

**The Secretary of the Committee on the Inquiry into Breastfeeding  
Parliament of Australia  
Canberra**

**Please accept the following Submission to the Parliamentary Inquiry  
into Breastfeeding**

**Summary**

I would find the following support to be the most useful for continuing to breastfeed:

**Priority:** an advertising campaign to increase general public support for breastfeeding babies older than 12 months.

- Funding a toll-free telephone help line for the Australian Breastfeeding Association (ABA).
- Funding antenatal courses specifically about breastfeeding.
- Funding initiatives for increasing men's support of their partners to breastfeed.
- Emphasising the role of employers in providing suitable facilities and paid lactation breaks.
- Classifying breast pumps and accessories as tax deductible items. As these cannot be reused or resold for medical reasons most express pumps are sole user only units.
- The ability to take unpaid leave in a block or in several instalments, within two years of giving birth.
- **Training for pharmacists and their staff** to provide **referral to breastfeeding support line** or other **breast feeding information** (and promotion) from their premises.
- Rural communities to be funded to provide **breast feeding support** from **local primary health and GP surgeries**. Local people in the local community.

Establishment of a National **Breastfeeding Taskforce** with evidence based initiatives and long term funding towards clear and achievable goals.

**My experience:**

I have breastfed both of my children, my first until 14 months and am currently breastfeeding my 9 month old.

I am disappointed that in a **rural area** I have little or no access to breastfeeding support. It is difficult to travel over 50km to my nearest regional centre for support group meetings. There is **no expertise to deal with mastitis in my community** i.e. - ultrasound and access to physiotherapy which is beneficial. In our small rural community a physiotherapist visits 1 per

week and this would not provide the access required to help with mastitis if women are to continue with breastfeeding. A woman from our community could have to travel over 200km round trip to access ultrasound – after referral from her GP (if there is a GP in her town!!) whilst suffering from debilitating infection accompanied by fever, rigors, exhaustion and at least one very unhappy baby. This is very emotionally distressing and would require a very strong constitution not to “give up” breastfeeding and use artificial formulas. Women in **rural areas are also unable access the milk bank in times of need.**

I am concerned that my local state government **primary health** unit does not have a **lactation consultant employed full time** and who conduct visits to my **local community regularly.**

In smaller and rural communities I call for **Divisions of General Practice to employ fulltime lactation consultants to visit communities weekly to provide free services to all mothers of newborns and follow up services to those experiencing difficulties** or problems along the way.

Recently my **local pharmacy** was providing poor advice to me when my baby was experiencing reflux – suggesting “comp feeds with artificial milk” – this would not be appropriate and **referral to ABA help line or to a lactation consultant** would be more helpful.

Population research indicates that **higher education levels indicate a longer duration of breastfeeding.** I would suggest that in rural and remote areas that by increasing retention rates of young women in school and Vocational Education, and training would begin to address some of the fundamental cultural shifts required for breastfeeding to return to the norm.

I would suggest that a **national breastfeeding taskforce** be established with 7-10 year funding made available. A call for submissions to a national **breastfeeding strategic plan**, clear goals set and evidence based initiatives tested and developed to increase rates and duration of breastfeeding in the Australian community.

My employers support me to combine breastfeeding with work by providing flexible work conditions, **suitable facilities for expressing breastmilk such as a fridge and access to a private room, and paid lactation breaks.** I hope that these good conditions will become widespread because they are very important for continuing to breastfeed after returning to work, and will probably reduce the amount of sick leave that my child and I would need over our lifetimes. Considering that a breastfed population would reduce the load on our health system, and that breastfeeding is women's work, I call for **breast pumps and accessories to be tax deductible items.** A difficulty with paid employment is that, even with suitable facilities for expressing breastmilk, it can still impact adversely on breastfeeding and the population's health; I ask for the opportunity to take **unpaid leave within two years of giving birth**, whether as a single block of leave or in several intervals as necessary to fit in with a partner's leave, in line with the recommendation by the World Health Organisation to breastfeed for at least two years.

As I intend to continue breastfeeding for at least two years, my next challenge will be to face possible disapproval by breastfeeding an older baby or toddler in public. I would like to see an **advertising campaign to increase general public support for breastfeeding babies older than 12 months**. This is a priority for me.

I remain yours faithfully  
Raquel Willis