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In support of the how the Commonwealth government can take a lead role to improve the health of the Australian population through support for breastfeeding, I offer the following submission.

My knowledge of this area has mostly risen out of becoming a mother and going on the 'breastfeeding journey', informally picking up information along the way. In the light of this I wish to respond only to points d & e in the terms of reference.

d. initiatives to encourage breastfeeding

I would like to preface my suggestions in this area by sharing my personal experience. I was keen to breastfeed for 12 months and so I prepared myself for it. I understood the importance of attachment and the value of feeding according to need to build up my milk supply. I didn't experience any major technical difficulties. I remember thinking 'Oh, this is going quite well' and then also 'Oh, I have to keep doing this!' No amount of prior commitment, research, or having a support network, could have fully prepared me for the reality of mothering, including the reality of breastfeeding. I had a little person who was completely dependent on me around the clock. What an adjustment this was/is! I described it in the early stages as 80 percent gruel and 20 percent gold.

After five months of breastfeeding I was thoroughly sick of it. I was ready to give it up, but when I evaluated my options, I realised I wouldn't be any better off. Someone still had to feed the baby, and that would be mostly me, and at added expense, and with increased health risks to both me and my baby. I asked a friend around this time how could they keep breastfeeding for two or three years if this was how demanding it was? She replied 'Oh, breastfeeding a toddler is not like breastfeeding a newborn. A toddler might only want two or three feeds a day.'

I mention this because it seems that a lot of mothers switch to artificial baby milk during the most demanding phase, or when they encounter difficulties, and are only left with that experience for their impression of what breastfeeding entails. There seems to be no common perspective that breastfeeding naturally peters out. I thought weaning was something I had to do to my baby, instead of having the option of letting the baby/toddler/child outgrow it at their own pace.

I'm glad I didn't make the switch at five months, since I wouldn't have fully adjusted mentally and emotionally to the reality of breastfeeding, and wouldn't have experienced the other side of the 'hump', which is that breastfeeding is just part of what I do each day. (Like brushing my teeth, I know it's important so I keep doing it.)

I didn't make the switch to artificial milk during the critical phase due to a combination of factors, so I feel further initiatives to encourage breastfeeding need to be multi-leveled. The community needs to continue to be aware of the risks of artificial feeding and mothers who intend to breastfeed need a broad (and sometimes intensive) support base - from the community and from health professionals.

Value-adding to health professional training

More thorough training of health professionals (including alternative therapists) in breastfeeding practice and support - adding the caution that health professionals not use their position to advocate for a personal, rather than medical, opinion.

More thorough coverage of breastfeeding in ante-natal classes

A lot of the focus on ante-natal classes in on the birth, and this is vital, but breastfeeding (hopefully!) will go on a lot longer than the birth, and needs to be given its own class.

Breastfeeding support groups in Baby Health clinics

Once the baby has been born and the mother is experiencing breastfeeding, it is crucial that she find herself well supported, among peers, and with the guidance of those who have breastfed previously.

24 hour breastfeeding/mothering support line

Having help that is just a phone call away, especially in the long, lonely hours of the night.

Longer paid maternity leave

Provide longer paid maternity leave so that mothers can properly recover from labour and birth, adjust to being a mother and establish breastfeeding.

'Life be in it' campaigns et al

A balanced diet, exercise, not smoking, etc are all promoted within the community in the interest of public health. Breastfeeding - as the fundamental 'balanced diet' for infants - needs to be part of this group. It has been seen to be in the public's interest that the health risks of certain foods, lack of exercise, smoking, sun exposure, etc, be highlighted - given the research findings, artificial baby's milk needs to be included in this line up.

Highlighting the link of low breastfeeding rates to current 'hot health topics' There has been a lot of media attention lately to the issues of breast cancer and

There has been a lot of media attention lately to the issues of breast cancer and obesity. I haven't heard any mention of the increased risk of developing these conditions due to being fed artificial baby's milk as an infant (although I'm not a media junkie, so if it has been covered, I could easily have missed it). I have heard that the lower birth rate has impacted on the increased breast cancer rate, but no mention that low breastfeeding rates (and duration of breastfeeding) have contributed. The promotion of breastfeeding is not a 'stand alone' health issue, since the reduction in breastfeeding raises other health issues, it needs to be included in any other relevant health promotion campaigns (e.g. asthma, food allergies, breast cancer, ovarian cancer, obesity, and so on).

Milk Banks

The infants who are most at risk of developing health problems because they have not been fed breastmilk are premature babies. Some premature babies are too young to suck, so their mothers have to establish their milk supply by expressing, and then tube or spoon feed. If the mother cannot produce enough breastmilk, artificial baby's milk needs to be used. The establishment of milk banks in all maternity units and special care nurseries would eliminate or reduce this health compromise. This milk could also be used as medically indicated by other babies.

e. examine the effectiveness of current measures to promote breastfeeding

@80% effective in mothers still breast feeding on discharge from hospital

@50% effective in mothers still breastfeeding at six months @20% effective in mothers still breastfeeding at 12 months

to wean early and switch to artificial baby milk.

The importance of breastfeeding seems to be generally endorsed by the general population, but it seems that few people know what the implications of that are. Many women intend to breastfeed in this context, and become overwhelmed with the reality of it. There are a large range of negative experiences including: too difficult, too much of a hassle, unpleasant, etc. Many mothers are either compelled or are keen

Breastfeeding in my experience was endorsed at the ante-natal class, supported in hospital, and then recognised alongside artificial feeding as normal infant feeding. It seems that once someone is artificially feeding, then the health establishment is polite on the issue. This neutrality is good in that it doesn't undermine the mothering efforts of either 'group', but it also doesn't necessarily encourage breastfeeding mothers to continue to breastfeed up to one year (and beyond).

Final Comments

What degree of the limited success of breastfeeding rates is due to the health system's promotion and support of breastfeeding? How reliant is the limited success due to the efforts and resources of the Australian Breastfeeding Association (ABA)? Voluntary organisations like this only arise in a vacuum, but hopefully their main role is to raise awareness of the vacuum, rather than having the main burden of trying to fill it.

As the Commonwealth government takes a lead role in supporting breastfeeding (as it has taken the lead in other health issues), the community will become more informed, and breastfeeding will become more mainstream, this 'normalising' of what has been a 'fringe' issue is crucial for its success. As the public health system's breastfeeding support stream is intensified, mothers will not need to go outside 'the system' to obtain breastfeeding support when they need it.