

Attached is my submission prepared for the "Inquiry into Breastfeeding" which specially focuses on the parts (d) and (e) of the terms of reference.

As a mother of 3 children, I can share both my own experiences as well of those shared with myself by other mothers. I strongly believe in the benefits of breastfeeding and it's importance in our society is significantly underrated, to a detriment to our children.

My first child was born in a public hospital, and I was presented with very little information on breast feeding. The sole focus appeared to be on attaching in the short period of time. In the end I still developed problems with attachment, that I was not ready to handle at home and only through sheer persistence and through my own research succeeded. I would therefore strongly encourage the committee to consider the following solutions

- Clinic's that patients can attend during or after hospital stays free or minimal charge;
- Hospitals resources include a lactation consultant;
- Better literature is made available on breastfeeding, common problems experienced and on the resources available to mothers after discharge; and
- Additional training for health professionals including doctors and midwives.

Should the inquiry conclude, as I believe in the benefits of breastfeeding then it is important that the Health Professionals are advocates for breastfeeding and willing to assist mothers with current skills and knowledge to equip them for success.

They also need to be made aware of local resources they can refer mothers onto if they are unable to help with breastfeeding. I have heard examples of some GP's advising woman to wean their babies if going onto medications without offering alternatives. Unfortunately this does not take into account a mothers desire to continue and the importance to their babys' health.

I would also encourage the committee to consider these issues

1. The lack of "uniform" information as this can be confusing to a new mother. I have found that the information varies between two GPs or a GP and Maternal Child Health Nurse/ midwife. This only leaves a new mothers confused and does not assist in promoting breastfeeding.
2. More time spent on this subject during antenatal classes or the consideration of post natal classes on breastfeeding during a hospital stay.
3. Financial cost of mothers utilising a Lactation Consultant. Has the committee considered if Medicare or Health Funds benefit could be made available to mothers whom utilise this service, as it may not be financially feasible to all new parents.
4. The apportionment for a Maternal Child Health Nurses to hand out single use sachets of formula to breastfeeding mothers as this does not encourage the mothers to continue breastfeeding.
5. Assistance provided to volunteer groups such as the Australian Breastfeeding Association to make available services such as the breastfeeding hotline. It is important as with any volunteer organisation that these people are recognised and assisted in any possible manner.

I would also encourage the committee to look at sponsorship, advertising and even health warnings if considered appropriate in much the same manner we now look at cigarettes and alcohol of artificial baby milk.

A recent example of inappropriate sponsorship in my view was that provided by Wyeth at a Maternal and Child Health Nurses conference.

Similarly, companies are able to advertiser follow on formula which may provide confusing signals for those who are unable to determining the difference between this and formula from

birth. I strongly encourage the committee to consider expanding the limits of advertising formula to ensure breastfeeding encouragement is not eroded. This could include considering a large health warning or reference to the health benefits of breastfeeding much in the same manner as with packages of cigarettes.

On the assumption that the inquiry also makes findings in relation to the health benefits, I sure you will agree that mothers need to be encouraged to continue breastfeeding given these benefits such as reduced risks of asthma, eczema, diabetes and obesity for the children in addition to lower risks of cancers in the mother to name a few. By considering the issues and solutions there would be an opportunity to save money with healthier breastfeed children who are less reliant on our medical system.

This also presents another challenge with mothers returning to work generally due to financial issues. An option is to revisit the amount of paid or unpaid maternity leave to encourage mothers to stay at home with and breastfeed babies rather than deal with issues relating to expressing milk. Another option to be considered includes allowing breaks for the mother to express breastmilk to give to a carer at home plus facilities like a fridge and private room to do so. A breastfed baby has less illness and therefore the employee is less likely to take family days to care for a sick child.

I am proud that I gave my 3 children the best possible start in life by breastfeeding them. My hope is that the inquiry leads to strong support for all mothers in breastfeeding and thank you for the opportunity to comment on this extremely important issue.

Jacqueline Smith