



SUBMISSION FOR PARLIMENTARY INQUIRY INTO BREASTFEEDING.

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I wish to make a submission to the parliamentary inquiry into breastfeeding.

I have been a midwife since 1980. In 1978, 1979 as a general nurse I worked with Dr. Stephen Oppenhiemer who worked for the World Health Organization in Papua New Guinea. At this time he saw me breastfeeding my second daughter and came to me requesting I breastfeed my baby in public whenever and wherever she was hungry. At this time formula companies were promoting artificial formula to the indigenous people. Doctor Oppenhiemer wanted me to show the local people that I came into contact with that white women breastfed too. .Dr. Oppenhiemer was treating babies' every-day for gastroenteritis as a result of improper sterilization of bottles and lack of knowledge of how to make up the formula. He was proactive with breastfeeding and wore a T-shirt to work that read "Susu bilong mama numbawan kiki!" While working in Papua New Guinea we found a salmonella contaminated batch of Enfamil that had been sent to West New Britain rather than being destroyed by the formula company that made it. My mother-in-law sent me the contaminated batch numbers she had cutout of "The Age" newspaper as I had fed my previous child on this formula and the local health officer found a newly delivered container ship load of it.

I am now a mother of 5 grown up children. Two of whom were fully breastfed and three of whom were not. I am also a grandmother to a 14 month old granddaughter who meets the World Health Guidelines of optimum infant feeding.

Had I known then what I know now and had the support I ensure any-one who asks me gets or the women I help in the breastfeeding clinic where I work get I would have breastfed all five!

I will attach the NSW breastfeeding Policy that lists the first 3 points of this inquiry and go onto point 4 "Initiatives to encourage breastfeeding".

As a member of the team the today received Baby Friendly Health Accreditation for the John Hunter Hospital in Newcastle I cannot recommend strongly enough the support of the Baby Friendly Health Initiative. This ten step evidence based program from The World Health Organization and UNICEF educates health professionals and women with consistent advice that actively protects, promotes and supports breastfeeding.

As part of BFHI I now work in the breastfeeding clinic and support mothers with difficult breastfeeding problems. We have been open just one year and the demand has gone from three half days to five half days now with a waiting list. We only see babies up until four weeks of age and then they are picked up by the community health nurses who also have a waiting list. This initiative was commenced as anecdotally across the states we were hearing that women were weaning through lack of support between discharge from hospital and being seen by the Early Childhood nurses. The mothers, grandmothers and partners tell me constantly that had we not been there for them, they would have given up and formula fed. The Grandmothers lament the fact that they did not have this sort of help!

BFHI is administered in Australia by the College of Midwives which is a volunteer run organization and BFHI is operated by dedicated women who may be funded by their area health for a part of their work but if they are like me put in far more hours at a volunteer level unpaid. As a result of lack of support there are many areas BFHI have not yet been able to help i.e. Early Childhood, Pediatrics and the Childcare industry.

Step 10, of the BFHI is to encourage women to attend support groups such as the Australian Breastfeeding Association. As part of my education in rural areas in the Upper Hunter and beyond I am told these groups are in trouble as women now have little time due to work and family commitments to keep the groups going. As part of my submission I also request you support ABA. They run a 24 hour help line which is heavily used and the meetings I have attended in Newcastle are well attended. I had one lady whom I had delivered come to me and tell me ABA was her lifeline. She told me she had worked up until her baby was born and when her husband went back to work after the confinement she had felt isolated and got sick with post-natal depression. Her friends and support at ABA were essential.

As part of the education program and my husband who is a medical practitioner I learned medical staff are taught little about breastfeeding. Wendy Brodribb reported in her study of Queensland Doctors that their knowledge of breastfeeding was life experience so depending on if that was negative or positive their patients were supported or not. When I addressed the obstetricians and Gynecologists as part of the training programs one of our senior doctors told me he thought breastfeeding was a gender issue. I have been trying to get the medical students included in our breastfeeding seminar days as my daughter who is a third year post-graduate medical student tells me they get little or no breastfeeding education and the Professor tells me he has no money to pay the fee of about \$50 per student which includes lunch and morning and afternoon tea for his students to attend.

Gillian Opie a neonatology's and Lactation Consultant friend from the Mercy Hospital for Women spent a day unpaid as a favor to me three years ago to teach our Doctors. As a result of this we now have a neonatology's who is a lactation consultant running the pilot project Lactation Course in the Hunter Valley. With support we could accelerate the education and increase our breastfeeding rates sooner.

Lactation Consultants being given a Medicare provider number so they could visit mothers at home would be of great benefit. New mothers are lucky to be able to get dressed through the first weeks at home without being expected to go out and find a health professional to help them.

I have a 100% exclusive breastfeeding rate at 6 months where I have been able to support family and friends. Catherine Cook an Obstetrician and Lactation Consultant sees breastfeeding problems as a medical emergency and treats them with timely intervention. I am in a fortunate position and do not have to charge my family or friends but this is unprofessional and remuneration is essential to support women adequately.

Another initiative to increase breastfeeding rates would be to inject monies into women's workplaces i.e. schools, hospitals to have adequate childcare places on site to enable working mothers to breastfeed in their breaks or supply enough staff to cup or spoon feed babies while being nursed. Bottles teats and dummies have been proven to decrease breastfeeding outcomes. The staff ratio of 4-5 babies to one carer inadequate to support

breastfeeding not to mention the deleterious psychological implications of prop feeding infants. Nanny subsidies for working mothers or subsidies to stay at home while breastfeeding would be of great benefit. Economists such as Marilyn Waring from Aucklands school of economics or Julie Smith from ANU both say the true cost of breast feeding is not is not correctly calculoed.

Historically financial incentives such as Prime Minister Billy Hughes twelve pound payment to women to have their babies in hospital have worked. If the baby bonus ~~was~~ paid in increments with conditions such as breastfeeding attached the incentive to buy a T.V. or the addictive substances some of our mothers spend their lump sum on instead of using it for optimum parenting.

Finally an education program to promote the benefits of breastfeeding such as prevention against premenomausal breast and ovarian cancer could help change community attitudes. The Lynch case in the Melbourne Resaurant and the Victorian parliamentarian feeding her infant at work would never have happened if the Australian community treated breastfeeding as the Scandinavians do. Breastmilk is the best food you can give a baby and any-thing else advocated is a violation of that babys human right.

I am available for consultation on

any-time.