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This problem is multifaceted, but I wish to focus on the health care crisis which is escalating in Australia, particularly in maternity care. This is even a bigger issue in rural and isolated Australia where any support is minimal.

The main caregivers for pregnant women are obstetricians. Obstetricians/General practitioners are the specialists in complications that arise before or through pregnancy that may lead to poor outcomes for mother or baby. They are trained as surgeons. Under this medical model of care women are being deprived of the fundamental education involved in pregnancy, labour, birth, and parenting. Women are experiencing medically managed pregnancies, labours and births and therefore which often results in birth trauma including caesarean section. We know from research that this type of care increases the risk of postnatal depression and post traumatic stress syndrome. Women who suffer these conditions are far less likely to breastfeed successfully for the minimum of two years as recommend by the WHO.

Furthermore, under this model of care women are birthing then being stranded without professional support after discharge from the hospital. Women are not being empowered through this model of care and certainly are not being encouraged to be self responsible choices, but rather they are told what they either are or aren't allowed to do. It is little wonder that under this medical of care women have very little faith in themselves to breastfeed. When problems arise with breastfeeding, obstetricians and general practitioners have received very little training into these matters (the male care providers certainly cannot relate from experience); therefore they cannot give appropriate nor accurate advice, unless they refer onto a lactation consultant. Furthermore, a general practitioner who suggests artificial feeding to a mother could be seen as a conflict of interest.

Women who birth under the care of an independent midwife are more likely to successfully breastfeed into the second year. This is because midwives are the specialists in normal pregnancy, birth and postpartum. They are the recommended caregiver as stated by the WHO. Under this model of care women see one midwife from conception through to 6 weeks postpartum. There is no confliction of advice, just a simple professional friendship where trust is the key. Women are supported in their home to birth and this confidence and empowerment continues to be seen through parenting and breastfeeding.

Recommendations:

- We need to adapt policy so that midwives in private practice can access insurance so that more midwives will work under this model of care.
- Midwifery care needs to be claimable through Medicare.
- Lactation Consultancy needs to be claimable through Medicare.
- Obstetric care needs to left to women that genuinely require this type of care.
- Pregnant women should have all their care including pregnancy, labour, birth and postpartum from one known midwife. This should be accessible to every pregnant woman across Australia.
- If a mother chooses to artificially feed her baby, it should be under a script from a lactation consultant (not a general practitioner) after counselling and discussion into why the mother feels the way she does. Support and encouragement could be all that is needed.
- Mental health disorders should be treated immediately with appropriate care and not wait and see approach.
- Funding needs to be given to recruit more midwives into the profession, especially in rural areas
- More funding needs to be given for midwives to train as lactation consultants.
- Medicare 16400 needs to be amended so that only midwives, and if clinically necessary general practitioners can provide care to women. Aboriginal health care workers and enrolled nurses are largely untrained and are not appropriate persons to be giving advice in pregnancy and postpartum issues such as breastfeeding as they lack the full training that only midwives have. This will stop some of the conflicting advice given to new mothers.
- Give women financial incentive to breastfeed past one year. For example if the woman is still breastfeeding at age one give (for example) $1000, at two years $2000, at three years $3000 etc and stop at 5 years. A little outlay is inconsequential in comparison to the escalating health care costs associated with artificially fed babies. This financial contribution will also assist mums to stay at home and nurture their children with their breastmilk.

These are but some suggestions to overcome breastfeeding issues in Australia. But as I stated previously it cannot be looked upon as one problem, breastfeeding is one aspect of a much larger problem. Breastfeeding issues need to be tackled and prevented from conception, not when trouble arises in the postpartum.

Kind Regards,

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I am also a tandem breastfeeding mother to two children, born 3/4/04 and 22/11/06. The first was born in a rural hospital under a midwifery model of care and the second child a home waterbirth with an independent midwife.