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Submission of Penelope Curtis to the House of Representatives Standing Committee on Health and Ageing, Inquiry into Breastfeeding

My name is Penelope Curtis. I am a mother of two children, Madeline, 3 years and Charlotte (2 months), both of whom I currently breastfeed.

I have concentrated in my submission on your terms of reference (d.) initiatives to encourage breastfeeding. I think that there are a number of initiatives in relation to your terms of reference (d) where Federal Government and State Government funding (I recognise this is a Federal inquiry) could better and further encourage breastfeeding.

- Free breastfeeding classes before birth for both parents
- Use language in breastfeeding education that promotes breastfeeding as normal and optimal
- Increased funding for after birth support for breastfeeding to be provided through midwives, child health nurses, lactation consultants and government funded peer support programs
- Funding a national Breastfeeding Helpline

Free breastfeeding classes before birth for both parents

The government could fund antenatal classes for parents to attend which specifically provide breastfeeding information. I recall going to a free one hour hospital class on breastfeeding before the birth of my first daughter. All I remember now is the mother with the six week old baby who came to the class to show us that no matter how birth turns out you can breastfeed. As breastfeeding is a learned skill seeing other women breastfeed is so important.

Such classes would have the potential for women to meet or have the contact details for local help if there were breastfeeding difficulties after birth. With my second pregnancy I received antenatal care through a community midwifery program. Unfortunately no routine breastfeeding education class was provided, instead, there was a charge for such a class. I feel that government funding of such classes would empower women to recall who to contact after birth for breastfeeding help, rather like a breastfeeding plan as a compliment to a birth plan. Such breastfeeding classes would only be effective if run by health professionals or educators with continuing education in breastfeeding as new research changes breastfeeding suggestions on a yearly basis.

It is vital that father realise that breastfeeding is normal and optimal for the development of their child. An antenatal class is an effective time to make an impact on the decision of parents after birth. The following study showed that "a woman's intention to breastfeed is strongly and positively affected by the significant other's infant feeding preferences" http://jhl.sagepub.com/cgi/content/abstract/11/2/103 Journal of Human Lactation, Vol. 11, No. 2, 103-109 (1995), 1995 International Lactation Consultant Association, 'The Effect of a Woman's Significant Other on her Breastfeeding Decision', Lisa A. Kessler, DrPH, Andrea Carlson Gielen, ScD, Marie Diener-West, PhD, David M. Paige, MD, MPH.

Use language in breastfeeding education that promotes breastfeeding as normal and optimal

It important that any breastfeeding classes, or government breastfeeding promotion, use the most effective language to convey the message that breastfeeding is optimal nutrition for infants. To not breastfeed is to expose mother and child to a variety of health risks which can be minimised by breastfeeding. It is important in breastfeeding education that we use the term risks rather than choices, as in this case all choices are not equal. For further explanation about the dangers of using education models such as the 'benefits of breastfeeding' see

http://www.het.brown.edu/people/kjp/stuff/watch_your_language.htm ""Watch your language!" by Diane Wiessinger, MS, IBCLC, July-August edition of CCL Family Foundations, 1996.

Increased funding for after birth support for breastfeeding to be provided through midwives, child health nurses, lactation consultants and government funded peer support programs

Greater after birth support for breastfeeding is required more than ever with the increasing rates of epidurals administered and the resulting opioids reaching the babies blood stream via the placenta. Studies show that some of the opioids used in epidurals, such as fentanyl effect the new born infant and their ability to establish breastfeeding see: http://www.internationalbreastfeedingjournal.com/content/1/1/25 'Infant feeding and analgesia in labour: the evidence is accumulating', Sue Jordan School of Health Sciences, Swansea University, Singleton Park, Swansea, UK International Breastfeeding Journal 2006, 1:25
"The findings support an association between administration of epidural fentanyl and feeding infant formula: babies were exclusively formula-fed by 1/51 women who received 0–100 mcg fentanyl, 3/54 women who received 20–350 mcg fentanyl, 10/52 who received 75–350 mcg fentanyl ($p = 0.002$)." Increased funding for breastfeeding support is needed to match the rise in the use of epidurals. Women should also be specifically informed of the effect of epidurals on their baby and ability to feed after birth.

The Federal Government needs to investigate measures that it can take through Medicare to provide greater access to quality breastfeeding support, such as Medicare rebates for lactation consultant visits. A friend of mine recently gave birth for the second time and is now successfully breastfeeding a 3 month old, whereas she did not have the support or information to be successful the first time. My friend paid $180 for ongoing help with a lactation consultant. My friend has saved the health system in dollars cost by breastfeeding her child as compared to hospital admissions for gastro-enteritis of infants fed formula.

If midwives, child health nurses and doctors are to provide after birth support for breastfeeding they must receive continuing education in relation to breastfeeding. So much of what we know about breastfeeding has been transformed in the last ten years that it is impossible to provide quality support for breastfeeding mothers without ongoing education. Read outstanding Australian research conducted at the University of Western Australia which has widened our understanding about breastfeeding in a significant way:
http://pediatrics.aappublications.org/cgi/content/full/113/2/361
PEDIATRICS Vol. 113 No. 2 February 2004, pp. 361-367, 'Ultrasound Imaging of Milk Ejection in the Breast of Lactating Women' Donna T. Ramsay, Dip, Jacqueline C. Kent, PhD, Robyn A. Owens, PhD and Peter E. Hartmann, PhD
http://pediatrics.aappublications.org/cgi/content/full/117/3/e387
PEDIATRICS Vol. 117 No. 3 March 2006, pp. e387-e395, 'Volume and Frequency of Breastfeedings and Fat Content of Breast Milk Throughout the Day' Jacqueline C. Kent, PhD, Leon R. Mitoulas, PhD, Mark D. Cregan, PhD, Donna T. Ramsay, PhD, Dorota A. Doherty, PhD and Peter E. Hartmann, PhD
Ask yourselves what can the Federal Government support do to further support such world leading research? The Federal Government should investigate scholarships and or further research grants for breastfeeding research.

It is clear to me from my experiences with a local child health nurse and a local doctor at one stage that ongoing and continuing education on breastfeeding is

needed for health practitioners who offer professional advice in this area. I consulted a Dr for a neck injury when my daughter was 18 months old. The late 20s early 30s female Dr advocated to me the health benefits of weaning my toddler. The doctor clearly had no idea about the nutritional, immunological and emotional importance of breastfeeding a toddler. I was amazed but sadly disappointed that at that time as a trainee volunteer breastfeeding counsellor I had read far more information and research on breastfeeding than a GP in a busy practise in an area with many young families. The federal government needs to fund and encourage ongoing education for child health nurses and doctors to keep pace with current research and changes in practice for breastfeeding.

Peer support programs are a highly cost effective but also a highly effective method of supporting mothers to continue breastfeeding. I quote the conclusion of the following study in full as it highlights the importance of women being able to relate and see face to face other women breastfeeding.
http://www.ingentaconnect.com/content/bsc/hex/2000/00000003/00000004/art00108
'A qualitative study of women's views about how health professionals communicate about infant feeding', Authors: Hoddinott P, Pill R, Source: Health Expectations, Volume 3, Number 4, December 2000, pp. 224-233(10)
"The infant feeding goal for many women is a contented, thriving baby. In contrast, women perceive that the goal for health professionals is the continuation of breastfeeding. These differing goals can give rise to dissatisfaction with communication which is often seen as 'breastfeeding centred' rather than 'woman centred.' Words alone offering support for breastfeeding were often inadequate and women valued practical demonstrations and being shown how to feed their baby. Spending time with a caring midwife with whom the woman had developed a personal, continuing relationship was highly valued. Women were keen to maintain ownership, control and responsibility for their own decision-making about infant feeding."

Being able to connect with other women to provide informed breastfeeding support is highly valuable. My own experience is that a local peer led breastfeeding support program is a great health initiative that deserves continued funding and should be used as a model for further funding. The local peer led breastfeeding support program has been established in an area of socioeconomic disadvantage where there are higher concentrations of migrant and indigenous populations. The peer led volunteers are trained on the latest breastfeeding information and then matched with women referred to the program of similar age or cultural background which results in a higher success rate because the women referred can identify with the women that they receive suggestions and help from.
http://www.ngala.com.au/content.php?page=27
"Ngala, in partnership with North Metropolitan Area Health Service and the Australian Breastfeeding Association, through Communities for Children and the Smith Family, has developed this volunteer, Peer-Led Breastfeeding Support Program.
Communities for Children is funded by the Australian Government under the Stronger Families and Communities Strategy.
The Peer-Led Breastfeeding Support Program is a free service which is available to all families who live in the suburbs of Balga, Girrawheen, Koondoola, Westminster and Mirrabooka."
It would be valuable for members of this committee to talk to people that run such peer led support programs to help answer your terms of reference (b), examine the outcomes of such peer led programs and see how such programs could take place right across Australia.

Funding a national Breastfeeding Helpline

Funding such a helpline is a cheap but cost effective way of providing early help and referrals for breastfeeding queries. As a volunteer breastfeeding counsellor I currently answer helpline queries and I find so many of the calls are mothers looking for reassurance, or worried about their milk supply, when on further questioning their milk supply is fine. The current state based breastfeeding helplines require callers to call an initial no. and then a counsellor's home phone no. For mothers in need of genuine quick help to ring one number would be far easier, this one national number could be provided by federal funding.

I briefly wished to comment that he unregulated marketing of toddler formula in Australia is a real concern to me. It seems a back door way of advertising infant formula for infants under 1 year. Further the ingredients of toddler formula are incredibly sweet and not as healthy as they are marketed to be.

I appreciate having had the opportunity to make a submission. Unfortunately with a 2 month old baby I have not been able to respond to your terms of reference in as much depth as I would have liked. I look forward to reading your recommendations.