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Submission to the Parliamentary Inquiry into Breastfeeding

To: The Secretary of the Committee on Breastfeeding
House of Representatives
PO Box 6201
Parliament House
Canberra ACT 2601

Summary

An overview of my breastfeeding experience, followed by suggestions for encouraging and promoting breastfeeding in the interests of the health of Australians.

My Breastfeeding Experience

I am a 35 year old, married first-time mother of a 4.5 month old, exclusively breastfed baby girl. I am a lawyer by trade, but have postgraduate qualifications and have extensively studied Women's issues, gender and human relationships during my degrees. I am currently on Maternity Leave from the Australian Public Service, where I hold an Executive Level position.

I have chosen to make a submission to the Inquiry into Breastfeeding because of the profound impact breastfeeding my daughter has had upon my life. Much of what I think and feel is very adequately summed up by the chapter entitled *"Lactation Intolerance: the Worst of Breast is Best"* in Susan Maushart's The Mask of Motherhood[1].

The breastfeeding relationship between my daughter and I was something I never considered extensively prior to her birth, breezily thinking I would just "give it a try" and see if it worked out. I was somewhat ambivalent. Like most first-time mums, I was more preoccupied with the impending birth itself (more specifically, whether I could do it without pain relief) than thinking deeply about the mechanics and emotions involved in feeding my baby-to-be once she was here.

My first real introduction to breastfeeding was through a video as part of my hospital's ante-natal class curriculum. Prior to this, I had always been vaguely uncomfortable about seeing someone breastfeeding their child, as I had never seen any female relatives or even friends do it. I had only briefly been breastfed

[1] 1997-2006, Vintage Publishing, pp 203-232

as a baby, and my only brother was bottle-fed from birth. My knowledge was so limited that I thought that you showed the baby where the nipple was and the baby did the rest!

The antenatal class video did provide some enlightenment, but concentrated heavily on the technique of breastfeeding and getting attachment "right". It also stressed how breastmilk is best for babies and that current medical advice is that babies should be exclusively breastfed for the first six months in line with World Health Organisation recommendations[2]. I have since discovered that there are social, physical, cultural and emotional aspects to breastfeeding which my pre-pregnancy self could not have imagined, and which were not even touched on in my ante-natal education. I have been surprised to find that breastfeeding is an emotion-charged arena in many respects, and one of the first areas in which a new mother may experience a significant dose of "mother-guilt".

This "mother-guilt" can be quite pervasive. I have heard anecdotal stories from my Mother's Group and other friends that mothers who have chosen to bottle-feed from birth are treated like "lepers" by staff in the hospital system – as though they are deliberately choosing not to give their children the best start in life. There are also women who have persevered through all kinds of pain and difficulties such as pain, mastitis, bleeding and cracked nipples, a baby that just doesn't "get it" only to still feel guilty when they feel they have no other choice but to go to formula. Other women may have been assaulted or sexually abused at some point in their lives and are unable to bear any stimulation of the breast at all.

And then there are women for whom the technique of breastfeeding poses no problems, and whose child thrives on it, but feel guilty nonetheless because they don't experience it and "enjoy" it in the way all the pro-breastfeeding literature suggests that they will. Not every woman who breastfeeds experiences rapturous bonding with their infant. Some women simply feel like they are tied to their baby with a ball and chain, particularly if their baby won't even take a bottle of expressed milk. Often they persist, feeling that they are giving their child the best start they possibly can. But they still feel guilty.

My experience was that the attending midwife assisted us to get breastfeeding started within about 15 minutes after my daughter was born. My daughter was born alert and inquisitive, and fed vigorously. When we returned to the ward, I saw I diagram on the wall about attachment and the technique of getting the baby to latch on, which I resolved to try as soon as my baby woke up. She did shortly after. It seemed to work, and she seemed content, dropping peacefully off to sleep after about an hour of feeding. After her next sleep, I asked a midwife to

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[2] "The Optimal Duration of Exclusive Breastfeeding", Report of an Expert Consultation, World Health Organisation, 2001, Page 6. Located at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/WHO_CAH_01_24.pdf

supervise us getting "attached" and the midwife was very complimentary. She said that if all her patients did that well to start with she would be out of a job! Having since heard appalling stories from other new mums about hospital breastfeeding experiences, I think my positive start may well be in the significant minority. I was also lucky in that my milk came in on time and in abundance.

I had read in some pregnancy books that newborns can feed every 2-3 hours around the clock. Somehow I hadn't quite connected that would mean that *I* would have to be awake to feed my baby every 2-3 hours around the clock if I breastfed! Many new parents talk about sleep deprivation, but no-one can prepare you for the utterly bone-crushing exhaustion that comes from breastfeeding a newborn like this, frequently for weeks on end, whilst also trying to recover from birth. If you choose to breastfeed, then as a very new mum, you really do go it alone in a way even the most supportive partner cannot share. The breast is attached to you and no-one else, and most Australian health guidelines do not recommend giving a baby a bottle, even of expressed breast milk, prior to the establishment of a strong breastfeeding relationship (around 6-9 weeks). Without strong and practical support from either a partner or extended family around basic tasks like shopping, cooking and housework, it can be a real struggle for a new mother who is breastfeeding. Unfortunately, the small nuclear family of Western culture does not support mothers well at this time, many of whom are expected by their partners and, to a certain extent, the rest of society, to manage everything in regard to the house and child-rearing. In many other cultures[3], the new mother is on a "babymoon" for around the first 3-6 weeks after the birth of the child. She stays in bed, or in seclusion, breastfeeds the baby and the extended family assist in the baby care and ensure all other household tasks are taken care of.

The first few weeks can be a haze of feeding, sleeping, wondering what day it is and dealing with the intense emotions arising from powerful lactation hormones. They certainly were for me. The hormones gave me wild mood swings and an intense fear of having my daughter taken out of my sight. I did not experience feelings of love during the "let-down" of the breastmilk as many women do. Instead, as soon as my daughter began to feed, I would feel a wave of tiredness sweep over me that at times was so intense it literally rendered me narcoleptic. I have often been in tears with exhaustion. For someone who has been used to working with her mind, day-in and day-out for 17 years, and who takes a level of mental clarity for granted, my early breastfeeding days have been disorienting in the extreme.

In addition to the tiredness and hormonal changes, I have also felt the social and cultural impacts of our breastfeeding relationship quite profoundly. Specifically, I have had to learn to expose two parts of my anatomy which I have kept hidden for most of my life. Every social setting (from gatherings involving my family and my husband's family to trips out in public) has been a test of my comfort levels

[3] For example, indigenous Brazilian culture, Pygmies of Zaire, Armenian culture.

and has involved some breaching of psychological boundaries. Of course I know intellectually that breastfeeding is the "natural" way to feed babies and that humans have been doing it for thousands of years. But that does not mean I am immune to my own culturally-ingrained expectations of "modesty", or the fact that Western society fetishizes breasts as sexual organs. And let's face it, breastfeeding does often significantly change a woman's breasts in a way that many women view as negative, and it affects their self-esteem.

The psychological "breaching" of boundaries begins for many women quite soon after the birth of their child. I was lucky in that I had a midwife who actually asked permission to touch my breasts to check if my milk had come in. However, many women report terrible experiences of jaded midwives grabbing their breast in one hand, the back of their baby's head in the other, and bringing the two together with the force of a pair of colliding freight trains. This was certainly the experience of a number of women in my local Mothers' Group.

Even though I had a relatively "easy" establishment of breastfeeding, I have found difficulties along the way. I have found out the hard way that my daughter reacts badly when I eat cabbage, broccoli, chocolate, or take supplements containing any horseradish. Any ingestion of these substances by me leads to her screaming, regurgitating, thrashing with wind and waking constantly during the night. My daughter is not a good sleeper at the best of times, waking at least twice a night for a breastfeed and at least once for resettling. Her reactions to substances in my breastmilk have literally driven me to hysterical exhaustion some nights. It is really a form of torture to put your head down on the pillow and not know how soon it will be until you are woken again, or how many times you may be woken during the night. My exhaustion has come perilously close to developing into full-blown post-natal depression at times.

It is at points like this that well-meaning relatives and even health professionals say things like "put her on formula, she'll sleep longer", and "at least you can eat what you want then and not worry." It is very, *very* difficult to stay focused on the benefits of exclusively breastfeeding your child for the first six months when you are absolutely at your physical and emotional limits, it's four o'clock in the morning and you've just been up for the seventh time that night. It is especially difficult when there have been several studies conducted which do conclusively show that formula-fed infants *are* in fact much less likely to disturb their parents during the night than breastfed babies[4]. This is a fact which is often curiously overlooked in all of the literature promoting breastfeeding. In my view, this information is often deliberately "glossed over" as it is damaging to the breastfeeding cause.

One of the next challenges I have to consider is whether to continue breastfeeding, and if so, how to manage it, when I return to work. My daughter

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[4] St James-Roberts, Ian, Harris, Gilland & Messer, David Infant Crying, Feeding and Sleeping: Development, Problems and Treatments (1993) Hempstead, Harvester Wheatsheaf, page 165.

will be seven months at that stage, and I will have exhausted my paid maternity leave and the annual leave I also took at half-pay. My Agency fortunately has an express provision in its staff agreement covering return to work by breastfeeding mothers, which I understand allows me lactation breaks. While the theory sounds very good, I'm not sure that the practical side will necessarily come together, particularly given that I need to travel fairly frequently. I will also have to either purchase or hire a hospital grade pump at significant expense in order to be able to express, store and transport my breastmilk within the time allowed to me. Having expressed quite regularly during my maternity leave, I am also well aware that it is not a purely mechanical process, and that I won't be guaranteed to get all the milk my daughter needs at a session. This is particularly the case if I am stressed or anxious, as I find that "state of mind" factors significantly affect the amount of milk I can express. Ideally I would *love* for my daughter to have breastmilk to her first birthday or beyond, but in my present exhausted state I find the level of organization and commitment that will be required quite overwhelming. And it will be me, and only me, that organizes the practicalities of it, because again, that is the nature of breastfeeding. The pervasive "mother-guilt" once more creeps around the edges of the psyche – a "good mother" would find a way to make it work.

Based on my experience, what could I recommend to the Committee to encourage and support breastfeeding, and improve the long-term health prospects of Australia's population?

My suggestion would be that The Committee *cannot* consider initiatives to encourage and support breastfeeding in Australia without firstly considering the impact on women. Breastfeeding is primarily a relationship between a mother and her child, not between a child and a breast.

Therefore ***initiatives which support women first and foremost*** will have the greatest long-term impacts on the Australian population.

My "Wish list" for Encouraging Successful Breastfeeding in Australia:

- **Concentrate on efforts to promote breastfeeding exclusively for the first six months as a first step.** Recognise that there are many cultural, social and financial reasons why women may find it hard to continue past this time.

- **Encourage initiatives which seek to educate women about the benefits of breastfeeding *before* the birth of their first child.** Any curriculum, whether presented by Early Childhood Health Nurses, the Breastfeeding Association or other professionals should focus on *all* aspects of breastfeeding, including some of the common difficulties and worries. We need to be upfront and honest with women about the hard

parts so no woman feels alone when she experiences difficulties. It is also important that the curriculum includes discussion around some of the social and emotional aspects of breastfeeding rather than just the mechanics.

- **Assign a personal lactation consultant to each new breastfeeding mother in hospital.** This expert would continue to visit the mother at home every day (if desired) for the first two weeks. This needs to be the SAME person if possible, or the mother should be at liberty to ask for someone else if the relationship doesn't gel. The lactation consultant should then be available in person or for follow-up by phone for the next 6 months to assist with breastfeeding issues.

- **Ensure that new mothers preparing to breastfeed are not forced out of public hospital wards before their milk comes in.** Their hospital stay is a crucial part of getting breastfeeding right.

- **Provide classes at Early Childhood Centres about expressing breastmilk and encouraging babies to take bottles or cups.** Not all bottles are evil. If women can have support to learn how to express then husbands and relatives could help out with feeding, allowing the mother to rest and sleep if necessary. The baby still gets all the benefits of breastmilk.

- **Provide night respite care for by qualified Mothercraft nurses for breastfeeding women with little or no family support, particularly single mothers.** This could be assessed on a "needs" basis by the Early Childhood Centres. An initiative like this could also have profound benefits in reducing post-natal depression amongst at-risk mothers.

- **Subsidise the rental of hospital-grade electric breastpumps and paraphernalia through Centrelink/Medicare.**

- **Make tax-deductible the purchase of breastpumping equipment for breastfeeding mothers returning to the workplace.**

- **Create an advertising campaign for Dads to support Mums to breastfeed.** A woman is 10 times more likely to breastfeed if she has a supportive partner. A supportive partner isn't just someone who says "yes dear, I'm happy for you to breastfeed", but someone who is willing to help with the rest of the baby tasks, shopping, cooking and around the house, as well as working.

- **Encourage more organizations to have onsite or subscribe to nearby childcare through offering tax incentives** – right down to the small business level. Many women would return to the workforce and breastfeed

if they only had to pop downstairs to feed their child for 15 minutes a couple of times per day. Consider how much quicker and healthier this is than the average "smoko" break!

- **Legislate to ensure mandatory, satisfactory parents' rooms at all shopping centres, sporting and entertainment venues and large public facilities.** Minimum adequacy standards should be enacted and enforced. Each parents' room should have a number of cubicles where breastfeeding can take place in private.

I recognize some of the suggested services may be provided currently by the Australian Breastfeeding Association. However this organization has a purely voluntary membership, and all counseling and assistance is provided by volunteer counselors. If the Federal Government is committed to encouraging breastfeeding across the wider Australian population, then the Department of Health and Ageing should look closely at working together with the ABA as a stakeholder with a mutual objective. Government funding to the ABA or the formation of an independent, quasi-government authority to promote breastfeeding could be a pathway to achieve these objectives.

Thankyou for the opportunity to provide a submission to the Committee. I am happy to be contacted or to appear in person before the Committee if required.

Annabelle Daniel