

**Submission no. 194**

AUTHORISED: 28/3/07



Ms Elizabeth Harris

February 27th, 2007

Dear Sir/Madam,

I was pleased to hear that there was going to be an inquiry about breastfeeding. I find the rate of breastfeeding in the Australian community to be disappointing, particularly in light of the proven health benefits for mother and baby, as well as the environmental and economic ones.

My focus in this submission will be on initiatives to encourage breastfeeding.

Firstly, I'll briefly outline my own breastfeeding experience. I have fed three children into toddlerhood, and had the satisfaction of seeing them thriving and happy with their time spent feeding and bonding through the close physical contact and nutritional benefits of breastfeeding.

When I had my first baby, in Gladstone in central Queensland, I found the first few weeks of breastfeeding quite difficult. I was recovering from a caesarean, and trying to learn the skill of breastfeeding. After I got home from hospital, I had a couple of home visits from a mid-wife, and this extra support gave me confidence about my breastfeeding. I was only eligible for these home visits because I had had a caesarean. When I had another baby two years later, these visits were no longer happening due to funding cuts.

Since I had my first baby eight years ago, I have talked to many mothers from different areas of Queensland, and found that the post-hospital support for breastfeeding from the medical and community health system is patchy and limited. Women are being sent home from hospital earlier, often before their milk comes in on Day 3, and find themselves in some cases really struggling in their first few weeks at home with a newborn, and in need of assistance in learning to breastfeed. For many, with no obvious and immediate source of practical help, it is easier to make the switch to formula.

Although women can ring the excellent breastfeeding helpline run by the Australian Breastfeeding Association, there needs to be much more in-person support available in the first few weeks after discharge from hospital. The benefits of breastfeeding are well documented, but unless the practical support is available to allow all women who wish to breastfeed to do so successfully, rates of breastfeeding take-up and duration will continue to be disappointing.

The type of support that I believe is needed is:

- home visits as a matter of course for all first time mothers, and visits for mothers of subsequent babies if requested
- breastfeeding help services staffed by midwives or lactation consultants that can be accessed at short notice
- more extensive breastfeeding education while women are in hospital with their new babies

There is also a need for public education on breastfeeding, so that it is seen as the normal and optimal way to feed babies. Furthermore, the World Health Organisation recommendation is that babies be exclusively breastfed for the first six months,

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and continue breastfeeding along with having solids up to the age of 2 years or beyond. A widely held public perception is that only small babies should be breastfed. Another common practice is the early introduction of solids, which is unsuitable for the baby's immature digestive system and displaces their most vital food, breastmilk. The public needs to be presented with the correct information if these ideas are to change, and mothers are to be encouraged to breastfeed their children.

Finally, an area in need of improvement if breastfeeding rates are to be improved is making sure that medical professionals have up-to-date information and quality training in regards to breastfeeding. Although some are very knowledgeable, others are advising mothers about breastfeeding without the correct knowledge. When presented with a breastfeeding problem, suggesting a switch to formula can be seen as the easiest option. Mothers count on their medical professionals, and when given incorrect or conflicting information, naturally become confused and feel less confident about continuing to feed their baby. In saying this, I know that this problem only applies to some medical professionals, but the training and on-going professional development for the medical personnel likely to be giving advice to new mothers needs to be examined.

Thank you for having this inquiry.

Yours sincerely,  
Liz Harris