

The Secretary of the Committee
House Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600

26th February 2007

Dear Madam/Sir

SUBMISSION: INQUIRY INTO BREASTFEEDING

I am taking the opportunity this inquiry presents to put forward my experiences as a breastfeeding mother, and as a health professional working with mothers and families. I also welcome the opportunity to make suggestions.

My experiences as a mum:

My two boys were both breastfed. With the support of the Australian Breastfeeding Association my breastfeeding experiences have been made more positive. Their support, time and information is of a wonderful standard.

My older son, now 8 years, was breastfed in total for 24 months. Breastfeeding took a few weeks to establish, as it does for many mums, and essentially it was trouble free. Yes, I regularly educated my parents and in-laws regarding the nature of my milk and my sons behaviour as both families had bottle fed children. The "are you still feeding him" question was irksome to say the least, especially when under 12 months of age.

My second son, now 5, chose to breastfeed until he was 4 years and 6 months. We encountered much negativity and incorrect information from health professionals. I was hospitalised with Post Natal Depression when he was 10 days old. The staff, were, for the most part unconcerned about how he was fed, except for the trouble that feeding caused in finding suitable medications for myself. Twelve months later I was readmitted to hospital and faced much pressure to wean, he was "twelve months old and not needing breast milk, there are other options, and the milk has no value". Breastfeeding my son was one of the few things that I believed that I could do well at that point. Breast milk also provided him with much comfort and supported his nutrition and growth. With my partner's support I continued to feed.

My experiences as a health professional:

I primarily see parents antenatally, through Childbirth Education classes. Many believe they will "breastfeed if they can", thinking that breastfeeding is a natural instinct, when in fact it is a learned skill. Many are also under the impression that artificial baby milks are as good as or even better than breast milk, which is most certainly not the case.

I have worked as a midwife on the wards, supporting parents in the first few days, with limited time to do what needs to be done. And I work as a Lactation Consultant privately, seeing families within their own home providing support and information that is lacking through other channels, such as the hospitals and general practitioners.

Suggestions:

- ✓ Appropriate levels of education and training for all health professionals and allied health, that is midwives, childbirth educators, doctors, dieticians, physiotherapists etc. within tertiary centres, as well as those working in community settings;

This education and training to be provided by experts in human lactation – IBCLC's (International board Certified Lactation Consultants) and Australian Breastfeeding Association volunteers;

This education to be consistent, so that mothers are given the same/similar information by each person that attends to their care, especially within the hospital setting
(Many mums I speak with are upset and concerned that their initial time in hospital after their baby is born consists of contradictory information regarding breastfeeding from the midwives)

- ✓ As part of this, all hospitals be encouraged to become Baby Friendly Hospital Initiative Accredited, breastfeeding mothers and babies attend tertiary centres for many health reasons, with their breastfeeding relationship needing to be cared for as part of the whole package that they are

(A friend was admitted to a major general medical hospital with a broken ankle, she had a 5 months old fully breastfed baby. My friend received no support to continue breastfeeding, she was told to "give the baby other foods, formula is just as good" and was not provided with an electric breast pump to express her milk in order to look after her own health for many hours, mastitis was a real concern)

- ✓ For every mother with a new baby to be referred to the Australian Breastfeeding Association, in a positive manner. This requires the health professionals to know and understand the nature of the volunteer work provided by these mothers. If health professionals and volunteers work together, much can be achieved.

For referral to community based lactation consultants, not just to the hospital clinic, if there are breastfeeding difficulties on discharge from hospital

(Many clinics have a 2-4 week waiting list, far too long for these families to wait. A private consultant is more likely to provide care quickly within the family environment. Unfortunately for some people these consultants are costly, Medicare rebate able service could be considered)

- ✓ Breastfeeding information provided by the Government Health Departments to be provided by the Australian Breastfeeding Association, Australian Lactation Consultants Association or the Colleges of Lactation within Australia. This information should not be provided by the manufacturers of artificial baby milks or other foods.

To provide information regarding breastfeeding as be part of school curriculum at primary and secondary years.

- ✓ Liaise with the World Health Organisation regarding the International code of Marketing of Breast Milk Substitutes (WHO Code) as well as the Marketing in Australia of Infant formula Agreement (MAIF), and make these the minimum standard with regard to marketing infant foods and products. We also require a more professional approach to upholding these guidelines. The companies involved are large multi national companies. Legislation to protect parents from this aggressive marketing would be appropriate.

- ✓ Implement use of the 2006 WHO infant growth charts. These charts are based on research and are the best available in the world.

The old charts have no such background and normalise bottle feeding, the need for our babies to grow at inhumane rates and undermine parents confidence.

Some state governments are trying to implement new charts based on Australian research, but are they appropriately based on breastfeeding babies?

- ✓ Labelling of other infant foods

In 2003 the public health guidelines in Australia were amended to include “exclusive breastfeeding to around 6 months”. The labelling of other infant foods still does not reflect this guideline. Why are the parents of Australian babies held hostage by the international manufacturers of such products? The labelling needs to be enforced sooner rather than later, to be consistent with current guidelines, no matter the cost to manufacturers.

- ✓ Implement a public health campaign regarding the risks of Artificial Baby Milks and Toddler preparations.

Many parents believe that artificial baby milks (ABM)/ formula/toddler milks are all necessary to ensure and see that your baby is getting enough nutrition. Apart from the fact that all these preparations fall well short of the nutrition of human breast milk, they also have the potential set up longer term health disorders such as obesity.

Many believe that we cannot dictate how our babies are fed, and certainly that would not be the means of such a campaign. To educate the wider public, so that parents can make an informed choice regarding their decision would be the means.

Another area to increase education is the topic of normal infant behaviours, and expectations as new parents.

There is much pressure to have “good baby”, one that does not cry. Crying is a normal part of our baby’s ability to communicate. Many parents are encouraged to use preparations, artificial teats and formulas to encourage their babies to not cry as much. There is much misunderstanding regarding the nature of breast milk, its composition, and how it is digested.

Mothers groups, as set up by many local government Maternal and Child Health Nurses, is an area that such education can arise, with implementation by those skilled in human lactation.

✓ Legislation supporting breastfeeding mothers returning to work

Many mums that I speak with believe that when they return to work they need to wean. For many their babies are between 4-10months of age, and they will be separated from their baby for 2-3 days. That means many of these babies can receive breast milk on the other 4-5 days, clearly the majority. They can also receive breast milk on the mornings and evenings before their mums go to work. Lactation breaks are available, many employers and employees do not realise this option. People can still go out for a smoko, with no health benefits for anyone, why not consider encouraging lactation breaks, with the potential to benefit the mother and baby for health, the employer with reduced sick leave due to an ill baby, and society as a whole?

✓ Implementation of human milk banks

The WHO states that formula feeding is the fifth option for a mother. Many Australian mothers appear to believe that it is the first or second option.

Human milk banks can provide the most appropriate nutrition when mum cannot – mother is ill, baby is ill, baby is premature, mother not producing enough breast milk and baby needs other nutrition in the short term, and so on.

There is often concern as to how to receive donations of human milk. The Australian Breastfeeding Association volunteers and subscribers are a ready source, more than likely to be willing. In fact any breastfeeding mother would be quite likely to donate a small amount, to start the process.

Yours sincerely,

Sam Cassar
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