

**Submission No.19**

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**Submission  
to**

The House of Representatives Standing Committee on Health and Ageing

**Inquiry into Breastfeeding**

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Wisdom comes with the ability to be still. Just look and listen. No more is needed. (Eckhart Toll - Stillness Speaks, Hodder 2003)

## **1: Introduction**

This submission is presented with passion and an enthusiastic conviction to inform the Government Inquiry into Breastfeeding about two successful, existing services assisting women with breastfeeding complications.<sup>1</sup>

The submission focuses on practical breastfeeding, supported by contemporaneous evidence, addressing a selection of points in the Terms of Reference.

## **2: Promoting a natural approach to breastfeeding**

The aim of this practical approach to natural breastfeeding is to expound how relatively simple it can be for more women to breastfeed when unnecessary extraneous interference is reduced and women are practically educated, continuously supported and encouraged to breastfeed intuitively. Conflicting, confusing advice is one of three most common statements identified by the women I encounter during the course of my work with the Darebin Maternal & Child Service and women referred to my private practice.

Consistence and experience are the missing ingredients, according to these women, especially from the very first feed, for the first three days and during the early weeks at home. A summary of the extensive Darebin In-Home Breastfeeding data reveals statistically significant evidence of improved outcomes and consumer satisfaction. Retrospective analysis of Melbourne Midwifery contemporaneous data over three years is in progress.

Presenting the data and visual evidence via Power Point at numerous national, regional and local conferences has drawn interested feedback from women and professionals. A written paper is in the process of being edited and an interactive website designed for women is currently under development.

To support and expand upon the crucial points of this submission, I seek support of the Standing Committee to appear as a witness at a

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<sup>1</sup> Darebin Maternal & Child Health Service, Gower Street, Preston, Melbourne, Australia  
Melbourne Midwifery Specialist Services Pty Ltd, PO Box 247, Altona, Victoria, Australia

parliamentary committee public hearing to present the data and visual information which I believe will be valuable to the Australian Government's Inquiry into Breastfeeding.

### **3: Benefits of Breast milk**

Human breast milk is the perfect bio-digestible solution and it provides tangible benefits for nutrition 'growth, immunity and development'<sup>2</sup> of the infant, child and throughout the life cycle.

It is widely understood that supporting, encouraging and facilitating an increase in exclusive breastfeeding for Australian women for a minimum of six months can have a 'significant impact' on the future health of women and their children and therefore the health of the nation.

### **4: Issues arising and trends observed from working with women and babies providing In-Home Breastfeeding Services**

The Darebin precinct is centred 20km north-west of the Melbourne CBD.

The Maternal & Child Health Service for the Darebin Precinct provides an innovative, in-home lactation service for Darebin residents experiencing breastfeeding difficulties.

Darebin is a diverse cultural community with a population of 130,000 residing in eight suburbs, originating from 148 countries, speaking 105 different languages.

Melbourne Midwifery services expand across rural, regional and metropolitan boundaries, with some interstate and international consultations.

**Aims:** to improve breastfeeding outcomes for women by demonstrating how

- the evidence and experience challenges current teaching methods
- simple practical information and guidance reduces maternal trauma
- labour and birth interventions impact on sustainable breastfeeding
- significant first and early feeds are in preventing complications
- 'distortion' causes varying degrees of painful damaged nipples

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<sup>2</sup> Australian Government Department of Health and Ageing  
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-strateg-brfeed-index.htm>

- neurological, natural breastfeeding results in satisfying outcomes
- unnecessary introduction of processed milk causes complications
- introducing a myriad of feeding apparatus conditions babies to feed unnaturally, contributing to breast refusal and nipple damage
- maternal confidence is impeded by routine rituals replacing breastfeeding

**Objectives:** to maintain and expand a quality service, tailored to individuals, by

- launching [www.breastfeedingnaturally.com](http://www.breastfeedingnaturally.com) an on-line educational community (June 2007)
- continuing to collect, analyse, report and evaluate contemporary data
- client feedback by random questionnaire
- developing strategies to simplify, understand and improve teaching
- assisting in the production of interactive multi-media education
- blending personalised in-home services with mentoring

**Extensive analysis:** an extract from Darebin client data has revealed that

- 810 in-home consultations were provided for 604 women (2003-2006)
- 83% had a 2 hour consultation
- 75% required only one consultation
- labour and birth intervention increases the risk of early weaning
- induction/augmentation rate was 35% (2005-2006)
- Caesarean rate 35% (2005-2006) is above the national average
- forceps and vacuum extraction 19% causes temporo-mandibular bruising and pain impeding early breastfeeding (2005-2006)
- current education and technique ('distortion') contributes to painful damaged nipples
- delayed, brief, interrupted first and early breastfeeds increase complications
- 48% of the women experienced painful, nipple damage (2005-2006)
- 65% felt exhausted, overwhelmed, sleep deprived and emotionally labile

- 60% identified nipple pain, 47% nipple damage, as the main reasons for requiring the service when surveyed (2003)

Retrospective analysis of client records over two financial years, (June 2001–July 2003), demonstrated a consistent trend of painful nipple damage and associated complications.<sup>3</sup>

Subsequent client tracking for Darebin (since July 2003) and in my private practice referrals confirmed a common theme of distortion of natural breastfeeding, impeding the newborn and young baby's neurological capacity to breastfeed naturally, thus increasing the risks of varying degrees of nipple damage and associated complications.

A consumer satisfaction survey of 100 randomly selected women from the database was conducted for the purpose of evaluating the service outcomes, identifying concerns and improving the service. A 60% response rate (Oct–Nov 2003) confirmed 85.5% were satisfied or very satisfied and valued the service. Overall 67.4% experienced improvement in the referred breastfeeding issue and 97.5% found the home visits satisfactory and preferable for reasons of convenience, flexibility and the relaxed nature of the visit.<sup>4</sup> A second survey is planned for 2007.

## **5: Hypothesis**

The commonly taught act of thrusting a baby to the breast by holding the base of the head, neck or shoulders, while redirecting nipple to nose, interferes with oral anatomy, neurological reflexes and newborn survival skills. Awkward distortion of natural instinctive breastfeeding results in painful, damaged nipples and associated complications.

## **6: Distortion**

Early documentation 2001-2003 revealed a common theme leading to the development of a database providing more detailed documentation. Continuing analysis of the causes of varying degrees of nipple damage, and in particular nipple tip trauma, has occurred over a three year period, with documented 'commonalities' amongst many Darebin women and also women

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<sup>3</sup> Darebin Maternal & Child Health Service. In-home Lactation Service – Trend Analysis 2001-2003

<sup>4</sup> Darebin Maternal & Child Health Service Client Survey (Oct – Nov 2003)

seeking consultation through my private practice. This I define as breastfeeding distortion.

To distort is to change something from its usual, original, natural or intended meaning, condition or shape (Cambridge University Press, 2004). Changing normal or natural birthing and breastfeeding disturbs mutual mother-baby instinctiveness and complicates otherwise innate processes.

Distortion includes physical awkwardness, unnatural breast and nipple manipulation, rooting reflex confusion and distorted oral cavity function.

The major cause of nipple damage and compounding complications occurs when a baby is held by the base of head, neck or shoulders and 'shoved or forced' to the breast, causing neurological confusion, resistance and infant oral/anatomical difficulties. Imagine being shoved by the base of your head, neck or shoulders to your dinner plate every time you eat.

Two decades of teaching in this manner has created a physically awkward style for mother and baby. Another of the three most common statements I hear during my practice is: 'I feel like my baby is struggling with me or I feel like I am constantly fighting with my baby, it doesn't feel right.'

A total of 78% of all women in the Darebin data set were taught to hold their baby by the base of the head around the neck and shoulder area and then thrust the baby to the breast.

A total of 96% of mothers directed the nipple upward to the nose following through with a downward sweeping movement over the lower lip, trying to open the baby's mouth unnaturally wider. This is frustrating for the baby forced to chase a moving target when instinctively a baby can seek, smell taste and vacuum nipple and breast without any instruction or force, in most cases babies are born to survive.

## **7: Other than exclusive breastfeeding**

The *other feeding* table below catalogues the findings of one of the questions amongst the Darebin data group; and it refers to feeding other than *exclusive* breastfeeding from birth to hospital discharge.

Darebin data group babies were fed modified cow's milk (formula) and/or expressed breast milk (colostrum) by multiple means in the first few days, (for example spoon, cup, syringe and/or teat), which raises the question about 'initiating' vs 'exclusive' breastfeeding.

Most available statistics refer to 'initiating' breastfeeding, which gives a false impression, masking the fact that a large proportion of newborns are fed modified cow's milk in the first three days of life because of the fears surrounding normal infant weight loss, (focusing on 10% weight loss as the criteria).

However, if the baby is encouraged to feed leisurely and consistently over that time, the mother's transitional milk volume increases around 72 hours after the birth of the placenta and the risk of severe breast engorgement and compounding nipple damage and mastitis is diminished.

It is normal phenomena for most babies to lose weight in the first week surviving on low volume colostrum and interstitial body fluid, often voiding only once or twice in 24 hours over the first three days.

Removing healthy babies from their mothers, placing them in dormitory style nurseries and giving them infant formula contributes to increased weight loss. If left to feed naturally, postnatal weight recovery is expected over two to three weeks.

Other Feeding	2003 - 2004	2004 - 2005	2005 - 2006
Gavage	2%	2%	1%
<b>Bottle/Teat</b>	<b>18%</b>	<b>20%</b>	<b>19%</b>
Intravenous	1%	1%	2%
Cup	14%	11%	13%
Spoon	4%	4%	3%
Syringe	6%	9%	7%
Finger Feed	0%	0%	1%
<b>Formula</b>	<b>19%</b>	<b>19%</b>	<b>21%</b>
Exp Breast Milk (colostrum)	20%	21%	16%
None	15%	11%	17%
Other eg. (nipple shield)	1%	1%	1%
	100%	100%	100%

**Table 1: Darebin In-Home Lactation Service 2003-2006:**

Extract from database (multiple response question) "did your baby receive any *other type of feeding* during your hospital postnatal stay?"

## **8: Breastfeeding Naturally – back to basics**

In the past, no decision needed to be made. A mother gave birth and then fed her baby the breast milk nature provided. Last century, science became involved and mothers were led to believe they had an easy choice between two equals – breast milk or [laboratory modified cow's milk marketed as]



infant formula.<sup>5</sup> There are parents, who don't realize that 'formula' is modified cow's milk and they say how confusing it is trying to differentiate small print information about the multiple products on the market.

Like all young mammals, the healthy newborn, given the chance, will find the breast without others touching soon after birth and knows exactly what to do to feed for survival. Whereas current western practises tend to distort the process, natural breastfeeding 'techniques' results in easier, less traumatic, happier, more nutritious and extended breastfeeding.

Furthermore, until the latter part of the twentieth century, women were expected to recuperate from birth and establish breastfeeding by 'lying-in' for a minimum of ten days. Lying-in is virtually non existent in Western society today.

This important postnatal rest period for mother and baby has diminished for multiple reasons: early discharge, lack of extended support at home, demands of fast life styles and financial pressures to return to the workforce.

## **9: Recommendations**

- Establishment of national Group Practice Midwifery services with local general practitioner, referral obstetrician and hospital support systems in rural, regional and metropolitan areas
- Continuity of midwifery care be supported, promoted and initiated with government support
- Provision of Medicare rebate for midwifery services
- Provision of indemnity insurance for all midwives providing midwifery services in any practice setting
- Government recognition, support and campaigning for birthing and breastfeeding to return to a natural healthy life event for most women
- Acknowledged government support and promotion of women's choice for place of birth and care providers
- Return to a Midwife – General Practitioner (and vice versa) referral system for healthy pregnant and birthing women
- General Practitioner – Obstetric emergency/surgical referral services only when required
- Financial support in the first instance for a pilot mentoring programme with experienced midwives providing In-Home natural breastfeeding services

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<sup>5</sup> Australian Breastfeeding Association  
<http://www.breastfeeding.asn.au/bfinfo/general.html>

- Recognition of how important the role of the midwife is in providing appropriate, safe care for mother and baby
- Recognition of the Australian College of Midwives as the leading organisation for midwives and midwifery
- Recognition of the Maternity Coalition as the leading organisation for consumers of birthing and breastfeeding services

## **10: Summary**

It is my belief that in order to significantly reduce rates of breastfeeding trauma in Australia with the view of improving the health of the nation we need to address and/or implement with urgency the following:

- Revised practical education for mothers and professionals
- Mentoring more midwives and maternal & child health nurses (the existing primary practitioners) who have first and early contact with mothers and babies
- Establish small community facilities for healthy pregnant and birthing women, with access to primary, continuous care provided by employed and self-employed experienced midwives dovetailed with maternal & child health nurses, all primary carers for mothers, babies and families
- Practical antepartum, intrapartum and postpartum support and education for women
- Supported development of group practice midwifery, offering personalised, continuous services
- Providing Medicare rebate and professional indemnity insurance for midwives
- Develop a National campaign significantly impacting on reduction of unnecessary surgical intervention in healthy pregnancy and birth

Personalised in-home breastfeeding consultations, side by side observation, information sharing, gentle assistance and imparting knowledge about natural newborn reflexes, communication skills and the anatomical-neurological capability of the newborn are key components to pain free breastfeeding. The following is absolutely essential to painless and sustainable breastfeeding

- continuity of care
- minimising conflicting advice
- empowering pregnant and birthing women by self determination
- immediate union of mother and her newborn at birth

- early olfactory imprinting with immediate union
- early uninterrupted first breastfeed (2-3 hours)
- minimal interruption to mother and baby between birth and 72 hours
- continuous, non conflicting support until breastfeeding is established
- cessation of offering/giving processed animal milk and using feeding apparatus in the first few days and early months of life

Most importantly, for the health of the nation we must develop strategies to facilitate exclusive breastfeeding for a minimum of 12 months, reduce birth interventions and encourage mother-baby led first and subsequent breastfeeds without others touching or 'grabbing' the breast or the baby and shoving the baby onto the breast.

## **11: Notes**

### **Brief Biography**

I have a fulfilling career that began with nursing in 1961 and expanded into midwifery in 1975, Maternal & Child Health in 1976, a Bachelor of Applied Science (Adv Nsg) in 1986 and an independent midwifery practice since 1987. I am a strong advocate for women and babies and I enjoy sharing a life time of knowledge and experience about natural birth and breastfeeding. Helping women birth and feed their babies naturally is professionally satisfying work.

