

Submission no. 58

AUTHORISED: 21/03/07



Original Message:

From: A F Middlebrook

Sent: Monday, 15 February 2007 13:08

To: 'Dunlop, MAA (RSP)'

Subject: Submission for inquiry on breastfeeding

Breastfeeding benefits the physiological and psychological health of both mother and baby but is increasingly inhibited with the growing number of interventions and inappropriate management of health care givers both pre and post natally.

Essentially, the bonding that is developed between a mother and her child is enhanced by the natural effects of hormones released whilst breastfeeding. Breastfeeding immediately after birth is a climatic beginning to the relationship between a mother and her new child. The immediacy of breast feeding straight after delivery also helps to stimulate the uterus to contract back to its pre-pregnancy state. Unfortunately this practise is constantly interrupted due to the interventions of care givers. These intervention frequently include;

*When a mother is given a ceasarean section to birth her baby, often being separated from her baby for hours following the birth. The mother is unable to hold her baby straight after birth and bonding is delayed.

*If the mother has been given pain relieving drugs during birth which cause both mother and child to become groggy and unable to muster the energy to participate in breast feeding

*When the care givers insist on taking the baby away for immediate weighing, cleaning etc following birth

*The baby is believed to be unwell and given formula through a tube regardless of the mothers intention to breast feed

I believe there are many other instances which interfere with the mother and baby initiating breast feeding immediately after birth.

From my personal experience, breastfeeding was largely interfered with due to my caesarean sections. Not only is movement inhibited, preventing any ability to hold my baby immediately after birth, the baby is not able to spend time with me for up to two hours following birth. Requests to have my baby remain with me are refused. When finally we are reunited, my baby was uninterested in feeding. My husband stated that for the immedaite time after delivery our child was naturally 'rooting' to seek breast feeding and seemed to finally give up by the time we were reunited.

Any mother having a caesarean section under a general anaesthetic is inhibited in her ability to feed as the anaesthetic creates sleepiness in both mother and baby and prevents interest in feeding.

Breastfeeding is also inhibited by the scar of the caesarean section, which makes it extremely difficult to breastfeed without discomfort and often, pain. Positions are limited and movement is inhibited, making the process frustrating and upsetting. Nurses and breast feeding professionals often intervene through helping with latching and showing how to position your breasts, but this can cause a lot of discomfort as unfamiliar people grab your breasts and show you how to mould them and many have differing advice.

There is little information provided to women who are being asked to choose a caesarean section about it's impact upon breastfeeding. This was not even a consideration when I was asked to elect my surgery.

There are very little initiatives to encourage breast feeding apart from the cost of formula as the alternative. There is a significant cost in breastfeeding, financially and socially which influence a womens choice to breast feed. These include;

Financially:

*Cost of not returning to work

*Cost of breast pads to prevent leakage

*Cost of nipple shields in the event of inverted or cracked nipples

*Cost of nipple soothing and healing cream

*Cost of specialised expressing devices to express breast milk (over \$150)

21/02/2007

*Cost of specialised bottled for expressed milk

Socially

*Lack of private spaces in which to breast feed

*Lack of social acceptance of breast feeding in public

*Unwillingness of employers to have breast feeding mothers in the work place

*Inability to breast feed if having to return to work

*Development of engorged breasts/sore nipples

*Lack of *ongoing* support - if support is available it can often be time consuming and inappropriately located

If mothers were able to breastfeed for the amount of time recommended by the WHO, the public health system may experience less impact as breast milk contains the essential building blocks for a child's immune system development. Mothers who find breastfeeding traumatic may also be more prone to developing PND due to their birth experiences.

Thank you

Kelly Middlebrook

[Faint signature]

Mother of two boys, currently expecting third child February, 2007