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Dear Ladies and gentlemen

I wish to focus on the following points

1. initiatives to encourage breastfeeding;

2. examine the effectiveness of current measures to promote breastfeeding; and

3. the impact of breastfeeding on the long term sustainability of Australia's health system

As a Maternal and Child Health Nurse (MCHN) I see several women in the community who sincerely wish to breastfeed but have many issues that prevent them form doing so.

1a. Firstly I wish to discuss a fundamental matter. Community perception of breast feeding in Australia has been very mixed. The tendency has been to see breasts as more as part of sexuality as opposed to also viewing it as an organ that is used for providing nutrition for babies. Some incidents have been recorded publicly in Victoria to demonstrate this point. The fact that a parliamentarian was not allowed to breastfeed in the Victorian parliament and a advertisement to advertise breastfeeding showing explicit breastfeeding had to be with drawn because of public protests are two incidences to highlight the prevailing perception.

A serious campaign to change this has to be launched if there is to be some progress towards a sensible view of this anatomical part of the woman. I do not by this, mean another poster campaign or advertisement on television sets. This has to be from the grass roots of the community where local communities are able to get together at a local level to discuss breastfeeding in the long term during the antenatal period. This is a strategy that has ongoing support in place as it is local. It has to include the partners, in-laws, other women and families that are involved with the baby.

1b. Most women who wish to breastfeed complain about particular things:

i. The lack of preparedness for this at the antenatal period as the focus is mainly on the delivery
ii. The shock of not knowing the art of breastfeeding; feeling totally lost as thee are no instructions to follow.
iii. The inability to attach the baby is a very common problem; attachment is a natural thing but can be complicated due to many factors including premature births. There is little time spent on this most important matter.
iv. The impact on surgical intervention on lactation is rarely clearly explained to women who do have this.
v. Support from partners, friends, and support network, where they exist is lacking. I have heard one man say that the breasts are mine not the baby's.

vi. There is lack of consistency in the guidance given to women at hospital and this may be due to a lack of continuity in staff or excessive use of casual staff. A focus on tick sheets about teaching the technique as opposed to sufficient guidance.

vii. The introduction of formula even in "baby friendly" hospitals at a very early age has complicated matters greatly. It says to the mothers: if it is a little difficult just use formula; it also says that it is easier to give formula than to breastfeed; it is easier to see how much a baby takes when giving formula as opposed to breastfeeding; the mothers are unconsciously lead to believe the ease with which the baby can be fed with formula as opposed to breastfeeding in the short term with no clear vision of complications that happen once they are discharged from hospital. Hospitals are also in the habit of almost automatically introducing pacifiers whish in some quarters is seen as interfering in the mechanism of attachment.

viii. General practitioners who lack knowledge about breastfeeding are a huge problem. As a MCHN I have spoken to many GPs who rely on our support for these mothers. When there is a problem these very same doctors have to be consulted to assist but they have little ongoing involvement with breastfeeding hence is difficult for them to assist women who have problems. The solution is always medical as opposed to a broad holistic approach. Many have recommended that mothers change to formula if they find it difficult to feed but again they do not realise that introducing formula comes with its own set of problems. This issue could be addressed if there is a team approach to the issue. Professionals need to be, as far as possible consistent. Consistence is a major issue for women who seek help.

ix. An early discharge form hospital has meant that majority of women leave hospitals with little or no knowledge of breastfeeding. They struggle till the MCHN connect with them in the community but till then many things go wrong which then discourages them from breastfeeding.

x. Early discharge has also meant that many women come home with a breast pump for handbag. This sets in place a number of things. Firstly they breastfeed then feed the baby with expressed milk if the baby is still hungry. Then they have to express more milk for future feeds. The baby feeds 3-4 hourly day and night. This sets up a disastrous pattern where the women is sleep deprived more than if she is fully breastfeeding; This can in many cases lead to triggering anxiety, depression, lack of confidence in the mother to be able to put the baby to the breast . If that is not sufficient it also creates issues within the family where the woman is not available to anyone else as she is totally taken up by the above mentioned tasks. The mother is not even available to herself never mind her partner. This results in exhaustion for the mother, desperation for other members of the family who are unable to engage with her as he becomes unavailable. Add to this visitors who stream in soon after birth. This family has to also cope with "well wishers" in addition to trying cope with all mentioned above.

xi. The fact that mothers are given a multitude of pamphlets advertising everything from talcum powder to furniture and free samples of many things for the infant means that these mother are too overwhelmed to actually see the most important message she needs: "How do I breastfeed?" "Where do I seek help?" Only today I met a woman who had two large plastic bags of commercial promotions with the SIDS pamphlet lost amongst it all. I had to sift through the advertising material before I could get to the SIDS pamphlet. There was not a single sheet of paper to clearly tell her where to seek help. The not so surprising thing was that the mother had just tossed the bags in a corner as she was too busy trying to establish breastfeeding.

xii. Different attitudes portrayed by professional about choices in feeding are confusing for these mothers who know little about feeding the baby. When formula is suggested as an option, never mind an easy option, it introduces a very tempting idea to a person who is exhausted and would do anything to get some sleep.

xiii. The idea that they have to travel to a "breastfeeding centre" for help is not so conducive when one has just been through a major experience in life, weather it is a vaginal birth or a surgical delivery. Most men would collapse at the thought of travelling/driving to a spot for help the day after a major procedure yet many women do it because of their commitment to breastfeeding. If the woman had a caesarean section then this is difficult as she is told that she cannot drive for 6 weeks. If a partner is available and is on leave tis is helpful but this not always the case.

xiv. The inability to get sufficient help early, is a major factor in the community.

xv. This area is also now becoming commercialised where lactation consultants are available for a cost. For those who can afford it this great but many cannot do so and find it easier to formula feed although this is in the end is also costly..

Social issues:

1. The other main issue I wish to address is the fact that many families become single income families after the birth of the infant. This has major impact on the family and the woman. Some of these are:

i. The woman who may have been working and enjoying an independent life suddenly has a person who is totally dependent on her. This comes as a big shock for many women. They suffer social isolation as their life pattern is turned upside down. They have been trained to go to work; they have studied so that they can work and earn money. They enjoy spending on themselves for themselves. Suddenly they cannot return to work in a hurry; they do not anticipate this. They may return but it may have to part time. They loose their income and they themselves become dependent on the partner. This has its own dynamics where they are reluctant to buy things fore them selves that they would have otherwise if they were self reliant. This re-introduces the age old notion "the man brings home the bacon". These feelings add to the breastfeeding woes as well breastfeeding difficulties simply exacerbating these issues for them.

ii. Formula feeding also means that they are able to retrieve some their independence and social life.

iii. Many women return to work because they want contact with other adults. The fact that many people's social life at work is very important to them. This means that many limit the breastfeeding to twice per day or give up altogether.

iv. In addition to the above many couples buy houses/renovate when the baby is due; this is additional stress. For both the financial burden is big and are forced to return to work to pay off the debts; for those renovating the chaos is a cause of stress. This adds to the woman stress suffered by the woman who is trying to breastfeed.

v. In some cases the workplace places the mothers under pressure to return to work as early as six weeks. In others the chances of ongoing career and promotion increases and feeding choices are made on this basis.

vi. The loneliness of caring for a child is experienced by many migrant as well. Many migrants do not have family here and this is a major problem for them at this time of their life. The maternal grandmothers are missing many families where usually they are relied upon for support.

vii. Many migrant who would have breastfed in their own country end up formula feeding because of the choice available and the fact that many woman form the non-Western countries have seen Westerners as leaders. If the West does it must be okay, if not better is the catch cry for many migrant families.

viii. Breastfeeding in public is still seen as an embarrassing act by many women. This relates to community perception.

ix. The linking of woman with breastfeeding difficulties to other women who have successfully breastfed is not currently a practise that happens at the appropriate time nor does it happen automatically.

x. The overall perception of mothers as valued citizens of this country is also a major issue. Many women when asked what they do? Answer, "I am ***just*** a housewife/mum. The notion that they are responsible for the next generation of Australians is lost in this. Breastfeeding is a big part of this notion. The importance of a woman giving birth not to just another baby but a citizen of this country who needs good and the best possible nourishment is lost. The importance placed on mothers as carers for the future generation is not easily recognised/or not at all recognised amongst new mothers.

Professional issues

While Australia, at an international level, has a proportionally large number of lactation consultants there seems to be little reflection of these abilities on the ground. Many professional obtain the certificate but do not practise or have lost touch with practice. Many may not be given the time to practice unless they are employed especially for this purpose. Breastfeeding must be a compulsory part of training for all professional practising in this area.

I personally have a difficulty with professionals having to obtain a certificate from the USA (although there are participating professional in this region) to be able to have a piece of paper declaring this skill. I as a MCHN have always practise guiding women and still continue to do so. Herein lays the debate of, to specialise or not to specialise. Without being parochial, I feel that Australia has its own talents and needs to utilise it more. Currently specialisation can be seen as an issue where the gynaecologist/obstetrician is there antenatally till birth then s/he sees the woman at 6 weeks (in some cases the GP does this). Then the woman goes from midwives to MCHN to paediatricians to hospitals. All of these people have special skills but do not work as a team.

Conclusion

There has to be a recognition of the pressures experience by the mothers who are trying to cope with a multitude of views, attitudes and suggestions is important. All health professional involved in the process must deliver as much as possible a consistent message.

Formula should only be seen as a very last resort as opposed to a choice offered upfront.

All the above does not mean that many women do not successfully breastfeed and that many partners/families do support the mother well. The issue here is how do we improve on this?

Breastfeeding should be promoted to a level that it becomes second nature to all persons including all adults relevant to that baby. The government has to have a holistic approach to the issue or else this issue will never be properly resolved. Many other countries like Sweden and Cuba has very successfully supported the mother to fully breastfeed for long periods. Australia, if serious about increasing breastfeeding has to learn from these countries