

Submission - Inquiry into the health benefits of Breastfeeding

I am a mother of 2 children, and a volunteer for the Australian Breastfeeding Association. I joined the Association for personal interest and support after the birth of my first child. I had taken maternity leave from my job, and enjoyed the adult contact which the local group meetings provided. My oldest child is now 10 years old, but I have remained a volunteer with the Australian Breastfeeding Association, because it is clear to me that our local communities need to continue providing the mother to mother support I received, and also because I believe our society needs more information about the importance of breastmilk, and that increasing the rate of breastfeeding in Australia will have a positive impact on the long term sustainability of Australia's health system.

I am active in our local Group and the State Branch, fundraising, presenting talks and volunteering on our Phone Helpline roster, talking to mothers and their families about breastfeeding and their new life with children. Many times, it is the encouragement and support and sympathetic ear which is important to these new mothers and helps them continue to breastfeed, as well as practical information about how breastfeeding actually works. Information passed on from mother to daughter when it does occur, may be based on 20th Century artificial formula manufacturers advertising of the 1960's and 1970's, not community breastfeeding knowledge and experience. No wonder new mothers become confused and believe themselves to be incompetent when it comes to breastfeeding. It is so often a shock to them that so 'natural' an activity as breastfeeding is actually a skill that needs time to be learned. Mothers are often made to feel like it is a personal failure when breastfeeding doesn't work, when in many cases it is our social institutions and prejudices which cause the failure.

Some of the difficulties new mothers may face include:

- No understanding of how breastfeeding actually works – this information is needed by the mother **before** the baby is born, so that she can be prepared for the breastfeeding experience.
- Shorter, or timed feeds rather than feeding according to the baby's needs can lead to less stimulation of the mother's breast, and a subsequent problem with low supply of breastmilk.
- Incorrect attachment can cause the baby's hard palate to rub against the mother's nipple, causing pain and possible infection. This makes continuation of breastfeeding much harder, as pain combined with low supply is very stressful for the mother and baby.
- Dentists advising continuation of breastfeeding is detrimental to babies teeth
- Media advertising encourages mothers to believe that there is 'no difference' between breastmilk and artificial milks – perhaps the government could advertise a 'label' for breastmilk stating it's ingredients and nutritional value.
- Mothers are told by our society to breastfeed privately. Breasts are considered sexual and not functional.
- Health care centres not wanting to provide encouragement and breastfeeding resources in case it may make bottle feeding mums feel guilty.
- Mothers returning to work face extra stresses. They may be forced into returning to work for economic reasons – not through personal choice.

Breastfeeding is not considered important enough in most workplaces, so mothers find it difficult to approach employers about their specific needs which would help them continue breastfeeding for as long as mother and baby desire.

Mothers generally lack confidence in their breastfeeding. They believe feeding their baby more often means they are not making enough milk. They start complimentary feeds with artificial milk and reduce the amount of stimulation of their breasts. This inevitably leads to low supply. A public information campaign on this one aspect of breastfeeding could make such a difference to breastfeeding continuation rates.

The World Health Organisation has published new growth charts. All Health professionals need to be aware of these. The advice given to mothers based on the old charts has resulted in mothers losing confidence in their ability to provide enough breastmilk for their baby. Artificial milk marketing indicates to mothers that breastfeeding is just another choice – that if it's too hard, their product is just as good. They do not advise of the health risks associated with artificial milk. Many mothers find their babies are given artificial milk in hospital without their permission, and without being told this is a risk factor for their baby and for their continuing milk supply.

Volunteers in the Australian Breastfeeding Association try their best to help disseminate information to the community, but often members return to work and find it difficult to take on many volunteer duties. Volunteer members are decreasing in all areas, but we cannot let the future health of our children continue to depend on volunteer activities, but on fully funded programs which educate and support our community. We cannot afford to leave the education of Health professionals to market forces either. As recommended by the World Health Organisation, our government should be responsible for providing education on infant feeding.

We need a public health campaign targeted at mothers support networks – friends, relatives and employers – to change community held beliefs:

- that a mother can breastfeed too often,
- shouldn't breastfeed in public,
- that breastfeeding is only for very young babies, and
- that eating solids is better for babies even though WHO advise breastmilk provides 70% of nutrition for the first 12 months of human life.

We need funding for antenatal education about breastfeeding as this would be more cost effective for the community than treating illnesses caused by artificial infant feeding. Human milkbanks could alleviate the problem of feeding premature babies, and also replace the need for artificial complimentary feeds for newborns whilst still in hospital.

Finally, funding for more research into breastfeeding rates in our community could help us really understand the issues facing not only new mothers, but our society generally in relation to the longterm health impacts of breastfeeding.

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