHO Code states for those who use formulas.
- b) Toddler formula advertisement and promotion should be banned, as they are under the WHO Code, as the opportunity for cross marketing is so blatant.
- c) The MAIF Agreement needs to be strengthened, as it grows ever weaker by not covering retailers, teat or bottle marketing.
- d) More of the WHO code should be legislated as protection and an independent monitoring committee set up.
- e) Fines for breaches should go to breastfeeding support initiatives.
- f) Companies marketing breastmilk substitutes should not be allowed to give breastfeeding advice on their websites and information – instead information about sources of support should be provided to parents. It is too often that slightly skewed information that discourages breastfeeding is provided as 'help' by those with no interest in helping women to sustain breastfeeding. I have read this sort of discouraging marketing many times. It is not appropriate in Australia, a wealthy country.

I would summarise my main personal recommendations to support breastfeeding mothers as these:

1. Increased support for antenatal breastfeeding education, including government subsidised sponsorship of parents to be at Australian Breastfeeding Association "Breastfeeding Education" Classes.
2. More funding of post natal breastfeeding support by carers skilled, preferably experienced in breastfeeding support, and referral to the National services of the Australian Breastfeeding Association.
3. Promotion of the "Breastfeeding Helpline" on television and other media and print.
4. Human milk banks established in every state and territory based on those already operating world wide.
5. Breastfeeding support initiatives to be tax deductible to support longer exclusive and sustained breastfeeding.
6. Financial aid for exclusive breastfeeding such as freezing mortgages and longer paid and unpaid leave entitlements, and support for women not in paid work.
7. Restriction on the promotion and marketing by retailers of all breastmilk substitutes and artificial feeding aids. This information should come from Health Care Providers only, who should not be educated on infant feeding by artificial milk manufacturers as is often the case at present.

Australia is in a position to become a leader in the protection, promotion and support of breastfeeding, to the benefit of the whole community, and the health of mothers and babies. I hope this Inquiry will be a positive motivating factor for change.