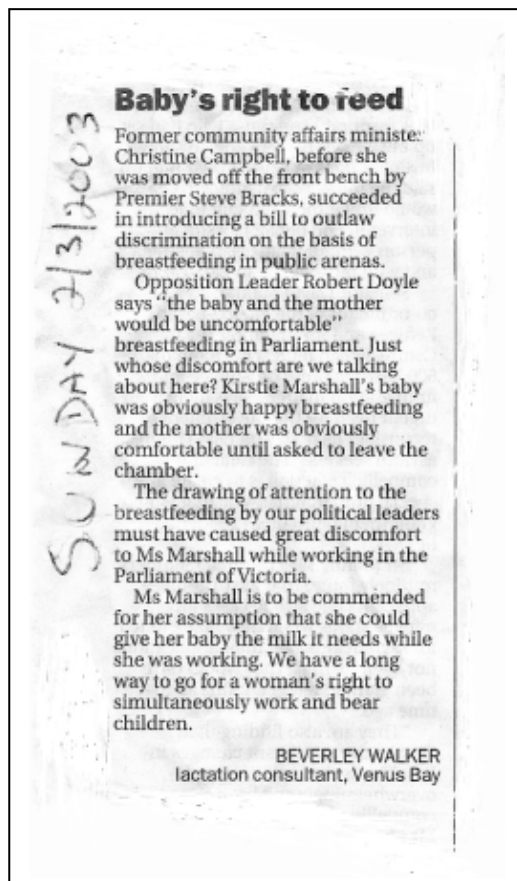


INTRODUCTION

The current Federal Government is to be congratulated on creating a policy which acknowledges the social and economic importance of reproduction. The economical and social consequences of providing paid parental leave can be measured by comparing future maternal and newborn morbidity and mortality with current statistics. The more significant consequences, I believe, ought to be measured following the same support of optimal nutrition for both parents and newborn in aboriginal communities. In the Northern Territory the “Strong Women Strong Babies” initiative begun in 1998 returned many aboriginal women to breastfeeding.

(a) The letter

(b) the icon



Embarrassment: The article at the left is a copy of my letter published in the Sunday Age on 2nd March 2003 in reply to the controversy which arose over Victorian State MP Kirstie Marshall breast feeding her baby in Parliament.

Mother Friendly Work Places. Subsequent to this world wide news event, a private room was made available for breastfeeding babies in parliament house.

Making a Place Available and accessible. Subsequent to seeing the bottle icon indicating the location of this room (shown on television to highlight the Victorian Government's swift response) I asked Dr. Barbara Glare of Breast Feeding Australia [BFA] to ask Parliament to put a more breastfeeding relevant icon on the door.

Co-operation: An icon with a mother nursing a baby replaced the bottle image.

Both situations described above (a) the letter (b) the icon highlighted the following issues:

1. Discomfort of colleagues in the workplace about breastfeeding a newborn.
2. The discomfort of advertising breastfeeding (icon on door).
3. The desire of a mother to breastfeed.
4. The right of the baby to breast milk
5. The right of a mother to work while simultaneously providing her choice of the optimal nutrition for her newborn.

*“ The World Health Organisation [WHO] Expert Consultation then recommended exclusive breastfeeding for six months then the introduction of complementary foods **and continued breastfeeding until 12 months of age and thereafter as long as mutually desired.** (My emphasis)”¹*

1. Exclusive breastfeeding to the age of 6 months

- a. I am concerned that this figure of 6 months seems to appear be the beginning and end of the rights of the newborn to breast milk in this document.
- b. As the newborn cannot argue for itself and it has always been recognized in so called developing cultures that most babies can be breastfed up to the age of 3, while a newborn can be fed in tandem with the older baby why is 6 months the arbiter here.
- c. In Australia at present less than 20% achieve 6 months exclusive breastfeeding – higher in the socially and economically advantaged groups this does not mean we could not achieve this with adequate (midwife) support.²
- d. Breastfeeding is still a hidden value.
- e. 80 – 90% of Australian women initiate breastfeeding
 - i. Encouraged by midwives
 - ii. By 3 months 33% have stopped.
- f. Unsupported by midwives the mother does not recognize the brain growth spurts which result in the baby demanding feeds more often at 3 months and at other times.
- g. The woman thinks her breast milk supply is insufficient
- h. So without education and support breastfeeding ceases.

2. Breastfeeding at least to 12 months.

- a. Additionally the need to wean babies from exclusive breastfeeding to partial breastfeeding by the addition of complementary food and continued breastfeeding to 12 months is as skill acquired. Weaning eventually becomes an art form with education and support. Some women think the return to work means they must wean.

A. The issues related to paid maternity leave include:

- a. Work is seen from a perspective which values work only if it produces a cash income.
- b. Much of women’s work is home-based or for subsistence.
- c. Home based work is under-reported, under-valued and under-paid.
- d. When women work for a cash income their work seldom accommodates reproductive work, such as pregnancy, breastfeeding and child care.
- e. Most working women who want to breastfeed give up the ideal of optimal breastfeeding, and resort to partial, missed, or token breastfeeding.

B. Solutions include:

- a. Mother Friendly Workplace

C. The challenges:

- a. every mother is a working woman
- b. the particular challenge for this working woman is for her to practise optimal breastfeeding

¹ NHMRC National Health and Medical Research Council. Endorsed 10.4.03 *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers*. Extracted from Background Information. Binns. C. Page 1. Primary Reference Michaelsen, K et al Feeding and nutrition of infants and young children: guidelines for the WHO European region, with emphasis on the former Soviet countries Copenhagen: WHO Regional Office for Europe WHO 2000.

² NHMRC National Health and Medical Research Council. Endorsed 10.4.03 *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers* p 3.

D. Negotiating a Mother Friendly Work Places

- a. Much of the upheaval of returning to paid employment after maternity leave has meant major change for both mother and baby leading to anxiety.
- b. paid maternity leave

On return to work:

- c. Affordable and accessible child-care,
- d. Access to infants during working hours,
- e. Lactation breaks for feeding and/or express milk
- f. Maintaining an adequate milk supply.
- g. Suitable facilities for storage of expressed breast milk.

Co workers employers and family members are resistant to these changes.

- h. Education of co workers with information

Education by:

- i. Paid breastfeeding consultants.

*Trauma is caused by the **perception** that the mother HAS TO wean her baby.*

- j. Babies do not automatically wean themselves at an arbitrary line drawn at six months.

Raft of family policies including

- k. Child care within or nearby to work place,
- l. Flexible hours (starting and finishing) at home work where possible,
- m. Job sharing.
- n. Staggered return

Benefits

- o. Women can successfully integrate paid productive and unpaid reproductive work,
- p. Employers benefit from a worker who is focused
- q. Employees who are secure in an employee friendly atmosphere
- r. Reduced absenteeism
- s. Breastfed baby less likely to be sick.

E. Negotiating a Mother Friendly Home Places

The partner/father of the baby is not usually the primary carer of the baby so:

- a. The primary role of the partner is to support the mother with:
- b. Enabling sleep when the baby is asleep
- c. Fielding phone calls and visits
- d. Providing meals for the mother and family
- e. Taking care of home management.
- f. Bonding to the baby by nursing and walking the baby.

F. Economic value of breast milk.

As I have submitted to a previous government paper in July 2002:

- a. It is unfair for our culture to insist that women choose to leave their suckling babies abruptly at home in order simply to be available for paid work.
- b. Breast milk is frequently and erroneously described as free.
- c. There is an energy cost to the mother
- d. It takes time sometimes up to 30 minutes or more sometimes 8 times a day in the early and growth spurt periods.

- e. *There is a nutritional cost* – the mother requires a nourishing diet in order to flourish
 - i. Maternal depletion – particularly of iron is a common outcome of breast feeding.
- f. *Environmental Value*
 - i. Breast feeding does no pollute the environment
 - ii. The USA and Australia are significant contributors to the manufacture and adaptation of cow's milk formulae.
 - iii. 800 000 million cans per year are the by products of changing cows milk needed to feed a 20 – 30 kg calf to feeding a 2-3 kg baby.
- g. *Ethical Value* African Americans are known to be the highest users
 - i. of artificial formulae
- h. *Shadow Price* It is not conceptually difficult to measure the shadow price of breast milk.
 - i. Additional food and time taken for the mother – depending on the value placed on the mother's time.
 - ii. Alternatively the cost of petrol and time to gather alternative forms of feed and the distance of the outlet.
 - iii. But this value measure does not emphasise the fact the breast milk is better for the infant and adapts to its growth needs, the climate and the age of the child.

CONCLUSION

The Health costs to our future nation of not breastfeeding can easily be measured in the evidence based lists of disease in the aboriginal population. When removed from their former hunter gatherer lifestyle and fed high Glucose Index [GI] foods such as alcohol white bread and sugar began a downward spiral in lifespan and quality of life. This is mirrored in the high and early morbidity and mortality due to diabetes, high blood pressure heart and kidney disease in the white population with its increasingly sedentary lifestyle.

The advantages to women of breast feeding are the well documented reduced risks of breast cancer, obesity and osteoporosis. Changing the value of women and their reproductive role in the eyes of the media and general public by - I am sorry to say -making the taxpayer pay - surprisingly may be the means to raise the conscious state of the nation as to the importance of nature and nurture by our parents.

In Far North Queensland women feed with impunity in the grocery aisles and in public more frequently than in Southern States. I am told the bottled milk goes "off" in the heat. Women are not constrained by tight clothing. So culture and climate may be another factor.

The newborn baby cannot argue for itself. It is therefore our moral responsibility as Health Care Professionals [HCP] and governments to ensure that the baby's best interests are served without prejudice or further harm. The knowledge available in November 2008 obliges us to ensure that optimal nutrition is accessible to all newborn infants for at least 12 months. I urge the Government to consider at least the alternatives to 12 months paid leave by providing the means by which women can return to Mother Friendly Workplaces outlined above.

Beverley Walker.