

Submission no. 413AUTHORISED: 20/6/07 

Subject: Breastfeeding feedback

To Whom It May Concern:

I understand that a report is being prepared by the Commonwealth Parliamentary Committee for Health and Ageing into the ways that Australian mothers can be helped with breastfeeding. As a mother of one (and expecting my second child), I would like to put forward my feedback to be considered as part of the report. I would like to further add, that I currently work within the Commonwealth Health sector (in the National Office of Medicare Australia) and that I hold a Bachelor of Communications.

As a first time mum I had a hard time breastfeeding. Despite reading all the literature and getting lots of help from nurses and my GP, I still got cracked nipples, mastitis and finally severe post-natal depression. I was forced to give up feeding when my baby was 7 weeks old due to medication for the post-natal mental illness. This is something that I deeply regret, as I would have loved to have breastfed my baby.

There were two main issues, which I believe if addressed, will help increase mothers to breastfeed their babies for longer and with more success:

1. The information pushed by the hospital in terms of their policies around breastfeeding are **not with the mother in mind**, and are therefore harmful. The posters displayed around the post-natal ward about breastfeeding policies. The key information/policy issues were:
 - o I felt pressured to breastfeed in front of anyone and everyone. Privacy was never discussed as a factor that affecting the success of breastfeeding. I felt that I ought to take advantage of 'women's liberation' and the law which empowered me to feed in public. I was told 'Breastfeeding is natural and normal'. While I know this is true, I was simply not comfortable having my breasts out in front of anyone except my husband and nurses. However, I was not given any guidance about how to handle visitors when I needed to breastfeed, or when I was in public. I now know that this would have greatly helped my let-down reflex (being more relaxed), which in turn would have helped prevent many other feeding problems.
 - o I felt extremely pressured to demand-feed. I think this pressure to

demand-feed is the **KEY** cause of so many women give up. Demand-feeding is just that - SO demanding and **not at all** considerate of the mother's fatigue levels. In direct contrast to timed feeding by the clock (popular in the 1950s), demand-fed babies can be fed as soon as every 20minutes, every 1 hour or every 5 hours, whenever the baby demands it. No wonder women get so many problems which are all linked from **sheer physical and mental exhaustion** (Physical - cracked nipples to mastitis which is a sign of a poor immune system, to mental illness such as depression and even psychosis). Demand-feeding is also flawed in that some babies are simply too sleepy to feed often enough in the early days leading to jaundice, dehydration and low-milk supply in the mother.

It is time the pendulum swung more towards the **needs of the mother**, and not that of idealistic midwife philosophies, outdated hospital policies and propaganda. There needs to be a much more balanced approach to the way breastfeeding is taught and communicated about at hospitals. Women should be given more empathy, and empowerment about **WHEN** they feed, whereby it should be a parent-directed approach. Using a parent-directed approach to feeding, babies are of course always fed if they are hungry, but feeds can be spaced to a more manageable, thereby avoiding many other breastfeeding problems.

2. Post-natal care regarding breastfeeding needs more resourcing and emphasis. I felt that my follow-up community nurse was extremely busy, with not a lot of time to spend with me to fix my breast-feeding problems. My GP, while supportive, could not offer the time / coaching that I needed. Women with breastfeeding problems resort to using the Australian Breastfeeding Association helpline. And it is VERY difficult to try and describe the problems you are having over-the-phone. You need personal one-on-one coaching until you learn the skill.

For me, it was too late and I had to give up. I hope that your report will mean that action is taken, and that other women can receive better support and information in hospitals and better post-natal support.

I am happy to discuss my response in more depth if required.