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Committee Secretary  
Standing Committee on Health and Ageing  
House of Representatives  
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Parliament House  
CANBERRA ACT 2600  
AUSTRALIA

To Whom it may concern,

This is a submission to the parliamentary inquiry into breastfeeding.

My name is Suzanne Lenne. I am the mother of two children and a breastfeeding counsellor with the Australian Breastfeeding Association (ABA).

After about 18 months of training, I qualified last year as a counsellor and since then have volunteered approximately 70 hours on the 24 hour breastfeeding helpline run by the Association and have also recently begun volunteering time as an email counsellor via the ABA website.

As well as this I am actively involved in the running of our local ABA support group for breastfeeding mothers. Our group provides meetings twice a month and I and one other counsellor spend some time in preparation for these meetings and in giving mothers the support they need in relation to breastfeeding and wider parenting issues.

While it is very rewarding to be able to give parents the support they are looking for to continue breastfeeding and doing the very best job they can to bring up their children, at the same time it is disheartening to hear of some of the experiences of these parents.

For example, the advice that is given to new mothers in hospital with regard to breastfeeding often seems to be out-of-date or based on incorrect assumptions. I am particularly concerned with the number of new mothers who, within days of giving birth, have been told that they need to express with a breast pump because their milk is slow to come in or they don't have enough milk for their baby. Many mothers seem to be going home from hospital with a new baby and the extra pressures of using a breast pump.

There also seems to be a common thread in mothers' stories that "the baby lost weight within the first week of life" and either expressing and/or the use of artificial baby milk (i.e. formula) was recommended as a solution. Loss of 5-10% of weight in the first few days of life is normal for a baby, and usually this weight is regained by 2 weeks. Introducing formula feeds to the baby before this (or indeed at any time) interferes with the establishment of the mother's milk supply and using a breast pump can be time-consuming and stressful for a new mother, when quite possibly her baby could do the

same or better job than a pump just by being put to the breast more often; This would also give the baby more opportunities to practise suckling and become more efficient at emptying a breast, which in turn helps to increase milk production in the mother. With more frequent breastfeeding and careful monitoring of the babies' weight, many of these babies would regain their birth weight within an acceptable time-frame of 2 weeks.

In other words, the advice that many mothers are receiving is not in the best interests of themselves or their babies. This underscores a need for vastly improved education of health care providers and the facilities and resources available so that mothers have ready access to good information and help. I believe that in many instances, better breastfeeding education would mean that mothers would put their baby to the breast much more frequently in the early days and with more attention to the positioning and suckling of the baby, which are the absolute basics in getting breastfeeding off to a good start. The newest breastfeeding research shows that baby-led attachment after birth gives a baby and mother the best start in breastfeeding, but this does not seem to be very common practice in maternity hospitals. From my own experience when I had a baby 8 months ago, this was not an option that was known to the hospital personnel.

So, in regards to mothers of new babies, while they are in theory encouraged to initiate breastfeeding, they don't seem to be getting the education and support that enables them to do so. I believe that there needs to be better education of health professionals in this area, more time devoted to educating parents in breastfeeding both before the birth of their baby and afterwards, and more support given to mothers in the first weeks so that they can concentrate on establishing their milk supply and bonding with their new baby.

Following on from this is my concern in regard to the drop in breastfeeding rates as babies get older. It makes sense that if mothers find the initiation of breastfeeding difficult and stressful, as outlined above, then they are unlikely to persevere very long with it. There are certainly other contributing factors which include parents' expectations (of breastfeeding, parenting and baby behaviour), the focus on weight gain of babies using out-of-date growth charts, and the large number of women who return to work within the first year of their baby's life.

Peoples' expectations on what it is like to be a parent are probably to a large degree gleaned from our society and culture, in which breastfeeding does not feature very prominently. The mothers who attend ABA meetings develop their own "culture" of breastfeeding and parenting and find that this is very supportive to them. Through other mothers they can see and hear what is "normal" and feel supported and validated in their own parenting decisions.

The lack of extended families these days means that many children don't have a lot of exposure to babies, let alone breastfeeding. And from a very early age, children are exposed to the concept of babies being fed from a bottle in picture books. In other words, society says that bottle-feeding is the norm and this is the message that we are giving our children. Breastfeeding needs to be normalised in the media, so that our children and young adults see breastfeeding not as something that is continually being debated or as

something controversial or as something that scientists say is the best, but as something that ordinary people do. When characters on Neighbours or Home and Away breastfeed their children it will be a step in the right direction! More picture books and DVDs for children showing breastfeeding would instil from an early age that this is how you feed a baby.

However until this shift in society takes place, perhaps a bigger focus on breastfeeding education in antenatal talks, and post-natal as well, would help parents have realistic expectations of normal baby behaviour and breastfeeding.

I would really like to see the new World Health Organisation (WHO) Growth charts being used in Australia. In Victoria at least, the graphs used to plot a baby's growth are based on data collected from babies which were largely formula-fed. The new WHO graphs are based entirely on breastfed babies and do show a significantly different growth pattern compared to the other graphs in use. The graphs currently used in Victoria can give the impression that a breastfed baby is dropping off in weight gain, when in fact he/she is following a normal curve for a breastfed baby. This perception that a breastfed baby is not thriving in many cases leads to unnecessary and premature weaning onto formula or the inappropriate early introduction of solid foods. Using the Who charts may also have the side benefit of highlighting when a (formula-fed) baby is overweight, and so help to reduce the incidence of childhood obesity.

Regardless of the graphs used by health professionals to monitor a baby's growth, there should be adequate explanation to parents of how these graphs are to be interpreted. The Victorian child health record book has no explanation of how its graphs are to be used or interpreted. Often there seems to be pressure on a mother if her baby is at or below the 50<sup>th</sup> percentile line, particularly for weight. Whether the mother puts this pressure on herself as she wishes her baby to be "better than average" or whether it is due to misinformation from friends or relatives, there is a perception that babies who are consistently at the top end of the scale are somehow superior to babies at the lower end. Babies following a curve at the lower end of the graph may be more at risk of early weaning due to the misconception that they should be bigger and heavier.

This in no way reflects the statistical basis for these percentile lines which says for every **normal** baby that is at the 90<sup>th</sup> percentile there must be one at the 10<sup>th</sup> percentile. I wonder whether it would be better to remove all reference lines (in the form of percentile lines) from the graphs and simply plot a baby's measurements on a blank graph. A clear overlay showing the relevant curves could be used by maternal and child health nurses and other professionals to check if a baby's growth is following an acceptable curve. Perhaps this might reduce some of the confusion.

It seems that returning to work is a big hurdle for many women when breastfeeding, and often breastfeeding is discontinued due to a return to work. There needs to be more recognition in our society of the value of parenting, in particular mothers and breastfeeding, and monetary reward for doing this job so that mothers do not have the pressures of returning to full-time work while their babies are small.

Paid maternity leave would allow many mothers to stay at home longer. Then they would be able to focus on the job of parenting instead of the stress of finding childcare, juggling breastfeeding, expressing and work, and probably not coming home with much more in their pockets at the end of it. Government-paid maternity leave instead of the "baby bonus" and "childcare benefit" would be a better option for many families with a (previously) working mother.

When a breastfeeding mother does return to paid employment, she would love to receive support and encouragement for lactation breaks and the like. Employers need to be made aware that parents of formula-fed babies are much more likely to be absent from work due to child illness. So providing lactation breaks to a breastfeeding mother will in the long run save an employer time and money as breastfed babies have a much lower incidence of infections and other illnesses.

Research has shown the many health benefits of breastfeeding – unfortunately many people seem to be unaware of them and there is a perception that formula is equivalent to breastmilk. Formula needs to be seen as a last resort – as a therapeutic measure when the mother-baby pair needs extra assistance. At the moment however, even when a mother does not wish her baby to be fed formula, this occurs often in hospitals. From my own experience, my first baby was hospitalised from 2-4 weeks of age with meningitis. On one occasion I left the hospital to have a meal and while I was gone my baby was given a bottle of formula despite my instructions to ring me if she needed a feed. So my desire to exclusively feed my baby breastmilk for the first 6 months of life had already been thwarted. (She now (age 7) has a peanut allergy and mild eczema and asthma and perhaps these can be attributed to that early introduction of food other than breastmilk.)

When a baby is given formula against a mother's wishes it can be extremely demoralising and disheartening for her. A new mother can feel like she has failed almost before she has even started. This must surely impact to some degree on the emotional wellbeing of a mother and possibly could contribute to later depression.

Even when there is an acknowledged need for a baby to have formula, it can still be difficult for mothers to accept this, knowing that it is not the best food for their baby. In many situations the availability of a breastmilk bank would mean that premature or sick babies could still have the benefits of breastmilk even when they are unable to suckle at the breast themselves or a mother is (temporarily) unable to supply enough for them. Those newborn babies currently given a "complementary" feed of formula while in hospital post-birth, could be given donated breastmilk instead, if it is really necessary.

Breastfeeding can be good for a mother's mental health, if she is well-supported and feels confident in her own ability to feed her baby. For the baby, breastfeeding has a large emotional comfort component as well as the nutritional benefits. I would like to see research done investigating any link between babies who are breastfed and rates of mental illness later in life such as anxiety and depression, compared to babies fed with artificial baby milk. Reducing the rates of mental illness would be hugely cost-saving to

our society, along with the many other health benefits of breastfeeding and resultant savings to the health bill of the government.

**In summary**, increasing the rates of breastfeeding in children 0-2 years of age (as recommended by the WHO) would have a positive effect on the health of Australians - possibly mental health benefits as well as the known physical health benefits to mother and baby. This would save the government money in the form of Medicare costs of illness that may have been prevented by breastfeeding. It would be cost-saving to industry as mothers (and fathers) would have less time off due to illness of themselves or their children. Mothers would also feel more positive about returning to work, knowing that they were supported in their dual role as mother and worker.

In order to achieve increased rates of breastfeeding there are a number of things that could be implemented. A more positive start to birth and breastfeeding would enable many women to feel more confident about their own abilities to breastfeed and would perhaps translate to a longer period of time breastfeeding. To achieve this, we require much better education of health professionals, so that parents receive appropriate advice early on, and babies receive optimal nutrition. The introduction of milk banks would help to support breastfeeding initiation as well as providing superior healthcare to ill and premature babies. And more support available to a mother post-natal, both in hospital and at home would mean she is better able to establish breastfeeding in an encouraging environment.

The current low rates of breastfeeding older babies is also a reflection of society's perceptions and prejudices. In order to change these we need a public health campaign showing breastfeeding as normal for a wide age range of babies and also highlighting all the health risks of introducing formula to a baby. (These health risks should also be stated on any formula tins or packets as they are on cigarettes.) Literary and film media used to promote breastfeeding as normal, for example in children's books and TV, could have a huge impact on our societal expectations of bringing up children. And a drastic reduction in the promotion of artificial baby foods to pregnant or new mothers in the form of magazine advertising, free samples and the like is also needed to de-normalize this way of feeding babies. There should be no shame about having to use formula to feed a baby when it is considered a life-saving device, similar to antibiotics used to treat an infection when the immune system is compromised. Artificial baby milk in effect needs to be re-marketed as being a therapeutic measure for babies in exceptional circumstances.

I enjoy working as a volunteer with ABA. It would be good to know that the government supports our work and is striving to work with us in achieving better breastfeeding experiences for mothers and babies and the best possible start to babies' lives. Thank you for considering my submission.

Suzanne Lenne.