

## Lifestyle Education and Training Services

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Committee Secretariat  
Standing Committee on Health and Ageing  
House of Representatives

26/2/2007

Dear Sir /Madame,

Re Submission to the Inquiry into Breastfeeding in Australia

I am an Accredited Practising Dietitian, an International Board Certified Lactation Consultant (IBCLC) and hold a Masters Degree in Public Health and Tropical Medicine. I have many years experience in supporting families of infants and young children both in a clinical setting and at a population health level, both as part of the public health system and external to it.

I would like to make a submission to Inquiry into Breastfeeding in Australia as follows:

**With respect to the terms of reference b) evaluate the impact of marketing of breastmilk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities.**

The Queensland Health Infant and Child Nutrition in Queensland 2003 report<sup>1</sup> released in 2005 found that 91.8% of children less than five years of age included in the survey had received at least some breastmilk. Twelve percent of children commenced regular formula use on the first day of life and 23% had commenced regular consumption before four weeks of age.

So although the vast majority of women are "trying" to breastfeed their infants, they are doing so in what remains a predominantly bottle feeding culture. The concerns of some women about breastfeeding in public and the inconspicuous way many mothers breastfeed when in public means that bottle feeding is more visible

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<sup>1</sup> This report is available on the Queensland Health Website. All data included in this submission are from this report unless otherwise stated.

than breastfeeding. The majority of the pregnant women with whom I work say they have not seen a baby breastfeed.

In any discussion of the impact of the promotion of breastmilk substitutes it is important to understand that this is not a level playing field. Mothers who regularly fed their infants breastmilk substitutes before the age of six months tended to be: younger, without a tertiary education, not in paid employment or have an annual gross household income of \$50,000 or less.

I believe the MAIF agreement needs to be reviewed to ensure it provides protection to the most vulnerable in of our society, who already suffer a greater health burden.

**With respect to the terms of reference d) initiatives to encourage breastfeeding and e) examine the effectiveness of current measures to promote breastfeeding.**

I feel that it is immoral to encourage women to breastfeed telling them it is best for their baby and then not supply them with the support they require to succeed.

As noted above so many women in Australia 'try' to breastfeed. This is the language that I hear repeatedly. These women want to breastfeed but are not confident that they will be able to. So many of them know horror stories of women who had a 'terrible time' and couldn't breastfeed. They are unaware that prenatal education and skilled support in the early days/weeks could have prevented/ resolved the problems and changed the experience.

There is a vital need for pre-pregnancy education of women and men regarding infant feeding. Making the decision to breastfeed, prior to giving birth, has been shown to increase the initiation and duration of breastfeeding. Being given information about where to get support after hospital discharge was associated with a substantial increase in the duration of breastfeeding.

Breastfeeding needs to be portrayed as the normal way to feed a baby. As one of my colleagues once said 'The more you learn about breastmilk the harder you find it to think that anything else could be used to feed babies.' There also needs to be a greater awareness that breastfeeding is physiologically normal for mothers. There is a huge need for these understandings to be effectively communicated to pregnant women and their families - to the whole community.

Knowledge

Attitudes

Skills

Health professionals caring for women during pregnancy and after delivery also need this information. They also need to be well trained and resourced to support women to breastfeed.

Primary health care providers also need skills to assist mothers who are having problems breastfeeding. Thirty percent of mothers who chose to exclusively feed their infants a breastmilk substitute from birth reported previous problems with breastfeeding as a reason for this choice.

Aboriginal and Torres Strait Islander Health Workers have expressed with me their concerns that they can find lots of information about formula feeding but very little about breastfeeding and how to support it. This concern was one of the prompts for the development of the resource *Growing Strong - feeding you and your baby*, developed by Queensland Health.

In 2001 I was privileged to travel to South Africa and the USA as a Churchill Fellow to study Breastfeeding Peer Counsellor programs. While in the USA I visited a hospital which had a breastmilk bank which supplied milk to hospitals throughout the region. It was very interesting to be told that the other hospitals in the city did not call on the breast milk bank very much as they had breastfeeding peer counsellors who worked in their neonatal intensive care units to support the mothers to breastfeed their infants. On my return, a breastfeeding peer counsellor program was trialled at the Townsville Aboriginal and Islander Health Service Inc. Unfortunately the program has not been formally evaluated.

My final comment is that we are in desperate need of an effective national system for the monitoring of infant feeding.

Please feel free to contact me if you wish to discuss any of the above.

Yours sincerely

Ros Gabriel  
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