




Speech By
Brittany Lauga

MEMBER FOR KEPPEL

Record of Proceedings, 2 May 2019

HEALTH AND WELLBEING QUEENSLAND BILL

 **Mrs LAUGA** (Keppel—ALP) (4.35 pm): I rise to speak in favour of the Health and Wellbeing Bill 2019. In doing so, I want to shine a light on new research from the World Health Organization that has found that breastfeeding reduces the risk of babies being overweight as a result of the hormones, nutrients and prebiotics in breastmilk, which changes a baby's gut bacteria.

The positive impact of breastfeeding on lowering the risk of death from infectious diseases in the first two years of life is now well established. There is also a mounting body of evidence that suggests that breastfeeding also plays a role in programming non-communicable disease risk later in life, including protection against being overweight and obese in childhood. According to a World Health Organization study involving 16 countries, breastfeeding can cut the chances of a child becoming obese by up to 25 per cent. The more breastmilk a child receives, the lower their risk of obesity and diabetes in childhood and also later in life.

As a result, researchers are calling for more help and encouragement to women to breastfeed as well as to curb the marketing of formula milk, which misleads women into thinking that breast is not necessarily better. Breastmilk is believed to program babies to burn more fat efficiently in later life instead of storing it and gaining weight. Human milk—breastmilk—is specifically designed for human babies. In contrast, formula milk is thought to increase a baby's insulin levels compared to breastmilk, which may cause them to grow more and bigger fat cells. Formula milk also contains sugars that may lead to obesity. There is an increased risk of both type 1 and type 2 diabetes in babies whose exposure to breastmilk was brief or for those who were exposed to infant formula prior to three months of age.

When it comes to health outcomes, it has long been known that breastfeeding is important. Breastfeeding is the normal way to feed babies. However, 'normal' does not always mean that it is the most common way to feed babies, but it means that breastfeeding is the biological norm. Any other way of feeding a baby and the subsequent change in health outcomes has to be compared to breastfeeding. That means that there are no benefits to breastfeeding; rather, there are risks of not breastfeeding.

When it comes to health outcomes associated with infant feeding, the longer the total duration of breastfeeding and the longer the period of exclusive breastfeeding within the first six months of a baby's life the lower the risk. The World Health Organization recommends exclusive breastfeeding for babies to six months of age and thereafter for breastfeeding to continue alongside suitable complementary foods for up to two years and beyond.

However, Australian breastfeeding statistics indicate that we are falling well short of these recommendations. Statistics gathered from the results of the 2010 Australian National Infant Feeding Survey indicate that 96 per cent of mothers initiate breastfeeding. Thereafter, exclusive breastfeeding rates drop off. Less than half, around 39 per cent, of babies are still being exclusively breastfed to three months and less than one-quarter, only 15 per cent, to five months.

Not breastfeeding or being breastfed for shorter lengths of time increases the risk of a whole raft of health issues for the child, including SIDS, gastrointestinal infections, respiratory infections, ear infections, necrotising enterocolitis in premature babies, sepsis in premature babies, dental malocclusions, overweight and obesity and a lower IQ. For the mother, not breastfeeding increases the risk of breast cancer and ovarian cancer.

There is also a strong evidence base about the many benefits of breastfeeding for the mother and her baby and that reinforces the need to increase the resources that are put into supporting women to begin and maintain breastfeeding for at least the first six months of the baby's life. It is estimated that early weaning adds around \$1 million to \$2 million to annual hospitalisation costs for gastrointestinal illness, respiratory and ear infections, eczema and NEC. By using these figures, savings across the Australian hospital system could be between \$60 million and \$120 million annually for these illnesses alone.

The study reinforced the need to put more resources into supporting women to breastfeed. We need both more specialist breastfeeding support for women after birth and more time for all professionals involved in antenatal and postnatal care to offer the support women are telling us they need. We know that in the postnatal period many women are saying they do not feel midwives and health professionals have the time to give them the support that would enable many more to continue breastfeeding. I take this opportunity to publicly thank the Australian Breastfeeding Association for all of the measures of support they provide to women, their partners and their babies to initiate breastfeeding and continue on their breastfeeding journey. In addition, infant feeding is a highly emotive subject because so many families have not breastfed or have experienced the trauma of trying very hard to breastfeed and not being able to. We need more support to help new mothers learn breastfeeding skills and have policies in place that help them continue breastfeeding through the baby's first year of life.

We also need to stop the inappropriate marketing of formula milk that may lead some mothers to believe it is as good for babies as breastmilk. Only a few weeks ago I saw an advertisement on TV for a toddler milk drink, which is completely unnecessary and makes mothers think that they need to supplement their child's diet with toddler milk drinks. Toddler milks and special and/or supplementary foods for toddlers are not required for healthy children. From 12 months of age and beyond toddlers should be consuming family foods consistent with the Australian Dietary Guidelines. Solid foods should provide an increasing proportion of the energy intake after 12 months of age. Children should be able to meet their nutritional requirements from eating a healthy diet without special toddler milk drinks. Toddler milk drinks are purely and simply marketing to parents who are concerned that their children's diet may be inadequate and a money grab that is only damaging to Australian women and their children.

In Australia, the Marketing in Australia of Infant Formulas agreement is a voluntary self-regulatory code of conduct between manufacturers and importers of infant formula. Although most formula manufacturers comply with these guidelines, when it comes to toddler, junior and growing-up milks for babies over 12 months there are no restrictions and I believe that this needs to change.

Breastfeeding protects against a range of diseases and therefore has the potential to alleviate costs to the healthcare system in both the short and long term. In fact, the Australian Medical Association said that the total value of breastfeeding to the community makes it one of the most cost-effective primary prevention measures available and well worth the support of the entire community. There are few other preventive health interventions that have proven permanent effects in reducing risk factors for chronic disease in such a variety of settings. More needs to be done to support families to breastfeed for longer. I hope that the health promotion agency that this bill will establish, Health and Wellbeing Queensland, will take the evidence on board and consider ways in which we can help support women in Queensland to initiate breastfeeding and continue on their breastfeeding journey with their babies. We can do this by ensuring that all health professionals have the tools and the knowledge to support future parents and current parents to breastfeed. I commend the bill to the House.