

My name is Sarah Smith and I am a 28 year old mother of 2. I breastfed both my children exclusively for 18 months. I **struggled** in developing a good breastfeeding relationship with my first child, and I feel that a number of **reasons** contributed to this.

- Pethadine in labour
- No breastfeeding education prior to birth
- Pressure that the baby should feed for a given amount of time
- Not educated or encouraged in the way of baby led feeding
- Not shown correct positioning when holding the baby
- Never had contact with another breastfeeding mother
- Not aware of the common 'myths and misconceptions' associated with breastfeeding
- Not knowing how difficult it was going to be

Even once breastfeeding was established there were **problems** we **encountered** that may easily have ended it if I hadn't been so determined to breastfeed exclusively.

- Thinking I didn't have enough milk (when he was feeding, feeding, feeding) when actually the baby was doing his best to increase the supply (common misconception at about 3 months especially)
- Pressure to 'top up with a bottle' (another myth which spirals the problem), especially mothers encouraged to do this so baby sleeps through the night, but this can lead to a dwindling supply and then more bottles introduced
- Had NO idea about expressing so that I could go back to work.
- Reflux – prescribed baby gaviscon (which I decided against), advised by a lactation consultant to change feeding position, certain triggers in my diet amongst other things which I feel was a much better remedy
- That 'colic' *may* be a baby who is wanting to nurse and nurse and nurse is actually boosting and setting milk supply
- Not knowing who to turn to for help, or if I could afford help
- Not knowing how much diet is responsible for how the mother and baby feel when breastfeeding. i.e. beneficial for mother to eat lots of protein
- What to do when something goes wrong – like mastitis
- How to keep breastfeeding when Mum gets sick!

Added to this, continued breastfeeding is by no means openly encouraged in the wider community by way of promotion, acceptance, encouragement, and advertising. In fact the marketing of formula undermines your confidence, particularly in extended breastfeeding with the aggressive marketing of toddler formulas as promoting brain development. I felt comfortable breastfeeding in public until they were about 6 months old, but from this age onwards there doesn't seem to be the same amount of women breastfeeding in public. When no one else is openly breastfeeding their (6 month +) baby in public there tends to be a kind of peer pressure to follow suit, and there is a feeling of awkwardness and uneasiness which stops you feeding in public. I felt compelled to retreat to parents' rooms, or the car. This only compounds the problem, as less women feeling comfortable and proud to feed in public does not encourage or promote what we really want to do. Maybe some things that could **help** these situations would be

- Detailed breastfeeding information classes provided by the hospital. Pre and post natal
- Well educated health professionals so that information given is consistent and up to date. Encouragement to refer to LC
- Visit by a Lactation Consultant before discharge, similar to that of the physio consultation already in place in hospitals
- Booklet handout “**Breastfeeding. The first 2 years**”. This could include common ‘myths and misconceptions’/ ‘trouble shooting’, **amazing facts** about breastfeeding (to encourage people to stick at it). For example
  - Why many mothers feel that at about 3 months their milk has ‘dried up’
  - That Babies feed approximately 8 times in a 24 hr period (giving rise to the myth that they should feed every 3 hours, when in fact they may need to feed every ½ for some of that time)
  - Giving a bottle of formula will help them sleep through the night (but can in fact lead to reduced milk supply)
  - All about ‘cluster feeding’
  - That feeding your baby to sleep is NOT a bad thing or habit forming
  - That someone’s milk is ‘poor quality’ – on what basis has this been ascertained and what can be done to remedy the problem, apart from giving formula? Diet, sleep, stress levels, support
  - First things to try if you have a blocked duct (to reduce the severity or stop mastitis setting in
  - How breast milk changes to meet the changing needs of the baby – perfectly. Increasing in antibodies and becoming somewhat like colostrum again after the baby is 12 months old
- Benefits of BF and the potential short and long term impact on the health of Australians (and risks of formula) talk, given to high school students, males *and* females
- Consultations with a Lactation Consultants in a community setting, such as a doctors surgery, community health centre or even home visits that are subsidised by the government for the first 6 months of a babies life
- Public health campaign targeted at people other than mothers (friends, relatives, employers) to change these attitudes that shows breastfeeding as a normal **way of Australian life**. But it needs to be REAL, so that people can identify with it. This type of thing could easily be perceived as sappy, corny and ‘idealistic’. I think it needs to be subtle but a bombardment. Incorporating not only the benefits of breastfeeding but about the importance of breastfeeding and the long term health risks associated with premature weaning from breastfeeding.

This said I feel that the one of the biggest precursors for women choosing to formula feed their babies is the ever increasing hectic lifestyle we lead. Where we are expected to multitask at every opportunity and get so much done, there is the **lure of the convenience** of being able to **feed your baby from a bottle** (that you didn't have to sit for ½hr or so to express enough milk to fill it) **as you walk through the shopping centre**, or walk to take the other kids to school, or leave with someone else..... I feel that this is one reason that really motivates people to either choose to formula feed, or switch after an 'appropriate' amount of time. A study to find if this is main contributor to declining numbers of babies being breastfed may direct how government may address the issue at hand.

I thank you for taking the time to read opinions on what may contribute and what may help in the declining rates of Breastfeeding in Australia. Please feel free to contact me.

Yours sincerely,

Sarah Smith