



AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

28 January 2007

The Secretary
Inquiry into Breastfeeding
House of Representatives
PO Box 6021, Parliament House
Canberra ACT 2600.

Dear Secretary

The Australian Association for Infant Mental Health would like to make a submission to the Inquiry into Breastfeeding. We are submitting some dot points and would appreciate the opportunity to back them up with research and explanation in a verbal presentation to the inquiry.

As there will be many well qualified response to this inquiry related to the physical health benefits of breastfeeding our submission relates to the mental health benefits that could be obtained through supporting breastfeeding.

Infant mental health is largely dependent on the relationship between the infant his or her main carer, usually the mother. Current research shows that these early relationships set the foundation for future social, emotional and cognitive development. Over the past few years there have been a number of well credited studies which have shown the economic as well as social benefits of supporting parent infant relationships. "Early childhood intervention programs have been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime, and labor market success, among other domains."¹ These early childhood interventions are designed to support parents and parenting and early relationship building.

¹Karoly, Lyn et al. (2005) *Early Childhood Interventions: Proven Results, Future Promise*, RAND Corporation. MG-341-PNC



AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

Breastfeeding supports and is supported by responsive nurturing parenting and hence better outcomes for children and communities. For example, breastfeeding requires time spent by the mother holding, nurturing and responding to the infant and hence beginning early relationship building and secure attachment. While bottle feeding can be done in the same nurturing way it can also be done by leaving the infant to self-feed with the bottle and not gain the emotional bonding that breastfeeding gives.

The NWS Population Health Survey² shows that low socio-economic status and a belief that breast milk is not good enough are major reasons for mothers not breast feeding as well as difficult earlier experiences. These are all areas that could be addressed with benefits to parents and infants.

Other individual, community and environmental barriers to breastfeeding are listed in the *Developing the SA Breastfeeding Strategic and Action Plan Background Paper 2006-2011*. Barriers include lack of community knowledge of its benefits, and cultural lack of support for the practice. Bottle-feeding is considered to be more acceptable in public and a place to breastfeed away from home is not usually easily available. Also peers, fathers and other family members may pressurise mothers to cease breastfeeding.³ (McIntyre, Hiller & Turnbull 2001).

We support endeavours to:

1. make parents aware of the importance of breastfeeding in ways that are non-threatening and respectful of the parent's viewpoint
2. assist mothers in being able to breastfeed through appropriate encouragement and support
3. develop community systems and infrastructure that supports breastfeeding and early relationship building
4. develop skills in staff who support mothers in early breastfeeding in working in partnership with parents in ways that promote best health outcomes.^{4 5},

² Centre for Epidemiology and Research. (2003-2004) *Report on Child Health from the New South Wales Population Health Survey*. Sydney: NSW Department of Health, 2006.

³ McIntyre, E, Hiller, JE & Turnbull, D (2001) "Attitudes towards infant feeding among adults in a low socioeconomic community: what social support is there for breastfeeding?" *Breastfeeding Review*, 9(1), 13-24.

⁴ Labarere, J et al. Efficacy of **Breastfeeding** Support Provided by Trained Clinicians During an Early, Routine, Preventive Visit: A Prospective, Randomized, Open Trial of 226 Mother-Infant Pairs in *PEDIATRICS* Vol. 115 No. 2 February 2005, pp. e139-e146

⁵ Braun, D et al. (2006) "How Helping works", UK: Centre for Parent and Child Support.



AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

Many mothers go back to work when their infants are still breastfed. Returning to work does not impact on starting breastfeeding but does impact on its duration⁶.

We recommend that:

- the belief that allowing mothers one year maternity leave would be bad for small business should be challenged for the following reasons:
 - in countries where this is allowed it has not caused problems
 - many parents do not take advantage of this provision but it supports their decision when they wish to
 - this kind of provision is likely to provide staff loyalty
 - it is usually easier to get staff to backfill for a period of a year or two than for 3 months.
- Government policy support breastfeeding friendly workplaces. This would include provision for breastfeeding at work, encouragement and setting examples of childcare on site at work
- sanctions against workplaces which do not reasonably support breastfeeding.

It should also be noted that in a number of European countries paid maternity leave is mandatory because of concerns about the falling birth-rate and future difficulties in maintaining superannuation and social security payments for the elderly.⁷

- special effort should be made to support breast feeding for Aboriginal women and their infants to improve health and wellbeing.

Some examples of possible strategies could include:

- a social marketing strategy to increase community knowledge about, acceptance of breastfeeding and the provision of more breastfeeding-friendly places. It would be important that such a strategy avoid messages that undermine the esteem of mothers who have been either unable to breastfeed or chosen to bottle-feed.
- Government amenities such as libraries providing screens, comfortable chairs and water fountains so that mothers can comfortably feed with a degree of privacy
- Government buildings open to the public including parents' rooms with facilities to support breastfeeding.

⁶Ong G et al. *Impact of working status on breastfeeding in Singapore: evidence from the National Breastfeeding Survey 2001* in [Eur J Public Health](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1257033/). 2005 Aug;15(4):424-30.

⁷Hattiangadi, Anita U. , *Paid Family Leave: At What Cost?*, Employment Policy Foundation, 2001.



AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

Conclusion

In order to get the best community and family benefits breastfeeding needs support in all of the four areas recommended above. Community and workplace support is essential and much work needs to be done to educate women and, in particular their partners, about its benefits. The emotional benefits of the closeness and nurture involved in breastfeeding should be highlighted.

It is an issue that is much more than milk.

Yours Faithfully

Pam Linke AM
National Advocacy Representative
Australian Association for Infant Mental Health.