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I am a mother who has a 2.5 year old daughter and am 18 weeks pregnant with my second child. My daughter breastfed up until 6 weeks ago when my milk dried up due to pregnancy. This unborn baby will also be breastfed.

I will focus on my personal experience with breastfeeding, and breastfeeding information and care I received. I would like to preface by saying I am thankful I did a lot of research on my own before my baby was born, because if I had been less informed I can say for sure my baby would have gone onto formula at around 4-6 weeks.

I will be addressing two of the terms of reference, D (Initiatives to encourage breastfeeding) and E (Examine the effectiveness of current measures to promote breastfeeding).

My points with regard to D are hard to summarise, as they are quite lengthy, but in the main there needs to be more funding for breastfeeding support, more awareness of breastfeeding and breastfeeding support, and better education for health professionals.

E can be summarised quickly – the current measures to promote breastfeeding are not working. At the moment, women continue breastfeeding if they self-inform and surround themselves with supportive breastfeeding mothers. Those who do not inform themselves and do not have support networks turn to artificial baby milk faster and more frequently, not realising the risks. Mothers who turn to ABM feel as though they have failed, when in reality the system has failed them by giving them misleading information, incorrect advice and conflicting messages. Society also normalises bottle feeding, not breastfeeding.

D: - **Initiatives to encourage breastfeeding.**

The first term of reference I wish to address is D – Initiatives to encourage breastfeeding. The biggest issue in this is the normalisation of the breastfeeding relationship in Australian society. Babies have been equated with bottles for too long, and the fact that there is still debate about breastfeeding in public shows that there is still a stigma attached to breastfeeding. The more people see breastfeeding, whether that be in public, on TV shows, advertising (ban bottles in advertising!), and the less they see bottles, the more breastfeeding will enter the unconscious of pregnant women. Ban the marketing of artificial baby milk. I am always disgusted to see formula ads in junk mail catalogues, knowing as I do how this contravenes the international code of marketing of breast-milk substitutes.

The second major issue is to ensure ALL allopathic health care providers are educated and UP to DATE with breastfeeding information. This includes GPs, paediatricians (who can be shockingly ignorant), obstetricians, maternal and child health nurses, midwives, paediatric nurses, and lactation consultants. Care providers should be strongly discouraged from allowing their personal beliefs to interfere with a patient's positive breastfeeding relationship (and they should not be allowed to accept gifts or sponsorship from formula companies). Perhaps care providers who opt to do an in-depth educational course on breastfeeding could be accredited as breastfeeding-friendly and checks could be carried out to ensure they live up to the accreditation (as it is obvious that some baby-friendly hospitals do not live up to their accreditation).

Information on breastfeeding should be a routine part of childbirth education offered by hospitals (preferably run by a lactation consultant or Australian Breastfeeding Association community educator or counsellor). Hospitals should give out information on contacting breastfeeding specialists like lactation consultants or the ABA to all new mothers. Fathers should be involved in the breastfeeding relationship, there are many ways to ensure dads don't feel left out even though they cannot feed their child (my partner is and was an incredibly hands on dad and my child never had a drop of artificial milk). Fathers can often be the first to undermine the breastfeeding relationship as they do not understand how important it is and feel threatened by it, so targeting them is very important.

Underpinning all of this is funding. As outlined in the list below, funding needs to be increased and directed at areas which will actually help women and babies. It is a small price to pay for the health of our future generations.

- All health carers who may encounter pregnant women or breastfeeding mothers (for example midwives, GPs, obstetricians, paediatricians, MCHNs, dieticians, and paediatric nurses) should have a minimum level of breastfeeding education, equivalent to the ABA Breastfeeding Education Class. Carers should be required to attend updated classes to keep their knowledge relevant.
- Government promotion of the ABA helpline, which should be made a free call.
- Hospitals to provide contact details for the ABA and local lactation consultants as routine, not just for women experiencing difficulties in hospital.
- Government funded or subsidised advertising for ABA and lactation consultants in magazines (especially pregnancy and parenting magazines).
- Full implementation of the international code of marketing of breast-milk substitutes – specifically ban marketing of artificial baby milk, including toddler milks. Fine companies that contravene the Code.
- Regulate the advertising of baby food – no advertising to babies under 6 months, all baby food should be advertised for babies 6 months or older. Baby food companies should be monitored for misleading information about breastfeeding and fined if they contravene regulations.
- Parents should be able to access Medicare rebates for midwife care and lactation consultant visits
- Funding for the ABA's counsellor and community education training
- Better access to lactation consultants at hospital and in the community (many women do not even know they exist)
- Public awareness campaigns on breastfeeding a child past one year
- Establishment of breastmilk banks, funding for such banks
- Rebates for parents who attend breastfeeding information classes run by the ABA or lactation consultants
- Health professionals who attend breastfeeding information classes run by the ABA to be accredited as breastfeeding friendly
- Adopt the WHO growth standards chart across the board
- ABA membership and breastfeeding education classes should be tax deductible
- Free or subsidised ABA membership for low income earners and those at risk, particularly teenage mothers
- Paid maternity leave of at least 6 months, unpaid leave for 2 years. Returning to work is often given as a reason for premature weaning. Mothers should not be pressured to return to work when their babies are young if breastfeeding rates are to increase
- Workplace support for breastfeeding is essential
- Initiatives to involve fathers in breastfeeding support

- Specialised training in supporting breastfeeding for premature babies to be given to NICU staff.
- Government health websites to include human milk under toddler nutrition information with details of the nutritional, immunological and emotional support it can provide.
- The Health Department to monitor that information on infant feeding in health care facilities does not come from artificial milk manufacturers.
- Discussion about breastfeeding and health should refer to the risks of artificial baby milk rather than the benefits of breastfeeding – breastfeeding is the biological norm and the benchmark that ABM should be compared to, not the other way around.

The second term of reference is E - **Examine the effectiveness of current measures to promote breastfeeding.** Honestly I have to say what measures? I came up against nothing but obstacles in my breastfeeding relationship, and I would have given up were it not for the amazing network of breastfeeding women I was surrounded by and my own knowledge from the research I did. In hospital I was told to express colostrum when it was apparent my baby didn't want to attach (she actually did but was fighting the effects of the epidural) and one unsympathetic midwife showed me how to scrape my nipple over a rough container edge to get some colostrum, damaging my nipples and then making me feel awful when my baby was crying. It wasn't until late on the second day that one lovely midwife showed me how to attach (rather than just trying to jam her onto the nipple). My daughter then fed voraciously to bring in my milk, but the obsession over charting the length and frequency of her feeds stressed me and made me unnecessarily anxious. Even though she was a caesarean delivery my milk came in on day three, which should have laid to rest any concerns about her ability to feed, but the obsession with wet nappies, length and frequency of feeding and weight did not go away until I left the hospital.

I received no postnatal support from the hospital. I saw a lactation consultant at the hospital a few weeks after the birth but she was very hard to get into as she was fully booked. I suffered postnatal depression and only continued breastfeeding because I knew how vitally important breastfeeding is – many mothers with PND are encouraged to give up breastfeeding, when what they really need is support.

I had many problems with pain with feeding so saw a few GPs. I saw a female GP on day six who told me I should not be feeding my six-day-old daughter overnight (apparently I should be giving her water) and also berated me for not drinking milk (you don't need to drink cow's milk to make human milk). I saw another female GP, who was supposedly knowledgeable about breastfeeding, who told me that if my 8 week old wanted a feed half an hour after I just gave her one then it meant my supply was going. Luckily I knew to ask my network of friends and it became apparent that feeding frequently is normal for younger babies, but society is so hung up with 2-3-4 hourly feeds that any more frequent than that is blamed on the mother's milk supply. As it happened I had an *over*supply and my daughter had oral thrush which made her want to comfort feed. Yet this GP did not want to explore any other option than my supply going, which for a mother with less support would have been the beginning of comp feeding and real supply issues.

Fast forward to 4 months and a different female GP telling me that because my exclusively breastfed daughter was so chubby (97th percentile, so much for low supply) I may want to introduce solids. When I questioned this and mentioned the

WHO guidelines of 6 months she backtracked and said that some women find it hard to keep the rate of gain consistent with larger babies on breastmilk alone. She said if I found it difficult to give some rice cereal. First of all, weight gain does not have to follow a steady curve, and breastfed babies often gain quickly in the early months and plateau from around 6 months. This is biologically normal. Second, I failed to see how rice cereal, with its low nutritional value and minimal fat content, would be better than breastmilk to put weight on a baby. Yet I hear it all the time "my baby was too big so I put him on solids" or conversely "my baby was too small so I put him on solids". Care providers need to consult breastfed baby charts ONLY and realise that each baby is different, and that breastfeeding is more important than following a perfect curve of weight gain.

Luckily I found a GP who was supportive and knowledgeable about breastfeeding, and she was happy to discover I was still feeding my toddler. I have avoided child health nurses as I have heard too many horror stories about the misinformation they give out as gospel.

The last experience with health providers and breastfeeding was when my daughter was admitted at 16 months to hospital following unexplained vomiting. There was very little support for my continued breastfeeding of a toddler. In fact some of the nurses were overly taken aback when I explained that no she did not need a bottle as she was breastfed. The assumption on their part was that she was bottlefed, because toddlers are usually weaned prematurely in our society. As it turned out she had rotavirus, and all she was interested in was breastfeeding (and water). I was comforted by the fact she was receiving immunological benefits and antibodies, as well as nutrients through the milk, however I met with disapproval from some nurses – they seemed to think that water was all she should be drinking, and that she should be eating (a toddler that cannot keep anything down is hardly likely to eat hospital food). In fact I had one nurse completely ignore the fact she was having breastmilk and insist she eat some sugary strawberry puree. I gave up trying to forcefeed my poor child in disgust. My daughter was lucky to have avoided diarrhoea which is a routine part of rotavirus, and I firmly believe it is because she was still getting most of her nutrition from breastmilk.

Therefore I cannot state that any current measures to promote breastfeeding are effective as I encountered mostly misinformation and sometimes negativity from health care professionals.