

Submission to Inquiry into Breastfeeding

From Leila Forde

a. The extent of the health benefits of breastfeeding;

The extent of the health benefits of breastfeeding has been well documented over the past two decades. The NHMC guidelines for infant feeding (NHMRC (2003): Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers" (http://www.nhmrc.gov.au/publications/_files/n34.pdf)) outline the extensive benefits and the NSW Health policy states:

Breastfeeding and breastmilk are important public health issues. There is strong, convincing and abundant evidence that breastfeeding is protective against a large range of immediate health outcomes (such as respiratory illness and otitis media) and longer term health outcomes (including breast cancer, obesity and chronic disease). Low rates of breastfeeding therefore put large numbers of infants and mothers at increased risk of ill health. These health risks, together with the negative environmental impacts of formula feeding, result in considerable costs to individuals, the health system, government and society. Substantial costs could be saved through effective promotion, protection and support of breastfeeding. (Breastfeeding in NSW: Protection, Promotion and Support (2006), p10.)

It is time that health professionals and the general public were allowed to make informed choices with information about the risks of introducing infant formula into a baby's diet. Infant formula should be regarded like any other medical intervention to be used in situations where the need outweighs the risks. Mothers need to have adequate information in order to make an informed choice on the relative merits of formula and breastfeeding.

As well as being a health and nutritional benefit to the baby, there are benefits to the mother (uterus contraction, return to pre-pregnancy weight, reduction in pre-menopausal breast cancer, development of bonding between mother and baby), benefits to the environment (reduced reliance on cattle, reduced transport and packaging costs, reduced use of water, reduction in production of green house gases).

b. Evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities;

The marketing of breastmilk substitutes seriously undermines breastfeeding in Australia. I have been a breastfeeding counsellor for 15 years and a Lactation Consultant (IBCLC) for 11 years. After the MAIF agreement I observed a decrease in marketing of formula to the public. In recent years, however, the marketing of formula directly to the general public has significantly increased for a number of reasons:

1) The development of the internet and marketing directly to Australian mothers through the web-pages of pharmaceutical companies that manufacture formula;

2) The development of new products that are not covered by the MAIF agreement – in particular toddler formulas. By marketing these products as part of the same range as infant formulas, pharmaceutical companies are able to market their product extensively on television and in the print media.

3) Some infant formulas are also given the same name as the company itself, allowing companies to get around the MAIF agreement.

4) The MAIF agreement is a voluntary agreement. Although contravening the WHO Code and the MAIF agreement, Novolac advertised its range of infant formulas in Sydney's/Melbourne's Child magazine. Similar advertisements appeared in magazines aimed at GPs, such as the Australian Family Physician (Sept, 2006, Vol 35 No 9).

Advertisements for hypoallergenic formulas have also appeared in Sydney's Child (Dec 2005 – Jan 2006), endorsed by the "Victorian Infant Nutrition Advisory Group", in direct contravention of the WHO Code that formula companies should not market directly to parents.

5) The MAIF agreement does not cover distributors or retailers of infant formulas.

6) Infant formula companies make health claims on packaging without noting or acknowledging the superiority of breastmilk in those same health areas, and a large number of other areas.

For example: Karicare formulas now come in a gold box package. As well as making the formula tin look like a chocolate or other sort of gift, these boxes state: Babies fed infant formula with Nitricia Probiotics experience "Better digestion, softer and more regular stools, supported natural immune system." The implication is that these benefits will not apply to breastfed babies, when in fact breastfed babies will experience these benefits and more as a result of breastfeeding.

The same packaging states: "A newborn baby's immune system is not fully developed and is therefore more vulnerable to infections and developing allergies, Your baby's ability to fight infections relies on development of their own system." Nowhere does the packaging point out that breastmilk helps a baby's immune system to develop, that breastmilk helps to delay and reduce allergies, including asthma, and that breastmilk helps directly in fighting infections.

The fact that infant formula poses risks to the baby's immune system and health is not mentioned.

7) Because of the marketing of formula, many mothers and health professionals believe that infant formula is as good for babies as breastmilk, and in some cases that infant formula is better than breastmilk for babies.

8) Formula companies are responsible for much of the education of health professionals about infant feeding. Consequently, health professionals are diagnosing normal baby behaviour and normal baby bowel motions as pathological and are prescribing the range of infant formulas that have statements such as “for diarrhea” or “for crying” in large writing on their tins. Such formulas are also available to parents at pharmacies. Why wouldn't a mother try it, if the formula promises to stop your baby crying? And indeed mothers have commented to me that they have purchased formulas because they were labeled as being for “crying and colic” for example.

9) In contravention of the WHO Code on the Marketing of Breastmilk Substitutes, MAIF has decided that illustrations of cute cartoon figures are permitted on tins of formula. I understand that a recent decision will also allow marketing leaflets to be available on shelves. These leaflets are basically promotions of formula, generally misrepresenting the benefits and constituents of breastmilk, in order to promote that particular brand of formula. Such promotions are contrary to the WHO Code on the Marketing of Breastmilk Substitutes.

10) Formula companies provide samples of toddler formula in magazines such as Australian Family Magazine and in the past Totline, the magazine of the Playgroup Association. Naturally the design of the sample package resembles that of the tin of the infant formula from the same company.

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

Currently, breastfeeding statistics are not routinely collected in Australia. Those published in the NSW Health Policy statement indicate that the rates of breastfeeding are considerably below those aimed for in the NHMRC guidelines on Infant Feeding. In order to evaluate the short and long term impact on the health of Australians of increasing breastfeeding rates, adequate statistics need to be kept. Even so, economist, Julie Smith of ANU has published a number of articles on the economic savings to the Health System of increasing breastfeeding rates.

d. initiatives to encourage breastfeeding;

Initiatives such as the Baby Friendly Hospital (Health) Initiative promote breastfeeding in the hospital allow mothers to initiate breastfeeding.

Associations such as the Australian Breastfeeding Association (ABA) give support and information to breastfeeding mothers and their partners, and create an environment in which breastfeeding is accepted. ABA helps families to understand what is normal baby behaviour. As a mother I found the support provided by the ABA invaluable in helping me to breastfeed my two children and in providing information about parenting.

The establishment of milk banks would indicate strong support of the value of breastmilk for those babies who are unable to breastfeed due to situations such as prematurity, for example, and whose mothers are unable to provide sufficient expressed breastmilk.

Government support of these initiatives would strengthen breastfeeding in Australia.

e. Examine the effectiveness of current measures to promote breastfeeding;

The effectiveness of measures to promote breastfeeding are being undermined by poor breastfeeding education of health professionals, by a lack of understanding of normal baby behaviour in the health system and in the community, a lack of support of breastfeeding in the workplace, and a lack of understanding of the benefits of breastfeeding beyond 6 months.

There is an urgent need to educate doctors about breastfeeding as part of their medical training.

The media can also undermine measures to promote breastfeeding by emphasising the idea that “mothers should not be made to feel guilty” if they do not breastfeed. My experience is that mothers feel a sense of loss and grief if they are not able to continue to breastfeed. When their ability to breastfeed has been undermined by poor information and lack of support from health professionals, they can feel angry. Lack of family support for breastfeeding can lead to sadness. Most mothers leave hospital in Australia breastfeeding. Our initiation rates are high, indicating that most mothers hope to breastfeed their babies. However, due to social pressures, lack of postnatal support, and a lack of adequate information, only 56 per cent are still breastfeeding after three months.

Without strong practical government support, breastfeeding will continue to be undermined in Australia, despite the acknowledgement that breastfeeding is the biological norm and enormously important to the physical health of mothers and babies, the nutritional status of babies, the development of bonding and attachment of mothers and babies, and its value to the environment.

In past decades, the Australian Government took the step of amending the Trade Practices Act to limit the advertising of and promotion of infant formula, and to implement the WHO Code in Australia. This forward looking step needs to be acted on by strengthening the MAIF agreement, implementing the WHO Code, and supporting the initiatives listed above to help establish a breastfeeding culture as the norm in Australia.

Leila Forde

Mother, ABA Breastfeeding Counsellor, IBCLC