16/02/2007

To the Secretary of the committee on "Inquiry into Breastfeeding"

## RE: INQUIRY INTO BREAST FEEDING INITIATIVES TO ENCOURAGE BREASTFEEDING

Dear Committee Secretary,

I wish to make a submission to the committee under the above category and as a registered and experienced Nurse, Midwife and Lactation Consultant who works in the community (Melbourne).

I have attached details of my proposal for a simple breast feeding positioning sticker. This is an innovation developed by myself, over many years, in response to the need from women for assistance with early attachment of the baby to the breast. It is applicable for use either in hospital, remote rural areas or at home when health professionals are not available.

The aim is to allow the mother to attach her baby at the optimal position on the breast using the simple graphic on the breast sticker. This means breast feeding may become easier and less painful, contributing to increasing breastfeeding rates and duration.

Your inquiry is timely as I have a patent for this idea (2005906620) and am currently looking to further develop and disseminate/market the sticker. This innovation is easily reproduced and inexpensive.

I believe it could greatly assist breastfeeding in the community with minimal cost and is applicable to a diverse and multicultural community.

Attached is a brief explanation, copy of the breastfeeding positioning stickers and accompanying brochure for your consideration.

Yours,

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Judy Evans R.N., R.M., I.B.C.L.C.

## BREAST FEEDING POSITIONING STICKER

## INITIATIVES TO ENCOURAGE BREASTFEEDING

The vast majority of mothers and babies I see have breastfeeding issues due to poor positioning and attachment of the baby at the breast.

The baby needs to have a large mouth full of breast tissue in its mouth to feed well. Poor positioning of a baby at the breast is one of the greatest causes of nipple damage, pain, bleeding and general nipple injury. This in turn contributes to inadequate emptying of the breast, increased risk of mastitis, poor milk supply, suboptimal infant weight gain, further damage and pain of the nipple and early weaning.

Once the mother is taught how to position their baby at the breast correctly with the assistance of the breast positioning sticker the nipple pain decreases, the nipples usually heal, milk supply increases, the baby is more settled and mothers usually continue to breastfeed rather than resort to infant formula.

As a midwife and Lactation Consultant I have noted over the years that women can usually attach and feed their baby well when supported by the nurse or health professional. When they are on their own, that is at night in busy hospitals when staff are not always available or at home, they have a greater risk of positioning their baby incorrectly at the breast. Other women at risk include women in remote rural areas, very young and inexperienced women without a lot of exposure to breast feeding or those of a non-English speaking background or with poor literacy.

Women use pictures of breastfeeding attachment in books and brochures to assist them in getting the baby onto the breast in the correct or optimal position. My innovation is to have the picture of the correct attachment up on the breast (see attached brochure) using simple graphics.

This enables the mother to line up and attach her baby to the breast when alone by copying directly the position shown in the sticker.

I have carefully evaluated this concept and the graphics and developed this positioning sticker based on the feedback of my clients over many years.

This is an inexpensive simple innovation that I would like to discuss further with public health government bodies or individual health institutions. It can be easily printed commercially or photocopied and could be distributed to all new mothers.

I would like to see the Breastfeeding Positioning Sticker offered to all postnatal women to support them in breastfeeding their babies as part of the Australian Government supporting breastfeeding mothers.

Judy Evans. R.N., R.M., I.B.C.L.C.

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