

My name is Gaenor Dixon, I am a mother of a 2 year old son. The following submission is from my own story:

I had a great deal of difficulty successfully establishing breastfeeding. Some of these things were probably unavoidable but some factors that added to my difficulty were:

1. Not being told about the impact of some birth interventions on breastfeeding. I had an epidural under the impression that there was no effect on the baby. For the first while after his birth my son demonstrated difficulty organising himself to feed, an effect, I have since learnt, of the epidural. Had I been given full information about the impact of that intervention I may have made a different decision. Even if I had still chosen to proceed with the epidural, understanding its impact on my son's behaviour and that it would wear off, would have given me confidence that I could successfully breastfeed.
2. Not being aware of the risks of infant formula. I understood that it did not contain antibodies and was aware that breastfeeding provided some protection against diseases such as asthma, but I was unaware of the wider range of risks associated with formula use. Whilst my antenatal class covered breastfeeding, it did not cover the reasons for breastfeeding and the impact of infant formula on health. This meant that when I came across some difficulties the advice from my support people and the feeling of myself was that "formula could be a better alternative". Luckily in that time I made contact with the Australian Breastfeeding Association, and the evidence based information supported me to continue.
3. My own lack of confidence and knowledge about breastfeeding. Despite my attendance at the antenatal classes with an hour devoted to breastfeeding, I did not understand that most women can breastfeed successfully and even where to seek help from if things are difficult. Many of the preconceived notions that I had about parenting and feeding were in fact harmful to a breastfeeding relationship eg feeding to a schedule, encouraging your baby to sleep through. These are commonly held public perceptions
4. Difficulty accessing good breastfeeding support. In hospital the midwives were very busy and even though I stayed an extra night to try and establish the breastfeeding, I was unable to access any extra help. It may also be that the midwives did not feel confident dealing with tricky breastfeeding situations. I received conflicting information, and was given formula on many occasions to give my son, rather than support to solve the underlying difficulty. Although there was a Lactation Consultant at the hospital she worked part time (this was in a major Brisbane hospital) therefore access was very limited. I did access a private Lactation Consultant however, there was no rebate available for this from my health fund, and I had to limit the number of sessions due to cost.
5. Formula Marketing. The recent appearance of "gold" formulas, and with the prominent advertising of the toddler versions of these, does give a false impression that formula is "as good as" breastmilk, and for toddlers perhaps better (There is absolutely no indication that it may be normal to continue to feed a baby past 12 months). Again, this impacted on my confidence in my breastmilk.

Suggestions that may have improved my success with breastfeeding are:

- a) Education of health professionals. My experience shows that many health professionals have very poor knowledge of breastfeeding and harm rather than assist when a breastfeeding mother comes to see them, we need better education in the system and for infant formula manufacturers not to be involved in educating health professionals about infant feeding. My understanding is that GPs have no training about breastfeeding in their training, and are therefore being expected by mothers to give support and advice on an area about which they have no knowledge. Midwives, child health nurses obstetricians and paediatricians all require in depth knowledge of breastfeeding. Allied health professionals who may come in to contact with infants with special needs also require breastfeeding education, particularly speech pathologists. As recommended by the World Health Organisation, the government should be responsible for providing education on infant feeding.
- b) Funding for breastfeeding support. Better education in the early days may have resulted in better breastfeeding outcomes. The Australian Breastfeeding Association run comprehensive Breastfeeding Education Classes which give parents basic breastfeeding information to help establish successful feeding. These classes are run by volunteers and are often booked out and difficult to access. Government funding of the ABA may provide more volunteers to support these classes, and therefore better community education. The Australian Breastfeeding Association also run helplines in each state. I used that helpline many times, but often found it difficult to get through as it was in demand. Without the helpline I would have weaned much earlier than I did. Access to the helpline is also not equitable, in Queensland, the State Government funds a diverter number, but in other states mothers must ring at least two numbers to get to a counsellor. If you are in live in rural or remote areas

(where health care is even more inaccessible), in any state of Australia, you are ringing a STD number, possibly resulting in a shortened call due to financial considerations. Federal government funding of a national helpline number at local call rates will enable many more mothers to access the breastfeeding support that they need.

The increased availability of lactation consultants in the public health system, and the availability of a medicare rebate for private lactation consultants would have further supported the successful establishment of breastfeeding.

c) A health campaign that supports breastfeeding. This campaign would need to be multifaceted and aimed not only at new parents but also their support network including grandparents, peers and health professionals. The health campaign would focus on practices that support breastfeeding such as feeding on cue, feeding in public and emphasising the "normality" of breastfeeding. The campaign would also look at normalising breastfeeding to at least 2 and beyond as per the World Health Organisation recommendations. Breastfeeding a young baby appears to be accepted, but breastfeeding a toddler is something that is hidden away and shameful. The public are unaware of the extent of the health risks of not breastfeeding- (both a young baby and a toddler). Families deserve the right to make an **informed** choice about how they feed their children, just as all smokers are given the chance to make an informed choice about smoking. For those mothers who are unable to breastfeed their children (or access a human milk bank), the infant formula that they are using is a life saving medicine. When we take medicines we are warned of the side effects- these mothers also deserve to be given that information.

d) The legislation of the World Health Organisation guidelines for the marketing of infant (and toddler) formulas. As I commented above families deserve the right to make an **informed** choice about how they feed their children. The current marketing practices used by the formula manufacturers (and their regular breaches of the voluntary code that they have signed!), do not allow families to be able to make that choice. As I said earlier the government should be responsible for providing education on infant feeding. In my own experiences I have also noticed that many Mums are giving their children solids at 4 months due to the incorrect labelling of baby foods such as rice cereals and pureed foods. Government regulation of labelling would further support exclusive breastfeeding to 6 months thus decreasing the incidence of allergies.

e) Funding and Support for the establishment of Human Milk Banks. Those early feeds I gave my son of infant formula were probably unnecessary. Had there been an established human milk bank that we could access, then the risks to which he was exposed by being given infant formula would not have existed. The risks for premature infants is even greater, with neonates given infant formula at a far greater risk of necrotising enterocolitis. A human milk bank would decrease the need for mothers who are not yet successfully breastfeeding to use and expose their children to the risks associated with infant formula.