

Parliament of Australia
House of Representatives
Standing Committee on Health and Ageing

Inquiry into the health benefits of breastfeeding

Submission from Elspeth Binckes,

1 Background

I was a member of the Nursing Mothers' Association of Australia from 1979 to 1984 and a Nursing Mother's Association of Australia trained Counsellor from 1982 to 1984. I am currently a supporter of the Australian Breastfeeding Association. I breast fed my two children.

2 General

If I understand correctly, this inquiry is born of concern that only 10% of Australian babies are being breastfed exclusively at 6 months and that, in view of the National Health and Medical Research Council's target of 80%, the Australian Government wishes to improve this figure.

If this is the case, many of the Terms of Reference appear to be covering old ground.

The health benefits of breastfeeding have already been extensively researched and the results released into the public domain. The battle for acceptance of "Breast is Best" was waged and won in the 1970's and 1980's. Although some mothers may choose not to breastfeed, I doubt that in 2007 many Australian women would argue that formula is better for a baby than breast milk (except for certain medical conditions).

I would argue that most Australian women, particularly those attending ante-natal classes, are very aware of the benefits to their babies and want to breastfeed.

The critical question is why, despite this motivation, are the numbers breastfeeding after 6 months still so low? To answer this question, I believe the emphasis of the Inquiry needs to be on Item (e) of the Terms of Reference: "the effectiveness of current measures to promote breastfeeding" and my submission primarily addresses this item.

The comments below are made on the assumption of a healthy baby and a mother who wishes to breastfeed.

3 Comments on item (e) of the Terms of Reference

In think the following issues have a significant impact on the success of breastfeeding.

3.1 Inadequate preparation for breastfeeding

I think many new mothers have inadequate preparation for breastfeeding and, as a result, have unrealistic expectations of the breastfeeding experience and the behaviour of new babies. Although these topics are addressed in antenatal and parenting classes to some extent, it would be worthwhile to study their effectiveness in preparing women to breast feed successfully. (There may have been a study but I am not aware of one).

Particular issues needing emphasis are:

- Babies should be exclusively breast fed for 6 months.
- Even one complementation with formula or solid food can sensitise immature immune systems and prime babies for the development of allergies and intolerances.
- Babies will not starve in the period before the mother's milk comes in. Colostrum is sufficient.
- Breast milk is rapidly digested and babies should be fed on demand without minimum periods between feeds.

- Successful breastfeeding may require the learning of techniques to ensure a baby attaches properly to the breast.

3.2 Poor hospital practices

Between 1984 and 2000, I had little contact with breastfeeding mothers. Since 2000, however, I have personal knowledge of five breastfeeding mothers in four hospitals. In every case, their experience while in hospital was not consistent with the best breastfeeding outcomes and, in two cases, was likely to have been responsible for the mother's failure to breast feed successfully.

3.2.1 Complementary feeding

Complementary feeding (comping) is the practice of giving newborn babies a bottle of formula in addition to breastfeeding. It is often done in the period before the mother's milk supply is established on the basis that the baby is "hungry" or to give the mother "good night's rest". Comping is an unsatisfactory practice because it:

- Reduces the time that the baby suckles at the breast, which interferes with the establishment of the mother's milk supply.
- Confuses the baby because the suckling techniques for a bottle and a breast are different.
- Challenges the babies immature immune system, heightening the risk of allergy and asthma in susceptible babies.
- Compromises the establishment of healthy intestinal flora in the baby.
- Implicitly questions the adequacy of the mother's milk supply and sows the seeds of self doubt about her ability to breastfeed successfully.

Hospitals generally state that comping is not recommended practice.

Four of the five mothers were having a first baby in four different hospitals. Each of hospitals comped newborn babies. The fifth mother was an experienced feeder and refused to permit comping although the hospital wished to do so.

I rang two of the hospitals to query their practice.

In one case, the mother was asked to consent to comping to "settle" the baby. The hospital, when queried, simply denied that its staff would do such a thing unless the baby's life was in danger (which it was not).

The other hospital suggested that it was taking a long time to change the practices of some of its midwives, but gave the impression that it didn't intend to take any action to minimise the practice.

I acknowledge that there are occasions when comping is necessary, but in view of its potential for adverse consequences, it should be a last resort, not routine practice.

While my sample of mothers is small, the fact that all five babies either were, or would have been comped, is a major concern because it suggests that it occurs routinely.

I believe a detailed study is required to determine the extent of complementary feeding and to investigate how much of it is really necessary.

3.2.2 Poor teaching of breastfeeding techniques

It is quite clear from my experience since 2000, that there are still hospital staff members who are unable to teach correct breastfeeding technique.

This resulted in two new mothers going home from hospital without being able to attach the baby correctly and therefore being unable to feed them successfully. Although, in both cases, the problem was subsequently corrected, the damage was already done and both mothers abandoned breastfeeding.

It cannot be emphasised too strongly how essential it is for mothers to receive sound training in hospital. No mother without previous breastfeeding experience should leave hospital until lactation is firmly established and her breastfeeding technique is perfected. Correct positioning of

the baby is everything. I have seen some uncomfortable positions taught which cannot possibly result in good attachment.

If a mother goes home without a sound technique it is usually only a matter of time before she develops sore nipples, which may crack. If this happens, breastfeeding becomes painful, the milk let-down is inhibited, the baby may not be satisfied, and a vicious circle leading to failure can be established.

To improve the situation, only specialist lactation nurses should be allowed to instruct and assist new mothers. Most hospitals do employ lactation consultants, but it is my impression that there is not enough of them and that much of their work is undone by conflicting advice from other hospital staff.

Again, from my limited sample of mothers, it is clear that they are receiving conflicting, inadequate and at times incorrect advice with adverse consequences for both the mother and baby.

Hospitals need to be funded to train/employ sufficient lactation specialists. Lactation specialists need to be women who have successfully breastfed, as theory is no substitute for experience.

3.2.3 Continuing access to lactation specialists

It is extremely important that new mothers continue to have lactation support after they leave hospital so that any problems that may arise can be dealt with quickly. Lactation specialists need to be available by telephone and for home visits.

3.2.4 Education of the wider community

There are many people in the community with no experience of breastfeeding who believe that mothers breastfeed their babies too often. They do not appreciate breast milk is easily digested, unlike formula which effectively sedates babies. There is still a prevalent, but incorrect, notion that babies should not be fed less than four hourly, and that they should not be fed on demand.

These people do not appreciate the health benefits of exclusive breastfeeding, or the length of time that the baby should be exclusively breastfed (approximately 6 months). The fact that it is normal and advantageous to continue breastfeeding in association with other food until the baby is 18 months or more is alien and repugnant to many.

These entrenched but outdated attitudes, result in mothers being pressured to introduce bottles or solids too early, particularly if a baby is unsettled.

An extensive public education campaign is necessary to increase the awareness of the benefits of breastfeeding throughout the wider community. The campaign needs to be explicit about what good breastfeeding entails to minimise community misconceptions.

It is also essential that new mothers are well informed in hospital, and leave hospital with a sound breastfeeding technique. A new mother who is confident that she is doing the correct thing for her baby is much more likely to withstand negative pressure from well meaning, but ignorant, friends and relations.

4 Summary

In summary, I think breastfeeding success rates would be improved by:

- Better preparation, if possible, of mothers-to-be for the realities of breastfeeding.
- Improving hospital practices by:
 - Eliminating non-essential complementary feeding, which interferes with the establishment of successful breastfeeding and potentially harms the baby.
 - Using only lactation specialists who have successfully breastfed, to train and assist new mothers in breastfeeding.
 - Not sending mothers home until both lactation, and breastfeeding techniques, are firmly established.
- Providing continuing easy access to lactation specialists after a mother has returned home from hospital to deal promptly with any breastfeeding difficulties that may arise.

- Carrying out an education campaign for the wider community to promote the benefits of breastfeeding, explain what good breastfeeding practice entails (lengths of time, etc.), and change negative and misinformed attitudes in some sections of the community.

Yours faithfully



Elspeth Binckes

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