

13 March 2007

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Dear Committee Secretary

House of Representatives Inquiry into Breastfeeding Submission

My Story

I am a full time mother and I attribute Amelia's excellent health to our on demand breastfeeding relationship. Amelia (2 1/2 yrs) has visited our doctor twice (6 week checkup and referral to have her hips checked). Neither occasion was for a sickness. She simply breastfeeds constantly when she is unwell and returns to her usual good health and spirits within 48 hours, usually less. I understand maintaining my own health is central to maintaining Amelia's. I take care of myself: ensure I have adequate sleep by taking naps with Amelia during the day, drink plenty of water and eat a healthy diet.

I had a great pregnancy. I worked up to a week before my due date. Then spent two and a half weeks waiting to come into labour. I wanted to have a natural birth. I finally consented to be induced on day 16 post dates. I managed the labour with the support of my husband, Bryan, my mother, Barbara, and my fabulous doula, Jo Hunter. I was induced via a drip and monitored with a belt. I managed the labour pain well thanks largely to Jo's coaching. After 3 hours of pushing in the final stage I was starting to flag. I finally pushed Amelia through my bony pelvis but she was still held prisoner by my peritoneum so I agreed to an episiotomy. Amelia literally flew out, face up, on my next push. She was suctioned and then wheeled away to NICU as her blood oxygen levels were worrying. Her blood oxygen levels were normal on arrival, so they returned quite soon. I felt faint and weak. The nurses said I lost a large amount of blood because the area had been bruised prior to their cut. I looked like a ghost for weeks after. I was given a saline drip to boost my blood pressure. I just wanted to catch my breath, instead the Obstetrician needed to stitch up my peritoneum. This felt like an assault. I pleaded can't you wait till I catch my breath. Everyone said no. The anesthetic needles needed before the stitches are painful. It took ages, so many stitches they don't count them. It took me well over a year to recover my iron count and my usual energy. Finally Amelia was bought to my breast for her first feed then bundled into a plastic cot. The three of us stayed together

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till morning. Bryan sleeping in the arm chair next to my bed.

Next morning I was wheeled up with Amelia to the Postnatal ward and Bryan left for home. I was physically weak, and I couldn't any bear weight on my swollen peritineum. I had very little experience with babies, prior to this I would only hold a baby if someone put them into my arms. I had no idea how to breastfeed. I wish I had read *Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers* by Nancy Mohrbacher and Kathleen Kendall-tackett. I read this book last year. This is a valuable breastfeeding book to prepare for breastfeeding and to refer to once the baby arrives. See book description below.

My husband's ongoing support and understanding was crucial to the success of my breastfeeding relationship with our daughter. Bryan took two weeks off work. He would bring Amelia to me for feeds and position her so she could latch on while I winced and cried and some how found the endurance to handle the sharp pain that continued throughout the feeds. I was determined to breastfeed but a frequently feeding baby and cracked nipples is a hard combination to endure. We decided to offer Amelia a pacifier in between feeds, simply to give my nipples recovery time. I later discovered the use of bottles and pacifiers can deform the soft pallet and cause suck confusion, see the paragraph on dental research. Bryan returned to work but he still cooked the evening meal most nights for months. Once my nipples healed and my breastfeeding was established I was able to offer my breasts instead, so we ditched the pacifier at around four months. Amelia was a high needs baby. She needed to be with me constantly. I spent days and nights holding her close, she would wake the moment I put her down. I discovered babywearing and pouch slings eventually and my life changed for the better.

Our breastfeeding relationship continues day and night. The next hardest part of adjusting to breastfeeding on demand is the night breastfeeds and the small amounts of personal time between feeds and general caring. At 2 1/2yrs Amelia still breastfeeds 2 to 3 hourly at night. We cosleep and therefore we sleep cycle together. I wake and then Amelia stirs and remaining half asleep she latches on. After breastfeeding we quickly go back to sleep. It only takes a few minutes. My husband doesn't even stir. Amelia sleeps soundly and peacefully beside me. I know she is coming down with something if she has a restless night. We choose to be available and parent as required 24 hours of every day. We didn't start out with a specific parenting plan. We only knew we needed to be flexible. Our breastfeeding relationship has evolved in response to our daughters needs. We will continue to meet her needs until she can meet them herself. I didn't particularly like breastfeeding during the first year. At around 1 yr, Amelia started to express how important breastfeeding was to her and that made it easier. Now it's easy and mostly comfortable. I tell curious friends and relatives that Amelia will wean when she is ready and I recommend they read *Parenting for a peaceful world* by Robin Grille. See book description below.

Public Hospital Antenatal class: Overall I felt the classes were poor preparation for breastfeeding and caring for a new baby but our educator did tell us breastfeeding didn't hurt unless there was a problem. Imagine my surprise when I couldn't get anyone to help me stop the pain I was experiencing. They assessed Amelia's latch as perfect. This hospital has a brand new birthing centre that was closed after it was opened because they didn't have the midwives to staff it and years later they still don't. We need more trained midwives and they all need to have up-to-date breastfeeding support skills.

Hospital post delivery ward - the nursing staff were unable to support the proper development of our breastfeeding relationship or give me the care I needed so I could care for my baby. The severe blood loss and episiotomy had left me with little physical strength. Picking my baby up and nursing her was a supreme effort and I couldn't do it alone. I asked a few nurses if Amelia's latch was okay because I was experiencing pain. They smiled and said yes her latch was fine and it was normal to have some pain because my nipples were being stretched. One nurse who helped latch Amelia, wrongly, told me my nipples were inverted. In the afternoon a pediatrician bullied me into agreeing to give Amelia a Vit K injection. Prior to my birth, I had made a rational decision with Bryan not to

give Amelia Vit K. After this injection, Amelia didn't stop crying and nursed constantly. I was too weak to care for her. I let the nurse take her to the nursery so I could get a little bit of sleep. I could hear a baby crying and didn't sleep wondering if it was Amelia. They brought her back after an hour to tell me they could not settle her. I decided to leave early because I knew at home, I would receive more care, proper food and Bryan and my mother could care for Amelia between breastfeeds. The food offered in the ward certainly wasn't designed to power a breastfeeding woman.

Early release midwife home support - these midwives convinced me that breastfeeding is painful and hard for most mothers. You need to be tough. I could see why so many women give up breastfeeding so quickly.

Community Health Nurse home and clinic visits - concentrated on baby's weight gains and growth patterns and set up our mother's group for mutual support. The help and advice I would have liked to receive I found on your website in the letter submitted by Ailsa Rothenbury. I can see a greater benefit from having a qualified lactation consultant as the mother's primary carer. This would greatly assist mothers in navigating their breastfeeding relationship with their new borns. We need people with up-to-date skills in lactation in the primary roles of caring for mothers.

Mother's Group - almost every mother I know bears a breastfeeding scar that could have been avoided, I believe, if qualified advice from a lactation consultant had been available at the start of their breastfeeding relationship. The ABC's Life At 1, Part 1, screened on Thursday, October 12, 2006 included a segment on a mother getting professional 'help' to breastfeed in a stay-in-with-your-baby clinic. This segment brought tears to my eyes as I watched the nurse 'helping' wrench the baby from this mother's breast without releasing the baby's suction. This is painful when your nipples are intact, with damaged nipples this is pure torture. This mother came in with painful nipples and was seeking help because she was determined to breastfeed. It came as no surprise to me that the next scene shows the mother completely shattered and exhausted, 8 days later, after giving up on breastfeeding. With the 'help' she was given I was surprised this mother lasted so long, she showed real strength. More's the pity she wasn't given the help she needed to succeed from someone qualified in lactation support.

The Australian Breastfeeding Association support (ABA helpline and local group meetings) I first used the ABA helpline when Amelia was about 8 months when she started to bite. I was given strategies to try out and most importantly I was told it was a phase she would outgrow. I joined the local ABA group when the majority of the mothers in my mother's group had given up breastfeeding, Amelia was 1yr and I wanted to be around other breastfeeding mothers. I found a wonderful supportive group of mothers (and some fathers). I only wish I had joined prior to Amelia's birth. I donate my Essence magazines to the local library, so others have the opportunity to find out more about the ABA.

My Suggestions for improving breastfeeding rates and children's health in Australia

Please view this dental research on line: Dr B Palmer has an informative slide show on palate development and breastfeeding - http://www.brianpalmerdds.com/bfing_import.htm
Dr. Palmer has given international, national and state presentations on the importance of breastfeeding for the proper development of the oral cavity, airway and facial form; infant caries; why tight frenulums need to be addressed; the signs and symptoms, cause and prevention, and treatment of snoring and obstructive sleep apnea. Australian research is referenced in the slide show on suck confusion.

Have Dentists explain to their patients the advantages of breastfeeding and disadvantages of pacifier and bottle feeding at a government funded preconception or pregnancy check up (to cover planned and unplanned pregnancies).

Breast pumps to be sold with a feeding cup and spoon and feeding instructions instead of the usual

bottle and teat.

Bottles and teats and pacifiers to carry warnings about suck confusion and the increased risk of mouth and breathing problems as outlined by the latest dental research.

The sale of bottles and teats to be restricted eg prescription from lactation consultants and lactation certified doctors and midwives.

Require the removal of bottles and pacifiers as symbols for babies and exclude them both from children's books and tv shows.

Breast's have been confused with sex for way too long, it time the government spent some really serious money marketing breasts and breastmilk to grow babies into healthy robust children. I find it ironic that the general public feel that feeding a toddler from the breast is disgusting, akin to child abuse, however they have no qualms about supplementing a toddlers diet with a formula that tries, poorly, to mimic that same breastmilk. No one can force a child to breastfeed, it's entirely voluntary and older breastfed children really do know it's life sustaining.

Have the WHO recommendation of two years plus breastfeeding be the advertised goal for mothers to consider, instead of the usual six months or one year. This will generate a greater shift from 3-6mths of breastfeeding to at least 1 year. Two years plus of breastfeeding is a mother's legacy, a child reaps this benefit for the rest of their life.

Grant 6 months paid maternity leave and two years unpaid maternity leave to all new mothers.

Grant 2 months paid paternity leave to all new fathers so they can spend time bonding with their new baby and especially support their partner's breastfeeding establishment. A father's bond to his child/ren is just as valuable as the mother's bond. Forming a strong bond requires time. A new baby entering the home is a life changing event and parents need time to adjust and bond as a family unit.

Either make home help tax deductible in the first year of an infant's life or make the Homecare service also available to new mothers (The Homecare service that currently helps elderly people stay in their homes). A newly breastfeeding mother needs to catch up on sleep or personal time. Home help could take care of the housework that too often intrudes on the new mother's need for rest and space.

Allocate serious and long-term money to the ABA in recognition of the valuable work they continue to perform in the community.

Fund the Helpline so it can become a 1800 number;

Fund the promotion of ABA in the hospital bag given away to pregnant mothers;

Fund the training of ABA community counsellors;

Fund all local groups, so they have a budget each year to perform their community work.

Grant pregnant couples free membership to the ABA for two years.

Grant pregnant couples free access to the ABA breastfeeding workshops.

Grant mothers free access to lactation consultants by giving lactation consultant providers numbers for Medicare.

Replace all the baby health nurses with lactation consultants.

Add lactation certification to the midwifery degree.

Recognise General Practitioner's with lactation certification on a national register (eg ABA website)

and make this qualification (lactation certification) mandatory for their placement in rural and remote areas.

Allocate serious money to fund Australian lactation research.

Fund every library with an annual budget to specifically spend in their preconception/pregnancy/parenting sections.

The breastfeeding book I recommend:

Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers
by Nancy Mohrbacher and Kathleen Kendall-Tackett.

Book Description

Breastfeeding is natural, but it's not always easy. It is the biological norm, but it is not the cultural norm. By learning the seven basic principles in this book, mothers can dramatically increase their likelihood of success and make breastfeeding the enjoyable experience it should be. The seven laws taught in this book are easy for mothers to understand and are sure to help them avoid some of the pitfalls that they might otherwise face.

The seven principles include:

1. Babies Have the Urge to Self-Attach
2. Use the Power of Skin-to-Skin: A Baby's Natural Habitat
3. Breastfeed Ad Lib
4. Reach for the Comfort Zone
5. Expect Cluster Nursing
6. More Milk Out = More Milk Made
7. Babies Outgrow Breastfeeding

The book also addresses how to solve common problems and deal with special situations such as breast reductions and babies with special needs. The authors describe some of the social, psychological, and cultural reasons why breastfeeding is not currently the norm, and what this implies for mothers. In all, this is an easy-to-use breastfeeding resource for new mothers, which includes all the latest research and techniques used by those in the lactation field.

From the Publisher

Two breastfeeding specialists team up to provide new mothers with a set of seven basic principles—representing the most up-to-date information in the field—that lead to successful breastfeeding.

The parenting book I recommend:

Parenting for a peaceful world

by Robin Grille

Book Description

In recent years, childhood education and development experts from around the world have learnt enormously about how the foundations of emotional intelligence develop in childhood. Based on leading-edge international research, Robin's book: 'Parenting for a Peaceful World' shows how we can best nurture our children's emotional health - as well as how to understand ourselves based on our early childhood experiences. This book also shows how taking care of parents' and children's emotional wellbeing can be one of the most powerful contributions towards a peaceful, just, democratic and sustainable society.

Read 'Parenting for a Peaceful World' and learn:

1. the five stages of core emotional development in early childhood.
2. how your early childhood experiences have affected your emotionality, your behaviour and your relationships.
3. how to promote your children's emotional intelligence so they can grow to have the most healthy and rewarding relationships with others, and fulfil their potential.
4. how child rearing practices have affected societies and international affairs throughout history.
5. how our child rearing choices can be the most powerful agents for positive social change and planetary healing.

Review

What a marvellous parenting book! The message of Robin Grille's book is instructive, timely, and vital. As well as for parents, politicians, and the public generally, 'Parenting for a Peaceful World' is a must read for anyone and everyone in the child development profession.

Stephen Juan, Ph.D. Faculty of Education & Social Work, The University of Sydney. Author and syndicated columnist,

Yours sincerely
Jane Toxward