

Michelle Moss

The Secretary
Inquiry into Breastfeeding
House of Representatives

Submission for the Inquiry into Breastfeeding

I would particularly like to address points d. and e. of the Terms of Reference as follows:

- d. initiatives to encourage breastfeeding
- e. examine the effectiveness of current measures to promote breastfeeding.

Summary of recommendations:

- 1) ALL health professionals and particularly those in direct contact with new mothers and their babies (General Practitioners, Pediatricians, Child Health Nurses, Midwives etc) should be given regular training on not just the health benefits of breastfeeding, but how it actually works and what kinds of treatments can be damaging to a breastfeeding relationship.
- 2) Mothers to be should have access to a breastfeeding education class before their baby is born to give them the confidence they need to overcome bad advice. An example of such a class is the Breastfeeding Education Class run by the Australian Breastfeeding Association
- 3) Post-natal support for new mothers to be increased. This should include multiple visits from appropriately educated people if required, and the further availability of Lactation consultants via Medicare.
- 4) A national toll free number should be set up for use by the Australian Breastfeeding Association for the counseling service which they provide for new mothers. This number should be advertised to all mothers to be and new mothers.
- 5) Support should be available for mothers who wish to continue breastfeed after returning to work. This should include education for employers and childcare workers, as well as consideration for "lactation breaks" and facilities for mothers wishing to express breastmilk.

My experience as the mother of a 13.5 month old

I have been very lucky to have had an easy breastfeeding relationship with my daughter. Only after discovering the Australian Breastfeeding Association (ABA) online forum a couple of weeks after having my daughter did I realise the problems I could have had.

Whilst I was still in hospital, when my daughter was approximately 3 days old, I was advised by my pediatrician that I could "give my daughter some formula to help clear her jaundice". There are several points to note about this advice:

- 7 out of 10 babies (according to my doctor) develop some level of jaundice in the first few days of life. Most of the time this is normal and not considered a problem and will correct itself as the baby's liver begins to function well enough to flush out the body.
- My daughter was not severely jaundiced. The pediatrician herself said that there was no need to worry unless she became much more yellow and pointed to the end of her pen to indicate the colour yellow she was talking about.
- When I mentioned the advice to give my baby formula to the next midwife to visit she said that it seemed quite unnecessary to her but checked with the Lactation Consultant anyway. I was then advised that there was no need to supplement my baby.

The scary thing about this advice is that it was not only unnecessary but in fact could have been HARMFUL to my baby and our fledgling breastfeeding relationship. Breastfeeding works on supply and demand and had my baby (who was already a little sleepy from the jaundice) been full from formula she may not have fed as much from me, reducing my supply and possibly leading me down a path of early weaning. I feel very angry that but for the luck of having the next midwife contradict her advice our doctor could have ruined what was and is a great success for me. I know of other people who were given similar advice.

In my opinion ALL health professionals and particularly those in direct contact with new mothers and their babies (General Practitioners, Pediatricians, Child Health Nurses, Midwives etc) should be given regular training on not just the health benefits of breastfeeding, but how it actually works and what kinds of treatments can be damaging to a breastfeeding relationship.

Many myths exist in Australian society regarding breastfeeding. I feel that a lot of infants are weaned prematurely due to advice given not just by health professionals as described in my hospital experience but also by well meaning relatives, friends and colleagues. New mothers often lack confidence in their own abilities and naturally turn to the community around them for support. Unfortunately advice given often hinders successful breastfeeding. Some of the incorrect or unhelpful advice that have I personally been given has been:

- Breastmilk is more watery after 4-6 months of feeding so your baby will be hungry
- Your milk at night may not be good enough for your baby to sleep on
- Giving a bottle of formula will make your baby sleep through the night
- There is no nutritional benefit to breastfeeding after 3, 4, 6, 12 months

- You need to give your breastfed baby boiled water to help with thirst, wind, stretching feeds.

Many other myths exist. I am lucky that I am generally surrounded by people who support our decision to breast feed our daughter and therefore don't offer advice on how/when to wean.

In general most Australians expect you to wean your child by the time it is one. I am not sure of the reasons behind this – perhaps it is because Australian recommendations state to continue breastfeeding until at least one. Out of my mothers group of nine, only myself and one other mother are still breastfeeding our babies, and that mother told me that she wanted to wean by the time he was one but hasn't been able to so far.

I believe that free access to a Breastfeeding Education Class for all mothers to be would give many mothers the confidence they require to continue breastfeeding in the face of unhelpful advice and opinions. It would also give them the confidence to question the recommendations of professionals rather than blindly following because they know no better. In the end EVERY mother wants to do what they believe is best for their baby, whatever that may be.

In addition to ante-natal education on breastfeeding, post-natal support is also essential. Although breastfeeding is natural, it is not always easy. Many mothers have a range of problems in establishing breastfeeding and on top of such problems are generally vulnerable and sleep deprived. They need the support of people who will give them the correct information and not undermine their confidence in their ability to breastfeed. To this end I think that funding for increased post-natal support is essential. This could include:

- multiple visits from an appropriately educated Child Health Nurse. Currently mothers may be lucky to receive one home visit from a CHN after the birth of their child. If a mother is having trouble establishing feeding it can be very difficult to follow up this visit by visiting an Early Childhood Centre when you have an unsettled baby.
- Lactation consultants readily available and covered by Medicare. I have been lucky to not need a Lactation consultant beyond the one that I saw in my private hospital. I have heard however that many consultants, especially those covered by public funding have long waiting lists of 2-4 weeks or more. This amount of time could mean the premature end of breastfeeding.
- Funding for the volunteer run Australian Breastfeeding Association helpline which is a 24 hour service for breastfeeding assistance and information. This helpline can be called at any time for breastfeeding support and I believe the service it provides should be available via a national toll-free number.

Finally I would like to talk about working mothers and breastfeeding. I am currently able to work part-time (2.5 days per week, 0.5 from home) and continue to breast feed my daughter. I am lucky that I have a flexible employer who not only allowed me to return to work part time, but is also flexible in allowing me to express twice a day at work. Many mothers are not so lucky. I think the government should support employers who support breastfeeding mothers. Flexibility in working times, paid lactation breaks and breastfeeding facilities in the workplace should become commonplace. Childcare located at or very close to the workplace would also assist mothers of younger babies to breastfeed their child during the working day. At present employers have very little incentive to provide childcare – in fact due to fringe benefits taxes there is even discouragement. It would be good to have employers encouraged to provide these facilities, possibly via tax breaks.

I am very happy to be “still” breastfeeding my 13.5 month old daughter. I can only hope that in future many more mothers will have the same opportunity.

Thank you for reading my submission and allowing me the opportunity to present my experience. I am happy to answer any further questions that the committee may have and can be contacted via the address above or via email.

Yours Sincerely,

Michelle Moss