



I thank the House of Representatives Standing Committee on Health and Aging for the opportunity to submit my thoughts, experiences, insights and recommendations to the Inquiry on Breastfeeding.

I am the homebirth Mum of a two and half year old son, who is still breastfed and who will probably continue to be breastfed into the foreseeable future, as will any future children I may have. I am an active member of the Home Midwifery Association (Inc) Queensland; Editor of 'Down to Birth' a grassroots natural birth and parenting magazine; a passionate and committed homebirth and breastfeeding advocate; and friend to women who have both breastfeed and bottle feed.

My breastfeeding career has been a long one, by today's standards, though quite short among the community of women I belong to. It has been a journey that has been both blissful and difficult – a very common theme among women who breastfeed. It is a decision that I have never, even in my darkest moment, regretted.

Breastfeeding has insured that my son and I are closely bonded. The importance of breastfeeding and bonding cannot not be over emphasized, especially in our current birthing climate that see almost one third of babies born by caesarean section. When women miss the opportunity to birth their babies naturally, breastfeeding and the skin-to-skin contact implicit in it, helps to create the bonds lost through birthing. A friend who breastfeed her first born, but not her second born commented, that she just didn't feel as close to her son (bottle fed), as she did to her daughter (breastfeed).

Breastfeeding has kept my son well and healthy. I'm proud to proclaim that my son has never had need to see a doctor and or to take antibiotics. He has never had an ear or respiratory infections that are so common among kids his age. His illnesses are rare, short in duration and mild in severity. Research shows that thanks to his extended breastfeeding he is unlikely to suffer from diabetes, obesity or asthma. Mounting research is showing that breastfeeding assists in reducing a woman's chances of getting breast, ovarian and uterine cancer. Breastfeeding creates a natural 'high' for Mums. I have been thankful for the wonderful oxytocic hormones that are released with each let down, that have helped me weather the trials of motherhood much easier, through being far more relaxed than I have ever been in my entire life. Breastfeeding also helped return my uterus to its normal size after birth and reduced the amount of bleeding I experienced after the birth.

Breastfeeding has saved our family budget hundreds of dollars over the course of Dylan's life. As a one income family – this has a big impact upon our budget, as does the limited healthcare costs associated with Dylan's general good health. I've never had to worry about where Dylan's next feed would come from while out, or having to keep his breast milk refrigerated, or worried it was the correct temperature when it was time for a feed. My breast milk has changed over the course of the day, over the months and years to be specifically tailed to meet his needs, at that exact feed. I remember poignantly last year in Cairns airport, a panicked new mother at the check in counter demanding to be put on another flight to Brisbane urgently, after our flight was delayed indefinitely. She needed

to get her connecting flight to New Zealand as she had only bought enough bottles of formula with her for the scheduled flight to Brisbane and the connection to New Zealand. I remember being relieved, seeing her, that I had never had to worry that we would run out of milk for Dylan.

Breastfeeding is not easy – it involves the sacrifice of a mother’s time, her personal space and freedom. To date, I have not spent a night away from my son, and the first extended period of time I spent away from him was at 15 months to attend a friend’s birth. In the first six months of life, Dylan fed every hour during the day and every two hours at night and then every two hours day and night after twelve months. There is little recognition of the huge investment mothers make in breastfeeding their children – or mothering their children for that matter. It’s little surprise that many women simply feel overwhelmed by breastfeeding and the commitment required to do it, and instead choose to bottle feed where the feeding can be shared around.

In the beginning it can be painful, frustrating and tiring. Dylan’s first attempt at breastfeeding left me with a large blister on my nipple – leaving me to feed off one breast while the other healed. This was at a time when both Dylan and I were learning the nuances of breastfeeding. For the first week I breastfeed, I had either blisters or grazes on my nipples that left me gritting my teeth and holding back my tears each feed. A friend’s gentle story of crying through her first two weeks of breastfeeding gave me the fortitude to deal with it. It was ten days before I could feed without pain or discomfort and I am so grateful to her shared experience. I also had a midwife who was incredibly supportive and encouraging through the early days – visiting me every day at home for the first three days after I gave birth, then every couple of days, but was always available by phone. I know of women who have breastfed through abscesses, recurrent bouts of mastitis, whose nipples have bled at each feed, who have lost chunks of their nipples and continued to breastfeed regardless – for them there was never an alternative to breastfeeding or quick fixes to the problems they were experiencing.

Breast is not seen as best – it’s seen as an option. People say to pregnant women, “Do you plan to breastfeed?” to which the reply is, “If I can!” Women have absolutely no faith in their body’s abilities to do what they have evolved to do. This is a flow on from women’s lack of trust and faith in their body’s to firstly birth their baby. My midwife asked me when I was 30 weeks pregnant if I intended to breastfeed. I thought at the time that it was an incredibly odd question to ask – what else was I supposed to do? For me there never was a decision to be made – I did want women have done throughout the centuries, fed my baby, then my toddler and now my ‘big boy’ son, from the breast. My midwife lent me books to read, so I was well prepared prior to having to breastfeed and also lent me a video once I had birthed. I felt well prepared and educated to being my breastfeeding career.

Breastfeeding is generally not supported by the wider community and women often find even friends and family are unsupportive of their desire to breastfeed. We lack in our visual media and simply in every day life, women breastfeeding – reinforcing that it is the natural, and the optimal food source for not just for our babies, but our growing children.

In movies and on TV babies are bottle fed. A good proportion of my generation, including myself, were bottle fed as children and we have simply lost the 'culture of breastfeeding'. I was lucky enough to have been surrounded by fantastic role models throughout my pregnancy – ordinary every day women, breastfeeding children of varying ages, through the homebirth support group I attended every fortnight. In this circle breastfeeding was normal, encouraged and appreciated. It was discussed openly and honestly – the pleasures and the pains. I have proudly breastfeed my son in public for his entire life. At two and a half however, I have had to stop breastfeeding him in public for fear that I will be harassed by someone, believing it to be disgusting or obscene. I don't mind going head to head with someone about the benefits of full term breastfeeding, but I refuse to have my son subjected to another's ignorance and possible verbal aggression. It simply isn't common knowledge that the WHO's recommend exclusive breastfeeding for the first six months of a babies life and for breastfeeding to continue for at least two years to two and a half years. That's ALL children, not just those in third world countries. It seems a sad irony, that as a country we knew the ins and outs of preventing SARS, as espoused by the WHO but are completely clueless about what is best for our next generation, as advocated by the same world body.

Breastfeeding doesn't always go smoothly and the ceassation of breastfeeding is often sought as the panacea for all the problems encountered with new babies:

- they don't sleep (despite the fact that short sleep and wake cycles are physiologically normal for babies),
- they cry too much (despite the fact that this is a baby's only means for communication and their only outlet for expelling built up stress)
- the baby has bad wind or is colicky and difficult to settle (often a result of their Mum's diet which can be easily evaluated and changed by taking things such as dairy and gluten out of her diet)
- the baby 'weaned itself at 3 months' (when babies cognitive abilities develop to include the world outside of their mother).

Dylan stopped feeding during the day at four months, when he became interested in everything – everything but my breasts! For six painful days he would quickly have a drink, which resulted in a let down and then turned his attentions to whatever had caught his eye. I stood in a pool of breast milk on a colleague's deck during a meeting after one of these instances. He would then feed continuously at night to make up for it. Despite the acute pain and engorged breasts – I never thought for a moment that Dylan would starve himself, or was trying to wean himself, or that I should simply give up breastfeeding. On the seventh day things returned to normal but for many months I couldn't breastfeed anywhere with lots of activity or in new and exciting surroundings. A similar event happened to a friend who knowing no better assumed her daughter no longer wanted the breast, and gave her a bottle instead.

Women 'lose their milk', women don't have 'enough milk' and breastfeeding is 'intolerably painful'. Other than in the rare case where a woman does not receive the hormones or has damage to her breast tissues, good nutrition, rest, plenty of water, herbal or natural remedies and most of all, love and support that increases her confidence and

information can help her make sense of her breastfeeding difficulties, can overcome these Western societal breastfeeding afflictions. This holistic and supportive option at many early childhood health clinic, seems to be on the bottom of the list – the quick fix is formula. One lady I know wasn't eating or drinking, and wasn't getting enough sleep – plus worrying about her milk supply and recovering from a traumatic caesarean section. Her milk supply was faltering, but she was committed to breastfeeding. Rather than finding a sympathetic ear at her health clinic, she was told 'She was starving her daughter, to go straight from there and buy formula'. Defeated and very upset, she did just that. This terrorizing is unprofessional given that a starving, anxious and unrested mother, will produce a hungry, stressed and unsettled baby. There seems to be many professionals who deal with vulnerable women with breastfeeding problems, who provide misinformation, use out of date techniques (such as feeding and weighing) to determine a woman's milk supply, who lack empathy or compassion, are condescending, who goad, terrorise or force women to make decisions on the spot about their breastfeeding future.

I use my best friend's experience as an example, of how things could and should be different.

My friend had problems breastfeeding her first born and gave up when her daughter was six weeks old, in preference for a bottle, after exhausting all avenues available to her at the time and with the information that she had been given. She simply 'didn't produce enough milk'. During her second pregnancy she was determined to breastfeed. It didn't go smoothly. Although having a wonderful birth at the local birth centre, the funding for the birth services there does not include post natal care – so she was unable to call on her trusted and knowledgeable midwife for help in the early days. She struggled on for a month until a visit to the local baby clinic, out of sheer desperation, showed that her son had not regained his birth weight. She had wanted to call on the services of a lactation consultant early on, however there were not the additional funds in her house to do that – her husband had just been made redundant and they were barely making their mortgage payments and living expenses. When it became a crisis at four weeks old, she did seek out a lactation consultant and paid the \$60 for the visit. The lactation consultant gave her a lot of information, practical advice and help with positioning and feeding techniques. She also gave my friend the confidence that she *was* able to breastfeed. The lactation consultant also asked if she had a friend who could help out with supplementary feeds, as my friend was adamant she would not give her son formula.

For two weeks, I spent the afternoon at my friend's house breastfeeding her son – something almost unheard of today. I didn't have a newborn baby, with the fat rich milk as Dylan was 7 months old by this stage, but I did have breast milk. It was one of the most amazing experiences for me and something that has closely bonded our two families together. In two weeks, with the help from the lactation consultant, sup feeds from me and a renewed confidence in her abilities, my friend's son weighed in half a kilo heavier. She later told me that the solution that was given to her by her family, including her husband and her friends, was to just 'put him on the bottle', just as she had done with her daughter. It hasn't been an easy two years for my friend and her son, he was what is

termed 'a high needs baby' but throughout it all he has remained breastfed. She has been a committed member of the Australian Breastfeeding Association throughout, whose support, information and friendship she could not have done without. My friend says she has never regretted choosing to stick with breastfeeding and at two her son is still breastfed; he is a tall, happy and burly young boy with a wicked grin that he loves to share with everyone, especially when he's having a boobie.

My recommendations to increase the breastfeeding rates in Australia include:

- Legislate to ensure that all women are able to have a minimum of two years unpaid maternity leave with six months of that, paid maternity leave to give all women the opportunity to exclusively breastfeed their babies for the first six months of life.
- Ensuring that all babies, who are not critically ill at birth, are kept in skin-to-skin contact with their mother from birth – as per the Baby Friendly Initiative.
- Providing all women with publicly funded one-to-one midwifery care, whether it be in hospital or at home, to firstly reduce the rates of caesarean section (known to impact breastfeeding rates detrimentally), secondly to decrease the interventions currently used routinely in birth, thirdly to empower women to believe in the capacity of their bodies to birth and then nourish their babies, and finally to give continuity of care into the post partum period, when a woman is most vulnerable and in need of support.
- In the interim, provide a sustainable ratio of lactation consultants to post partum women in every Australian hospital, so every newly birthed mother has access to accurate and supportive guidance in the early days of breastfeeding.
- Provide publicly funded lactation consultants who are able to visit mothers at home in the first months of their baby's lives.
- Provide medicare provider numbers for private lactation consultants so women never have to worry if they can budget the expense to see a consultant.
- Insist that the new WHO weight/growth tables be used for breastfed babies in all health care centres across Australia.
- Ban the provision of all formula in trial/sample sized packaging.
- Restrict the sale of formula to pharmacy only purchases.
- Place on formula a tax or levy, as a down payment on future medical costs as a consequence of not being breastfed.
- Ban all advertising of infant and toddler formula in both the electronic and printed media – including the sponsoring of events, along the lines of the bans on smoking sponsorship of sporting events.
- Incorporate extensive information on breastfeeding into ante natal education – endorsed by the Australian Breastfeeding Association
- Increase social support for women who breastfeed.
- Increase the funding currently offered to the Australian Breastfeeding Association in recognition of the huge contribution the association, and its volunteer counselors and educators provide to the community.
- Produce a public health campaign – that shows women breastfeeding, which aims to educate women to the benefits of breastfeeding, not only for their baby but for

their long term health. Education that is truthful also about the realities of breastfeeding.

I fear that breastfeeding rates will not rise, until women are allowed trauma free birthing experiences and are given the time and space to mother their babies – free from financial or career concerns. When women are again honoured and valued for mothering, perhaps more will make the commitment to breastfeed, the true essence of motherhood.

Submitted by Jodi Cleghorn

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