

## SUBMISSION FOR INQUIRY INTO BREASTFEEDING

BY: - Anna Cheers

Following is my submission to parliament. I have set this submission out to contain-

1. My personal story of breastfeeding- including the obstacles I have encountered as well as the support I have received that I believe enabled me to continue breastfeeding
2. Suggestions of initiatives and legislation that can (and I feel must) be implemented if breastfeeding rates in Australia are to improve. Examples of why implementation is needed is included
3. My conclusion.

I have based my submission on the following terms of reference

- b. evaluate the impact of marketing of breast milk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities.
- d. initiatives to encourage breastfeeding.
- e. examine the effectiveness of current measures to promote breastfeeding.

I thank you in advance for the opportunity to express my views on such an important topic and I look forward to seeing the changes such an inquiry is sure to bring about.

I fell pregnant for the first time in 2002. Whilst pregnant I read every book and magazine available to me about pregnancy, parenting and breastfeeding. I was asked at my antenatal visits if I wanted to breastfeed and my answer was noted on my chart. I attended a 2-day antenatal class that included a small section on breastfeeding.

I had my son two days before Christmas. He was born via an emergency caesarian and as per hospital policy, was taken from me whilst I was still on the operating table and I was unable to see him until I was back in my hospital room over an hour later. He had been bathed and weighed already.

My sons first feed involved a midwife who grabbed my sons head with one hand and a handful of my breast with the other and proceeded to join the two together. We had attachment problems from day one and I spent five days in hospital trying to learn to breastfeed. My son was dehydrated after 24hrs and the peadiatriton advised top up feeds of formula. However he only required three top ups before he was fine again.

My milk came in on the same day that I left hospital. I was not forced to leave but it was hinted several times that I was fine to go. Once we were home the attachment problems continued and were increased due to severe engorgement. Unfortunately, because of the Christmas breaks a Child Heath Nurse (CHN) did not visit me until my son was almost three weeks old. During that time I was feeding with two severely cracked and bleeding nipples, and had discovered that I had formed a blocked duct. The CHN confirmed the treatment I was doing was correct and advised I kept an eye out for flu like symptoms that signal Mastitis. This occurred three days later and I promptly visited a doctor who prescribed a course of antibiotics as well confirming the usual treatments for Mastitis.

The flu like symptoms went away within 48hrs and although I still had a large mass from the mastitis I continued with the treatments until I visited the doctor again for my sons six week checkup. I was prescribed another course of antibiotics and told to come back in another week when the course was finished. Nothing had changed, another course was prescribed, and I was sent for an ultrasound to rule out the presence of a breast abscess. This came back clear but I was told to go to the local hospital if the antibiotics made no change to the lump within 48 hrs. I was told that the hospital would most likely give me intravenous antibiotics to clear the infection.

I arrived at the hospital on the Friday to be told that they would give the oral antibiotics another day to work. I was told this again on the Saturday when I arrived. On the Sunday I was told I would have another ultrasound to check the lump. On the Monday when this was performed it was discovered that the Mastitis had developed into a breast abscess and surgery was to be performed that day. I had just over an hour to get my partner to the hospital to care for our son and I was able to give him a quick feed before I went to theatre. Surgery was very quick, the abscess was removed, and a drain inserted. The abscess measured 7.5 x 8 cm. An hour after surgery I was able to breastfeed my son again. I only

spent two days in hospital however the drain was kept in place for over two weeks then the hole had to be closed slowly from the inside out. This involved having sterile gauze pushed into the hole with the amount reducing each time to ensure no infection was trapped in the wound. It took until my son was almost 4.5 mths old before I no longer required dressing on the wound.

Whilst I was recovering in hospital I was directed by a very helpful midwife to attend local Australian Breastfeeding Association (ABA) Group Meetings. This same midwife also informed me that a nipple shield could be used to help me with my cracked nipples. It took trial and error with which type of shield to use, but after a week or so I had no cracked nipples and I did not need to use them anymore. As soon as I got home I also rang to enquire about the ABA group meetings in my area. I was welcomed into the group and felt at ease straight away. One of the breastfeeding counsellors had known another mother who had gone through the same experience as me. This in itself was comforting as up until then I felt that no one understood what I had gone through. A couple of the other mothers had experienced severe mastitis and we were able to talk about our treatments, including what helped or hindered our recovery.

I feel that during my antenatal talk that too much emphasis was placed on the actual birth with very little breastfeeding or even new baby information given. The insinuation of information received was that if I had a problem my Child Health Nurse (CHN) or a Doctor was the best people to help me. I was told a few things by my doctor when I first developed mastitis that may have interfered with my recovery and a couple of things that may have helped if I had been told.

It would have been more beneficial to me if a completely separate breastfeeding class had been offered. It would have been helpful if I were given the phone number of a local A.B.A. Breastfeeding Counsellor to ring as soon as a problem arose. It also would have been helpful if at the same time antibiotics were prescribed if I was referred to a lactation consultant (LC) or breastfeeding counsellor to help with my cracked nipples and attachment issues that were the beginning of all my troubles.

Once I discovered the support network available through the ABA everything fell into place. Any small concerns I had were quickly discussed and fixed. I was still under the impression however that health professionals were the leaders in breastfeeding information so when a CHN told me my son should not be breastfeeding during the night but should be sleeping I listened to her advice to introduce solids. This turned out to make no difference to my sons sleeping patterns.

The support I received from ABA mothers continued even when I moved states and attended a new group.

I fell pregnant with my second son a month after I weaned my first. When I was 4.5 mths pregnant our family was rocked when my partner was seriously injured in a head on car accident. He spent 3 weeks in hospital and remained in a wheelchair until days before the birth of our second son. Due to the stress of this event I developed gestational diabetes.

Despite refinements in my diet I had to have insulin injections. My son was born via cesarean in July 2005.

The differences between my first breastfeeding experience and my second began as soon as I fell pregnant. Because I was involved with my local ABA group I had a strong support network of other breastfeeding mothers. When my partner was taken to a large nearby hospital by helicopter my local breastfeeding counsellor and group leader looked after my first son so I could drive to be with my partner. My local group rallied behind me with offers of support and help with looking after my eldest son. It was also my local breastfeeding counsellors who gave me information on how to express while being pregnant so that when my son was born he could be fed expressed milk rather than formula if top up feeds were required (which is common with gestational diabetes babies). I also discussed with my local breastfeeding counsellor a plan of attack as such on avoiding a repeat of my first experience. This involved use of a nipple shield if attachment was a problem as well as seeking the advice of a lactation consultant while I was still in hospital and being able to call any one of my local counsellors should a problem arise. The only glitch we had was one small case of mastitis at 9mths, which was gone in 2 days once antibiotics were taken and a treatment plan was developed by my local counsellor.

I have thought of many things that could have helped myself as a new mother or may help other new mothers. These are listed below along with the reasons why I think these would help.

- An increase in funding to the Australian Breastfeeding Association to be used in the following ways.
  1. National breastfeeding helpline to be a free call number regularly promoted on television and other community media by the government. *Sometimes a mother may have to call STD to find a counsellor when she needs it.*
  2. Training of counsellors and community educators. *The ABA groups across Australia spend a lot of time fundraising to train their counsellors and community educators. This time could be better spent actually educating the community about breastfeeding.*
  3. Membership to the ABA as well as its Breastfeeding Education Classes should be tax deductible. *The classes available now are excellent however the cost is at times outside the price range of many groups that are high risk of not breastfeeding (aboriginal, unemployed and young parents). The classes should be tax deductible for those who can afford them but should be free to high-risk groups like aboriginals unemployed and young parents.*
- All health care workers who may deal with pregnant or new mothers should have a basic education of breastfeeding education. At the very minimum their education should be equal to the ABA breastfeeding education classes. *Several times I have heard of women who have visited their doctor for help with a breastfeeding problem only to be given inaccurate or incorrect advice that seriously undermines and many times ends their breastfeeding relationships.*
- All health care workers should work closely with the ABA and refer patients for breastfeeding support and knowledge. *It would have been more beneficial to me when I had my first son to be prescribed antibiotics by my doctor and then been given the number of an*

*ABA counsellor or a lactation consultant so I could receive up to date breastfeeding help and support.*

- All health care workers who may deal with pregnant or new mothers should be strongly encouraged to subscribe to the lactation resource centre so that they have access to the latest information and resources on breastfeeding.
- Implementation of the new WHO growth charts across Australia. *The current growth charts used in most Australian states are based on a 40yr old study of mostly formula fed babies from the US. Many breastfeeding women in the past have been forced to supplement their babies feeds with formula because according to these outdated weight charts many breastfed babies were considered "failure to thrive" babies. The old charts also showed a steady curve of weight gain however breastfed babies' weight could plateau at about four mths and then steadily increase. Health professionals often saw this plateau as a sign the baby was not getting enough milk.*
- Breast pump hire and sales should be tax deductible. *These items can be expensive and are a necessary item for mothers returning to work as well as other scenarios such as premature births.*
- All lactation aids such as breast pumps, nursing pads, nipple shields etc should be GST free. *It is unfair that artificial methods of feeding a baby are GST free while aids to help mothers continue breastfeeding (therefore saving the government money in healthcare) attract GST.*
- Information on infant feeding should not come from artificial breast milk manufacturers. Instead the health department in conjunction with the Australian Breastfeeding Association should produce them. *A lot of the information available is produced by ABM manufacturers. Common occurrences like feeding often and nummy poos (which are normal for breastfed babies) are described as abnormal, leading parents to unnecessarily purchase formula and undermining breastfeeding.*
- Labeling on baby food (e.g. pureed fruits and cereals) should all be labeled from 6 mths of age instead of the current from 4 mths. *Several times parents have told me that it was OK for them to feed their baby solids because the label on the jar/tin said from 4 mths. Current recommendations state introducing solids from 6 mths.*
- Implementation of the WHO code in Australia. *Current measure to regulate the marketing of breast milk substitutes through the MAIF agreement are insufficient to ensure the protection of Breastfeeding in Australia. Implementation of the WHO code would ensure breast milk substitutes were not marketed to vulnerable women and instead were available to mothers and babies who genuinely cannot breastfeed. Breast milk substitutes should never be advertised and prices should become standardized across the board. Implementation of the WHO code would also remove the advertisements of toddler Milks that feature up to a dozen times in parenting magazines. These milks are not needed even if your toddler is a picky eater and should only be used under medical supervision. The advertising plays on the fear that many parents have that their toddler is not eating enough. According to the advertising a toddler who does not receive this milk will be anemic/undernourished and dumb.*
- An advertising campaign developed in conjunction with the ABA should educate new and expectant mothers as well as the wider community about breastfeeding, normal breastfeeding behaviors and new recommendations on infant feeding. *The WHO recommends exclusive breastfeeding until 6 mths of age with solids to be introduced after 6 mths and breastfeeding to continue for up to 2 years and beyond. An advertising campaign should cover this above information as well as information about breastfeeding in public, extended breastfeeding, and the recommended age to introduce solids. Members of the public, either relatives or friends, are passing on outdated information to mothers and this is putting unwarranted*

*pressure on parents to go against recommendations. Many mothers introduce solids early purely because someone has told them that this is when they introduced them*

- *Monitoring of incorrect advice given by so-called professionals on websites and forums. This would include ABM companies being unable to promote their products on any website other than their own. Monitoring also of the information that ABM companies give on their website. I have lost count of the number of times I have witnessed incorrect advice given to mothers on forums and websites. Many of these forums also remove posts by anyone giving correct information on breastfeeding.*
- *Monitoring of incorrect information published in parenting book and magazines. Many books readily available to new parents or parents to be contain incorrect information on infant feeding and introduction of solids.*
- *Breastfeeding Friendly Hospital Initiative implemented in all hospitals. The BFHI includes information on how mother to baby contact immediately after birth (unless medically impossible) is a vital part of ensuring breastfeeding success. The initiative should also encourage baby-led attachment.*
- *Help more mothers to return to work AND continue to breastfeed by introducing legislation to help women do this. This could include some paid maternity leave, on site childcare/crèches and workplaces by law having to provide breastfeeding friendly workplaces when required. Women who breastfeed their baby are 7 times less likely to take time off work to care for her children. With the increasing labour shortages in Australia more should be done to help mothers who are returning to work to continue to breastfeed.*
- *Sufficient follow up care for all women postnatally to ensure correct support and information are available when needed. Many CHN visits are rushed and merely include weighing and cursory questions on how things are going. This is usually only one visit unless the mother is high risk of PND for example. The first 6 weeks of breastfeeding are usually the hardest and if sufficient care is provided in those first 6 weeks then breastfeeding is more likely to succeed. Therefore all mothers should be visited by either a CHN (who is sufficiently trained in breastfeeding management) a lactation consultant or an ABA counselor several times in those first 6 weeks.*
- *Establishment of human Milk banks across Australia (at least one in every state). Donor breast milk is lifesaving for premature infants as well as for babies whose mothers cannot produce enough milk. Included should be transport arrangements for donor milk to get to and from the milk banks. These milk banks can then work towards providing all mothers with the option to feed their baby donor breast milk if they are unable to breastfeed. This is in line with the WHO recommendations that state that babies should be breastfed; if not possible, they should receive expressed breast milk or donor breast milk.*

Australia has high rates of breastfeeding initiation so women want to breastfeed. Lack of support and information from health professionals, as well as the wider community makes the task of continuing to breastfeed more difficult. Legislation needs to be put in place now if the breastfeeding rates in Australia are to improve. As mothers we are inundated with advertising for ABM but no one advertises for breastfeeding. The ABA does not receive enough funding to begin to address this issue. Why should this voluntary organisation be solely responsible for improving the health of Australia?

I have been a mother for 4 years (3 yrs of which have been spent breastfeeding). I am constantly surprised at the reasons women give for not breastfeeding. The problems women encounter are usually repairable. I have lost count of the number of women who had to stop breastfeeding because a health professional told her to or gave information so incorrect that breastfeeding was impossible to continue. I constantly have to defend my decision to breastfeed. As a breastfeeding mother I am not allowed to criticise a bottle-feeding mother for her decision, but in turn I can be criticised for continuing to breastfeed my toddler.

As a community educator with the ABA I give breastfeeding education talks at the antenatal classes my local hospital runs. I have 1.5 hours to try and tell these women how to breastfeed, what obstacles they will be up against and how they can seek help for their problems. I cannot help this mother when she is told by her Dr that she has to stop breastfeeding because she has mastitis or is told by her Mother in law that her baby should not be feeding every 2 hours and therefore needs supplement feeds of formula, all of which effect the breastfeeding relationship. Despite ABA being Australia's leading source of breastfeeding information the perception is that as trained volunteers they do not have the same knowledge as a medical professional. The ABA is recognised as a registered training organisation (RTO) something that only a few voluntary organisations in Australia possess. I have just begun my training as a breastfeeding counsellor in the hope of helping more mothers to reach their breastfeeding goals.

As a breastfeeding mother I should not have to defend my decision to breastfeed my toddler nor should I be inundated with advertisements for Toddler Milks that undermine my breastfeeding relationship with my son. These advertisements claim that by not feeding my child 2 cups of this sugary drink a day that they will become malnourished and dumb. Far from this my eldest son who was breastfed until 23mths is extremely healthy and in fact 12mths ahead of children in his age group. My youngest son is 18mths old and despite what criticism I will receive from friends and my community I will breastfeed him until he weans himself. I am lucky I have a very supportive family, others are not so lucky. As a breastfeeding mother I have written letters to parenting magazines and MAIF about the constant bombardment of Toddler Milk advertising. This is something I should not have to spend my time doing.

The Australian Government needs to take a stand and introduce breastfeeding policies and legislations that protect and encourage its practice in Australia. We can no longer lag behind other developing nations in providing this vital resource to our children. Breastfeeding may be viewed in society as primitive and something for hippies, but it is our future.

If we as a country are to be recognised for any one-achievement let it be this,  
Let us strive towards having the best breastfeeding rates in the world.