



The Secretary of the Committee on Health and Aging

I have been a voluntary breastfeeding counsellor for over 12 years. People ask me "Why?" Why sacrifice my time and energy? Why not do something else? Because I know after all this time that information and support can make a huge difference to a mother who is struggling to breastfeed in our hostile culture. I could not freely give my time without the support of my husband and four sons.

I was five months pregnant with my first child in 1989 when my sister called me to say she had put her 3 day old "on the bottle". Suddenly I doubted my ability to feed my own unborn child. I read books, which included chapters on the "choice" between breast and bottle feeding. I sought out my local Nursing Mothers' Association group and after being reassured that my baby's behaviour was "normal" (when he cried, or fed frequently) I successfully fed him until the age of two.

Last month I spoke with a mother who was terribly upset because the hospital where she gave birth had "made her" give a bottle of artificial baby milk to her baby during the night on day 2 because "his urine was concentrated and she was starving him" (please note that urine output is not a reliable indicator at this age). I spoke with her for about an hour on day 4. I didn't have a magic spell, just quiet confidence that breastfeeding was normal, and that the baby would be breastfed, and that he wasn't attaching right then because he was tired. That baby is now happily breastfed, and his mother says she finds it hard to believe how easy it is to care for him, in comparison to his older brother. Nothing much has changed in 18 years. If a baby cries too much or his mother feels like she is not coping then breastmilk is the culprit. Our society is still hostile to breastfeeding.

Mothers in our society fail to feed their babies because they learn from their peers and their parents. The vast majority of these people see breastfeeding as "not normal" because throughout the 70s and 80s for many of them it wasn't! Failing to provide these mothers with informed peer support is like leaving a 17-year-old to learn to drive from someone who crashed their car 20 years ago and has never held a drivers licence since.

Two of the major issues for parents are breastfeeding in public and duration of breastfeeding. The media frenzy surrounding the choices made by public figures like Kirsty Marshall and Kate Langbroek choosing to feed their babies in parliament and on television is a clear indicator of how "abnormal" breastfeeding in public is perceived to be by many Australians. A media campaign which included print, radio and television advertising could fill the dual role of providing modelling of effective

infant feeding behaviour, as well as informing the public and educating prospective mothers about their right to breastfeed when their baby needs to be fed, wherever they happen to be at the time. This would reduce the incidence of negative comment by uneducated passers by as well as the media, and boost many mothers confidence in their ability to breastfeed.

Increased breastfeeding duration would have a massive impact on obesity rates in Australia. Studies have established that the rates of obesity in later life are significantly higher in children who receive artificial baby milk rather than human milk.

This issue requires real cultural change. It is seen as acceptable for 2-year-olds to be attached to dummies, thumbs or bottles, but not breasts. Public education explaining that the duration of exclusive breastfeeding and total breastfeeding has dramatic health outcomes for both mother and child, as well as the consequent reduction in health costs to the taxpayer would help to make breastfeeding the older child more culturally normal.

Two relatively simple steps which the government could implement immediately are becoming full signatories to the World Health Organisations International Code of Marketing of Breastmilk substitutes, and distributing information about the Australian Breastfeeding Association's Breastfeeding Helpline and the Australian Breastfeeding Association with the Maternity Payment claim form to all mothers. Funding for the operating costs of the Helpline and the training of volunteer counsellors could also be an extremely practical step. Many of our committed volunteers spend valuable time fundraising, when their time could be more effectively spent supporting mothers or educating the community.

Our organisation's membership has grown by 52% since January 2006. I see this as a clear indication that I am not alone in my views and that parents Australia wide need access to accurate, up-to-date breastfeeding information and support.

I intend to continue in my efforts to provide this. I look forward to a similar commitment from our government.

Donna Clayton-Smith  
Director, Australian Breastfeeding Association

CC Mr Peter Lindsay MP