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The Secretary of the Committee
House of Representatives Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600
haa.reps@aph.gov.au

28th February 2007

Dear Secretary,

Re: Inquiry into Breastfeeding

I have been a midwife for 20 years, a mother for 14 years and an IBCLC (Lactation Consultant) for 12 years. For the past 14 years I have been employed as a midwife in a small rural hospital in Far North Queensland.

In my daily work-life I encounter women who want to breastfeed (or have wanted to in the past and failed) because they have been told that 'breast is best" but have been hindered by social and health system barriers. This submission will reflect my experience with those women and addresses only items d) and e) of the terms of reference.

I am pleased the House of Representatives Standing Committee on Health and Ageing are investigating this important health issue for all Australians.

Yours sincerely

Sandra Eales

Key points

Many of the **barriers to breastfeeding are constructed by the system of health care** in this country. Mothers and babies are not well served by a health system that is built with focus on doctors rather than on the needs of the consumer. Women suffer from lack of access to appropriate help in the "transition to motherhood" phase of their life.

Experience at childbirth impacts on the ability of woman to establish breastfeeding – high intervention including caesarean, epidural, drugs given to both mother and baby in the perinatal period, separation of mother from baby at birth, little or no assistance after birth because of excessive workloads in hospital environment and early discharge. These factors increase the burden on mother and baby and decrease the likelihood that they will succeed at breastfeeding.

Lack of access to appropriate support i.e. midwives, lactation consultants and social support networks in the critical postnatal period.

Doctors are not the most appropriate health professional to deal with breastfeeding and parenting issues, though generally viewed by themselves and the broader community as the ultimate "expert" on anything health related.

Social and psychological factors – especially culture around breasts as sexual or provocative, rather than maternal and primarily for the purpose of nurturing young.

Systemic Barriers

Fragmented care is encouraged by health funding mechanism - Medicare for "doctors only" leads to "share care" – antenatal and postnatal by GP and transfer of care at birth to state funded hospitals where reduced length of stay is pushed to reduce costs. Midwives work primarily in state funded hospital programs so for the majority of women the only access they have to midwifery or lactation consultant services are when they are inpatients in a hospital for 1 – 5 days after the baby is born.

In the acute surgical environment of most modern obstetric units once women have given birth they are viewed as "bed blockers" – the doctor has done his job so no further need for the woman to be occupying a hospital bed. Women are discharged often within 24 hrs with little or no community support or follow-up.

Little value is placed on the midwives role in supporting and enabling the new breastfeeding relationship. Most workload management tools used by managers in hospitals in accounting for postnatal care simply do not recognise the time required to support the establishment of breastfeeding, particularly when the mother, baby or both have been compromised by the interventions at birth. There has been increasing work intensification in postnatal care because of the increasing caesarean birth rate. There has also been a recent growing trend to replace midwives with registered or even enrolled nurses, who have no education in this most important area.

Midwifery skills for supporting and assisting establishment of breastfeeding are not tasks related to a medical intervention so they are neither seen nor valued in the medical system. Assisting a new mother and baby may not even require "hands on" activity but it does require the time and attention of someone who can recognise a technical attachment problem when they see or hear it and who can differentiate a mechanical problem from a psychological one when presented with a mother having breastfeeding difficulties. It requires time, patience and understanding of the issues and processes which impact on breastfeeding to support the new mother and baby in this critical period

of life. The lack of this skilled "intervention" may not result in sudden death of mother or baby but it does have significant long term impact on health of both individuals (mother and baby) as well as a broader impact at the societal level.

Despite the overwhelming evidence of the importance on health and well-being of the individuals (and indeed our whole society) little attention is paid to breastfeeding when measuring clinical outcomes of birthing services. Poor statistical data on breastfeeding rates after discharge from hospital.

Doctors are the only health professional properly funded through Medicare to provide antenatal and postnatal care even though they are not the best equipped to deal with issues faced by women in this time of life. Doctors are unlikely to refer a woman to either a midwife or lactation consultant because "they do not know what they do not know".

Doctors have little education or experience with breastfeeding or practical parenting which is usually the only assistance required by most new parents in the early postnatal period. Stressed new parents who are sleep deprived and having difficulty with a baby who "cries all the time" seek help from the only recognisable or available "health expert" - their family GP or specialist paediatrician will offer a cure – antidepressant for the mother who is stressed and crying and recommendation for reflux formula for baby who is stressed and crying.

Majority of doctors do not understand issues around breastfeeding nor its impact on health status, short and long term.

Smoking has become "socially unacceptable" because of its negative health impact. Arguably there is as much evidence about the risks of formula feeding (or not breastfeeding) as there is about the risks of smoking on health but these issues are dealt with entirely differently by the medical professions.

It is a rare doctor who would include breastfeeding in their history taking, even in paediatric clients who may be seen with atopic disease or other health conditions which are known to be affected/prevented by breastfeeding. This omission speaks volumes about the lack of importance of breastfeeding in the medical view and signifies a lost opportunity for health promotion.

The responsibility or "blame" for failure of breastfeeding is usually taken on by the mother when most often it is the health system and our society which has in fact caused that failure. Systemic change is required to support individual mothers and babies for the benefit of the whole society.