

Thank you for the opportunity to discuss my breastfeeding experience and to suggest ways in which women could be better assisted to choose breastfeeding over bottle feeding, and to continue with it through the ups and downs that many of us face.

My husband and I were absolutely delighted at the arrival of our son Jack in October 2006. I was determined to breastfeed, and we attended every class we could find before Jack was born. We joined the ABA and attended their full day seminar together, and I attended a class at the hospital where Jack was to be delivered. Once he arrived I went each morning to a session on the post natal ward.

Unfortunately I had issues right from the start. My son was tiny, and my breasts had grown dramatically during my pregnancy. I couldn't see Jack properly to work out whether he was in the right position, or what his mouth was doing. My nipples were "flat" and I had no idea what went where. My milk did not "come in" on Day 3 as I had been told it would. Each morning the hospital's lactation consultant showed us a video which of course showed a woman with perfectly shaped erect nipples popping the right part into her eagerly awaiting baby's open mouth. One midwife told me I had flat nipples and would never breastfeed, and suggested I give up. The lactation consultant told me on my third day to "go away and return when my milk was in". In the meantime I felt totally helpless, inadequate and unable to feed my son. My nipples were ripped to shreds by a starving boy. I spent 4 days being hand expressed by a variety of heavy handed midwives, before progressing to a breast pump with no instruction.

The level of post natal care at the hospital was disappointing. The food provided by the hospital was so appalling that our Labrador would have turned her nose up at it and certainly not fit for a recovering mother. We often waited for up to an hour when we buzzed for a nurse when Jack woke for a feed, a process we couldn't start on our own as my milk (what little there was of it) was kept in a fridge at the nurses' station. I was discharged after 5 days having spent my final morning in hospital ringing around trying to hire a breast pump, and we purchased bottles, formula and sterilising equipment on our way home. I still had no idea how to attach Jack. Ironically my discharge papers state I left hospital successfully breastfeeding and if I had known better I would have argued against this at the time.

We hired a private lactation consultant on arriving home. We had no idea who to employ and had serious issues with the approach of the first woman we met. A few days later when it was obvious things were not progressing we hired a second woman who was more sympathetic and who confirmed my milk supply was nowhere near my son's demand. Jack was nearly 2 weeks old by this time. I spent the next 6 weeks expressing 8 times each day, for 45 minutes each time, and feeding Jack by bottle. I was on my own for the most part, with my husband

having to return to work when Jack was a week old, and then having to travel overseas on a number of occasions.

I have continued to breastfeed Jack, who is now nearly 5 months old. We have had many ups and downs in that time, with my supply dropping suddenly in January, which has meant a return to the dreaded breast pump. I believe many women in my position would have made the decision not to continue breastfeeding long ago and I would be sympathetic to such a decision.

I have been supported by a number of professionals and friends over the last 5 months. In particular I have found the services of Tresillian invaluable. We recently spent 4 days at the residential centre at Canterbury, as Jack had become extremely fidgety when feeding and appeared to be losing weight. My mother's group has also shown me that more women have problems breastfeeding than those lucky few who breeze through it and enjoy the experience. I am also blessed by an incredibly supportive husband who has picked up the pieces on numerous occasions and who I know will stand by any decision I make regarding feeding Jack going forward.

I believe that our hospitals and the ABA do not present a balanced picture of breastfeeding when they educate pregnant women and new mothers. The ABA in particular presents a picture of a natural, relatively easy and totally enjoyable experience which we all want to continue until our children are 2 or 3 years of age. I remember one expectant mother at our class asking how she would know that her baby was drinking enough. The response was a simple "demand equals supply". At no point in any of the pre natal or post natal classes I attended were we told of any of the following:

- i) That it takes on average 6 to 8 weeks for a mother's milk supply to match her baby's requirements (it would have been great to know this and to have some idea what to do with my very hungry baby in the meantime!!).
- ii) That many women have too much or too little milk, and that this can occur at any stage during a baby's early weeks and even months.
- iii) That nipples get cracked, blistered and sore.
- iv) That all babies are different and will take varying times to feed and to indicate that they are hungry or have finished feeding.
- v) That our hormones would be so haywire and we would be so sleep deprived that feelings of failure and inadequacy are natural and commonplace, and there are people available to support us through this time.

Other factors which I feel contributed to my difficult start (and ongoing feelings of inadequacy) were:

- i) A lack of consistency in the information provided by midwives, lactation consultants, and other health professionals, for example on the need to "drain the breast" before offering the second side, and the myth or otherwise of fore and hind milk.
- ii) A lack of empathy and support from the majority of midwives in the post natal ward, coupled with poor nutrition and an inability to get proper rest while in hospital.
- iii) Not knowing where to go for assistance following release from hospital.
- iv) My own reluctance to telephone the ABA for support as I perceived I would be "dumped" if I decided not to proceed with breastfeeding or even admitted that I was topping Jack up with formula while trying to increase my supply.
- v) A lack of understanding from my own mother, who formula fed both myself and my sister as that was "what you did in the early 1970's".

My ongoing anxiety in relation to breastfeeding has not been assisted by the fact that Jack's growth is measured against very old growth charts based on the growth of bottle (formula) fed babies. Jack is currently sitting on the 70th percentile for his length but only the

10th for his weight, as measured on these charts. He is a bright, alert, chatty, inquisitive and mobile boy, in many ways streets ahead of other babies his age, however it is difficult not to feel inadequate and that I am in some way letting him down developmentally when we go to the clinic or doctor and are measured against these outdated charts. Mothers need to be encouraged and reassured if their babies are healthy, as I now understand that breast fed babies put on weight at varying rates. We recently met a baby girl due the same day as Jack who at 8 weeks old was nearly twice his weight. Her mother is reprimanded about her size by both health professionals and onlookers as frequently as I am about Jack's slim build. Both babies are happy and healthy!!

I also believe that the fact that I have had my first child later in life than my mothers' generation did may have contributed to the difficulties I have faced. At 36, I was a successful professional businesswoman, climbing the ladder in corporate finance. My work was challenging and rewarding. I was not prepared for how very different life as a new mother at home would be. So many women are in this position and I believe this needs to be considered by health professionals as they educate "older" women.

I hope by sharing my experiences the support for mothers who breast or bottle feed their babies will be enhanced in the future. I would be happy to be contacted if I can be of further assistance.

Kind regards
Penny Austin