

House Standing Committee on Health and Ageing: Inquiry into Breastfeeding  
Submission prepared by: Rosalie Stafford

**a. Health benefits of breastfeeding**

As a mother of 4 breastfed children and an active volunteer with the Australian Breastfeeding Association for the last 16 years I do not believe there is any question as to the health benefits of breastfeeding.

The extent of these benefits however is something that is difficult to quantify as breastfeeding is not just about feeding a baby, it is about providing human babies with what nature has intended for them. To not breastfeed is to deny both mother and baby the intimacy and trust that develops through the breastfeeding relationship. Thus breastfeeding goes beyond nutritional benefits; it forms part of the emotional and social bonding that needs to occur for babies to become healthy adults.

**b. The impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities**

My personal experience is that many mothers see artificial baby milk as a viable alternative to breastmilk. I have had mothers say to me... 'I know breast is best but there is no difference between formula and breastmilk really, is there?'

In my mind the term 'substitute', used in the terms of reference for this inquiry, implies an alternative that is comparable in quality to what it is replacing: that they are two options of equal value.

Marketing campaigns for these products claim that artificial baby milk will remedy any difficulties or challenges mothers may encounter with feeding their babies. Until society in general is informed of the risks associated with replacing breastfeeding with artificial baby milk many parents and those who care for them will continue to see the later as a viable alternative.

Artificial baby milk is available in chemists and supermarkets and promoted in doctors surgeries so from the moment a woman purchases a pregnancy test or visits her doctor this may be the only method of feeding she is exposed to.

In a society often referred to as the 'knowledge society', most of us have access to vast amounts of information. The challenge now is for consumers to be able to identify credible sources of information. This issue is discussed in detail by Lankshear C. et al. (2002).

Artificial baby milk companies have convinced many parents that their product is a healthy choice for their babies: they are not a credible authority on this subject but they have succeeded because they can afford to implement expensive marketing campaigns where existing breastfeeding advocates cannot.

Until these companies are prevented from doing this their message will be the only message about feeding babies that many people hear. The sections of the population that are disadvantaged and less likely to complete secondary education are at most risk of being influenced by these messages in the mass media and via the internet.

**c. The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding**

Increasing the rates of breastfeeding would lead to:

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- healthier children – fewer visits to doctors and admissions to hospitals
- healthier children in child care centres – less chance of cross infections
- employees with children will need less time off to care for sick children
- Less strain on the health care system
- A more productive workforce and economy
- A healthier environment as a result of reducing the need to manufacture an artificial product

**d. Initiatives to encourage breastfeeding;**

Make alternatives to breastfeeding less accessible: artificial baby milk should be classed as a 'drug' and only be available on prescription.

All pregnant women should receive literature on the importance of breastfeeding their baby and be given free access to ongoing support to help them learn about how to breastfeed.

Innovative organisations such as the Australian Breastfeeding Association who work to influence health professionals and society should be given the financial resources to implement a range of initiatives and training programs to assist those who work with mothers to establish and maintain their breastfeeding relationship.

**e. The effectiveness of current measures to promote breastfeeding**

The current measures to promote breastfeeding are not meeting the needs of our society. Initiation rates are high but few women continue to breastfeed through the first year and beyond.

Mothers must have ongoing support to help them overcome the challenges breastfeeding can present. Child health nurses, doctors and pharmacists are the health professionals most likely to have contact with mothers during their pregnancy and lactation and therefore in a position to advise mothers on their decision to continue or terminate breastfeeding. But these health professionals are not easily accessible to mothers who may be distressed, confused, vulnerable and even traumatized by the intensity of the responsibility of caring for a baby in a society that sees parenting as mainly 'women's business' and artificial baby milks as 'normal'.

To effectively promote breastfeeding all of society needs to perceive breastfeeding as normal and all alternatives to this as less preferred options as a result of the risks associated with exposing babies and children to artificial substances at the time in their life they are at their most vulnerable.

**f. The impact of breastfeeding on the long term sustainability of Australia's health system**

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Breastfed babies, and mothers who breastfeed, are less likely to be diagnosed with a range of medical conditions. A healthier population will place less pressure on Australia's health system. Valuing the role of women who support other women to breastfeed is vital. The existing health system is focused on diagnosing and treating disease rather than prompting healthy lifestyle choices to young people. Breastfeeding is one significant area where a huge improvement is possible if parents and carers were able to access the sort of guidance and support they need when they needed it. Increasing breastfeeding rates and the duration of breastfeeding will reduce the pressure on the existing health care system.

Reference

Lankshear, C. et al (2002). Information, Knowledge and Learning: Some Issues facing Epistemology and Education in a Digital Age. In Lea, Mary R. and Nicoll, Kathy (Eds.), *Distributed learning: social and cultural approaches to practice*, (pp16-37) London: Routledge/Falmer. Retrieved February 20, 2007, from Queensland University of Technology, Course Materials Database:  
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Submission prepared by:

Rosalie Stafford

Cert IV in TAA, B Ed, Masters in Learning Innovation candidate, QUT, Brisbane