

Please find following my experiences and thoughts on breastfeeding and formula feeding. I have had limited time to prepare my submission, with 3 children so young, but if there is any further information you would like regarding any of my points or experiences please contact me on the email address supplied.

I live in a small town in Central West NSW and over the past 3 years I have had 3 children. Through each pregnancy and each post-partum period, the message that 'breast is best' was heard loud and clear. I can't even remember when or where I first heard the catchphrase, but I know that from the time I picked up my first copy of a pregnancy magazine, or book, through to my appointments with the obstetrician, and visits with the community nurse in the weeks following birth, the many benefits of breastfeeding were espoused. Information on the local ABA was given at the hospital, and a talk given by one of the ABA leaders in my area during one of my hospital stays. I attended one meeting after the birth of my second child. I was, and am, pro-breastfeeding. I am also currently formula feeding my 4 month old baby and have been from the time she was 10 weeks old. I formula fed my other children from approximately 6 months of age.

I will attempt to fit my experiences within your terms of reference, however I believe the information on breastfeeding will always be available to those who research it. It is the information for those who are formula feeding, for whatever reasons, that is limited.

#### **The extent of the health benefits of breastfeeding**

As I mentioned in my introduction, the health benefits of starting breastfeeding are very well known to me. I always assumed that I would breastfeed until my child reached at least 1 year old (but probably not much longer than that, which will be discussed later in this submission). Other than suggesting more information being sold on the benefits of breastfeeding past the first few months, I have nothing to add.

#### **Evaluate the impact of marketing of breastmilk substitutes on breastfeeding rates and, in particular, in disadvantaged, Indigenous and remote communities**

As far as I am aware, no advertising of infant formula or the benefits of one formula over another is allowed (although I have seen the toddler formulations). This makes it difficult to select the best formula from a features-benefits perspective. The formula manufacturers have made the economic decision even more difficult, by each having their own scoop sizes and volume of prepared formula. How can the consumer tell which formula provides best value for money?

I admit to being lured by the advertising of bottles, since these have gone through some massive transformations with teat and bottle shape in the past few years. I, like any formula feeding mother, want the best and most recent developments for my baby and so after seeing advertising for a new type of bottle I conducted some research and went ahead to buy.

However advertising for bottles and lack of advertising for formulas didn't have any effect on my decision to discontinue breastfeeding.

I was saddened and angered by the decision of a popular parenting magazine to cease advertising and information on bottles, formula, dummies and teats. Again, I do not believe that mothers today, with all of the information of breastfeeding that is easily accessible (even to me in a rural/remote area), make the decision to swap to formula lightly. By restricting the advertising and information available on alternatives to breastfeeding, I believe that it will only make mothers feel more guilty about a decision that may physically be out of their control.

#### **The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding**

When reading reports about the cost of parents who formula feed to the health system, I wonder under what circumstances these studies were conducted? Were the studies looking only at the health of the infant, or also the health of others within the family?

I chose to formula feed my third baby at only 10 weeks. Thanks to the information available on the benefits of breastfeeding my baby, I was and am fully aware of the health disadvantages I am causing my child. The reason I chose to formula feed my third baby

was in consideration of my other 2 children (then aged 2 years, 9 months and 18 months), and their development and health.

I was spending 45 minutes every 2 hours of the day breastfeeding my infant. I was waking every 3 hours at night to feed, and most of the time falling asleep while feeding my infant on the recliner, waking to find her rooting around for her next feed. Because I wasn't sleeping at night, the following day I was very short tempered and just physically drained. I wasn't spending any quality time with the older children, and their diet and my own diet was suffering through me being too exhausted and too busy to prepare wholesome meals. Feeding for that amount of time during the day also didn't leave any time to be doing anything with the older children, so for those first 10 weeks we watched a lot of children's television and rarely left the lounge room. The stress of feeling I was letting down my older children, combined with a poor diet, lack of exercise and lack of sleep also contributed to lots of arguments with my husband.

I do not believe that the health benefits of breastfeeding one infant outweighs the health needs of the rest of the family.

While some people may argue that this circumstance is a result of poor family planning, I will add that my second and third child were conceived while breastfeeding, and while taking the mini-pill contraceptive as prescribed. An additional benefit of me changing to formula for my third child was being able to return to a full strength contraceptive pill.

### **Initiatives to encourage breastfeeding and Examine the effectiveness of current measures to promote breastfeeding**

Limiting the information available to those interested in bottle-feeding, in order to leave breastfeeding as the only viable option, is both discriminatory and potentially dangerous.

I never had any difficulties in attaching or feeding my babies initially. The midwives at the hospital were a great support. From the moment each child was born (and initial checks were done) they were placed on my chest and encouraged to feed. They were available day and night at the hospital to help with attachment issues, videos were available on breastfeeding, and an ABA talk was arranged for all mothers interested in breastfeeding. I was encouraged to stay in hospital for as long as I felt necessary, and one main consideration of this was that I was comfortable feeding. In fact, when it was time to leave the hospital where I had given birth to my first child I was discouraged from going home and rather transferred to my local hospital. The reasoning for this was that my milk had not yet come in, and they were concerned that once it did I would have problems with feeding. Once I left the local hospital, I had home visits from the community nurse who was also very encouraging to continue breastfeeding.

The decision for me to breastfeed was a natural progression from carrying the child inside my body. Once the child gets older, however, it becomes less of a natural feeling to be the sole provider of food for the child. This is why I never envisaged myself feeding a toddler. To encourage breastfeeding of older children I think that the benefits of feeding an older child need to be sold to mothers. The current marketing of breastfeeding focuses more on the decision to start breastfeeding, and not to continue 'beyond teeth' (as my sister described her thoughts on weaning as her son grew teeth). I don't recall seeing much marketing of breastfeeding beyond babyhood. It could be that as the baby grows they become more predictable, and so the image of a woman feeding her child in public is restricted to infants and newborns.

The reasons I finished breastfeeding for my children are listed below, with some possible counter-initiatives:

#### Poor milk supply

A person with abundant milk supply would not need to feed their baby every 2 hours (outside of the initial establishment of breastfeeding) like I did. I never experienced engorgement or leaking breasts. People with suspected poor milk supply should be directed by their doctor or community nurse to try different methods of increasing milk supply, including herbal teas, fenugreek capsules and drugs (such as maxalon - which I was given in hospital). When these methods fail I believe they should be then supported to decide whether to trial formula or supported in their decision to continue feeding so often.

In suggesting formulas to trial, I believe the doctors and community nurses need to have current knowledge of the most recent developments and improvements in formula feeding. In my experience, no one was able or willing to give me any information on formula, believing it to be inferior to breastmilk. I don't dispute this, I just believe that it is my right to have access to the information that will make feeding my child easier and the most beneficial for my child.

#### Stress due to poor milk supply

I understand that maternal stress can make it even more difficult to maintain a good breastfeeding relationship, however when you are experiencing it it is very difficult to turn off these feelings of stress and inadequacies in feeding your child.

I know that in times past, nurses would encourage the weighing of a baby before the feed and again after the feed to determine how much milk was taken during the feed. I don't think that this would be a bad thing to try when a mother is experiencing stress due to feeding. This way, the doctor or nurse could ascertain whether or not the baby really was getting enough breastmilk to thrive and suggest other reasons for the baby not settling or having more frequent than typical feeds.

Mothers of today recognise that doctors and nurses will often promote the breastfeeding cause over what is really best for their baby. If permission was given for these health professionals to assess each case as they were approached, then mothers might not be scared to ask them about suspected poor milk supply and supplementary feeding. Even after having 2 older children, I was nervous and anxious about telling my community nurse at my 3<sup>rd</sup> baby's immunisations that she was now being fed formula. Taking away the pressure to breastfeed exclusively would alleviate some of the maternal stress.

#### Needs of other children put before breastfeeding

As mentioned previously, I chose to put the needs of my 2 other young children ahead of breastfeeding my 3<sup>rd</sup> child. This decision was not made lightly, and if I could have thought of any alternatives to this then I would have tried those before making the switch to formula.

I also have a lot of family support, living within 200m of family and having both sides of the family living in the same town.

Perhaps with the other initiatives to un-demonise alternatives to breastfeeding I could have been advised on how I could use both formula while increasing my milk supply, to enable a return to breastfeeding at a later date.

#### Return to higher dose contraceptive

The pill is currently the only contraceptive to work for me. If other alternatives become available that are suitable to use with breastfeeding I will be investigating these before my next pregnancy. Fear of becoming pregnant again, and having 4 children under 4, did contribute to my decision to start with formula. It was a relief to be able to use a contraceptive that worked for me.

I hope that some of my experience of breastfeeding and formula feeding can be used to help determine a strategy that encourages breastfeeding without making those who choose to formula feed (for any number of reasons) feel as though they are harming their baby.