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To whom it may concern,

Re: Inquiry into Breastfeeding

I am a young mother who avidly supports breastfeeding and is saddened by the low breastfeeding rates evident in my community. My comments address reference points (d) and (e) and are based on my own experiences, my discussions with other mothers, and my reading of parenting books and magazines.

Reference points:

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

The following comments and suggestions relate to supporting women to learn how to breastfeed.

When I left the Mercy Hospital for Women with after my entitled 3 nights, I was experiencing no breastfeeding problems. Once home, however, my nipples became cracked; an indication that my baby was not attaching properly. Despite having read much about breastfeeding, I didn't know how to fix the problem. Fortunately the second domiciliary midwife who visited me recommended visiting the lactation clinic at the Mercy. I had never heard of this Medicare-funded service. I booked in for the next available appointment: it was a two-week wait. In the meantime, my cracked nipples worsened, and I experienced my first bout of infective mastitis. I ended up having three day-stays over the next few weeks. I was so grateful for the help of the lactation consultants at the clinic, and their advice over the phone, as I continued to have poor breast drainage for many months. I believe that the difficulties I experienced would have been greatly reduced had I been given help much earlier. I also know that many women in my situation would have simply given up, as I would have too if I had not been very determined, being thoroughly convinced of the many benefits of breastfeeding.

I believe there is clearly a need for:

- longer hospital stays for first-time mothers (or opportunity to be readmitted if any breastfeeding problem occurs)
- more Medicare-funded lactation clinics (or in-home visits) to decrease waiting times
- better promotion of these clinics, ie hospital midwives should give mothers information about them before discharge, even if there appears to be no need for help yet
- a day-stay at a lactation clinic could be standard practice (eg 6 days after birth) and only cancelled if deemed unnecessary by a domiciliary midwife
- all Maternal & Child Health Nurses to be trained lactation consultants

In addition to supporting mothers in learning to breastfeed, I believe there is also a great need to improve education about the benefits of breastfeeding, from a variety of sources, not just the Australian Breastfeeding Association (which unfortunately is viewed negatively by many in our community).

My son is now 15 months old and just been weaned, but I am still uncovering benefits I hadn't heard of yet that make me so grateful I persevered with breastfeeding. Many of these are benefits to the *mother* which may be pivotal in campaigns. For example, the hormones associated with breastfeeding enable

mothers to experience more deep sleep, decrease risk of depression, as well as to lose excess weight gained in pregnancy.

Most of the leaflets or posters I have encountered seem to focus on the bonding between mother and baby and the positive experience that breastfeeding is. Therefore, when women don't enjoy breastfeeding initially they are highly likely to give up. If they realised their child would have a stronger immune system (get sick less often and recover more quickly when they do), be less prone to suffer allergies, have their nutritional needs perfectly met, have sweet-smelling nappies and no constipation, and have more stimulation for their tastebuds so be less likely to be a fussy eater, they might be more likely to continue.

Another issue I see is the unfortunate tension that exists where breastfeeding needs to be promoted but lactation consultants and nurses are careful not to make women feel guilty for a choice not to breastfeed. This may mean that many women don't realise the impact of their choice.

There is a clear need for:

- media campaigns about the benefits of breastfeeding, based on medical research.
- Maternal & Child Health Nurses to encourage and support mothers to persevere with breastfeeding
- a bigger focus on breastfeeding in antenatal checkups and classes
- Breastfeeding to be seen as 'the norm' and formula 'the exception'. Strategies may be:
 - for growth percentile charts to be based on data from breastfed babies only
 - strict rules for marketing/labelling formula, to ensure that formula is not seen as an equal substitute to breastmilk
 - formula available from chemists only (behind the counter) so cannot be purchased without consultation with a chemist (who could refer them to a lactation clinic)

Thank you for considering these comments and suggestions.

Yours faithfully,

April Drew