Submission no. 295
AUTHORISED: 30/5/07

26 March 2007

The Secretary of the Committee on Inquiry into Breastfeeding
House of Representatives
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Dear Sir or Madam

Inquiry into Breastfeeding

I am a doctor and trainee psychiatrist in Western Australia, and have been exclusively breastfeeding my six month old son since his birth. This submission addresses the terms of reference of the Inquiry from both perspectives, as a doctor with an interest in perinatal psychology, and as a mother of one.

a. The extent of the health benefits of breastfeeding.

The health benefits of breastfeeding for baby and mother are well established. Rather than listing these benefits, as this information is easily available to the Inquiry, I would simply emphasise that breastfeeding is necessary for normal optimal health of the human baby and mother. Formula feeding should be considered as an inferior option which carries substantial health risks. Rather than expressing the comparison in terms of "Benefits of Breastfeeding", and indicating that breastfeeding *reduces* the relative risk of various disorders, information to the public should be expressed in terms of "Risks of Infant Formula", since it is the truth that use of infant formula substantially *increases* the risk of various disorders. This change in language would establish breastfeeding as the norm, and would alert health professionals to appropriately consider formula fed infants as a high risk group.

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

I am concerned about the intensive marketing of "Toddler Milks" in parenting publications and in pharmacies, as it appears formula companies are using this as a

strategy to surreptitiously achieve advertising of their infant formulae. The so-called "gold" formulae which contain omega-3 fatty acids, prebiotics and other additives are marketed with expensive campaigns containing some misleading text; they commence with "Breast is best" but the text subtly implies that the formula contains substances which make it equivalent to breastmilk, when there is minimal evidence that newer formulae are any improvement on the older versions.

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

Breastfeeding as recommended by the World Health Organisation, that is, six months of exclusive breastfeeding followed by continued breastfeeding until two years of age and beyond if mother and child wish, has great potential beneficial impact on the health of Australians. Ample evidence to this effect is available; useful sources include the Cochrane Collaboration, the World Health Organisation, the Australian Breastfeeding Association's Lactation Resource Centre, and La Leche League International.

The health economic benefits of increased rates of breastfeeding should be carefully considered. The evidence shows that breastfeeding improves outcomes for premature infants, and substantially decreases the number of doctor visits and hospitalisations in the first year of life for otherwise healthy term infants. The potential health economic benefits from reduced asthma and atopic disease may be large. The reduction in breast cancer and osteoporosis for the breastfeeding mother also has substantial potential health economic benefits.

The environmental impact of breast versus formula should also be considered, taking a broader view of population health for the future. Infant formula is energy-costly to manufacture, and its transport and packaging also have environmental impact through energy consumption and waste disposal. Infant feeding devices such as bottles also have environmental impact. Breastfeeding eliminates these adverse effects.

d. Initiatives to encourage breastfeeding.

The World Health Organisation's Baby Friendly Hospital initiative aims to promote an environment conducive to breastfeeding in maternity hospitals. Only two hospitals in Western Australia are certified Baby Friendly. A very reasonable goal would be to have all maternity hospitals in Australia, public and private, conform to the Baby Friendly Hospital requirements.

In my opinion, maximising breastfeeding rate and duration in Australia is as important a public health issue as minimising smoking. I would like to see television advertising campaigns, similar to the anti-smoking campaigns, screened at prime time, normalising and promoting breastfeeding, stating the risks of formula feeding, and educating parents to seek breastfeeding education before their first child is born. I would like to see images of breastfeeding babies from newborn to age two or more in these advertisements, in

order to promote more accepting attitudes to prolonged breastfeeding as recommended by the World Health Organisation.

I would like to see government-subsidised breastfeeding education available to all mothers prior to the birth of their babies, and access to qualified lactation consultant help for all breastfeeding mothers in Australia as needed. The Australian Breastfeeding Association is ideally placed to provide breastfeeding education, with increased government funding for this volunteer organisation.

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

I would like to share my own story as an example of a positive, well-supported breastfeeding experience.

At 30 weeks gestation, my husband and I decided to change our obstetric care from a private obstetrician and private hospital, as we were concerned about the very high rate of caesarean delivery at this hospital. We transferred care to the midwife-led programme at the Family Birth Centre, King Edward Memorial Hospital, Perth. During antenatal appointments, the midwives discussed our plans to breastfeed and provided education. A full antenatal class evening was devoted to breastfeeding education.

We had an uncomplicated, unmedicated, midwife-assisted natural childbirth. Our son was born alert, and attached and suckled well during the first hour after birth, which is a factor associated with successful breastfeeding. Subsequently, he went through a sleepy period and didn't suckle well for 36 hours. The midwife on duty was a certified lactation consultant. She provided us with a hospital-grade electric breast pump, taught me how to use it, and instructed us in pumping colostrum 2 to 3 hourly and feeding it to our son via a syringe (the oral syringe was used rather than a teat to avoid nipple confusion.) Our son therefore received relatively large amounts of health-giving colostrum and did not suffer dehydration or abnormal weight loss. He did not need any artificial formula. The midwife also diagnosed our son's tongue tie, and provided us with referrals to the hospital's Breastfeeding Clinic and to a paediatric surgeon to treat the tongue tie. The midwives ensured that our son had emerged from his sleepy phase, woken up well, and was attaching and suckling well before discharging us home at 48 hours post birth. We never used dummies or pacifiers, and were advised not to do so. We had daily home visits from midwives until day 5.

When our son had to be readmitted to hospital on day 5 of his life for an infection, I was admitted with him, and was allowed and encouraged to do almost all of his care (dressings, etc) myself. We were not separated at any time. I was encouraged and supported in continued exclusive breastfeeding on demand. We believe that his rapid recovery was at least in part due to the immune support from the colostrum and breastmilk he received. At ten days old, our Paediatric Surgeon then treated our son's tongue tie with a very minor and painless procedure in his rooms, and from then on his attachment and feeding were much improved and no longer painful for me.

Later, I developed mastitis. I was able to see the lactation consultants at the Breastfeeding Clinic on the first day that symptoms developed, and they provided me with education, a check of attachment technique, a hospital grade breast pump, and referral to my GP for antibiotics. My GP saw me daily and prescribed intramuscular as well as oral antibiotics in order to support me in my wish to avoid hospitalisation for the severe episode of mastitis – this was successful, and the mastitis resolved without complications.

I have received friendly support and lots of helpful information by consulting the Australian Breastfeeding Association's website, participating in their online discussion forum, and attending ABA meetings. We did receive some questionable advice from a Mother and Child Health Nurse, suggesting that our son should be feeding only 6 times a day at age 3 months (rather than the 10 to 12 times on demand that he was feeding) but were able to ignore this advice and continue responding to our son's needs due to the education and support we had received from these other sources. Now we are celebrating 6 months of exclusive demand breastfeeding, rejoicing in our happy and healthy son, and are hoping to continue feeding well into our son's second year of life if he wishes.

I think this story is a good example of near-ideal breastfeeding support, and we are grateful for all the help we have received. It saddens me that many friends have not had equally good experiences. For example, several recent new mothers I know (cared for at other centres) were advised to use pacifiers early, to keep their baby in a separate room at night very early, and were advised that their baby had to have artificial formula supplements in the first week of life without any attempt at expressing colostrum/breastmilk by the mother – all of these are known to adversely affect the establishment of breastfeeding. Child health nurses are still advising attempts to limit the number of breastfeeds daily in the first six months of life, rather than responding to demand; and at no time have I heard any attempt to actively promote sustained breastfeeding to 2 years and beyond as recommended by the World Health Organisation.

I hope that this submission is helpful to the Inquiry.

Yours faithfully

Dr Julia Moore