Submission no. 129
AUTHORISED: 28/3/07

Submission for the Inquiry into Breastfeeding

Prepared by Helen Perris
Date: 26th February, 2007

As a mother of a child under the age of one, I feel that my experiences with breastfeeding are current and relevant to the inquiry. My experiences and suggestions in this statement apply mostly to the following terms of reference:

a. the extent of the health benefits of breastfeeding;

d. initiatives to encourage breastfeeding; and

e. examine the effectiveness of current measures to promote breastfeeding.

My submission will be divided into three sections:

1. The contributing factors to my successful breastfeeding;
2. The stumbling blocks that threatened to hinder my successful breastfeeding; and
3. My suggestions for government action.

Section 1.
The contributing factors to my successful breastfeeding

I breastfed my son solely for the first six months of his life and have continued to breastfeed in conjuction with solid food meals as he approaches his first birthday. I intend to continue breastfeeding until it is no longer a viable option for the two of us.

The following is a list of factors that I believe have contributed to my ability to successfully breastfeed my son without ever using formula, milk substitutes or bottles. The list is ordered with regard to the weight of the contribution of each factor.

- ✔ *Family History*
  - → All women in my family have breastfed their babies. Breastfeeding was very visible for me as I grew up, so my perception was that breastfeeding was "normal".
  - → The experience of my female family members meant they were able to provide me with support and encouragement in my endeavour to breastfeed.

- ✔ *Education*
  - → As a highly educated woman, I took it upon myself to research the benefits of breastfeeding. I developed a keen understanding and appreciation of the importance of breastfeeding my child, which gave me the drive to succeed, even when it was very difficult.
  - → As my knowledge and understanding deepened, it gave me the confidence to ignore the outdated/illinformed opinions of medical professionals and laymen alike and continue with what I knew to be right and best for my child.
  - → My knowledge of breastfeeding issues enabled me to prevent mastitis when the first symptoms presented.

- ✔ *Finance & Work*
  - → I was able to take 14 weeks of full maternity leave at half pay, which extended my paid maternity leave to six months. This allowed me to fully establish breastfeeding without the financial stress, which may have required a return to work.
  - → I was in a good enough financial position to take additional (unpaid) leave in order to continue my breastfeeding past the six-month mark.

- ✔ *Support Network*
  - → See *Family History*
  - → I had (and still have) total support from my partner with regard to establishing and continuing breastfeeding. He had one week of paid paternity leave and then took four weeks of his annual leave to support me and bond with our son. This was extraordinarily helpful during this tumultuous time.
  - → I have a small, but strong support network of friends who have breastfed or are currently breastfeeding.
  - → I receive some support from online communities.

- ✔ *Professional Support*
  - → I was able to "room in" with my son, enabling me to demand feed.
  - → I had access to breastfeeding education in antenatal classes, run by midwives.
  - → I had some support from midwives in hospital and post-hospital.
  - → I had access to the Australian Breastfeeding Association (ABA) counsellors.

- ✔ *Temperament*
  - → My own personal determination to succeed in breastfeeding was crucial to overcoming the hurdles I encountered. Some would call it sheer bloody-mindedness. I would call it my need to do what was best for my child.

- ✔ *Fortune*
  - → Although I did experience problems with breastfeeding, I was not plagued with multiple afflictions that may have caused me to become overwhelmed and give up. I was also fortunate in my support network and personal knowledge which assisted me to deal with problems before I felt I had to resort to bottle-feeding.

As you can see by the above points, I am a very fortunate woman. Many Australians, not only those in marginalised groups, are in much less fortunate positions. I believe that my positive experiences should become the standard experience for childrearing women across Australia.

Section 2

The stumbling blocks that threatened to hinder my successful breastfeeding

- ✔ *Commonly occuring difficulties*
  - → My child had poor attachment which resulted in cracked and bleeding nipples. This problem was evident for the first three months of breastfeeding. Not enough attention was paid to the poor attachment of my son and my sore breasts and nipples were often dismissed as "normal". This problem should have been addressed immediately in order to prevent ongoing difficulties.
  - → I had early symptoms of the development of mastitis: blocked ducts causing painful, swollen and lumpy breasts. This occurred several times in the first six months of breastfeeding. Fortunately, by the time these symptoms occurred, I had the knowledge to prevent mastitis from occurring. Other women I know were not so lucky and suffered multiple bouts of mastitis, leading to them giving up breastfeeding.

- ✔ *Misinformation and Conflicting Medical Opinion*
  - → I was given many and varied opinions in the early days regarding how often to feed and how to attach the baby. Our baby was jaundiced and had problems attaching. My husband and I were given conflicting opinions about whether to let him demand feed or

to wake him up to feed. We were left feeling totally and utterly confused.

- → I was continually being told by midwives and clinic nurses that my supply was probably inadequate, even though the only indicator for that was my son's slow weight gain. Indicators such as his temperament and developmental milestones were ignored, as were indicators such as a genetic predisposition to being small.
- → While the World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of an infant's life, our paediatrician suggested to me that I should switch my then four-month-old to formula, stating that I'd "almost reached the 6-month mark" and that he'd gotten all the health benefits from breastfeeding already. This is clearly false. According to Dewey, "breastmilk continues to provide substantial amounts of key nutrients well beyond the first year of life, especially protein, fat, and most vitamins." In their papers, Mortensen and Kneidel refer to breastmilk providing protection against afflictions such as obesity, illness and allergy well into toddlerhood.
- → All medical professionals that we encountered referred to the 40-year-old charts for weight gain, which were based mostly on formula-fed infants in the US. In fact, they were slaves to these charts. When I mentioned the charts derived from recent WHO research, these were ignored. Consequently, I was being constantly fed misinformation about my son's nutritional needs and growth patterns. As measured against the new WHO charts, my son was not in any dire situation, in fact, he was perfectly normal, especially considering his genetic make-up.

✔ *Medical Professionals Undermining Breastfeeding*

- → I was continually offered the "choice" to switch to formula. In addition to the paediatrician's advise above, clinic nurses and midwives also suggested a switch to formula. This was despite the fact that I had strongly stated that I wished to solely breastfeed.
- → Supplementary formula feeds were pushed by midwives and clinic nurses. This is a dangerous practise as it can interfere with the natural supply and demand of breastmilk.
- → As a result of the constant referral to out of date weight charts (see *Misinformation and Conflicting Medical Opinion*), I was continually told that breastfeeding my son on demand was "inadequate for my child", and that my milk "wasn't good enough".

✔ *Inadequate Professional Support*

- → In the operating theatre, I was not given the opportunity or the support to place my son to my breast immediately after birth. This has been stated by many reputable researchers and medical professionals[1] as a crucial time in the establishment of breastfeeding as well as aiding delivery of the placenta and stabilising the baby's body temperature.
- → Midwives in the post-natal ward were not always available to assist and support in the establishment of breastfeeding whilst I was in hospital. I was often not able to reattach my baby in the middle of a feed and would not get the assistance to do so. This is a very common problem.
- → I was supposed to receive regular home visits by a midwife upon my discharge from hospital as part of the post-natal care of the Canberra Midwifery Program. I received only two visits over the course of 3 weeks. All other scheduled visits were cancelled or rescheduled and moved to the hospital for reasons of convenience to the overworked staff. This was very stressful and I was not able to relax to feed in this environment, which was obviously not conducive to a good letdown reflex, necessary for breastfeeding.

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1 See website references at the end of this section.

- *Public Attitudes and Pressures*
  - → I encountered many backwards attitudes with regard to breastfeeding in public. Breastfeeding is not sordid or sexual, yet the opinions and attitudes of many people make women feel uncomfortable about doing what is natural and best for their child. These attitudes included:
    - You shouldn't breastfeed in the presence of children or teenagers.
    - Other people "seeing your breasts on display" is "disgusting".
    - Seeing someone breastfeed is a "turn on" for men and teenage boys because "they can see your breasts".
  - → I was called a "breastfeeding nazi" for discussing breastfeeding issues in public.
  - → Low visibility of breastfeeding does nothing to curb these attitudes. A friend of mine succinctly said, "this is *why* the women in our society are having such a hard time getting their babies on the breast in the first place. It is not depicted as normal to breastfeed on demand so our culture has placed a subconscious shame within us at using breasts to do what they were intended to do, which is feed babies and young children."

- *Misinformation about solids*
  - → While the WHO recommends exclusive breastfeeding for the first six months of an infant's life, there was an incredible amount of pressure from other mothers as well as medical professionals to introduce solids before the age of six months. Some mothers I knew started their children on solid foods from the age of three months. This is a very dangerous practice.
  - → With solid baby foods being labelled "from 4 months", this only encourages the misinformation.

- *Discomfort*
  - → Limited access to comfortable facilities in public areas discourages breastfeeding. Dedicated parents' rooms, while useful, are not necessarily the only option, as they tend to make breastfeeding "secret" and hidden.
    - Several times, I was caught out with a hungry baby and could not find a comfortable place to breastfeed. I had to return to my car and feed in the car park or drive home to feed him. This situation is not conducive to demand feeding.
    - Many public places have parents' rooms that are impossible to find unless you are very familiar with the area. Staff are not often not willing to assist mothers to find the parents' rooms or don't even know the location of the facilities themselves.
    - Some parents' rooms are poorly maintained, dirty, smelly and not welcoming.
    - Security guards and other staff have been known to approach women breastfeeding on bench seats in shopping centres to "move them on".
    - Most cafes will not allow you to sit on their seats unless you are ordering for yourself, even if the cafe is empty.
  - → There is a limited range of affordable, comfortable and fashionable clothing that is conducive to breastfeeding. This can also discourage women from continuing to breastfeed because it is "a hassle" to breastfeed discretely in public. I know several women who have cited this as one of the reasons for weaning onto formula before their child was six months old. I was able to overcome this through making my own breastfeeding clothes, but most women do not have the skills or the time to do so.

References:

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Section 3
Suggestions for supporting and facilitating breastfeeding in the community

- ✔ *Breastmilk and Breastmilk Substitutes*
  - → Limit the availability of formula/breastmilk substitutes to pharmacies.
  - → Recommend that formula/breastmilk substitutes should not be displayed at eye level.
  - → Establish milk banks in all major cities so that women with genuine breastfeeding difficulties can still access breastmilk.
  - → Ban the marketing of Toddler Formula and any marketing of breastmilk substitutes not already covered by current legislation.

- ✔ *Solid Baby Food*
  - → Mandate that baby food currently marketed for 4-6 month old babies be relabelled "From 6 months" and ban the sale of foods marketed to children under 6 months.
  - → Legislate the warning "Not recommended for children under 4 months" on baby food labels be altered to "Not recommended for children under 6 months" to comply with WHO standards.
  - → Educate the community regarding the dangers of introducing solid foods before six months.

- ✔ *Medical Training and Professional Development*
  - → Mandate the adoption and use of the current WHO charts by health professionals across the board.
  - → Provide continual professional development for all health professionals dealing with pregnancy, birth and maternal and child health so that midwives, nurses, OBGYNs, GPs and paediatricians all have the same current information about breastfeeding.
  - → Ensure medical training programs are teaching current information about breastfeeding.
  - → Provide consistent funding to the ABA in order for their consultants to be provided continual professional development, keeping their skills and knowledge current.

- ✔ *Professional Support and Funding*
  - → Enable the facilities for all mothers to room in with their child, in order to facilitate demand feeding.
  - → Increase the number of trained midwives and lactation consultants in maternity wards and birth centres to ensure that all new mothers are given enough support and attention to establishing breastfeeding.
  - → Provide enough funding to enable mothers to stay in hospital or birth centres until initial breastfeeding problems are overcome, if they wish to stay.
  - → Provide funding to cover frequent home visits by fully-trained on-call lactation consultants post-discharge, until breastfeeding is established.
  - → Subsidise ABA membership so that it is free or at the very least, affordable for all

women, especially those at risk.
  - → Provide additional funding to the ABA in order for more chapters to run, therefore, servicing more women in more areas, particularly remote areas.

- ✔ *Public Education*
  - → Mandate that all antenatal programs contain appropriate education to support breastfeeding, including demonstrations and "how-to" guides.
  - → Campaign across all media for promotion of breastfeeding to combat myths and societal attitudes (perhaps some of the high-profile women involved in the promotion of the Gold Coast Milk Bank would be willing to be a part of this).
  - → Recommend that public places be baby- and breastfeeding-friendly for higher visibility of breastfeeding, which will, in turn, eventually result in breastfeeding being seen as "normal" and therefore encourage more women to breastfeed.

- ✔ *Workplace Support*
  - → Introduce compulsory paid maternity leave (14 weeks with the option of taking the leave at half-pay for 28 weeks) across the board to allow women to properly establish breastfeeding.
  - → Introduce compulsory paid paternity leave (2-3 weeks) to allow fathers to support the establishment of breastfeeding.
  - → Recommend that workplaces release fathers for paternity leave when it is necessary, not when it is convenient for the workplace.
  - → Increase support for the child care industry to allow working mothers to put their children in on-site or near-site child care to facilitate continued breastfeeding.
  - → Recommend workplaces accommodate regular lactation breaks in order for the mother to feed her child at the on- or near-site care facility.
  - → If no on- or near-site care facility is available, recommend the provision of facilities to pump and store breastmilk and the flexibility for working mothers to do so discretely and when required.
  - → Encourage businesses to put flexible working arrangements in place such as bringing your child to work or working from home to promote the continuation of the breastfeeding relationship.

Conclusion

Although the experiences listed in Sections 1 and 2 are my own personal experiences, they paint a picture of a society unsupportive of, and uneducated about, breastfeeding. Whilst I had many hurdles to overcome, I also had a great deal of support and knowledge largely due to my education and family history. For those not surrounded by a culture of breastfeeding, these hurdles would be detrimental to the breastfeeding relationship. Current measures to promote breastfeeding are insufficient. The misinformation perpetuated by medical professionals in conjunction with deep-rooted societal attitudes have undermined breastfeeding in Australia.

In this submission, I have only touched the surface of the health benefits of breastfeeding, but these benefits, to mother and child, cannot be ignored. Major initiatives to encourage breastfeeding, such as those outlined in Section 3, must be put in place to ensure the future health of all Australians. Reversing the cycle of myth and misinformation will, no doubt, have long term effects on societal attitudes and health. Provided breastfeeding is not undermined by industry or inadequate training of medical professionals, a culture where breastfeeding is accepted as the norm will eventually be self-perpetuating.