

HOUSE STANDING COMMITTEE ON HEALTH AND AGEING**INQUIRY INTO BREASTFEEDING – SUBMISSION**

Like many new mothers, I looked forward to breastfeeding my daughter following her birth in July last year. I had heard of the many benefits of breastfeeding and was determined to give my baby the best start in life that I could. All started reasonably well during our stay in hospital – my daughter was a keen feeder and things went quite smoothly for the first couple of days. The hospital was extremely busy at the time and I seemed to be placed in the ‘coping’ group of mothers and was pretty much left to my own devices. At no time did a nurse spend more than a couple of minutes with me while I fed.

By the time we were going home my nipples had become quite sore. I mentioned this to the nurse who thought she could see what she described as ‘fissures’ appearing. I did not know what this meant at the time and the nurse made no further comment.

After several more days at home the feeding process was becoming almost impossible due to the pain I was experiencing. My skin was rapidly deteriorating and by the end of a week at home feeding had become absolutely agonising. My nipples had huge gouges out of them and were bleeding freely. It is very difficult to describe how excruciatingly painful feeding a baby is under such conditions. Even though I had read much on breastfeeding and attended a breastfeeding class, I felt totally unprepared for what I was experiencing. It was like being tortured every three hours for the period of the feeding hour and I began to look desperately at the clock and count down the minutes until I was to be subjected to the process again. I think the large open wounds also contributed to me contracting mastitis, another extremely painful and debilitating condition requiring strong antibiotics.

I began to look for answers to my plight on the internet, in books and from the local Family Health Clinic. Unfortunately I found very limited help from these sources and I slowly sank deeper into a pit of despair and desperation. Much of the advice was along the lines of ‘this is very common and you will get through it’, and ‘if you can hang on it will get better in six weeks or so’ (Six weeks! It might as well have been six years).

In addition, a common theme of the advice is that feeding shouldn’t be painful if it is being done correctly and if the baby is ‘latching’ on properly. I consulted a lactation specialist whose advice was that my baby and I were more or less doing the right thing, but I might have slightly ‘flat nipples’ which were contributing to my problems. No one had told me I had flat nipples before or after the birth and I am still not sure what this means or whether I could have done anything in terms of preparation before birth. In any event I found the advice on getting the baby to ‘latch’ on correctly very unhelpful.

After another week of abject misery I spent five nights in a Family Centre to help me keep the feeding process going. While there were one or two excellent nurses who did

help, largely the advice I received from lactation specialists was confusing and did nothing to alleviate my suffering. I remember in particular one of the lactation specialists asking me whether I had considered weaning and that really formula wasn't a bad alternative. While this might indeed be the case, I was looking for answers to help me continue to feed my baby which I was very determined to do. However, as the days went by and I could see no end in sight I asked my husband to buy a tin of formula to sit in the cupboard 'just in case'. On several occasions I got the tin out, cried some more, and put it back. I really felt that if I could solve the issue of the pain and bleeding I could keep going. The situation was all the more frustrating as I could see my daughter beginning to put on weight and to thrive. She loved feeding and I loved feeding her, if only I could get through the pain.

In desperation I looked into a number of devices available on the market to help ease the pain. One device available is a 'nipple shield', which is a latex or silicone shield to protect the skin. If I hadn't been suffering so much I would have found these things to be hilarious. They are generally in the shape of little Mexican hats which do not fit properly, fall off very easily and are difficult to use. My long suffering daughter was very patient and did her best but was only ever able to get a small amount of milk out using these shields. To make matters worse the literature frowns upon these devices on the basis that they may cut the milk supply so I felt badly using them. I also tried a breast pump but had great difficulty using this also as the pressure of the pump would invariably take the scabs off my skin and start the bleeding again. I tried many of the other recommendations including sunlight and creams but all to no avail.

On we went for another couple of weeks, limping along using a combination of the nipple shields, hand expression and sheer desperation. I had another bout of mastitis and then contracted thrush presumably from the use of the strong antibiotics for the mastitis. Again the treatment for the thrush left me horrified and bewildered. There is no product on the market that adequately addresses thrush in the breasts – I used a messy paste with very limited results (which I understand was subsequently found to be unsafe for infants under six months because of a choking risk.)

After nine very long weeks there was a light at the end of the tunnel as my body slowly adjusted and the skin toughened up. I had gritted my teeth every feed for over two months and finally we managed to turn the corner. I am very happy to say that my daughter is now seven months old, we are still breastfeeding and she is blooming with good health. Breastfeeding has become quite enjoyable and I will be sad to give it up when the time comes.

I have subsequently found that while my experience may have been somewhat extreme, other women in my acquaintance have faced similar experiences with nipple pain and that some degree of suffering is not uncommon. Several of my friends have given up breastfeeding because the pain has forced them to do so. I think it is reasonable to assume therefore that this is a serious issue that could have an impact on whether women continue to feed or give up and use formula as a substitute. Accordingly I think it would

help to keep some women feeding if the following strategies, or something similar, could be adopted:

- Recognition that pain while breastfeeding is a serious issue and should not just be treated as an unfortunate and slightly unpleasant side effect
- Women and practitioners should be educated prior to giving birth on identifying 'problem' nipple shapes and finding ways of preparing them for the feeding process
- More attention should be paid during the hospital stay to ensure the latch on process is working properly.
- Nurses and/or obstetricians should regularly check feeding mothers breasts for several weeks after the birth to determine their health and identify problems early
- Research and funding might be made available to develop an effective nipple shield, something akin to a 'second skin' that could be used effectively while the skin is getting used to the feeding process

With some of these measures in place I would hope that other mothers may not suffer as acutely as I did and might be encouraged to continue feeding.

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