

ABA Submission

I write as a mother of three natural-born children and one adopted child, all breast-fed. I am also a grandmother who has been involved with seven grandchildren and the experiences of my daughters and daughter-in-law in relation to breast-feeding.

In 1964 I had my first baby at Queen Charlotte's Hospital in Hammersmith and despite a traumatic end of pregnancy and difficult birth, I wanted to breast-feed. This did not come about easily but having said that was what I wanted to do, the staff was absolutely supportive and did everything in their power to make sure I succeeded. When I developed mastitis one staff member even came into the shower with me and stripped my breasts under hot water and much time was taken to help me complementary feed until my milk was well-established. When I reached Hobart, I encountered a child-welfare clinic system that told me I should stop fully breast-feeding and introduce solids at 3 months. Knowing what I do now I realise I was wrongly informed and should have stuck to my own instincts. The system did not support mothers who wished to fully breast feed and there was discouragement if you considered continuing to feed past 9 months.

In 1965 I had my second baby in Hobart. There was a marked difference in attitudes to breast-feeding from what I had experienced in UK, and I was amazed to find how few women were giving their babies this special gift. Babies were removed from mothers at night and given alternative feeding. I persisted but again on reaching home encountered a clinic sister who discouraged breast-feeding and made me feel I was not feeding my baby properly. The solid foods attempted were written into my clinic book and if I was behind other mothers I was made to feel guilty. When my baby was deemed to be gaining weight too slowly, despite being happy and contented, the sister said she "wouldn't take responsibility" if I did not take her advice. A paediatrician said there was nothing wrong.

I joined the Childbirth Education Association which had been newly formed to assist women in particular but also their partners, in pregnancy and child-birth. We worked for many things and I thought the promotion of breast-feeding which was also being canvassed by the then Nursing Mothers Association, would take off and more women would realise the benefits of breast-feeding.

In 1969 my third child was born and in hospital I was asked to express milk for premature babies as I had a surplus. This sent me a very strong message of the value of breast-milk. Indeed in UK the hospital had a milk bank for babies at risk. But in contrast to this, it was hard to feed my baby at night as he was taken away and given substitutes. I had to be quite aggressive to demand feed my baby, knowing by this time that babies do not feed to an imposed timetable and mothers need to feed regularly to establish their milk supply properly. Again, the number of mothers breast-feeding was only a percentage of those in hospital and I remember feeling that I was seen as a freak for being so determined.

In 1971 we adopted a baby boy and I had read an article claiming that mothers could re-lactate in order to feed adopted babies and decided to attempt this. The attitude of the social worker assigned to us was that I was kinky to even think of such an idea. Against this I battled on but was hesitant to ask help from professionals for fear they would also think I was weird. The wonderful help I received from two counsellors from the Nursing Mothers Association made all the difference. I now know that there was plenty of evidence that breast-feeding was the best thing I could offer this baby as it provided anti-bodies and ideal bonding. Why didn't the Social Welfare Department offer me information and support? If they didn't know why didn't they commend me and encourage me?

When I first became a grandmother, I foolishly thought that things would have changed for the better. I had followed debates about whether women should be allowed to breast-feed in public and assumed in a more progressive society, old-fashioned attitudes and

prudery would be overcome. I had read research which conclusively showed the importance of the normal intended way of feeding. But in reality, nothing had changed. My first grand-child never breast-fed properly because the system let my daughter down and didn't ensure that proper attachment was being made. My third grand-child only breast-fed successfully because she refused to leave hospital until she had seen a lactation expert. When the arguments in favour of breast over bottle are so convincing why isn't it automatic that every woman is interviewed, encouraged to breast-feed and assisted to achieve the ideal? What incentives are being offered for breast-feeding? I understand there are private milk banks. Why are these not funded by the government and why aren't they available everywhere?

We can offer arguments at an emotional level quoting the benefits to mother and baby of the bonding breast-feeding offers. There are arguments at a physical level showing how good breast-feeding is for the mother's recovery and the baby's health in the short-term and the long-term. Then there are the economic arguments which demonstrate the value to the country of breast-feeding babies in terms of reducing the cost of childhood illness and later development of obesity and diabetes. I understand the economic value of one litre of breast milk has been calculated as \$70 per litre. Why isn't Australia making more of it to benefit its babies and influence the country's health for the better? It is incredible that breast-feeding rates drop off so quickly after women leave hospital. This suggests that more support is needed when women get home or have to return to work. What is the government doing about this? A lot of the support for new mothers is provided by volunteers from Australian Breast-feeding Association. Why isn't this organisation funded by government in recognition of the crucial work they do? Why is such an important matter reliant on volunteers? Is there no way of recognising the important work they do with adequate funding to assist in administration and research.

Why, when all the research shows that breast-feeding is best, is the government not making a concerted effort to encourage it and promote it and make it possible for women returning to work to be assisted in work-places which are breast-feeding friendly? When doing research on the Hmong community, it was very upsetting to discover that most young Hmong women in Queensland do not even start breast-feeding as they must return to work as quickly as possible to pay mortgages and other family expenses. This, in a group of migrants who traditionally have breast-fed since the beginning of their existence. They breast-fed in the refugee camps in Thailand but in Australia they have by-and-large ceased because of the pressures to return to work. Why isn't it possible to have more workplaces pro-actively encouraging their employees to breast-feed by providing appropriate facilities which would make it possible to either breast-feed on-site or to express breast-milk for use at home? The work of accrediting breast-feeding friendly workplaces is carried out by volunteers! Unbelievable! This should be a project of national importance. Australia denies the value of breast-feeding and its promotion at its peril.

I hardly dare hope that by the time my grand-daughters are mothers, attitudes to breast-feeding will have improved and the government will have encouraged and promoted breast-feeding, putting the lie to the belief that infant formula is a satisfactory substitute. I can only hope.

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