

1) Tracey Oliver: Submission for Parliamentary inquiry on Breastfeeding

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Tracey Oliver RM IBCLC

Submission for Parliamentary Inquiry on Breastfeeding

I'm recently immigrated and a New Zealand Trained midwife and IBCLC in Private Practice in Canberra as a Lactation Consultant. The benefits of breastfeeding are well documented and appear to be disregarded by politicians who I believe are not providing adequate services to women in the postnatal period.

If we want to have a healthy nation in the future we have to increase breastfeeding rates up to WHO guidelines. I believe the ambulance is at the bottom of the cliff as far as health care goes. It has to start at the top of the cliff with prevention of illnesses.

That means supporting breastfeeding

Breastfeeding is known to reduce hospital admissions and doctor's visits in the first year of life by protecting against:

- Diarrhea and Vomiting
- Respiratory infections
- Otitis media
- Asthma
- Reduced incidence and later onset of eczema and allergies
- Urinary infections

To name a few

Some Long-term health benefits of breastfeeding are prevention of:

- Obesity
- Heart Disease
- Diabetes

To name a few

An study conducted in ACT estimated that the hospitalisation costs from early weaning cost 1-2 million per year based on five illnesses alone, in NSW the cost was estimated 20- 40 million per year!

2) Tracey Oliver: Submission for Parliamentary inquiry on Breastfeeding

Is it not obvious that the long term effects of the bottle feeding culture of the 60's and 70's is over whelming our health services now. With record numbers of people being diagnosed with diabetes, obesity and heart disease from not being breastfed.

If we try to compare the Australian breastfeeding data with other countries its very difficult, as data is not gathered at similar intervals or with standard WHO definitions.

An Australian National system of recording breastfeeding data and standard breastfeeding definitions are needed.

This could implemented at doctors and child health clinics with an on line database.

How can you measure an increase of breastfeeding rates and successes without this?

Example of standard breastfeeding definitions in New Zealand: WHO based

Exclusive: The infant has never to the mother knowledge has any water, formula or any other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed medicines have been given from birth.

Fully: The infant has taken breast milk only, and no other liquids or solids except and minimal amount of water or prescribed medicines in past 48 hours.

Partial: The infant has taken some breast milk and some infant formula or other liquid in the past 48 hours.

Artificial: The infant has had no breast milk but has had alternative liquid such as infant formula with or with out solid food in past 48 hrs

A comparison of Breastfeeding Rates

2003 La Leche League center for breastfeeding information reported in this breastfeeding data.

Country	% BF initiation	% BF at 4-6mths
England/ Wales	71	29
Australia	87	48
New Zealand	93.8	56

3) Tracey Oliver: Submission for Parliamentary inquiry on Breastfeeding

2001: New Zealand Ministry of Health and Australian Government BF data comparison

Country	% Fully BF 6 weeks	% Fully BF 3mths	%Fully / partial BF at 4-6 mths
Australia			32 -48
New Zealand	65.6 *	50.9*	57*

*NZ data gathered by standard definitions

State	% BF 4mths	BF 6mths	BF at 12mths
NWS	54.2	42.5	18.1
New Zealand	57*	57*	17*

The statistics show that New Zealand postnatal care is supporting greater breastfeeding rates.

In New Zealand we have a midwifery model of care where 70 % of all women who birth have a midwife provide continuity of care through out their child birthing experience to 4- 6 weeks postpartum. All midwives are expected to work in partnership with women, providing or supporting continuity of midwifery care through out the women's childbirth experience. This model is unique in the world and has been highly successful in New Zealand with women expressing considerable satisfaction with their maternity services. The outcomes for women having total midwifery care are very good and the perinatal mortality rate has never been lower.

Midwives provide women with 5-10 visits in the postnatal period in her own home, with a minimum of 7 visits unless a woman requests less. This I believe this enables women to get breastfeeding fully established which takes up to six weeks postpartum. When mother and child are both well and fully recovered from the birth, in New Zealand they are discharged to the Well Child service provider of their choice. This includes Pacific Island and Maori providers. It changed in approx 1997 when it was clear that Plunket our main Well Child provider did not have the resources and wasn't able to provide the level of service needed to fully support women to establish breastfeeding the early weeks. So Well Child now takes over care at 4-6 weeks postpartum.

4) Tracey Oliver: Submission for Parliamentary inquiry on Breastfeeding

Where it appears in Australia the support is minimal in comparison. On discharge from hospital in Australia it seems it depends on where you birth, and the length of hospital stay can determine the follow up postnatal care provided.

It's my understanding that some hospitals will offer an early discharge service and some don't.

The early discharge service provided is a hospital based midwife visiting you at home for up to one week slightly longer if you are having breastfeeding problems. Mother and child health then provide approx one home visit and clinic visits at the women's discretion. Women tell me this is not adequate if they are having breastfeeding difficulties or learning to adjust to the huge life change that is parenting.

Frequently women report to me in my private practice.

- Some times they may not get any early discharge service at all especially if they have a longer stay in a hospital.
- They may have to wait sometimes 1-2 weeks before receiving a visit from mother and child health this is far too long even for first time mothers without breastfeeding problems.
- Women have also told me it can be a 1-2 week wait to get a appointment at the lactation day stay clinics. This is a very long time if you have a breastfeeding problem.
- Child health clinics can also be booked out and it's difficult to get an appointment.

I take my hat off to the women who persevere through painful and distressing breastfeeding problems. Only through their sheer determination to want to the best for their baby, **breastmilk** do they succeed at times.

If women got continuity of care for longer i.e. 4 - 6 weeks the demand on the health clinics and breastfeeding day stay would be less, with more resources available to provide postnatal care at home.

It is expecting a lot and its difficult for new mother to organize and get transport in the early weeks to get out of the house with a new baby, and maybe other toddlers in tow to a clinic. Often the baby may not be ready for a feed when they get to clinic or there is limited time. The care would be better provided in their own homes.

I cant stress enough the successful establishment of breastfeeding is due to correct positioning and attachment of the baby to the breast, only then will efficient milk transfer occur and breastfeeding to continue successfully. Breastfeeding is learnt art and skilled help at the time of need is essential to achieving this.

Suggested changes needed to implement better breastfeeding outcomes.

- Australian women and babies would benefit from following the New Zealand Model of care where a known midwife provides continuity of care up to six weeks postpartum in their home.
- Midwives need to be able to claim from the Medicare benefit and have access to any facility to provide continuity of midwifery care and birthing services and have insurance cover to do this independently.
- There is no evidence to support that longer hospital stays contribute to greater breastfeeding rates. Well women and babies might well do better to go home to and receive continuity and sustained postnatal visiting to 4 - 6 weeks. This would be cheaper for the government as one night in hospital is approx \$800.
- This will reduce the common problem of conflicting advice, which seems to affect all women who stay in hospital.
- Women should be able to access free breastfeeding help from all sources.
- All Hospitals to have Lactation Consultant services and women to access this in the antenatal period and up to six weeks postpartum, and when either mother or baby are inpatients.
- Mother and Child Health Lactation day stay clinics appointments provided, as demand requires.
- Private Lactation Consultant's consultations to be claimable on Medicare.
- ABA subscription to be free and an increase in funding to ABA.
- Doctor's visits for maternity care and up to six weeks postpartum, as well as blood tests and ultrasounds to be free.
- More education for medical students and doctors, on the benefits of breastfeeding, management of simple breastfeeding problems and when and where to refer women to if having problems rather than telling women to wean when having problems.

6) Tracey Oliver: Submission for Parliamentary inquiry on Breastfeeding

- Paid longer parental leave for women and quality childcare that supports breastfeeding, and breastfeeding friendly work places.
- Funding and supporting all hospitals to become baby friendly and staff to sit IBCLC exams.
- More Indigenous and multi cultural health workers trained in breastfeeding education and support.
- Establishment and funding for human milk banking.
- Adherence to WHO code for marketing of breast milk substitutes.

In conclusion this submission is not meant as criticism of the care provided to women by current health workers but to urge the government to provide more resources to primary health care by supporting breastfeeding fully through my suggestions and to meet the obvious need for more postnatal support for women in the 6 weeks following birth.

Yours Sincerely

Tracey Oliver RM IBCLC