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The Secretary of the Committee on Inquiry into Breastfeeding
Parliament House
Canberra ACT 2600

To whom it may concern

I have been working with mothers and babies in the capacity of breastfeeding support for more than 20 years.

I am extremely excited that an inquiry is investigating the needs of the Australian population in this regard. I would be most disappointed if the Government is only paying lip service to satisfy some individuals and groups.

I say this with regard to the enormous financial gain that multinational formula companies provide the government.

Since the inception of "formulae", women have been given mixed messages about their ability to adequately nourish their infants. Women have been made feel inadequate and settle for "second best". If as a government, the serious message about reducing childhood obesity most certainly includes addressing the early years and diet and exercise, you also should feel obliged to address the beginnings of life when a plethora of research identifies that breastmilk for the first two years of a child's life ensures lifelong health benefits.

[Access to statistics on the cost to the health system on illness etc attributable to the use of infant formula from birth is easily located.]

There are a considerable number of areas that need to be targeted in efforts to improve the breastfeeding rates in Australia. I intend to highlight a few areas that may provide a starting point for the inquiry.

How do you address this need to encourage women to breastfeed their infants from birth?

All women will certainly not successfully breastfeed their infants. It is our duty as health professionals to provide those who choose to breastfeed with every resource at our disposal to achieve this goal.

In the community at large, the committee may like to address the subliminal messages about feeding newborn babies in the toy shops. A young child who is given a baby doll is usually accompanied by a feeding bottle. What message is this giving to the future mothers?

During the school years, it may be necessary to inject into the curriculum and health education information on parenting. In my view, parenting includes the feeding of the newborn. This education should begin in primary school and continue into secondary school.

As the young woman grows, she needs to be aware of the positive aspects of breastfeeding. This may be addressed in some forms of advertising. Consideration could be given to Television/Radio/Billboards/Transport vehicles where the subliminal messages are reassuring the woman that breastfeeding is "the norm."

As the woman approaches the time for parenting, her workplace should be able to offer her paid maternity leave; facilities to express and store breastmilk on return to work; work time to express breastmilk-not meal break time.

Many women cease breastfeeding because of the need to return to work for financial reasons. It is a sad indictment on society that a mother cannot stay at home with her babies for the first formative years of those baby's lives. The emotional wellbeing of many babies is put at risk because the family and family values are not a priority of the government as we know it today.

Another area of need for the woman considering parenthood is Health Insurance. For a woman to attend prenatal education in most areas a fee is incurred. Not all insurance funds provide a refund for this service; therefore, many women do not attend. Public hospitals as well as private hospitals charge a fee.

I am aware that the accreditation of hospitals as BFHI is gaining momentum. This can be accelerated by providing all hospitals, both private and public, with the necessary funding to achieve this goal, instead of the management struggling to meet other commitments and no extra monies available.

It is within these facilities that the need for qualified Lactation Consultants is evident. Midwives' education on breastfeeding matters should be ongoing. Many midwives are working to an older age and have not had the opportunity to update knowledge and skill – this can be achieved by LC's employed in the facilities. Midwives coming into the profession also require the expertise of the LC.

As the new mother returns to the community with her new baby, the services necessary to assist her in continuing to breastfeed are currently poorly equipped.

The shortage of midwives and early childhood nurses makes the task of solving breastfeeding problems almost impossible.

Access to health professionals with expertise in breastfeeding should not be so difficult. Women who are not covered by health insurance usually cannot afford the services of a private LC and not many health funds cover the cost of a private LC. Therefore, the services of a private LC are usually only utilised by the more affluent of society.

Do you consider this a way to encourage women to breastfeed for six months or more?

The women in the community who generally require the increased moral and physical assistance to continue to breastfeed are those who can least afford it.

I would like to suggest that private LC's be able to bulk bill, or have a way of making breastfeeding support more available to this sector in the community.

At the commencement of this submission, I referred to formula companies. It appears they have a free rein on advertisement. I am aware of the constraints involving the mention of breastfeeding as the ideal way of feeding on their cans, but I ask you, why does a toddler require formula when it should be drinking ordinary milk????

Gift packs and other paraphernalia available in pharmacies, grocery and general stores contain all the trappings aligned with formula feeding. The only thing they don't contain is the can of formula itself. Again the subliminal message is that it is OK to formula feed, breastfeeding is not that important.

Formula companies outlay many thousands of dollars to promote their products and they do it very well. Perhaps the government should consider employing their advertisement specialists to do the same for breastfeeding.

Thank you for the opportunity to submit my thoughts on the inquiry into breastfeeding.

Yours truly,

Lynette Huckstadt