5

I am one of those mothers who found breastfeeding to be an absolute and utter nightmare. I did not successfully feed any of my children and consider it to be one of my biggest 'failures' in life.[1]

Breastfeeding challenges

Overview

5.1 The barriers to initiation and continued successful breastfeeding are diverse and varied across different populations.[2] They include community attitudes and perceptions about breastfeeding, structural barriers such as lack of facilities to support combining breastfeeding and work, workplace policies and legislative gaps, such as the lack of entitlement to maternity leave. Other barriers identified included lack of partner or family support and inconsistent health care provider information and advice.[3]

5.2 Other barriers can include

- cultural perceptions, beliefs and practices;
- low levels of education and or literacy;
- low socioeconomic status;

---

1 Stavrakis C, sub 433, p 1.

2 Childbirth Education Association, Brisbane, sub 212, p 2.

3 Department of Human Services (Vic), *Giving breastfeeding a boost – community based approaches to improving breastfeeding rates – a literature review (*2005), p vii.

- lack of ongoing breastfeeding support, or access to such support; and
- lack of appropriate education and ongoing advice on techniques for successful breastfeeding establishment in the first six weeks after the birth.[4]

5.3 Hospital practices can be a barrier to breastfeeding[5] but with the implementation of programs such as the Baby Friendly Hospital Initiative (BFHI) (see chapter 6) hospital practices can encourage and support breastfeeding.[6]

5.4 The online parenting forum www.bellybelly.com.au, in response to this inquiry, surveyed its users on the biggest barrier to breastfeeding. 361 participants took part; most participants were mothers who had recently had children. The results indicated that they felt lack of education was the biggest barrier, followed by conflicting advice after the birth.[7]

4 Brisbane Northside Population Health Unit, sub 279, p 3.

5 Hall T, sub 70, p 1; Australian College of Midwives, Baby Friendly Health Initiative, sub 185, p 8; Australian Nursing Federation, sub 271, p 6; Key Centre for Women's Health in Society, sub 294, p 11; Smith J, Australian Centre for Economic Research on Health, sub 313, p 8.

6 Northern Sydney Central Coast Health Breastfeeding Promotion Committee, sub 163, p 6; Oddy W, Telethon Institute for Child Health Research, sub 216, p 27.

7 BellyBelly.com.au, sub 441a, pp 16-27.

Table 5.1 What do you think is the biggest barrier to breastfeeding in Australia?

Barrier	%
Conflicting advice after birth	17.73%
Interventions at birth	2.49%
Lack of continuity of care	11.91%
Accessibility of artificial milk	5.54%
Marketing of artificial milk	1.39%
Lack of education	27.98%
Health professional influence e.g. MCHN, Paediatrician	4.71%
Family &/ friends ideals/advice/expectation	12.47%
Going back to work with lack of bf support	6.93%
Lack of availability/affordability of support	8.86%

Source: BellyBelly forums, viewed on 30 July 2007 at *http://www.bellybelly.com.au/forums/showthread.php?t=38097.*

5.5 The interaction between these barriers and strategies to promote breastfeeding needs to be considered. Ngala, a family resource centre in Western Australia, noted that initiatives to encourage breastfeeding are often too targeted and do not take into account the multitude of issues that are barriers to breastfeeding, such as the father's opinion, cultural roles and expectations, responsibilities, as well as the belief or assumption that using developed world products are better than old world strategies such as breastfeeding.[8]

Returning to work

5.6 A high proportion of the workforce is made up of women of childbearing age who play a substantial role in the national economy. The committee considers that it is a woman's right to choose whether or not to enter the paid workforce after the birth of a baby and that she should be supported in her choice.

5.7 There has been an increase in the number of Australian mothers with a child less than 12 months old returning to work, increasing from 25 per cent in 1996 to 44 per cent in 2004. In 2004 the Longitudinal Study of Australian Children found that 25 per cent of these women

8 Ngala Family Resource Centre, sub 77, p 5.

returned to work before their child is six months old. Some mothers return to employment only a few weeks after childbirth.[9] The Australian Bureau of Statistics Pregnancy and Employment transition survey found 'financial reasons' was the most common response given by women for either starting or returning to work in a job within two years of the birth of their child, followed by 'adult interaction and mental stimulation'.[10] The National Health Survey (NHS) showed that the trend to workforce participation by new mothers might be impacting adversely on breastfeeding. One in ten mothers reported return to work as a reason for premature weaning, and an increased proportion of children were receiving solids or breast milk substitutes during the first six months of life compared to the previous survey in 1995.[11]

5.8 Evidence shows that families are increasingly struggling to combine work commitments with family needs and mothers need real and supported choices in order to return to work.[12] Female employees have needs related to pregnancy, birth and lactation which need to be recognised.[13] There is a real risk that if women are not supported, returning to employment can be an obstacle to breastfeeding to the point of affecting the duration and exclusivity of breastfeeding, or even to the degree of weaning their infants.[14]

> I have seen first-hand how disempowered women can feel in trying to negotiate to return to work and continue breastfeeding. Many of the women I have spoken with have said that they will not even attempt to combine the two activities as they know that their workplace facilities and culture are inadequate to meet their needs.[15]

5.9 Mothers returning to work face extra stresses.[16] They may be forced into returning to work for economic reasons, not through personal choice.[17] Many women are not entitled to paid maternity leave; the

9 Australian Breastfeeding Association, sub 306, p 29.

10 Australian Bureau of Statistics, *Pregnancy and Employment Transitions* (2005), cat no 4913.0

11 Australian Bureau of Statistics, *Breastfeeding in Australia*, *2001 (*2001), cat no 4810.0.55.001, p 3.

12 Flack-Kone A, sub 134, p 1; Stanger J, sub 428 , p 1.

13 Australian Breastfeeding Association, sub 306, pp 28-29; Kelleher B, sub 44, p 2; Pollock R, sub 60, p 1; Hooper N, sub 169, p 1.

14 Stewart K, sub 64, p 1; Hartley B, sub 366, pp 2-3.

15 Eldridge S, sub 214, p 8.

16 Clinton J, sub 471, p 1.

17 Matthews K, sub 287, pp1-2.

Tasmanian Branch of the Australian Breastfeeding Association and the Women's Electoral Lobby notes that only 23 per cent of Australian workplaces offer paid maternity leave to working mothers, and the average period of leave is eight weeks.[18]

5.10 When women return to work and continue breastfeeding, they may also not be able to physically express or find the process too difficult and may prematurely wean their baby. Expressing on a lactation break can take practice but many mothers find it gets better with time. One woman indicated to the committee that:

> I think also there is an assumption that returning to the workforce early is viable, but even returning part time trying to express, to maintain breastfeeding and then still have interrupted sleep is unrealistic, women will soon become exhausted and that does not go well for family life.[19]

Breastfeeding and work

5.11 Women can find that breastfeeding and working can be combined.[20] There are employers that support women to combine breastfeeding with work by providing flexible work conditions, suitable facilities for expressing breast milk such as a fridge and a private office, and paid lactation breaks.[21] Additionally, the committee was informed that the support of work colleagues can be very important:

> I am interested that my youngest sister, whose first baby is 11 months old, has the encouragement of working in a Breastfeeding Friendly Workplace, the Department of Education (etc) in Canberra. She was given a maternity package before she left work, and on return she was given the information for how to access the expressing room and support for her part-time hours. She has said all the staff speak positively to her about going out to express, including the security guard who gives her the room key.[22]

18 Australian Breastfeeding Association, Tasmanian Branch, sub 172, p 8; Women's Electoral Lobby, sub 310, p 7.

19 Ormston T, sub 253, p 4.

20 Ryan K, sub 17, p 2; Rasmi Sakulsuvarn F, sub 63, p 1; Dean R, sub 288, p 1.

21 Name withheld, sub 45, p 1; Willis R, sub 193, p 2.

22 Elliott-Rudder M, sub 371, p 5.

5.12 Workplaces such as Queensland Health have developed a policy on work and breastfeeding. Queensland Health supports staff wishing to continue breastfeeding on returning to work by:

- allowing paid lactation breaks of up to one hour per day;
- providing facilities suitable for breastfeeding or expressing milk; and
- providing supportive management to assist the needs of both the staff and their work commitments.[23]

5.13 The Australian Breastfeeding Association (ABA) noted that there are benefits that employers perceive from supporting their staff to combine work and breastfeeding and these benefits can have a real impact on the bottom-line for their organisation.[24] They include improved retention of female employees after maternity leave, thus preventing loss of skilled staff and the costs associated with recruitment and retraining or replacement. Other benefits can be reduced absenteeism and staff turnover because of improved health of mother and baby and increased staff loyalty because of the support they provide.

5.14 The committee supports employers who help their female staff combine work and breastfeeding. The committee encourages all employers, large and small, to support breastfeeding employees and at the very least, offer them paid lactation breaks.

Breastfeeding-Friendly Workplace Accreditation (BFWA) Program

5.15 The ABA has a 'Breastfeeding-Friendly Workplace Accreditation (BFWA) Program' which can accredit workplaces as being breastfeeding friendly. The accreditation process provides:

- resources from the ABA and access to information from Australia's leading source of breastfeeding resources and support;
- information for the workplace to develop their own personalised information pack to give to employees going on maternity leave, or access to the ABA's 'Come Back Pack';

23 Queensland Health, sub 307, p 9.

24 Makarian R, sub 159, p 3.

- heightened awareness within the workplace of the importance of breastfeeding and therefore the positive spin-offs that breastfeeding provides in the longer term;
- the increased opportunity to attract and retain female employees and reduce on-going training and recruitment costs; and
- recognition of supportive workplace policies and practices.

5.16 Since July 2002, the ABA has accredited more than 40 workplaces across Australia. This has included six major Commonwealth government agencies, several hospitals, health service providers and tertiary education institutions. State and Territory Government agencies have also gained accreditation for their agencies.

5.17 The committee noted that the head office of Westpac in Sydney has recently been accredited through the BFWA program and during the site inspection considered that Westpac has highly suitable facilities for women wishing to combine breastfeeding and work in the office. The committee notes and commends the recent accreditation of both the ACT Department of Health and the ACT Legislative Assembly.[25] The committee encourages more organisations to become formally accredited.

5.18 The committee received a submission from the Hon Roger Price, Chief Opposition Whip, detailing the consideration that the three Chief Whips and the Procedure Committee of the House of Representatives were giving to the facilitation of breastfeeding for Members.[26] The committee notes that the Procedure Committee has tabled a report in Parliament [27] and considers that Parliament House should be showing leadership in the area of breastfeeding and work.

Recommendation 10

5.19 **That the Speaker of the House of Representatives and the President of the Senate take the appropriate measures to enable the formal accreditation by the Australian Breastfeeding Association of Parliament House as a Breastfeeding Friendly Workplace.**

---

25 Stanhope, J, MLA, ACT Chief Minister, media release, *ACT Health and Legislative Assembly now breastfeeding friendly,* 23 July 2007.

26 Hon R Price MP, Chief Opposition Whip, sub 461, p 1

27 Parliamentary Joint Committee on Procedure, *Options for nursing mothers* (2007), Commonwealth of Australia.

Recommendation 11

5.20 **That the Department of Health and Ageing provide additional funding for the Australian Breastfeeding Association to expand the Breastfeeding-Friendly Workplace Accreditation (BFWA) Program nationally to enable the accreditation of more workplaces.**

Breastfeeding equipment

5.21 Lactation aids such as manual and electric breast pumps, nipple shields and supply lines are input taxed under the Goods and Services Tax (GST). These products are used to assist infants who are not able to obtain milk directly from the breast. Some babies are unable to suckle, through separation, illness or disability, or even inexperience. However, breast milk substitutes such as infant formula are GST-free.[28] This means that infant formula is effectively subsidised, rather than levied by the tax system, while breast milk production is taxed.[29]

5.22 The complexity of the tax system makes issues such as this rarely as straightforward as they may appear but the committee is concerned that GST-free status for infant formula may create the perception that it is perceived by the tax system to be the default food for an infant.

Recommendation 12

5.23 **That the Treasurer move to exempt lactation aids such as breast-pumps, nipple shields and supply lines from the Goods and Services Tax.**

Family Law

5.24 One area where breastfeeding is now being considered as more than just a relationship between a mother and a baby is in relation to family law. Since the changes to the *Family Law Act 2006*, the National Council of Single Mothers and their Children Inc. (NCSMC) reported to the committee situations where a mother has been directed by a

28 Australian Tax Office website viewed on 25 July 2007 at http://www.ato.gov.au

29 Smith J, 'Mothers' Milk and Markets', *Australian Feminist Studies* (2004), vol 19, no 45, pp 369-379

judge to wean so that shared custody arrangements can take place after a family separation.[30]

5.25 NCSMC also reports that breastfeeding has been regarded by some legal professionals as a strategy employed by mothers to limit or prevent fathers spending time with their children after separation. An increasingly common outcome in children's proceedings involving breastfed infants is the allocation of babies to a shared care arrangement between parents, which is likely to be incompatible with successful breastfeeding.[31]

5.26 There appears to be a lack of understanding on the part of the legal profession dealing with family law matters of the mechanics of breastfeeding. It is not simply a process which can be stopped and started on cue and where milk can be extracted to send with the child to the other parent for days at a time.

5.27 The committee encourages Family Relationships Centres and the Family Law Court to ensure that breastfeeding is given suitable consideration in the making of interim and final orders regarding the placement of children with separated parents.

Recommendation 13

5.28 **That the Attorney General investigate whether breastfeeding is given suitable consideration in the implementation of shared custody arrangements and also provide advice to the Family Law Court and Family Relationships Centres on the importance of breastfeeding.**

People with compounding issues

5.29 In the community there are many women with compounding issues, such as drug use, who may be pregnant, or be a new mother and who may need greater support to assist them with being able to breastfeed their infant. Through this inquiry, the committee has received evidence on two of these situations but acknowledges that mothers may have other conditions and issues which require a similar level of support.

30 National Council of Single Mothers & their Children, sub 182, p 4.

31 National Council of Single Mothers & their Children, sub 182, p 4; Bailey C, sub 227, p 1.

Drug use when breastfeeding

5.30 The 2004 National Drug Strategy Household Survey found that women who were pregnant and/or breastfeeding in the previous 12 months were less likely to consume alcohol (47 per cent) and any illicit drug (six per cent), compared with when they were not (85 per cent and 17 per cent respectively). Pregnant and/or breastfeeding women appeared less likely to reduce their tobacco consumption, with 22 per cent smoking when they were not pregnant and/or breastfeeding, and 20 per cent continuing to smoke during pregnancy and/or while breastfeeding.[32]

Table 5.2 Drug use in the last 12 months, pregnant and/or breastfeeding women and all other women, women aged 14-49 years, Australia, 2004

	Pregnant and/or breastfeeding in the last 12 months [(a)]		
	Whilst pregnant and/or breastfeeding [(b)]	*Generally* [(c)]	*Not pregnant and/or breastfeeding in the last 12 months* [(d)]
Tobacco	20	22	25
Alcohol	47	85	85
Marijuana/cannabis	5	11	13
Any illicit drug	6	17	18
Any illicit drug other than marijuana/cannabis	2	10	10

(a) Women reporting that they were pregnant and/or breastfeeding in the last 12 months.

(b) Responses to specific questions about drug use during pregnancy/breastfeeding.

(c) Responses to general questions about drug use during the last 12 months.

(d) Women reporting that they were not pregnant and/or breastfeeding in the last 12 months.

Source: Australian Institute of Health and Welfare, Statistics on Drug Use in Australia 2004 (2005), cat no PHE 62, pp 62-63.

5.31 The National Clinical Guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn recommend:

> Mothers who are drug dependent should be encouraged to breastfeed with appropriate support and precautions. In addition, it is now recognised that skin-to-skin contact is important regardless of feeding choice and needs to be

32 Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2004* (2005), cat no PHE 62, pp 62-63.

> actively encouraged for the mother who is fully conscious and aware and able to respond to her baby's needs.[33]

5.32 The committee considers it important that pregnant women are educated on the appropriate use of drugs, including tobacco and alcohol during pregnancy. The committee commends the work of health professionals with mothers who are drug dependent in ensuring the best possible outcomes for the baby and the mother.

Postnatal depression

5.33 Around 15 to 20 per cent of Australian mothers are diagnosed with postnatal depression (PND). There is a complex relationship between PND and breastfeeding and each woman's experience is different. For some women breastfeeding can help reduce the likelihood of PND developing or the duration of the condition. For others it may be the greatest source of stress and anxiety and it may be more beneficial for the mother to discontinue breastfeeding. The additional element at play relates to the new mother's partner and their views and experience of breastfeeding. If the partner is not able to provide emotional and practical support then the new mother is less likely to persevere with breastfeeding.[34]

5.34 Many mothers indicated that they considered the pressure to keep breastfeeding had contributed to them developing or coming close to developing PND.[35]

5.35 In most cases, PND starts before breastfeeding commences and women who have PND are more likely to stop breastfeeding early. Therefore, it is possible that a mother's perception of her breastfeeding ability, caused by PND, as opposed to actual physical difficulties, may influence her decision about how long she breastfeeds.

5.36 The Post and Antenatal Depression Association (PANDA) advocates that breastfeeding should be encouraged for women with PND, or those at risk of developing it. PANDA notes that the physical and psychological importance of breastfeeding for the mother and baby is

---

33 Ministerial Council on Drug Strategy, *National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn* (2006), p 19.

34 Hoyle Z, Post and Antenatal Depression Association, transcript, 7 June 2007, p 58.

35 Larner S, sub 117, p 3; Davis N, sub 124, pp1-3; Forbes R, sub 143, p 1; Foster M, sub 147, p 1; name withheld, sub 380, p 1; Liu E, sub 383, p 1; Galilee M, sub 385, p 3; Shorten M, sub 386, p 1; Phillips J, sub 460, p 1.

likely to outweigh any potential negative effects of antidepressant medication on the baby via the breast milk.[36]

> Too depressed to get dressed and too exhausted to move. Certain I was a failure as a mother because I couldn't nourish my daughter as nature intended. Certain she hated me since she screamed so much and fought me. Certain I was judged by everyone as a failure because I wasn't perfect enough. Deliriously tired from lack of sleep and little support. I was obsessed with breastfeeding, and felt my value as a mother depended on my ability to perform this simple task. Since I couldn't do it, I must be a bad mother and unworthy of my beautiful child.[37]

5.37 The committee considers that mothers who suffer from PND need the full support of the health system and the community to ensure an early and accurate diagnosis and treatment. Where a mother prefers to continue breastfeeding, health professionals should ensure that as far as possible medication prescribed enables breastfeeding to occur.

Breastfeeding and medical treatment

5.38 One example reported to the committee of how breastfeeding is not actively supported is in the situation of women who are breastfeeding and need to be admitted to hospital for other reasons than breastfeeding. These women may have great difficulty continuing to breastfeed with reports of hospitals telling them there is no way to support their breastfeeding and they need to wean or health professionals not understanding the effect that a mother's medication may have on the breastfeeding child.[38]

Box 5.1 Artificial Reproductive Technology

Australian women who had conceived with assisted reproductive technology (ART) - known in lay terms as fertility treatment or IVF - are a group who may have higher levels of difficulties with breastfeeding. A recent study undertaken by Dr Karin Hammarberg of the Key Centre for Women's Health in Society found that although 89 per cent of women in the study initiated breastfeeding, at three months the proportion exclusively breastfeeding was smaller than that of the women in the 1995 Australian National Health Survey - 45 per cent versus 62 per cent respectively.

36 Hoyle, Z, Post and Antenatal Depression Association, transcript, 7 June 2007, p 61.

37 Davis N, sub 124, p 2.

38 Cassar S, sub 113, p 2; Leonard M, sub 283, p 1, Gill B, sub 392, p 1.

A number of factors associated with higher rate of initiation and longer duration of breastfeeding were all prevalent in the ART study population but in spite of this, the rate of initiation of breastfeeding was not higher and the proportion breastfeeding at three months was significantly lower than in Australian women.

They have been through an ordeal to have that baby – to get that baby – and they potentially idealize motherhood. They do not trust their bodies to do the right thing, and that is why they need extra support. At the moment Karin is going through a real push to get that research out into the community, to midwives and others, who need to understand that women who have had fertility problems are at high risk of not just breastfeeding problems but other difficulties adjusting to becoming a mother. (Ms Amanda Cooklin)

Source:Key Centre for Women's Health, sub 294, pp8-10; Cooklin A, Key Centre for Women's Health, transcript, 7 June 2007, p 46.

When breastfeeding does not work out

5.39 The WHO in the Global Strategy for infant and young child feeding states that the vast majority of mothers can and should breastfeed, just as the vast majority of infants can and should be breastfed.[39] Physiologically almost all women can breastfeed.[40] It is estimated that two to five per cent of women are not able to make enough milk to support an infant. However, the rates of breastfeeding in Australia, as discussed in chapter 2, indicate that despite this ability to breastfeed, many women are not continuing with breastfeeding. The Australian Lactation Consultants Association noted that breastfeeding is complex:

> It is not simply putting a baby to the breast; it is totally encompassing of a woman and her family and learning about her child. When things get difficult, which they do with children, it is the one thing that women can give up.[41]

5.40 The Women's Electoral Lobby noted that it is often said that women choose to breastfeed or not, but they question what kind of choice that is, and whether women have real choice:

> Our society does not do enough to support breastfeeding, leaving women with the only choice or option of giving their

39 WHO Global strategy for infant and young child feeding Report, viewed on 30 July 2007 at http://www.who.int/gb/ebwha/pdf_files/EB109/eeb10912.pdf.

40 Binns C, transcript, 26 March 2007, p 13; Huntly M, sub 343, p 3.

41 Moody G, Australian Lactation Consultants Association, transcript, 4 June 2007, p 30.

> babies artificial milks. It is this lack of real choice that hurts the health and wellbeing of current and future mothers as well as their babies.[42]

5.41 Mothers feel guilt because they did not or could not persevere with breastfeeding and they consider that they have failed.[43] In discussions about infant feeding, often mothers are considered to have chosen to breastfeed or chosen to use infant formula:

> And it is about choice. If mothers choose, that is their choice. But why should the rest of the population pay in terms of the health care costs for not breastfeeding that baby later on down the track?[44]

5.42 The committee considers that it is not simply a matter of choice. Evidence provided to the committee demonstrated that most women who stopped breastfeeding earlier than desired had taken significant steps to try and continue. The committee observed that women were not supported, they could not access help when they needed it, they were given unsuitable advice and they were ultimately placed in a situation where their ability to breastfeed was so undermined that the use of infant formula was the most likely result. Although there are some women who choose to use infant formula, the committee contends that many women who did not continue with breastfeeding did so because they did not have appropriate levels of support or advice to assist them:

> These mothers have no reason to feel guilty. They have not 'failed'. Our community has failed them by not giving them timely support and accurate information to prevent the problems from developing.[45]

5.43 Mothers who have stopped breastfeeding and started using infant formula report that they feel as though they are being judged; judged by their peers, judged by the community and treated as though they made a choice to take the easy way out.[46] People observing from the outside may oversimplify the reasons why a mother does not continue with breastfeeding.

---

42 McKenzie I, Women's Electoral Lobby, transcript, 7 May 2007, p 30.

43 O'Dowd Y, sub 33, p 2.

44 Tattam A, Key Centre for Women's Health in Society, transcript, 7 June 2007, p 43.

45 Dickson E, sub 162, p 2.

46 See for example Sands B, sub 73, p 2; Psalios S, sub 76, p 2; Davis N, sub 124, p 2; Royal Australasian College of Physicians, sub 175, p 2; Forde L, sub 243, p 4; Bowen M, sub 337, p 8; Tinsley M, sub 414, p 1; Gough K, sub 436, p 1; Attard H, sub 449, p 2.

> …as soon as it gets difficult they give up as they don't know how to work through these issues and say things like, "I couldn't breastfeed" which is usually not the case, they just couldn't be bothered or didn't know how to work through the problem. [47]

5.44 There are women who choose not to breastfeed. Cairns Base Hospital noted that staff will do one-on-one antenatal counselling with mothers who are undecided or have chosen to use infant formula. These mothers are provided with information that enables them to make an informed choice.[48] The Royal Women's Hospital noted that when counselling women about their infant feeding choices that a history of sexual abuse can sometimes influence decision making.[49]

Guilt and anger

5.45 Reasons for stopping breastfeeding are frequently associated with a mother's confidence in her breastfeeding ability and her perception of the impact on the comfort and wellbeing of both herself and her infant.[50]

> It does not impact on their breastfeeding per se; we find with a lot of women that their feelings about breastfeeding and their performance as a breast feeder are very mixed up with their feelings about their performance as a mother. If a woman is unable to breastfeed for one reason or another, it affects her confidence in her mothering ability.[51]

5.46 Some women find the decision to wean to be straightforward but others may find that untimely weaning leaves them with much sadness and often guilt.[52]

> I spent many weeks of heartache and pain, using breast pumps and other devices, to assure myself and others that my baby had to have formula as there was no possibility of breastfeeding. The distress and total disruption to the rest of my family from trying to achieve what was expected of

47 Bellinger J, sub 149, p 1.

48 Ball R, Cairns Base Hospital, transcript, 4 April 2007, p 36.

49 Moorhead A, Royal Women's Hospital, transcript, 7 June 2007, p 56

50 Lactation Resource Centre, Topics in Breastfeeding, Set XVIII, O'Brien M, *Psychology, the mother and breastfeeding duration* (2006), p 4.

51 O'Brien M, transcript, 17 April 2007, p 36.

52 Lactation Resource Centre, sub 357, p 2.

> mothers then, and I believe today, was a very unnecessary experience. The guilt still remains.[53]

5.47 The committee observed a range of opinions with respect to women who had breastfeeding difficulties. Some women felt disappointed, angry and cheated with the advice they were given by health professionals when they were having difficulties.[54] They indicated that they could have continued with breastfeeding if they had been given the 'right' advice when they needed it. Alternatively, there were women who indicated that they wished they had been advised to stop breastfeeding sooner.

> Emotionally, it was incredibly hard to bond with my son when our sole interaction was him crying, followed by the most excruciating pain that continued at all times, not just with feeding. I did not become strongly attached to him until our breastfeeding relationship finished….I believe I should have been counselled to stop breastfeeding.[55]

5.48 Mothers may feel angry that they are being constantly judged.[56] When the topic of breastfeeding comes up among mothers it is often a very emotive and critical discussion that has women believing that again they are being judged for their choices.[57] Virginia Thorley noted that 'mother blame' and lack of community support are two factors which can affect breastfeeding.

> Mothers, of course, are great blamers of themselves, whatever they do, but so also are the community, particularly other women...It is not so much breastfeeding; it is the fact that mothers are full of self-doubt, and the community will often back up that self-doubt.[58]

5.49 Mothers who used infant formula reported to the committee that they felt upset as they felt they were treated differently in hospital.[59] They felt pressured by health professionals voicing their opinion at their choice, or not providing infant formula in a timely manner.[60] The

53 Barnett S, sub 341, p 1.

54 See for example Ferluga R, sub 108, p 4; Foster M, sub 147, p 1; Hay L, sub 153, p 3; Willis R, sub 193, p 2.

55 Johnson S, sub 463, p 1.

56 McDonald R, sub 203, p 6.

57 Hall T, sub 70, p 2.

58 Thorley V, transcript, 17 April 2007, p 51.

59 Daniel A, sub 78, p 2; Brown J, sub 344, p 1; Gywn S, sub 459, p 1.

60 Name withheld, sub 437, p 1.

Infant Formula Manufacturers Association of Australia is concerned that promotion of breastfeeding could make mothers who use infant formula feel uncomfortable.

> IFMAA fully supports the Committee's desire to promote breastfeeding but requests that any campaign to promote breastfeeding be sensitive to the needs of women who are unable to or make an informed choice not to breastfeed. Infant formula is the only suitable alternative to breast milk. If a campaign to promote breastfeeding can be executed without any accompanying hostility towards formula-feeding, the needs of both breast-feeding and formula-feeding mothers can be met as well as the needs of their infants.[61]

5.50 Health professionals such as the Australian College of Midwives have a code of ethics which ensures that midwives need to continue to support people who are not breastfeeding and there is recognition that with the high rates of infant formula use, these mothers and babies need support and the correct information.

61 Infant Formula Manufacturers Association, sub 328, pp 2-3.