

Health Journey

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Editor's view

In an ideal world each person would have access to all the information and support they need to be able to make informed, healthy choices about their lives. Women's Health Queensland Wide Inc (Women's Health) is currently undertaking a number of projects to help us work towards this ideal for Queensland women.

Women's Health is equipping high school students to make sound decisions through delivery of the *Teen body image* program to high schools as part of the *Making Healthy Choices* program. *Making Healthy Choices* is presented by a collaboration of community organisations including Women's Health, Drug Arm, Ethnic Communities Council of Queensland and Children by Choice. Other session topics that students can explore through the program include contraception, alcohol and drug awareness, sexual decision making and health, and reproductive health.

Women's Health has also been working with Aboriginal and Torres Strait Islander Community Health Services Mackay Ltd (ATSICHS Mackay) to produce an Indigenous version of the popular *Looking After You* booklet. The booklet, known as *The Deadly Mums Guide* equips new Aboriginal and Torres Strait Islander mums, nannas and aunties with information and tips about how to look after their mental and physical health when there is a new addition to their family.

Choice has also been on the agenda recently in regard to abortion in Queensland - in October a Cairns couple was acquitted of charges relating to procurement of an abortion. Women's Health is campaigning for abortion law reform in Queensland as a member of Pro Choice Queensland. We are concerned at Queensland women's continued lack of access to abortion services, particularly for those living in rural and remote areas. In addition to cost and legal issues, there are few clinics outside of metropolitan areas that offer surgical abortion and few doctors authorised to prescribe the drugs used for medical abortion. These factors can mean that women faced with an unplanned pregnancy who live in rural and remote areas may not feel that termination is a choice available to them. Women's Health will continue to advocate for better access to abortion services for all Queensland women.

Thank you for choosing to read *Health Journey* and best wishes for the festive season.

Lorraine Pacey
Editor



About us

Women's Health Queensland Wide Inc (Women's Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland. Services include:

- **Health Information Line**
A free information and referral service for Queensland women
- **Health information** and free lending library via www.womhealth.org.au
- **Health education** for community and health professionals

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The new super foods

Every few years we hear about super foods that are said to have great health benefits. Here are the latest trends.

Chia

A member of the mint family, chia (*Salvia hispanica*), is native to Mexico and is said to have been part of the diet of the ancient Aztec and Maya civilisations. The chia seed is the highest known whole food source of dietary fibre in nature. It is also rich in plant-based omega-3, protein, calcium, magnesium, iron and antioxidants. For example, gram for gram chia seed has more than five times the amount of calcium than whole milk, 25% more dietary fibre than bran cereal and double the amount of protein than cooked legumes.

Chia seeds have also shown potential in reducing cardiovascular risks such as high blood pressure. They are often marketed as a weight loss remedy as they have a low glycaemic index, making people feel fuller for longer.

Quinoa

Pronounced *keen wah*, quinoa is part of the spinach family and comes in black, red and white varieties. While often considered a grain, quinoa is actually a seed. It is thought to have been a staple in the diet of the Incas. The main health benefit of quinoa is that it is high in protein and this protein is complete (contains a balance of the 9 essential amino acids). This makes it an ideal food for vegetarians. It is also a good source of dietary fibre, phosphorous, iron and magnesium. Quinoa is gluten free so it provides an alternative to more traditional grains. This characteristic, along with being easy to digest, has also seen quinoa included in baby foods.

Spelt

An ancient grain, spelt was once grown extensively in Europe. Although a relative of wheat, spelt does not appear to cause the same insensitivities as wheat and so can be eaten by some wheat intolerant people. This characteristic has made its use in products like bread and pasta popular. Spelt, however, does still contain gluten and, therefore, is not suitable for coeliacs. Spelt is a good source of protein, dietary fibre and niacin.

Goji berries

The goji berry or wolf berry (*Lycium barbarum*), as it is botanically known, is native to China. The berries are typically advertised as the Tibetan or Himalayan goji berry, despite the fact that they are not cultivated in any large numbers in these areas (this appears to be a marketing gimmick). It is claimed that the goji berry can prevent cancer, improve eyesight and promote longevity due to its high antioxidant and Vitamin C content.

Some product advertisements for the berry claim it has twelve times the amount of antioxidants of blueberries and as much as 500 times the amount of Vitamin C as an orange.



In fact, the goji berry's total Oxygen Radical Absorption Capacity (ORAC), used to measure antioxidant content, is 3290, below that of the blueberry at 4669. It is more difficult to obtain an accurate measure of the berry's Vitamin C content but it is likely to be comparable to other berries and, therefore, similar to that of an orange. There is limited scientific evidence at this stage to support the many health claims of the goji berry. The vast majority of research has occurred in animals, in-vitro (test tube) or involves specific compounds found in the berry, rather than the berry itself. More human based trials of the goji berry are needed to evaluate any health benefits, the amount required to obtain these health benefits and its safety.

Olive leaf extract

While the health benefits of olive oil are well known, the benefits of olive leaves have only recently been promoted in Australia. Olive leaf extract has been used in traditional medicine in the Mediterranean for many years and is reported to have antioxidant, antiviral, antihypertensive (lowering blood pressure) and weight loss properties. While the health benefits of olive leaf extract appear promising, there is currently little scientific evidence. As with the goji berry, more human trials are needed to evaluate possible health benefits.

Super foods checklist:

There is often a lot of hype around super foods. Here's a checklist of what to look out for:

- ✓ Check how much super food a product actually contains. It may contain so little that any health benefits would be negligible. For example, goji berry juices can contain a mixture of other fruit juices, with the goji berry juice content being small in comparison. Similarly, some breads marketed as 'spelt' are still made mostly with wheat flour.
- ✓ Be wary of any super food that makes extravagant claims about nutrient values (eg. 500 times more Vitamin C) or health benefits (eg. cancer cure).
- ✓ Consider the cost as some products can be quite expensive (eg. 500ml of olive leaf extract can cost up to \$40). People may be better off spending their money on a variety of fresh fruit and vegetables and whole grains rather than relying on one particular super food for health benefits.
- ✓ Always inform your doctor when taking supplements like olive leaf extract or goji berry juice. If these substances have powerful properties, as claimed by their marketers, they could also cause strong adverse reactions, including interactions with conventional medications.

Kirsten Braun

Breast reduction

- Big breasts might be admired in our image-driven society but for those that
- possess them they can have both physical and psychological costs. For some
- women a breast reduction is the answer.

Breast reduction or reduction mammoplasty involves the removal of glandular tissue, fat and skin to reduce the size of the breasts. The main reason women have a breast reduction is to reduce pain and discomfort. Women with large breasts typically experience back, neck and shoulder pain from the weight of their breasts. They can also have poor posture and suffer from deep indentations in their shoulders from bra straps. The area underneath the breasts can develop rashes and painful chafing. Some women have breathing difficulties while sleeping, caused by the weight of the breasts pressing on their ribs and chest. Women with large breasts may also find they can't participate in some sporting activities due to their breast size.

In addition to physical health problems, women with large breasts can also be very self-conscious about their breasts. The heaviness of large breasts can cause the skin to stretch resulting in sagging and also the enlargement of the areola (coloured area around the nipple). These changes often leave women feeling that their breasts are unattractive. Women with large breasts commonly report having low self-esteem and a poor body image. Limited clothing choices due to breast size can exacerbate these image issues.

What the surgery involves

There are several surgical options depending on the size and shape of the breasts, the location of the nipple and what the woman wishes to achieve. A breast lift (mastopexy) is often done in conjunction with a breast reduction. The size of the areola can also be reduced, if desired. In a breast reduction the incisions are typically made around the areola, from the bottom of the areola to below the breast crease and along the crease of the breast. The surgeon removes the excess glandular tissue, fat and skin and repositions the nipple/areola. In most cases the nipple/areola remains attached throughout the surgery, preserving blood flow to the area.

The actual size reduction of the breasts is determined by the amount of breast tissue that can be safely removed, while still preserving blood flow to the nipple/areola. Women should discuss their desired breast size with their surgeon who can advise them of what breast size is achievable. The general aim is for a breast size that is more in proportion with the rest of the woman's body.

Risks and side effects

As with all surgical procedures, breast reduction surgery has the risks associated with anaesthesia as well as bleeding, swelling, bruising, pain, infection and the formation of blood clots. There are also risks specific to the particular surgical procedure. These include:

- Loss of sensation in the breast and/or nipple (may be temporary but can also be permanent)
- Breast asymmetry and/or irregular breast shape
- Inability or reduced ability to breastfeed (see 'Other considerations' section)
- Poor wound healing
- Loss of tissue along the wound or deeper in the breast
- Total or partial loss of the nipple
- Abnormal scarring
- The need for further surgery to treat complications

Women who smoke are at much higher risk of some side effects so it is strongly advised that smokers give up a number of weeks prior to surgery.

Other considerations

Weight gain/loss can cause changes to a woman's breast size and shape. For this reason, it is often recommended that women who are planning on losing weight do this before they have breast reduction surgery. Women also need to remember that any future significant weight change (gain or loss) may affect their new breast size/shape.

It is often recommended that **young women** wait until their breasts have finished developing before having breast reduction surgery. If surgery is performed before the breasts have finished developing additional surgery may be required later on. For most women breast development will be completed between 17 and 18 years of age.

While new surgical techniques mean the blood flow to the areola/nipple is usually preserved, women who have a breast reduction will often experience more **difficulty breastfeeding**. Most commonly the milk supply is reduced due to the milk ducts and/or the nerves in the breast being affected by the surgery. Generally, the more breast tissue removed the greater the chance that breastfeeding will be impaired. Interestingly, milk ducts appear to reconnect (referred to as recanalisation) in response to lactation, so a woman's milk supply can improve for subsequent children. Women who have concerns about their ability to breastfeed should discuss the issue with their surgeon prior to surgery. As pregnancy/breastfeeding can also affect breast size/shape, women are sometimes advised to complete their childbearing before having a breast reduction.

Women are sometimes unsure about whether a breast reduction makes **breast cancer detection** more difficult. Women can be reassured that mammography is as accurate at detecting breast cancer in breasts that have undergone breast reduction surgery as those that have not. Women should, however, inform the doctor/clinic when they have their mammography that they have had breast reduction surgery.

Costs

There is no Medicare rebate for plastic surgery procedures that are solely for cosmetic reasons. If however, a procedure is deemed medically necessary, for example due to pain and discomfort, then Medicare rebates will apply. Women should discuss the costs and possible Medicare rebate with their surgeon prior to surgery. Those with private health insurance should contact their insurer to see what costs may be covered.

Satisfaction with surgery

Breast reduction is one of the plastic surgery procedures that women experience the most satisfaction with. This is perhaps due to the fact that many women prior to surgery are experiencing not just appearance issues but also physical symptoms such as pain and discomfort. Studies examining women's satisfaction with breast reduction surgery report improvements in quality of life, self-esteem, body image and pain following surgery.

The most common dissatisfaction women have with breast reduction surgery is scarring. Some scarring along the incision lines is unavoidable. These scars generally fade with time but will still always be visible to some extent. For some women, however, the scars can become raised and red in colour. Women who have a history of scarring from previous surgeries or injuries may be more at risk of this occurring and should discuss this with their surgeon before surgery. All women should ask their surgeon questions about scarring and if possible view photographs of completed breast reductions and the subsequent scarring to provide them with a clear idea.

Alternatives to breast reduction

As previously discussed, significant weight loss can reduce the size of the breasts and so may be an alternative for women who are overweight or obese. A professionally fitted bra may also provide a satisfactory result for some women. Minimiser bras compress or flatten the breasts, redistributing some of the breast tissue to other areas (ie. down the waist, under the arms). This has the effect of making the projection of the breasts less. Minimiser bras can reduce a woman's bust size by 1 ½ to 2 inches. Women who have a bra professionally fitted may also find that the right bra provides more support, somewhat reducing symptoms such as back, neck and shoulder pain.

For women who are not suffering from many physical symptoms but rather emotional concerns like poor body image and/or low self-esteem, talking to a counsellor about the issue may be of benefit. A counsellor may be able to help women to accept their body shape as it is.

There are many breast reduction creams and pills on the market that promise to reduce the size of the breasts. There is no evidence that such products work. Many of these products are costly and there is also the concern that these 'natural' alternatives may contain ingredients that have unknown side effects or could interact with other medications.

Kirsten Braun



Finding a plastic surgeon

Women wishing to have a breast reduction should choose a surgeon that belongs to the Australian Society of Plastic Surgeons (ASPS). Members of the ASPS are specialist plastic surgeons who have undertaken at least 7 years of training after the completion of medical school. They also hold a fellowship of the Royal Australasian College of Surgeons (FRACS Plast) or its equivalent. The ASPS provides a searchable database of surgeons on their website (www.plasticsurgery.org.au)

It is important that women gain a clear understanding of the type of outcome that can be expected as well as the potential risks and/or side effects of breast reduction surgery. Patients who experience dissatisfaction with their breast reduction often do so because they had unrealistic expectations and/or did not fully understand the

potential risks or did not think they could happen to them. There are a number of questions women can ask their surgeon:

- Their experience at performing the particular procedure
- The risks/complications and side effects of the procedure and how common (or rare) they are
- How side effects/complications are treated/managed
- The level of post-operative pain and how long it will last for
- Length of recovery (including how much time needed off from work/household duties)
- If further surgery/treatments are required for post-operative complications, who is responsible for the extra costs
- What the breasts will look like over time/with age

Are girls reaching puberty earlier?

- There is concern that the age of puberty in girls is
- decreasing. Is this true and what could be the cause?



Puberty actually consists of 5 recognised stages, the Tanner stages, named after the paediatrician who first defined them. In stage 2, (stage 1 is pre-pubertal), breast buds develop and a sparse amount of lightly pigmented hair appears in the pubic area. Stages 3 and 4 are characterised by further breast growth and pubic hair becoming coarser, darker and more extensive. By Stage 5 the breasts are adult size and the pubic hair has extended to the inner thigh area.

There is a great deal of variation as to when girls reach puberty. Generally the onset of puberty begins between the ages of 8 and 13. The first menstrual period (or menarche as it is known) occurs a few years later, around stage 4. Even then it is common for periods to be irregular with girls skipping periods or the length of periods differing. It can take up to two years for a girl's periods to become regular.

The age of puberty appears to be partly influenced by genetics. Girls often experience puberty at a similar age to their mothers. However, irrespective of family history, there is evidence that the age of puberty has been declining.

Decrease in age of puberty

A landmark study published in 1997 suggested that puberty was occurring earlier than previously recognised. The study reported that by age 8, almost half of African-American girls and 14.7% of white girls had breast and/or pubic hair development. The results of the study caused much discussion and debate at the time.

Results from two recent studies have reignited interest in the topic. An American study, published earlier this year reported that the proportion of girls with breast development at age 8 was even greater than in the 1997 research. In this recent study, 18.4% of white, 42.9% of black/non-Hispanic and 30.9% of Hispanic girls were at pubertal stage 2 or more at age 8.

Similarly, the Copenhagen Puberty Study examined two groups of girls for stages of puberty (one group in 1991 and one group in 2006). Results from the study showed that the average age for onset of puberty had dropped from 10.88 years in the 1991 group to 9.86 years in the 2006 group.

Reasons for earlier puberty

One theory as to why puberty is occurring earlier is the increase in obesity in children. Girls with a higher body mass index (BMI) reach puberty earlier than girls with a normal or low BMI. This is because body fat produces the female hormone oestrogen. However, in the Copenhagen Puberty Study, when researchers adjusted for the girls' BMI, the results remained the same, suggesting that factors other than BMI were contributing to earlier puberty.

Chemicals in the environment that mimic oestrogen are another possibility. Bisphenol A (BPA), a chemical found in some hard plastics, has been shown to cause early puberty in animals. BPA is found in many products including children's toys, the plastic lining of food cans and many other household plastics. Major Australian retailers recently announced that they were going to phase out the sale of baby bottles containing BPA.

There are also natural substances that mimic oestrogen, such as the phytoestrogens found in food (eg. genistein in soy). Contrary to popular belief, early puberty is not due to growth hormones used in chicken production. This practice was actually banned in Australia in the early 1960s. No chickens in Australia (including non-organic chickens) are fed or administered growth hormones.

Consequences of earlier puberty

The main concern with earlier puberty is that early menarche is a known risk factor for breast cancer. This is most probably because the body is exposed to more oestrogen over the lifetime. Early puberty may also be associated with significant emotional health and social issues. It can lead to lower self-esteem, poor body image, eating disorders, depression and attempted suicide. Girls who enter puberty earlier may associate with older girls and this can lead to earlier sexual activity and experimentation with alcohol and drugs.

Girls who experience puberty at an early age may appear mature, but emotionally may still be young girls. The discrepancy between the body's physical changes and emotional maturity can also pose difficulties for adults. Parents and teachers can sometimes expect too much from girls, wanting them to behave in a manner consistent with their more mature outward appearance. Looking sexually mature can also bring with it unwanted sexual advances from older boys, who mistakenly believe girls are older than they are.

Can young girls wear tampons?

The age that girls can begin wearing tampons differs between individuals. Parents often wonder if tampons can be used by virgins. The answer is 'yes' because tampons do not break the hymen (the piece of skin which partially covers the vaginal opening). The hymen already has a small gap in it which allows the menstrual fluid to flow out.

For girls to use tampons they must firstly be comfortable with the idea of inserting something into their vagina. Some girls may still be coming to terms with all the changes in their body and not be emotionally ready. It is also important that girls have good personal hygiene and are responsible enough to change the tampon regularly (every three to four hours). Tampons left in for too long can increase the risk of toxic shock syndrome (TSS). TSS is, however, an extremely rare condition and is not reason enough for girls not to be allowed to use tampons (if they are responsible enough to change them regularly).

First time tampon users should choose a slim line/mini tampon with a low absorbency (a low absorbency will encourage regular changing). To make tampon insertion easier, girls can use some lubricant or saliva on the tampon or use a tampon with an applicator.

Kirsten Braun



Study finds little benefit for fish oil during pregnancy

What the study investigated

The study, published in the *Journal of the American Medical Association*, investigated whether the supplementation of docosahexaenoic acid (DHA), an omega-3 fatty acid, during pregnancy would decrease the incidence of postnatal depression and improve brain development in the subsequent children.

How the study was conducted

The Australian based study included 2 400 pregnant women who were given either fish oil capsules providing 800mg/day of DHA or a vegetable oil capsule (placebo) during the latter phase of pregnancy.

What the actual results were

There was no significant difference in the incidence of postnatal depression in those women who took the fish oil capsules versus those women who took the vegetable oil capsules. Similarly, of the 700 children who were followed up, there were no differences in cognitive and language development at 18 months of age between the two groups. Interestingly, there were less pre-term births in the women who took the fish oil capsules (but also more post-term births requiring interventions).

What the results mean for women

The study does have a number of limitations, including that the supplements were given in the latter stages of pregnancy, whereas many women take such supplements through their whole pregnancy and even prior to conceiving. In addition, the study did not examine the intake of omega-3 fatty acids in the diet of both the mothers and the children.

As the researchers suggest, there is some concern that omega-3 fatty acid supplementation is being promoted to pregnant women despite the lack of well designed, large-scale randomised trials. This is a view shared by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), *"In the absence of such evidence, the best advice would be to avoid such supplements, particularly in the first trimester of pregnancy where any unanticipated adverse effect would be most likely to occur"*.

If women do choose to take such supplements during pregnancy they should be aware that some purported health benefits may not be able to be backed up by good quality research. Women should choose a supplement specifically formulated for pregnancy and only take the recommend dose. Pregnant women should always inform their doctor, midwife and/or obstetrician about what supplements they are taking.

What makes us happy?

People often dream of winning the lotto believing this will bring with it the ultimate happiness. While being able to pay the bills is definitely a positive, is money really what makes people truly happy? A recent German study suggests that this may not necessarily be the case. The study of over 60 000 people found that those who prioritised success and material goals were actually less likely to be satisfied with their life. Interestingly, those who prioritised altruistic goals (eg. helping other people) were more likely to experience happiness. The personality of one's partner was also a contributing factor. People with partners who were neurotic had less happiness than those with partners who were emotionally stable. For women, having a partner that prioritised family goals contributed to their happiness. Women's waistlines were also a factor with obese women (those with a body mass index of 30 or more) being relatively unhappy.

For those who would like to further explore what makes us happy, the 6th Annual Happiness and Its Causes Conference is being held in Brisbane on the 16-17 June 2011. With speakers including Dr José Ramos-Horta and special guest His Holiness the Dalai Lama, the conference explores the many paths to happiness and well-being. For more information see the conference website www.happinessanditscauses.com.au.

Online registrations from \$195 (post conference workshop only) to \$1345 (gold pass).



From the web

Two websites were recently launched, both aimed at gathering one million female followers.

Register4

www.register4.org.au

Register4 is an online community where you can sign up to participate in breast cancer research. All women aged 18 and over, with or without a breast cancer diagnosis are encouraged to join. The aim is to have one million women join, providing a massive database of potential research participants.

1millionwomen

www.1millionwomen.com.au

The aim of this website is to empower 1 million women to collectively cut 1 million tonnes of carbon dioxide (CO₂). When women join they are provided with a selection of (CO₂) cutting activities covering the household, food, getting around, shopping and renewable energy.



Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column features answers to some of the most commonly asked questions.

Q: I am planning to have a baby and heard I should be taking iodine. I knew I needed to take folic acid. Could you tell me more about this?

A: Pregnancy and breastfeeding create extra nutritional demands that may not always be adequately met through diet. Women have long been advised to take folic acid supplementation leading up to and during pregnancy to aid in the prevention of neural tube defects such as spina bifida.

Recent research has revealed that iodine deficiency is common in Australia. Iodine is a mineral nutrient that is essential to the body, but our body does not produce it. It is found in seawater (thus also in seaweeds and seafood), and in small, unreliable quantities in soil. Depleted soils and inconsistent amounts in food mean that many people don't get enough iodine from their diet.

Iodine is essential for making thyroid hormones, which help regulate our metabolism and, therefore, our energy, growth and development. Thyroid hormones affect all tissues in the body. During the first two trimesters of pregnancy the developing foetus is completely dependant on its mother for thyroid hormone. Therefore, a woman needs to increase her production of thyroid hormone by 50% early in pregnancy. Inadequate iodine during pregnancy can lead to decreased maternal and foetal thyroid hormone secretion. During pregnancy this can result in miscarriage or premature birth.

Because iodine and thyroid hormone are essential to brain and nervous system development, a deficiency in iodine or thyroid hormone (hypothyroidism) can cause foetal nervous system damage including lowered intelligence and hearing problems. Even with mild undetected hypothyroidism, children may have subtle cognitive deficits, learning difficulties and developmental delays. There is also some research which suggests a possible increased prevalence of ADHD in affected children.

An adult woman requires a daily intake of approximately 150 mcg iodine. However, a pregnant and breastfeeding woman needs a daily intake of at least 250 mcg iodine (perhaps more to accommodate increased excretion in urine). Presently it is estimated pregnant women get about half the amount they need. It is therefore recommended that most women start taking an iodine supplement of 150 mcg per day prior to conceiving (or as soon as they confirm pregnancy) and continue supplementation until breastfeeding has been completed.

While table salt is iodised (approx 45 mcg per gram or 1/6 teaspoon), as is all salt used in commercial bread in Australia, most health professionals do not recommend adding salt to food at home due to the adverse health effects of sodium.

call our **Health Information Line**

A free information and referral service for Queensland women

3839 9988
1800 017 676
(toll free outside Brisbane)

Staffed by nurse/midwives