Submission no. 256
AUTHORISED: 4/4/07

House Standing Committee on Health and Ageing

Inquiry into Breastfeeding

Prepared by

Katrina Flora, Student Midwife

Di Diddle, Childbirth Educator

Date: 26th February, 2007

We wish to explore several items in the terms of reference to be examined by the Parliamentary Inquiry into Breastfeeding. These are

d. initiatives to encourage breastfeeding;

e. examine the effectiveness of current measures to promote breastfeeding;

When examining the evidence it would seem impossible to ignore the connection between birth practices (maternity services policies) and breastfeeding success. For example, lactation consultants have long maintained that newborns whose mothers had epidurals have problems suckling at the breast. Now, a Swedish study has produced evidence that 'caine drugs, the family of anesthetics used in epidurals, do, in fact, profoundly disturb instinctive newborn breastfeeding behavior (Righard & Frantz, 1992).

Further studies have shown that babies of mothers who had had epidural anaesthesia were significantly more likely to receive formula supplements while hospitalized (Chang & Heaman, 2005).

In addition, early successful breastfeeding can be affected negatively by caesarean birth. Results from one study revealed that women who underwent caesarean birth were half as likely to breastfeed exclusively during their hospital stay. As Linda Smith, a lactation consultant of over 25 years observes "Clearly there is something happening during medicalised birth that is affecting the way babies suck" (Madi et al, 1999).

Growing evidence shows that stressful labours are associated with less frequent suckling and later onset of lactogenesis (making breastmilk), especially in first-time mothers. Our birthing environment and practices are stressing new mothers and babies and undermining breastfeeding.

Interventions such as epidurals and caesarean births do not always occur because women choose them or they are medically indicated. There is a plethora of research which shows that the labour and birth environment are critical determinants of whether these interventions will be used. This can be seen in the difference between caesarean rates in Melbourne private and public (tertiary) hospitals. Many private hospitals have caesarean rates exceeding 50% while public hospital rates are around 30%.

Fundamental to well women being able to birth without medication and intervention is protection of the birth environment. This is achieved through low intervention, minimal use of labour medications and social and emotional support. Central to the practice of protecting the birth environment is continuity of care. This is achieved when a woman can choose one midwife whom will care for her through the antenatal, intrapartum and postnatal periods (including the critical early weeks of breastfeeding). This allows the woman (and her partner) to develop a relationship of trust and consequently the woman often experiences less fear and stress during labour, allowing for a faster and more efficient birth. Referral to obstetric care is initiated by the midwife if complications arise, where collaborative care then takes place. Fundamentally, childbirth free from unnecessary medical intervention and stress sets the stage for optimal breastfeeding.

This continuity of midwifery care can occur in a range of settings - hospital, birth centre and at home. There are several services nationwide which provide the option of primary midwifery care and there are

always extensive waiting lists for these programs. One such program is the Know Your Midwife (KYM) program at Birralee, Box Hill Hospital in Melbourne. This model is founded on a woman-centered philosophy which is focused on the provision of continuity of care. As part of the public health service, women of all socio-economic backgrounds and risk levels are given equal access to the service. Due to the limited funding of the program, currently 80% of the women seeking to access the service are unable to do so. In 2004 the KYM program had a caesarean section rate 10% lower than the rest of the hospital and 40% of women birthing in this model had no analgesia compared with 25% outside of the program. Consequently 90% of the KYM women were exclusively breastfeeding on discharge compared with 73% of women who birthed in the same hospital without a known midwife.

These outcomes are comparable with the Community Midwifery Program WA (CMP), which provides continuity of care and the option of publicly funded homebirth. This model achieved a spontaneous vaginal birth rate of 85% in 2004-2005. This compares with a total Western Australia rate of 53.5% in 2005.

Belmont Birthing Service in NSW is another outstanding example of primary midwifery care where the relationship between the midwife and the woman is at the core of the provision of care.

Breastfeeding will be most successful if the entire childbearing process is preserved in a setting of emotional and social support free from anxiety, fear, and danger. In spite of what we know and what research has shown, the increasing technological and invasive approach of modern obstetrics often works against the natural flow of normal labour, birth and ultimately, the initiation and duration of breastfeeding.

References:

Chang, Z. M. & Heaman M. I. (2005) *Epidural Analgesia during Labor and Delivery: Effects on the Initiation and Continuation of Effective Breastfeeding*
J Hum Lact, August 1, 2005; 21(3): 305 - 314.

Community Midwifery WA (Inc.), Annual *Report, 2004-2005.*
http://www.cmwa.net.au/Downloading/Annual%20Report%20Sept%202005.pdf

Dutton, N. & Porfiri, A. (2004). *Know Your Midwife Through Pregnancy, Birth and Beyond.* Paper presented at the ARCHI Conference. Sheraton Hotel, Melbourne.

Ransjo-Arvidson, A et al.(1999). *Maternal analgesia during labor disturbs newborn behavior: effects on breastfeeding, temperature, and crying.* Birth 28(1):5-12.

Kearney MH, Cronenwett LR, Reinhardt R. *Cesarean delivery and breastfeeding outcomes.* Birth 1990;17: 97-103.

Barden, A., Bourne, M. & Gordon, H., *Know Your Midwife at Birralee,* Birth Matters, Vol 10.1, March 2006.

Kurinij N, Shiono PH. *Early formula supplementation of breastfeeding.* Pediatrics 1991;88:745-50.

Righard, L. & Frantz, K. (1992), *Effect of delivery room routines on success of first breastfeed.* Lancet, 336:1105-1107.

Vestermark V, Hogdall CK, Birch M, Plenov G, Toftager-Larsen K. *Influence of the mode of delivery on initiation of breastfeeding.* Eur J Obstet Gynecol Reprod Biol 1991;38:33-8.

Perinatal Statsitics in Western Australia, 2005
http://www.health.wa.gov.au/publications/documents/2005_Report_061212.pdf