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Thank you for the opportunity to contribute to your enquiry into breastfeeding.

I should state at the outset that I am a Community Educator with the Australian Breastfeeding Association. While some of my views have been formed from the experience I have gained in my service to the Association, I must emphasise that these opinions are my own and are not a representation from the Association.

I wish to comment on Items b, d and e.

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

The impact of marketing of breastmilk substitutes enjoys one critical advantage that marketing for other products does not: namely, that since no one profits from breastfeeding, millions of dollars are not spent marketing it. This in itself, should render superfluous, any further argument about the impact of marketing of breastmilk substitutes.

However mention must be made of two issues: the damning of breastfeeding with faint praise, and breaches of the MAIF and WHO Code.

Myth-information

A visit to the website of any of artificial baby milk (ABM) manufacturer will confirm the extent to which they contribute to the myth that only certain mothers, namely those approaching beatification, can breastfeed. The ability to breastfeed is not special, nor does it require special care or measures. Yet ABM manufacturers would have it seem that way.

For example, consider some of the untruths on the website of one of the world's most ubiquitous formula manufacturer:

"A balanced diet maintains the quality of your milk". This is not only blatantly untrue, but contributes to the myth that only certain women can breastfeed =- namely those who maintain a good diet. If the consumption of vitamin supplements is any indication, many Australians have concerns that their diet is indeed deficient, and hence, this statement plays on the fear that they are unable to produce quality breastmilk.

"Drink plenty of water - don't hesitate to drink 2 litres of water a day!" This statement is untrue. The Australian Breastfeeding Association recommends drinking for thirst – which

means that some women may need less than 2l a day. Again the implication is that special care needs to be taken when breastfeeding.

"Some mothers are told to avoid certain foods as they can affect the flavour of the milk. If you feel that this is a problem, eliminate the particular food and see if it makes a difference." The Australian Breastfeeding Association does not suggest that certain foods be avoided. 'Advice' like this is punitive in suggestion that a mother needs to restrict her favourite foods (As if motherhood wasn't restrictive enough). While it is true that the food a mother eats affects the flavour of breastmilk, this is s positive , as the baby will be used to different flavours and more likely to eat a variety of foods (once old enough).

"Some substances such as recreational drugs and tobacco should be avoided because their effects are transferred to your milk." All persons who have the responsibility of caring for a baby or young child, be they parents or others, breastfeeding or not, are advised to avoid tobacco and recreational drugs. Yet this website makes it sound like it is only a concern for breastfeeding mothers. Again, the mythology that only certain women, namely the perfect, can breastfeed, is being promoted, with the implication that others should just use formula. In fact, studies show that if even a mother smokes, her baby is still better off being breastfed than being formula-fed.

"Heavy, frequent consumption of alcohol can affect your baby, so if you have an occasional drink, have it after a feed."
This statement not only contains untruths, but is contradictory in itself. In the first instance, it talks of 'heavy, frequent consumption' but in the second clause refers to an 'occasional drink'. The truth is that breastmilk contains the same concentration of alcohol as the blood alcohol level. If the blood alcohol level was the same as the legal driving limit, 0.05, the breastmilk alcohol concentration would also be 0.5%. . Having just one drink, before, after, or during a breastfeed, would barely register in the mother's milk, yet again, breastfeeding is presented as a punitive condition where a mother cannot even enjoy a glass of wine with dinner. However this issue should be largely academic: again, *anyone* with the responsibility of caring for a baby or child should ensure they are drinking responsibly.

I would suggest that there be greater scope in existing regulatory structures to control this sort of myth making. If breastmilk were a proprietary product, the makers would be quoting widely from the Trade Practices Act and lodging a complaint with the ACCC about the misleading claims made by ABM manufacturers. And they would have been right.

In addition the MAIF should have far, far wider scope to not only influence, but *govern* the arena of ABM marketing by being backed with enforceable legislation.

Although Australian is a signatory to the WHO Code on the Marketing of Breastmilk Substitutes, is not implemented in full. Instead the MAIF covers perhaps only a quarter of the scope of the full Code. Breaches of the WHO Code are thus everywhere:

- Advertisements in parenting and children's magazines and newspapers for so-called "toddler milks"
- advertisements which claim that certain bottles are just like a breast,
- claims that certain bottles and teats are the 'first choice' of health professionals,
- specials on formula,
- free ABM samples,
- competitions where tokens from purchases earning toys,
- special offers of free merchandise,
- classing formula and teats as "essential baby needs",
- ads on TV that claim that toddler milks are "nature's next step' after breastfeeding,
- claims that toddler milks will help a child reach their full potential or protect him from disease,
- representatives of ABM manufacturers at free 'baby clinics' at pharmacies and at baby expos,
- cross marketing by using 'toddler' milks with the same logos, names, branding and packaging as the infant ranges,
- tins idealising the product with cute pictures of giraffes and bears.

This marketing serves to keep brands and ABM in the top of mind for consumers, especially as the branding is the same on milks for babies as it is for toddlers.

This is an easy issue to fix. Implement the WHO Code on the Marketing of Breastmilk Substitutes **in full,** so that is covers all artificial milks, baby foods, teats and bottles, and change the Trade Practices Act so that breastmilk is considered a product.

Item d – initiatives to encourage breastfeeding.

Suggestion: Provide a Medicare rebate on private lactation consultant fees.

As a public patient, I was entitled to unlimited free appointments with a lactation consultant for the first 12 weeks of my baby's life. When I had my second child, I would have attended 10 times over the first six weeks, without any payment. If I had been a private patient however, I would have either been faced with the danger of discontinuing breastfeeding, or a $1000 bill for a private lactation consultant.

Why should women, who chose to use the private health sector, be penalised when they and their babies need professional assistance? Women who need to visit a lactation consultant genuinely want to continue breastfeeding, so given that they need no convincing about the benefits of breastfeeding, this would be an area to target to increase breastfeeding rates. It would also eventually increase the number of lactation consultants, which would mean better services for women.

Suggestion: Provide rebates or incentives to join the Australian Breastfeeding Association, or seriously increase funding to the Association. The Association provides

valuable services to women and their babies and its value is clear when comparisons are made to other industrialised nations (such as Holland or Ireland) where such breastfeeding services are not available. Yet the Association is constantly pouring its efforts into fundraising, when those energies should be directed at its core business. It beggars belief that breastfeeding should be considered so important by the health community and government alike, that it is recognised as important to an individual's health, yet the nation's peak body on breastfeeding runs on a shoestring.

A national number for the Helpline would be invaluable (currently callers need to make two calls, one to a recorded message announcing that day's rostered counsellors, and another to the counsellor's number). I know from speaking to expectant and new mothers that many feel uncomfortable about calling and disturbing someone in her own home – a national number would help that.

Rebates to attend antenatal breastfeeding classes run by the Association, or for training (both initial and ongoing). The training received by Association counsellors is of such high standard, that even health professionals call the Breastfeeding Helpline. Why should this be self funded?

Thank you for the opportunity to contribute to your enquiry.

Maria Sgambelluri