

Submission to the Parliamentary Inquiry into Breastfeeding.

My name is Nerida Carter, I am a mother of a 4 year old daughter, I have been breastfeeding for 4 years and currently work 5 days per week in the public service, I am training to be a breastfeeding counsellor for the Australian Breastfeeding assoc. I do voluntary work as a community educator preparing displays at public libraries, community days, giving my time to talk with new mothers and dispel the myths of Breastfeeding in our community.

I write as a mother of a breastfed child living on the Central coast of New South Wales.

Why I almost didn't breastfeed:

- when my baby lost more than 10% of her birth weight in the hospital (weighed on day three). A Nurse threatened me that if I didn't let her feed the baby 30ml of formula the paediatrician would prescribe it and I'd have no choice! This on day 3 when a mother is most vulnerable, and has a normal amount of colostrum available for her baby. I cried because I couldn't imagine feeding my baby manufactured artificial milk - it undermined my confidence in my body. The nurse brought in a huge electric breast pump and said I had to pump - I could not understand Why?

Fortunately, I didn't use the pump, breastfed and ignored the health nurse and my baby is extremely healthy (she has been to a medical centre twice [in four years] when she had a high temperature).

- when I had painful nipples from poor attachment, and each nurse who assisted me showed a different way to attach and the most consistent method was to push the back of the baby's head forcefully onto the nipple. I watched a video (featuring Australia's midwife Rebecca Glover) demonstrating an effective way to attach a baby, I watched it 3 times, until I got it right and it didn't hurt, but not one of those midwives used that technique in the 5 days I was there. And, perpetrated the myth that I needed to feed baby on both sides every time for 10 to 20 minutes each side, yet my baby was satisfied with 6 minutes on one side only, and I was made to feel as if my milk was insufficient and I wasn't capable.

- when I was the only mother in my mothers group at 3 months, who was breastfeeding my baby, fortunately I realised that my baby was thriving, that breastfeeding was easier, (no bottles, teats, dummies to sterilise, prepare, wash up or keep warm), mine was a perfectly enclosed system hygienic and at the perfect temperature, containing natural sugars, fluids and antibodies to protect my child, from diahrea, rotavirus, dehydration and enhancing her speech, jaw development and eye sight and perhaps even her IQ, we can all do with enhancement of that.

And, a mother in my mothers group was told that formula will improve her baby's sleep, reduce his crying, reduce his possetting, settle him more - who had educated this doctor? No one who had read current studies and breastfeeding literature, more likely a GP trained by his advertising literature financed by formula manufacturers and retailers.

- when the Child health nurse advised me that my baby needed rice cereal at 4 months (this in 2003), to help put on weight and get iron, and my baby was thriving on my breastmilk, had been on the 50% band but was now under the 3% band, (very normal) since her parents are probably considered under weight and under tall compared with today's obesity induced standards. And the CHN's continued to suggest she eat more protein, more carbs to put on weight when she was growing perfectly normally for a baby of her age according to the World Health Organisation's weight charts.
- when I visited my GP, with my 12 month old daughter, she said that babies only comfort suck now, not for nutrition, yet it is acceptable for a bottle fed baby to still be drinking formula for nutrition at this age. I was shocked by her criticism of my mothering choices, my choice to feed my baby naturally. Why is a young well educated GP perpetrating this myth? I was paying her \$75 for her time-Why does she not know the basics of breastfeeding? Did she only have 4 hours training in breastfeeding management in her whole medical training? and why isn't she kept up to date with breastfeeding information?
- when I didn't feel comfortable feeding in public in my community, in a society that values breasts only as sex objects but not for their original purpose to feed a baby with. I worried that other people would be embarrassed, would approach me, ask me to stop. Fortunately I figured out if I fed my baby in the shopping centre or on the footpath, at a party, at a funeral or where ever she needed it, my baby wouldn't cry and soon fell asleep and people didn't notice me feeding discreetly.
- when family wanted to buy her a dummy, thankfully I refused that too and I learnt that my baby didn't cry (if I fed her) and didn't need one. Why does society think we should delay giving a baby a feed? Especially by putting a foreign manufactured bit of plastic in her mouth instead of a breast.
- when a family member told me "in America they don't feed babies at night to avoid dental caries" fortunately I had recently read and heard a speech that said that breastfeeding caries was a misnomer and it was bottle feeding caries, and all the reasons why breastfeeding doesn't cause dental caries in babies fed breastmilk at night. I fed her 3-4 times per night anyway and my daughter has perfect teeth after 4 years of feeding at night and conversely her mother had 10 fillings at 6yrs old, (I was formula fed). Why don't dentists know that it is formula feeding that can cause dental caries not breastfeeding at night?

Conclusion:

It is difficult for mothers to decide what is fact and what is myth, from what is marketing hype pressed by a consumer society and what is evidence based on research and fact.

I would like to see:

a) Breast feeding viewed as the normal way to feed babies from birth to 2 years and beyond, in our society.

A public health campaign - targeting the risks of premature weaning from breastfeeding and that feeding an older child is the normal way to feed a healthy, emotionally and physically well balanced child. Feeding children according to their need, not according to when it is convenient.

Like those breakfast cereal adds perhaps, where you want to go out and buy some to enhance your child's ability at sport and school.

b) Better education of our community. Starting with Health care workers, medical practitioners, GPs, child care nurses, midwives in private and public, ante natal training centres, through educational programs, television, children's TV programs, schools, child care workers. Educational material in every place women frequent often.

c) Funding for a 24 hour support help line for voluntary organisations such as ABA. Providing both funding and technology to support this professional organisation. Finance for training programs and continuing education seminars for breastfeeding counsellors, other telephone services can be trained within 6 weeks however a counsellor takes 12 months to complete training - due to resources and funding in the volunteer community. Trainees are out fundraising and selling sausages instead of completing assignments or mentoring with a qualified counsellor/trainer.

d) To improve the health of Australian children by reducing access to formula (in hospitals, from supermarkets and general retailers) and to put funding into better educational materials for health professionals so that they are educated well enough to know that formula has health risks associated with it.

e) support for the WHO recommendations including the marketing of formula, bottles, dummies and to include retailers and manufacturers in the Australian agreement, there is a loophole that formula can be marketed by retailers and this falls outside the current APMAIF agreement.

Make it illegal for retailers, manufacturers or anybody to advertise formula for babies, toddlers, children or pregnant women in any form of advertising or media. Perhaps more radically to buy formula only on prescription. (To investigate this option).

f) To remove labelling of baby foods with "from 4 months". To educate our community that organic or gold label in the name doesn't mean healthy and safe, or preferable.

g) Reduce the hostile breastfeeding culture in hospitals, health centres, society, work places and for mothers (parents) re-entering the workforce.

Eg. Permanent part-time work available to all mothers on re-entering the workforce for the first FIVE years of a child's life.

And family friendly work places that allow parents to have 6-12 months paid maternity leave, to have lactation breaks, with time to pick up and drop off at childcare, with hours of work to allow this.

h) Support for ongoing Breastfeeding studies and milkbanks for premature babies. Perhaps with an Australian research centre for breastfeeding.

Thank you,
Nerida Carter

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