

Food for thought

BREASTFEEDING RATES ARE WELL BELOW NATIONAL GUIDELINES, DESPITE THE WIDELY-ACCEPTED HEALTH BENEFITS, PROMPTING A PUBLIC INQUIRY.

STORY: NIC BARNARD

It was just a TV ad for a new air conditioner, but it made Margaret Grove despair. “The air conditioning was so clever it gave the baby its bottle,” she says. “Nobody would see anything wrong with that, but it just gives the message that [bottle-feeding] is absolutely normal. [These images] are everywhere in our society and it’s just so hard to beat.”

Ms Grove is president of the Australian Breastfeeding Association (ABA). Her message to a new House of Representatives inquiry will be clear: the government needs to do more to promote breastfeeding as the natural, first choice for new mothers and give them support to keep breastfeeding when it gets tough.

The House’s Health and Ageing Committee launched an inquiry into breastfeeding late last year. Prompted in part by an ABA submission to its inquiry into health funding, the committee will explore the health benefits of breastfeeding and ask how the government can take a lead in improving the national



health by supporting and promoting the practice.

"There is anecdotal evidence that new mothers are not being closely supported or greatly encouraged to persist with breastfeeding", committee chair Alex Somlyay (Member for Fairfax, Qld) said at the launch. "The public perception is that breastfeeding is not necessarily accepted as the most desirable way of nourishing young babies or preventing long-term health problems."

With comments like that, and a call for views on the role of infant milk formula, the committee is stepping into a raging battle between breastfeeding advocates and an infant formula lobby representing some of the largest food and pharmaceutical companies in the world.

It's more than just a matter of public health. It's also an issue that could be costing Australian taxpayers tens if not hundreds of millions of dollars in treating preventable diseases.

Almost nine out of 10 Australian mothers (87 per cent) begin breastfeeding their babies. But by the time children reach three months, only half are still on the breast. At six months, that has fallen below a third (32 per cent) and only one in 10 breastfeeds exclusively.

That compares with guidelines issued by the National Health and Medical Research Council, which recommend exclusive breastfeeding for six months and for some breastfeeding to continue until at least the first birthday. Only 23 per cent of Australian babies are still breastfed at one year.

The council says a target of 80 per cent at six months—a rate similar to Norway's—is achievable.

Numbers have been rising since the campaigns of the 1970s—in the 1960s, only one in five still breastfed after three months—but appear to have plateaued.

Increasingly, campaigners are reconsidering their strategy, believing the old "breast is best" slogan does not send a strong enough message. Parents need to know that they, in effect, risk compromising their child's health by choosing alternative sources of nutrition.

Dr Lisa Amir, GP and lactation consultant, and a research fellow at La Trobe University, says: "We should say it's the normal way of feeding and if you don't, there are risks."

The list of widely-accepted health benefits associated with breastfeeding—for baby and mother—is indeed long. Babies fed on formula or cows' milk are more likely to become obese; cows' milk may also be linked to Type 1 diabetes. Research points to heightened risks of asthma, eczema and other allergic diseases. Rates of middle ear infection, urinary tract infection, of respiratory diseases and gastroenteritis are higher.

Breastfed babies may have higher IQs and even better jaw development, with less likelihood of crowded or overlapping teeth.

"Many, many mothers are just not getting the correct information."

Breast milk contains antibodies and can pass on the mother's immunity to disease and bacteria to baby. "It's not a dead drink; it actually has living cells in it," Dr Amir says.

For mothers, breastfeeding has been found to protect against breast cancer, ovarian cancer and Type 2 diabetes. Crucially, the longer mothers breastfeed, the greater the benefits. Mothers who breastfeed are thought to recover from giving birth quicker, and lose weight faster; breastfeeding also protects them against becoming pregnant again.

So if breast milk is the miracle food that even the formula companies admit it is, why are breastfeeding rates so low? Why do so many women start to introduce formula foods, cows' milk and even solids so early?

Figures from the 2001 National Health Survey suggest the biggest cause is that mothers feel they are not producing enough milk—a reason given by 40 per cent of those who gave up in the first year. Another 17 per cent had other problems, such as extremely painful cracked nipples.

Dr Amir says many mothers are uncomfortable breastfeeding in public, feeling it is still not widely accepted. "New mothers, especially from migrant communities, don't see many women breastfeeding in public and so they're not sure if they should."

Husbands and boyfriends are often unsupportive, being both protective and possessive of their partner's breasts. Dr Amir says one UK study into male attitudes proved almost unprintable, such was the language expressed.

Another reason is the modern obsession with timetables, good practice and doing things the right way. New mums believe they have to set rigid feeding times.

Behind these reasons, however, is an underlying cause, she suggests: the lack of support and information given to new mothers.

"Breastfeeding is a learned art," the ABA's Margaret Grove says. "When we had extended families, people learned by osmosis—we still see that in other cultures. But that extended family, passing down knowledge from one generation to the next, has gone."

Women who return to work often give up or cut back on breastfeeding, because they work in unsupportive workplaces, or have nowhere to express and store their milk during the day.

She says we need more and better trained health professionals to support new mums. GPs, for example, spend only an hour or two on breastfeeding in their entire training.

"There are some absolutely brilliant health professionals, but a lot of them don't have the information and at the first sign of trouble they just advise mothers to wean, because it's easier," she says.

Some training is even sponsored by formula milk manufacturers—which points to another issue. Organisations such as ABA say the easy availability of infant formula undermines the "breast is best" message, normalises bottle feeding and makes it easy for mums to give up.

Campaigners also believe that infant formula manufacturers are trying to undermine the guidelines, despite signing the Marketing in

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Australia of Infant Formula (MAIF) agreement with the federal government in 1992, which bans promotion or advertising of infant formula or “follow-on” foods for children under 12 months.

ABA would like to see the MAIF code more strongly enforced, and extended. It does not cover retailers, for example, who have conducted price wars for infant formula in contravention of World Health Organization guidelines (MPs may wish to hear from the retail sector).

The formula lobby takes a dim view of this. David Forsythe, spokesman for the Infant Formula Manufacturers’ Association of Australia (IFMAA), which represents companies including Nestlé, Heinz, Bayer and Wyeth, talks scathingly of “the breastfeeding advocates”.

Mr Forsythe says manufacturers support the WHO guidelines and agree that breast is best; the industry should be viewed as “partners, not ogres”, with a role to play in providing the best possible nutrition for Australia’s infants.

Mr Forsythe admits companies sailed “close to the wire” in the early days of the MAIF agreement, but only a handful of complaints have been upheld in recent years. “Self-regulation is working,” he says.

Companies do provide generic (unbranded) information on formula feeding on their websites. Mr Forsythe says this is a vital public service as some parents—including those who cannot breastfeed—are not getting this information from health professionals.

“If a mother isn’t able to breastfeed, it’s absolutely essential to provide infant formula for an infant aged under 12 months But we’re finding that many, many mothers are just not getting the correct information, and as a consequence there’s been a denigrating of infant formula by health workers, no doubt influenced by breastfeeding advocates, creating a sense of despair and a sense



Top: Kirstie Marshall caused controversy when she breastfed her baby in the Victorian parliament. Photo: AAP; Bottom: The baby formula association says if a mother isn’t able to breastfeed, it’s essential to provide infant formula for an infant aged under 12 months.

of guilt among mothers who are bottle-feeding.

“If we had a situation where companies were blatantly advertising or providing samples of infant formula in take-home packs from the hospital, I would accept the criticism. But they’re not allowed to, and they don’t.”

The formula lobby also says research has shown there to be high levels of iron deficiency among Australian babies, especially in Aboriginal communities. Cows’ milk, lower in iron than breast milk, is a major factor. Companies have developed “toddler formula” for the over-ones but say it is marketed against cows’ milk not breastfeeding.

The committee is likely to hear a call for more detailed statistics. There are no consistent national figures for breastfeeding rates among ethnic minorities, or Indigenous, rural,

remote or low-income families—all groups widely accepted anecdotally to have low uptake.

What figures we do have come from the National Health Survey, conducted roughly every six years. But the survey scheduled for this year is expected to drop the breastfeeding question.

The last NHS did include one proxy indicator: educational attainment of new mothers. It found breastfeeding rates consistently lower among mothers with no post-school qualifications, compared to those who gained a diploma or higher.

They were also significantly higher for new mothers aged over 30. Researchers say they are more committed to breastfeeding and more likely to seek help if they have a problem.

Professor Pranee Liamputtong, of La Trobe University’s school of



New mums are well supported by gas supplier AGL, which in 2006 became the first national company to be accredited by the Australian Breastfeeding Association as breastfeeding-friendly. The company offers lactation breaks, entirely flexible hours and help in finding child care for its staff. Photo: Newspix

public health, has conducted research into breastfeeding rates among migrants from south-east Asia.

She says the main reasons Vietnamese, Thai and other women stop breastfeeding are the same as for Western women: the need to go back to work or study, and the lack of support or information, or a fear they are not producing enough milk. But there are other factors.

A few—"only some," Prof Liamputtong says—see bottle-feeding as a symbol of living in a modern, developed society and a break with tradition. Others suffer from language barriers and are unable to read the material available from health services or access support services.

Some will be married to Australian men and isolated from their communities and traditional support networks, unlike in their home countries where they would be cared for by relatives and friends for up to a month after birth, allowing them to bond with baby and establish breastfeeding.

The inquiry is also likely to explore what all this means for the Australian taxpayer. If bottle-fed babies are more likely to suffer certain illnesses, that places an extra burden on the hospital system, it is argued.

Breastfed babies may have higher IQs.

A 2002 study, led by Dr Julie Smith of the National Centre for Epidemiology and Population Health at the Australian National University, calculated the hospitalisation costs of just five illnesses—gastrointestinal, respiratory, ear infections, eczema, and necrotising enterocolitis (another intestinal illness).

The extra cost to the ACT health system was between \$1m and \$2m, the study calculated. Extrapolated across Australia, it suggests that early weaning could be costing the nation between \$60m and \$120m a year in treating just those five illnesses.

Added to that would be the savings in carer's leave for parents and the longer term costs in treating chronic conditions such as asthma, obesity and diabetes.

Despite the consensus that breast is best, research into its benefits is not unproblematic or without controversy. A long-term study conducted in New Zealand and published in *The Lancet* in 2002 caused shockwaves when it suggested breastfeeding might

actually *increase* the risk of allergic diseases such as asthma and atopy.

Those findings have themselves been questioned. A Melbourne University School of Population Health study led by Adrian Lowe concluded that mothers who recognised the risk of asthma and atopy in their families breastfed for longer to give their children greater protection—thereby skewing the results.

"This research area is fraught with difficulties" Mr Lowe admits.

But perhaps the biggest difficulty those working in the field face is the sheer sensitivity of the issue. The majority of mothers stop breastfeeding earlier than the experts think they should; but every mother likes to believe she is doing the best for her child.

"We don't want to put guilt on mothers who are not breastfeeding," says the ABA's Margaret Grove. How the Health and Ageing Committee avoids that trap could be its greatest challenge. ■

For more information on the public inquiry into breastfeeding, visit www.aph.gov.au/house/committee/haa/breastfeeding or email haa.reps@aph.gov.au or phone (02) 6277 4145.