Submission No.21 AUTHORISED: 28/2/07

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Subject: Breastfeeding Submission

I am a mother with experience in both bottle & breast feeding.

In Feb 2003 I gave birth to my son. He was absolutely perfect in every way, I wanted to keep him that way, I chose to breastfeed which the midwives & staff at the hospital were supportive of. Although I received no information on how or what to expect while breastfeeding. I took my baby home after 24 hours of his birth with an appointment made for a home visit with the community nurse. On day 3 the nurse came did a heel prick & asked if I had any questions or concerns about my baby, I explained that I was unsure on how to feed correctly, I felt awkward & was unsure if I was attaching my son correctly. With a demonstration of our feeding methods my arm was grabbed & shoved into position to hold & support my son once I had him attached the nurse pulled his bottom lip down & my son started to feed she said that was it & with that she left, no contact from her after that. Needless to say my confidence was shattered & my son was bottle feed from 3 weeks of age. How could this have been dealt with properly? Education for both me & the community midwife, phone numbers to support centers like Australian Breastfeeding Association, information literature on breastfeeding in general, information & support from my GP with whom I consulted before changing to ABM.

When I had my Daughter in Jan 2004 she was born very small with very low BSL, a heart murmur & was admitted to SCN within min's of her birth which resulted in me not being able to feed her for a while when I went up to the nursery she was being fed a bottle at only a hour & 1/2 old & to make it even better she wasn't even being held to do this, a nurse was standing beside her crib with another baby in her arm's holding a bottle in her mouth. When I asked why this was happening I was told that due to how ill my baby was it was better for me to feed her via a bottle because she couldn't be held for long. I insisted that I would either express or lay beside her to feed her & was told it will be very exhausting for me. I won the battle & put in a complaint to the hospital. I went on to feed my Daughter for 10 months.

In Sept 2006 I gave birth to another son.

No matter how many times you do it it's always going to be a different experience. My son has been one feeding issue after another & because I have 4 children my Community mid wife said to me on my 2nd home visit

'Ok well your an old hand at this so you should have it all down to a fine art, we wont need to come around any more'. So when my baby didn't sleep, fed every hour & a half - 2 hours I started to fall apart & began to have feeling's of complete failure My Daughter didn't fuss at 6 week's nor at 9 week's my son has & now at 19 weeks is doing it all again. My personal experience when I was told I shouldn't need help, & then did I felt stupid & wondered if I was paying enough attention to my babies because I didn't remember going through any of the stages my son was passing through, non sleep constant eat stage I wondered if I was starving my son & almost resorted to him becoming a FF baby. It was actually a councilor from ABA that another mum told me about that put my mind at ease when my son was 6 weeks old that has made it possible for me to proudly say my son is still breastfed.

What would have been of great assistance to me would defiantly have been knowing about & put on to an ABA councilor in the beginning. Every new mother needs to know about ABA & for that to happen some of the thing's that need to happen first are,

- 1. Increased support for antenatal breastfeeding education, including government subsidized sponsorship of parents to be at Australian Breastfeeding Association "Breastfeeding Education" Classes.
- 2. More funding of post natal breastfeeding support by care givers skilled, preferably experienced in breastfeeding support, and referral to the National services of the Australian Breastfeeding Association.
- 3. Promotion of the "Breastfeeding Helpline" on television and other media and print.
- 4. Human milk banks established in every state and territory based on those already operating world wide.
- 5. Breastfeeding support initiatives to be tax deductible to support longer exclusive and sustained breastfeeding.
- 6. Financial aid for exclusive breastfeeding such as freezing mortgages and longer paid and unpaid leave entitlements, and support for women not in paid work, Breastfeeding accessories, pump's breast pad's nipple shields, be GST free

7. Restriction on the promotion and marketing by retailers of all breastmilk substitutes and artificial feeding aids. This information should come from Health Care Providers only.

8. A regular "breastfeeding best practice" program for all Health Care providers attending mothers.

Message

9. Ensure the WHO growth chart standards are used so that mothers aren't undermined.

10. Ensure labeling of all baby food to say the recommended 6 months plus for introducing solids.

11. Subsidized membership to the ABA for anyone wishing to join.

12. Free ABA membership for 'at risk' groups in the community - as the ongoing support is invaluable.

13. Breastfeeding Education Classes, Australian Breastfeeding Association membership be tax deductible.

14. Breast pump sales and hire be tax deductible.

15. Paid maternity leave of 6 months minimum and unpaid leave up until two years, in line with the NH&MRC and World Health Organization breastfeeding recommendations.

16. All health carers who may encounter expectant or breastfeeding mothers should have a minimum level of breastfeeding education, equivalent to the ABA Breastfeeding Education Class, which is updated.

187 All health carers who may encounter expectant or breastfeeding mothers should be encouraged to subscribe to the Lactation Resource Centre to be updated on best practice about breastfeeding.

18 All health centers who may encounter expectant or breastfeeding mothers should be encouraged strongly subscribe to the ABA "Essence" magazine for waiting rooms.

19. "Human milk banks" to be set up in major hospitals (at least one per state) with specialized training in supporting premature baby breastfeeding for to their NICU staff. Free breast pump hire to all Mums. Subsidized or free ongoing support by a Lactation Consultant. Free membership to the ABA.

20. Government health websites to include human milk under toddler nutrition information.

21. The Health Department to monitor and prevent information on infant feeding in health care facilities coming from artificial milk manufacturers.

22. Specialized funding for breastfeeding research, scholarships for lactation consultants in each hospital.

23. A series of government funded "Community Service" announcements about the importance of human milk and the support services that the ABA provides nationally.

In relation to the marketing of breastmilk substitutes I think that these initiatives would help improve breastfeeding rates:

1. Retailers should be unable to market breastmilk substitutes - it is known where they are available, and as they are all the same, a consistent price should be standard, as the WHO Code states for those who use formulas.

2. Toddler formula advertisement and promotion should be banned, as they are under the WHO Code, as the opportunity for cross marketing is so blatant.

3. The WHO code should be legislated as protection and an independent monitoring committee set up.

4. Fines for breaches should go to breastfeeding support initiatives.

5. Companies marketing breastmilk substitutes provide information about sources of support for breastfeeding, not breastfeeding advice. Too often skewed information that undermines breastfeeding is provided as 'help' by those with no interest in helping women to sustain breastfeeding.

