

**Inquiry into Breastfeeding**  
**The Secretary of the Committee**  
**House Standing Committee on Health and Ageing**  
**Parliament of Australia**  
**House of Representatives**  
**Commonwealth of Australia**  
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**I would like to thank the House Standing Committee on Health and Ageing for the opportunity to be a part of informing public policy and debate. I would also like to extend immense gratitude to the women, individuals and organisations that have made submissions to date for their commitment, experiences and insights.**

**Before falling pregnant and during my pregnancy I was amazed at the avalanche of information relating to the act of birth in a technical sense and the almost “afterthought”, superficial information given about the presence of the baby in life from that point onwards, particularly in relation to breastfeeding.**

**At the antenatal classes attended by myself and my partner, run at the local community health centre operating as an outreach program of the Cairns Base Hospital, I became aware that my “milk” would “come in” around day three, what colostrum was and the technical aspects of attachment in terms of my nipple and my child’s upper lip. I learnt about mastitis. The most interesting situation evolved one night when the convenor – a midwife and mother of one, asked how we felt about breastfeeding in public.**

**The older women in the group (30s and up) felt comfortable and would defend our right to feed in public; many of the male partners expressed the idea they would support their partners’ choices but it was in the youngest group (under 25s) that most responses were negative or very uncertain. This situation has been repeated for me several times in terms of the mothers’ group I joined after my daughter’s birth and in the experiences of a young friend of mine (now 25) who is one of the few mothers of her age group who actually started breastfeeding and who continues to do so now her daughter is over twelve months old and who attracts constant challenges from her friends regarding her choice.**

**I was extremely fortunate in encountering a wide range of sources sympathetic to and realistic about breastfeeding in my background reading – The Australian**

**Breastfeeding Association, the World Health Organisation, Sheila Kitzinger's Birth Your Way, Francesca Naish & Janette Roberts with The Natural Way to Better Breastfeeding, Dr Sarah J Buckley's Gentle Birth, Gentle Mothering, Better Birth by Lareen Newman and Heather Hancock, Elizabeth Pantley's The No-Cry Sleep Solution and Dr William Sears and Martha Sears with Baby Sleep Book.**

These sources, although not exclusively about breastfeeding were necessary. If I had not understood the holistic nature of breastfeeding – that it is not just a mechanical function of my body, that it is emotional, mental, nutritional, stress-related, time-consuming (and initially a 24 a day undertaking) and physically exerting – I would have been sadly unprepared for the immense joys and incredible frustrations of breastfeeding my daughter.

These sources also helped me to understand that the nature of my birthing experience was where my breastfeeding experience would begin. That being well prepared for birth and confident in my body's birthing ability (having considered the many risks and considerations beforehand) would be the most promising context for a promising breastfeeding start. Having considered all of my birthing options – having attended my GP and the Cairns Base Hospital in my prenatal care – I was fortunate in the last weeks of my pregnancy to be able to engage the services of an experienced midwife who had just commenced homebirthing, to be able to have the homebirth I had wanted to have all along but had found lacking as an avenue in our regional health system.

I had not sought the services of an obstetrician as my pregnancy was healthy, I was fit and healthy (despite being an “elderly primigravida” – appalling term – at 36) and I did not want to risk unnecessary intervention, incur unnecessary costs to the health system or the “lie on your back” scenario many of my friends and acquaintances seemed to experience in terms of obstetricians “delivering” their babies.

With the assistance of my homebirthing midwife and a doula, my daughter was born after an uncomplicated labour at home. She was placed on my chest immediately she was free of the womb and after some mutual wonderment, attempted to attach and did suckle from both breasts a few minutes after birth.

My milk did indeed come in on day three, with a vengeance, and I endured the first joy of engorgement and painfully grazed nipples on both sides. Attachment is a fine art and takes some practice. The application of manuka honey (washed off before feeding) and some morning sunlight fixed the problem within a week and it never reoccurred. My midwife and doula continued to visit me on a daily basis for the first few weeks in a very unobtrusive fashion and answered all questions and confounded gestures with compassion and common-sense. My female GP also checked on attachment and issues around breastfeeding whenever we had a check-up or immunisation.

My midwife and doula accompanied these visits, as did several other friends, with home-cooked meals which were priceless – no amount of small furry bears, baby gift buckets or Bounty Bags from the chemist come close to providing a good basis for emotional health and positive breastfeeding than these warm meals at the end of another blurred day. I would love to see campaigns re-educating the community on the incredible value of simple support like this – it is what kept me and my partner afloat during the incredible transition that is becoming a family. People were stunned when at the “baby shower” the invitations requested “no gifts” – it took a while for them to get their heads around the meal roster – one meal once in the first two weeks – most of them in the end wanted to and did cook substantially more than requested so we were able to enjoy a “baby moon”, a full month, traditionally enjoyed by many cultures around the world, of respecting the needs of the mother to regain her strength and ease her baby and herself back into the world.

To give some perspective on how vital this support was in terms of giving me a good start to breastfeeding – my partner and I have no family in this region – an experience common to many families and a cause of real hardship in terms of coping with the changes children and family life bring. When my daughter was six weeks old a truck failed to give way at an intersection and wiped out our car, landing my daughter and myself in hospital (the only time she has ever been there). I suffered injuries that made breastfeeding very difficult in terms of being able to hold my baby and sit in comfort for any length of time. A few weeks later we were wrongly sued due to an error on the part of a business and a few weeks after that my grandfather passed away in Brisbane.

During this time I was housebound without a car and unable to travel physically on public transport, my partner had to work long hours every day because we were on a very tight income (single) and I had a baby who embraced sleep in one and a half hour blocks around the clock. At this point, I broke down and could not keep going and only then realised that I was suffering depression and was severely sleep deprived with a very unsettled baby. Understandable - given the circumstances - but the situation was alleviated by those same friends who had cheerfully done a stint as our meals on wheels service.

Despite all of the challenges faced in that time, breastfeeding continued and continues to this day – my daughter is a healthy, active 20 month old who now sleeps well, who breastfeeds in the morning and as part of her winding down ritual – who has never had antibiotics or an attack of gastroenteritis or ear infection and who has been constantly exposed to these conditions as part of mothers’ group and through her day-care mother experiences now I am back part-time teaching. She attains her developmental milestones with enthusiasm and has all of the entertaining traits common to energetic toddlers.

By the time my daughter was nine months old, she was the only baby in my mothers’ group still being breastfed. Some had never attempted breastfeeding. Some had found it too difficult and had moved to formula within a few weeks – I

understood from many sources that it took at least six weeks to establish technique, comfort and familiarity and then supply and its infrastructure was not completely established until three months.

One of our mothers, committed to breastfeeding but blessed with a grizzly bub like my own, was informed by the community health care nurse that she was “starving her baby” after a feed-and-weigh session late in the afternoon (when supply is notoriously low for many) and which I understood to be a discredited practice. She was then instructed to go straight to the chemist and buy formula – there were no discussions about her health, stress, nutrition, and distraught, this mother went and bought formula. Her daughter manifested symptoms of eczema and doctors proffered a suspected diagnosis of asthma a few months later. I was completely committed to breastfeeding as I and my partner both have profiles of eczema and asthma in our families and ourselves. My daughter has fortunately never exhibited symptoms of either condition.

One of the hardest challenges I have seen, both in the mothers’ group and in the community in general and which undermines the very basis of what breastfeeding involves is the return to work, through choice or more often through financial or job security necessity. One of our mothers returned to part time work when her child was a couple of months old, too young for solids and who was committed to at least six months of exclusive breastfeeding. Her daughter was a reasonable sleeper but she would have to get up around three in the morning to sit and express bottles of breast milk for the day (not an easy or overly quick task always and incredibly sleep-disturbing) as it was a peak production time and then a few hours later feed her daughter and then an hour or two later, leave for work. The physical demands of this task sapped her strength and general well-being. I admired her immensely for this sacrifice.

Working for the state government, I enjoy the incredible luxury of 12 weeks paid maternity leave and parental leave of at least a year with a job to return to, although the possibility of extended family leave exists beyond this term. The mothers in our mothers’ group primarily worked within the private sector and the pressure upon them to return to work after six weeks unpaid leave was immense. Some chose not to return to work at all where a partner’s income allowed for this but the majority returned to work and breastfeeding suffered as a casualty. If the government wants to support breastfeeding then it needs to support paid maternity leave of at least three months and unpaid parental leave with guaranteed employment on return of at least two years – many wealthy European countries maintain productivity and a healthy economy by recognising and supporting the transitions involved with raising a family with an understanding that their investment is not lost, just off-line for a period.

My daughter was 18 months old when I reluctantly returned to part-time work but my partner and I have created a situation where we both have sought part-time /casual employment a small distance from home. My partner looks after our child 3

days a week, I look after her one full day (my income is higher for less hours of work) and a close friend looks after our daughter for a half day with her child at home. In this way we maintain the close bonds that started with breastfeeding and which are maintained by minimising our stress and the conflict of demands on our family life; as far as we are concerned as long as the roof remains and the table has food on it, we couldn't be richer.

The impact of breastfeeding on the long term sustainability of Australia's health system – Everything necessary is laid down at the foundation. If we understand that fact then we understand the importance for the health of women, children and families, generation after generation, physically, emotionally and mentally as a result of this seminal, maternal activity. Breastfeeding may be challenging, as all new skills are, it may not be possible for everyone and it is not the answer to all of society's ills but its absence weakens that foundation without question.

Thank you  
Karen van Harskamp