

**This paper: Submission to the Parliamentary Inquiry into Breastfeeding
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Birth and Breastfeeding- Hospital Care and Antenatal Education

When I was expecting my first child I made enquiries of the local hospital to find out where I could learn more about parenting as I had spent 8 years at University learning a vocation and thought I could benefit from learning about being a parent. I was informed that there was no such course, that one learns parenting “on the job”, but that I could contact the Nursing Mothers Association of Australia which I did immediately. I then undertook a Breastfeeding Education Class with my husband, who was reluctant to come. We both learned a lot about breastfeeding and parenting in this three hour seminar and I brought a book, Breastfeeding Naturally, which was to become a great reference for me before and after my first baby was born. One important thing that I read was that it was normal for a breastfed baby to lose more than 10% of its body weight in the first week after birth. This information was to be crucial for me.

My son was born by an emergency caesarean following an induction as he was deemed “late”. We established breastfeeding easily with a little help from the midwives at a private hospital in Brisbane. After a few days the midwives advised me that my baby had lost more than 10% of his body weight. They were concerned. Had I not read the information referred to above I think at that moment my confidence in my ability to breastfeed would have plummeted. I responded to them that I had read that such an occurrence was normal, that my baby was latching on and feeding frequently. A few days later the midwives appeared relieved and happy to inform me that my baby had put on 250g (or some similar weight). Fortunately for my son and my own confidence as a mother I had not shared their anxiety nor their relief because I viewed our progress as normal and they did not. But how many women enter motherhood equipped with such knowledge? And in the face of doubt from their health professionals how many women would have continued at that very early point? How many would have retained their confidence in their ability, particularly in the context of the mother experiencing a change in her hormones, the aftermath of the pregnancy and birth, baby blues, isolation, and alienation (ie being in a room you have never been in before, looked after by professionals you have never met etc), sleep deprivation, and suddenly advice – and often conflicting advice.

Since the birth of my son I have trained and become qualified as a Breastfeeding Counsellor with the Australian Breastfeeding Association (“the ABA”, formerly the Nursing Mothers Association of Australia). It has troubled me to reflect upon that experience and to consider that the midwives did not question me closely about how my son was attaching, how many feeds he was having, how many wet nappies he had had in a 24 hour period, etc. There was no discussion or advice from them about what is normal in a breastfed baby, how much milk a new born baby might need, the importance of colostrum and its quality over quantity, the very small size of a newborn’s stomach, the rapid absorption of breastmilk by a baby because it is perfect for their bodies etc. Why did my midwives appear to be so lacking in the basic information, at what is considered to be a top hospital? Why were they not confident in my ability to nourish my baby as I had throughout the pregnancy?

ABA Group Meetings

I became a regular attendee of my Aspley Group of the ABA, where I received regular information and support. I breastfed my son for 2.5 years until I weaned him (he did not want to wean) as I was pregnant with my next baby and had very sore nipples and I felt ready to wean him. I knew, from my group meetings, that I could continue to feed him but chose not to at that point.

My Health Clinic Experience

I attended my local Health Clinic when my son was a few weeks old and found the clinic nurse to be abrupt about breastfeeding and sleep issues and so I never returned. I preferred my very supportive female GP who was very positive about my attendance at ABA group meetings. I then had a very supportive male GP at the same practice and so with my second baby never returned to the Health Clinic.

My knowledge of Breastfeeding and Importance of Membership with the ABA

I breastfed my second baby for 2 years. I had a fast flow of milk, which is very normal for a mother who has a subsequent baby, and I was informed enough – having completed my Counsellor training – to identify the problem quickly and manage it effectively.

I am quite certain that had I not been a member of the ABA that I would not have breastfed my daughter for long as she would attach well but would stop feeding only after a few minutes at the breast. I discovered that if I sat her up gently she would burp once and then she would finish a feed. However, that was a palliative approach and I started to employ posture feeding (attaching her and then leaning back on pillows or the lounge) and also offering her the same breast if there was an hour or two between feeds. After awhile I felt that I may have reduced my flow/supply too much and so it was an easy matter of just offering more feeds and sitting upright when I fed her. Some very simple techniques which I was fortunate to be fully knowledgeable of.

Would another mother have continued to feed in this situation? In my view, if she received early information, advice and support or if she happened to stumble across the solution for her and her baby. This is one very good reason why our ABA Helpline is so crucial and our training to identify problems and to closely question the mother about a myriad of things, and then to offer suggestions to help the mother, and to offer further support are all so very important.

ABA's Breastfeeding Education Classes

Initially, the Breastfeeding Education Class run by the ABA was vital for my understanding of breastfeeding and the mechanics of how to attach and position a baby, what problems – physical and others to expect, for my husband's understanding of how to support me, of why it was so important to breastfeed, of what to expect in a breastfed baby – such as how frequently they feed and are awake, and how I could be further supported both before and after the birth of the baby (I attended group meetings before my son was born).

I also credit the attendance of a Breastfeeding Counsellor upon me when my first baby was about 8 days old. I picked her name from a group newsletter and she attended on me a few hours after I called her. She was very reassuring and with a few

minor suggestions she eased me out of a panic attack that I was having as I was experiencing baby blues, the after effects of major surgery, sleep deprivation and my arms, neck and back were aching and I doubted my ability to be able to hold my baby (as I had suffered a work injury previously). One of the suggestions was as simple as having more feeds lying down with the baby on a pillow to bring him in line with my nipple. This turned the situation around. I also had a very pathetic feeding chair. Without Emma coming at that moment, again, I have since wondered how I would have fared.

Parent's Expectations not matching Reality

It is not common practice for a Breastfeeding Counsellor to attend on a mother and baby but sometimes a Counsellor will choose to do so. I have attended on mothers in their own home particularly if they live in my group's area (I became the Aspley Group Leader in March 2004). The attendances usually takes a few hours for me (and can be emotionally exhausting for me) as the mother is usually very distressed about things not going right, even when they are going right in my eyes, eg the baby is attaching well, feeding frequently, having a lot of wet nappies, there may even have been reassurance from a health professional that the breastfeeding was going well or the weight gains were all right. Sometimes the mother appears to be in a state of shock as to how "little" the baby is sleeping, how many feeds the baby needs. Again this comes back to expectations of the mother and father and her family and friends and her health professionals, and her society including the magazines and books she is exposed to.

Our society has this preoccupation with babies being separated from their mothers as soon as they are born and imposes expectations that fit an industrialised society but are incongruous with breastfeeding. Our day is broken up into 3 main meals with work fitting in between these and sleep expected to be in a chunk or around 8 hours (following the Harvester Judgment era in the early 1900s ie 8 hours work, 8 hours rest/recreation and 8 hours sleep). It seems that a baby born today is expected to also conform to this adult world ie that the baby will feed a few times a day, will sleep for long periods as an adult might, and should be of little inconvenience to its parents and others as possible. This is the age of convenience (convenience shops, fast food, transit lanes etc) and parents are pressured to retain a lifestyle that is in align with this and not to change to accommodate a baby – the baby is expected to be controlled. I have witnessed so many parents being obsessed with making a baby sleep when it just needs another feed or it needs comforting in a sling or a walk outside in a pram. These parents feel like failures with a baby who demands frequent feeding and not as much sleep as the impressions created by movies, books and magazines, and even health professionals, friends and family.

I have seen and heard of the mothers confidence plummeting as she can't understand why the baby "is feeding again!" or why it is so hard to get the baby to sleep. Some babies, like my own, sleep while they are on the breast or while they are comfort sucking. It took me awhile to realise that my baby actually slept quite often over short periods. My perception was that sleep meant that he should be in a cot or pram sleeping for a chunk of hours. I tried to inform a close relative of this phenomena when I saw her baby do the same last year but she could not be convinced that her baby actually slept quite often, possibly because she was holding him and was not "free" to rest herself or to get on with jobs that she perceived needed doing.

The Health Professional Advice Merry Go Round

Her experience with health professionals was terrible and reminded me of just how hard it is for new mothers to gain confidence in their breastfeeding and, ultimately, mothering of a new baby. She was first told by her obstetrician that because her feet were small that her baby was not going to fit through her pelvis so she had better have a caesarian. I was with this mother when she was told this in the reception area, mind you, of the obstetrician's rooms. So any confidence that this mother may have had in birthing her baby was essentially taken from her within a minute's conversation.

After the baby was born (by caesarean that was booked the next day) this mother was then exposed to the merry go round of health professionals all giving their advice about feeding, the weight of the baby, etc. She received conflicting advice from her midwives in another top Brisbane hospital, as each midwife will have different advice to give and this is a typical lament that I hear from mothers during group discussions and helpline counselling. The mothers become confused as with each shift change a new midwife gives different advice. In the upshot many mothers start to lose sight of what exactly it is that they should be doing because their health professionals are not giving uniform and consistent help. This mother was then attended in her home by a private midwife who knocked her confidence down to nothing when she weighed the baby and declared that "this weight gain is not good enough". I was attending this mother at the time and had just spent the last 2 hours reassuring this mother about the baby's feeding and weight which all appeared to be very normal to me. This mother is my relative and her baby was the spitting image of my two long thin spindly new born babies who, within a few months, were no longer spindly but quite healthy bigger babies with paddings of fat. This midwife did not ask any questions of the breastfeeding relationship eg how many feeds in 24 hours, how many wet nappies, any night feeds, etc. As a counsellor I would be required to ask many questions to establish what was going on between mother and baby before I could come to any firm idea about what a problem might be – if there is a problem – is it a breastfeeding problem or other? Etc. Quite frankly I was horrified by the declaration that was matter of fact, not grounded in any deep analysis of what was happening, showed a lack of understanding about breastfeeding and weight gains, did not offer suggestions about increasing supply or examining how the baby might more efficiently receive its feeds (if indeed there was a problem of which she did not take the time and effort to even try to identify) excepting to suggest comps with formula, did not ask the mother what she felt might be the problem and dismissed my opinion outright that I thought that this mother could have a fast flow. When the midwife later learnt that I was a Breastfeeding Counsellor I can honestly say that, in my view, a sense of guilt or embarrassment registered on her face. This midwife confirmed this mother's deepest fears about the weight of the baby, that the baby was not getting enough milk etc without empowering the mother or informing her how she could overcome the problem. In any event I did not agree with her declaration or her approach and this mother felt obliged to give the midwife all credibility as the midwife was the "expert" and apparently I was not.

This mother then saw a private lactation consultant (an LC) who went through positioning and attachment, settling techniques etc and spent a long time with mother and baby (again I attended). Then she attended on an LC at a pharmacy who was very positive that the breastfeeding was all going well. She then saw her paediatrician who

reassured her that the feeding/weight was going well and then a week later she attended a GP who said that the weight gain "was not adequate". This mother never felt reassured about her ability to breastfeed following those earlier comments and then the GP one despite the paediatrician's advice and by this time she was coming with formula. Her baby, as I predicted, turned into a chubby little baby just as my son had and their bodies are similar excepting that he is even bigger than my son and my son seemed quite solid at an early age. Is it any wonder that this mother has since said that she feels like complaining to an authority about the way that breastfeeding and the weight of the baby information and advice was given to her? Why was it all so inconsistent? How learned are these so-called professionals and when they give advice what is the basis or source of those comments or their approach?

Health Professionals Lacking Necessary Education = Medical Negligence?

My girlfriend is a GP and when she did her training, being 6 years plus of university and internship and a GP course, she and her fellow students did only **one hour** on the breast including its structure and physiology. One hour is not enough!! These doctors are then looked upon as the fountain of knowledge when it comes to breastfeeding because it has become medicalised rather than a parenting or other issue. On the subject of GPs I have heard mothers repeat some very circumspect opinions from their doctors about breastfeeding. A friend told me that her GP said that the use of illicit drugs is fine for a breastfeeding mother and baby because "only the goodness of breastmilk passes onto the baby"!! What was this advice based on? My own doctor said to me that the weight of my baby would not be effected by her wearing a nappy. I said that I thought it would and so we weighed her with her nappy on and then immediately without it – the difference was 500g or half a kilogram. This was a very significant difference given her age and my GP was most surprised. Again, why did I understand this and yet he had dismissed it until he agreed to do the experiment with me? Another doctor has told a mother of an older baby that she should wean merely because the mother was bitten once while feeding her baby!! This is a very common phenomena and one that can be remedied by a quick explanation to a mother that a baby cannot actually bite if s/he is attached properly and sucking and receiving milk as the baby's tongue protrudes over the bottom teeth and it is near impossible to then clamp down and bite. It is only when the baby stops feeding that s/he can then bite and there are signs that a feed has finished or will finish soon that mothers can be taught to look out for and ways to manage this situation (eg suggest the mother not to laugh and make a game of it or to firmly say "No" type thing if this happens).

Can doctors and midwives please be educated properly so that they can give proper and concise, uniform and consistent advice or suggestions to mothers rather than say "Wean" simply because they do not know the answer to a problem. This is not medical advice but, as a lawyer I perceive it to be medical negligence ie there is a request for advice and something less than proper medical advice is being given or in the case of the so-called advice about the use of illicit drugs this seems to me to be not an omission but an encouragement to cause harm to the baby. The use of marijuana can appear 8 fold in the breastmilk (according to a presentation on the "Use of Illicit Drugs and Breastfeeding", Dr G Opie, paediatrician on 27 Feb 2007). Such facts should be readily at the fingertips of practitioners.

Many mothers are also told by their GPs to “just wean, because you are too tired” or “this is too hard for you” where there is mastitis or sore nipples or the mother needs to have medication. Why not refer the mother to the ABA – to our helpline, to our group meetings, to our website for more information. Nothing is more frustrating than hearing about this kind of situation. Often the GP is not taking into consideration the very importance of the breastfeeding relationship for the mother and the baby, is not asking the mother what she would like to do (as we must as counsellors). Many mothers are judging themselves constantly as mothers and a comment from a clinic nurse or GP can make them feel like failures, even when they had been very confident up until that appointment. That is one reason why I never returned to the health clinic.

Some women have been compensated by order of the Courts where their breastfeeding relationship has ceased prematurely (eg a civil action in Canberra where a woman was injured, required shoulder reconstruction, could no longer breastfeed her 13 month old baby, was awarded damages). I wonder, as a lawyer, when a mother **might sue a health professional for negligent advice about breastfeeding. Has anyone considered this as an issue to address in the necessary training of health professionals to know their stuff on breastfeeding??**

With reference to the story about the mother who was told her feet and therefore pelvis was too small, how can a mother feel confident in her ability to mother when she is told she has already failed to give birth naturally to a baby?? I think the confidence of the mother as a parent starts here – at the birthing or leading up to the birthing stage. With the preoccupation of obstetricians to cut a baby out of its mother rather than to “risk” a vaginal delivery many mothers must question their ability to mother when they are told – and I use the word “told” rather than that they are given proper advice and information – that they are not capable of physically giving birth. I am sure that there are many women who do get information and advice and that they choose to have a caesarean but I think that the hospitals and society need to do more to educate women and men (particularly their partners) on how to give birth.

I speak from experience here because after my disastrous emergency caesarean (though my baby and I were ultimately alive and safe at the end of it all) I decided that with my next baby I was going to try to birth her vaginally. My obstetrician was less than enthusiastic, partly because he knew that I was a lawyer and partly because of the insurance crisis that had occurred between my having my son and then being pregnant with my daughter. About 21 of his colleagues had ceased practice as obstetricians due to the insurance crisis and issues relating to potential litigation and the extension of the limitation period in order to institute a claim against a practitioner. I researched the area of vaginal birth after caesarean (VBAC) thoroughly (and I have researched at university level). My research showed that the risk of rupture of the uterus after having a baby by caesarian was essentially similar to that of a woman having her first baby, depending on the type of cut used during the caesar and that the risk of injury was actually 4 times greater for a caesarean than for a vaginal birth. My obstetrician’s opinion was that the risk was 2 times greater for a caesar. I undertook a birthing workshop with my husband and did daily exercises to increase my chances of having a successful vaginal birth. I also had the benefit of a doula for the period before, during and after the birth and she was fantastic and also, the advice of a midwife whom I attended privately. I was successful in birthing my

daughter vaginally, of only using gas and no epidural (which is known as often slowing down dilation, so I avoided one) and the labour took only 6 hours.

At the same time in Brisbane a mother in a similar circumstance to me was investigated by the Dept of Families (or its equivalent title) because she wanted to have her second baby vaginally and her health professionals decided that she was putting her life at risk and the care of her first child. This item made the news, as it should have!! But so many other mothers are simply told outright that they are being scheduled in to have a caesar because their first baby was born by caesarean. There is no discussion with these women about what they want to do, how they can achieve a vaginal birth. Many of these women feel like failures. I say this anecdotally, based upon how I felt when I had my son – in the aftermath – feeling like a failure on day 1 of my motherhood experience. Then, how I perceived how other mothers were feeling when I was elated about my vaginal birth and how they appeared to react by looking upset, guilty, cheated, like a failure. I actually stopped telling other mothers or being very careful about who I told and how I told my birth story because I would detect this mood of unhappiness in the mothers who had had caesars or repeats.

The Quality of Care

I am describing this in detail because it astonishes me that with all of our resources, and of the education and economic circumstance of women in this day, that the service that they are receiving in the lead up to the birth and breastfeeding of their babies is so inferior, and that these women are treated as inferior by many health professionals or the systems within which they work. Certainly there are some very dedicated health professionals and I loved and admired my midwives, but the hospital systems need to change – more nursing staff, more maternity wards, more breastfeeding wards and drop in clinics, more facilities where mothers and their babies can be looked after while they establish breastfeeding instead of being sent home without proper attachment or before the mother's milk has come in.

Early Discharge of Mothers from Hospital after birth

A friend of mine about 2 to 3 years ago was feeling pressured by her midwife, as a pregnant mother about to have her second child, to sign a form to say that she would leave hospital 24 hours after she had her baby. I was adamant that she should not sign such a form and I was horrified by it. This form was apparently designed for mothers who, apparently, after receiving some information about the pros and cons of early hospital departure, were very passionate about leaving hospital early. However, here was a mother feeling pressured to sign such a form where she had no preconceived desire to leave hospital early. Is this proper care?? Did this midwife exercise due diligence or her duty of care for this upcoming patient? As it turned out this mother did leave hospital relatively early (I think day 2 or 3 – though is this perceived as “early” any more by health professionals??), her baby then developed jaundice and was readmitted but the mother was not as she had already been discharged, the baby was fed formula/artificial breastmilk (ABM), and thereafter the parents had a three month wait to see if their baby was deaf or not because in the opinion of the paediatrician the ABM had entered the baby's ear canal/tubes or possibly cause deafness. What an experience – which could have been avoided for this baby who was being fully breastfed, whose sister was breastfed for about 2 years before him.

This early discharge trend leads to other issues – that women feel very isolated and alienated in their own homes when their baby is one, two or more days old, they are not receiving any help from health professionals, or limited help, they are juggling visits from well meaning family and friends and trying to play hostess when many of them have had major surgery, many know nothing about breastfeeding and neither do their partners who in their male “need to solve a problem” approach often suggest the use of ABM or breast pumps when the mother really needs help attaching the baby or establishing her supply, often the milk then comes in and the mother starts to experience further problems eg fast flow, engorgement, blocked ducts, mastitis – things that could be avoided with very little education such as a Breastfeeding Education Class that the ABA holds.

The mothers in their distress and / lack of knowledge and support are more often calling our ABA helpline with babies of a very young age. Our Helpline service is excellent but many of these mothers with very young babies need someone to sit with them and watch them attach and help them understand what is normal for a breastfed baby. The ABA counsellors are sometimes inundated with calls and many of these mothers are crying or have a baby crying in the background, they are extremely tired and so I wonder how much information/suggestions they are taking in during the call, they need further support – and ongoing, daily help from someone who knows breastfeeding in depth not just someone who turns up and unhelpfully declares that the weight gain is not adequate (when it might be).

One of my friends was disappointed with the ABA as she thought that we had a clinic where mothers could go with their babies and receive one on one help. This idea is fantastic but it needs the funding and resources and I am aware that there is at least one or two Qld Health clinics in Brisbane but we need more or we need to know where they are and mothers need to know where they are, how to access them. ABA as a not for profit organisation can only do so much with its current funding. When I do helpline on a Monday (say once every 6 weeks or more) I get about 25 calls and I spend about 20 to 30 minutes with each mother on average. This is a huge investment of time for me over a 12 hour rostered shift and particularly when I have two children to care for. These mothers are crying out for help and it should not fall on volunteers like myself to pick up and try to fill in gaps for many mothers who are being turfed out of hospital when their babies are a day or two or three old, with no knowledge of mothering and breastfeeding. This is having a great detrimental effect on the psyche of mothers, in my view, and I wonder how our children will fare if we start our relationship with them not feeling confident.

There have recently been some issues within ABA as to how many volunteers do not want to do a 12 hour helpline shift. It is a very long time to be committed to mothers who we do not know while our own children may be clambering for our attention in the background, while many of our children need our attention and care, need to be taken to school/preschool/day care/organised activities etc. The governments of Australia need to step in with funding, programs and people to change this entire situation if our society wants confident, happy parents and babies/children who will feel the follow on effect of this. Even with our helpline, funding from governments may enable us to divert the phone lines more frequently so that our counsellors are able to do more shifts for less hours at a time eg a 4 hour block instead of 12. How many unions would let their workers work for 12 hours straight and without

scheduled in breaks?? With the business of mothers/people these days I wonder how long our Helpline system will survive? Will it collapse because more and more of us will not be able to commit to it? We are not women alone at home, we have babies, are pregnant, have older children, households to run and many of us also work part or full time. Many of us also run groups – group meetings to prepare for and attend where we lead discussions/ impart information about breastfeeding, provide emotional support to mothers. Some of our groups are finding it more and more difficult to find venues to fundraise to keep our groups running. As Aspley Group Leader our sausage sizzle venue at Harvey Norman ceased because other organizations had not conducted their sizzles in a good manner, there were complaints by customers, and so the company joined with the Scouts or Lions for them to hold all sizzles. The Woolworths Chermside Marketplace decided that casual leasing might prove too dangerous (obstructing pedestrians) and so we could no longer sell our National Raffle tickets there. Recently, Chatswood Shopping Centre has informed me of a similar decision re casual leasing to Harvey Norman ie ceasing all casual leasing due to complaints. So, for some groups, it is getting harder to raise the necessary funds to keep going. Also, some groups are having trouble getting members to come and help because so many mothers return to work and also because these days there is a growing perception amongst people that an organization will provide a service to the member rather than the member pitching in and helping to run it. It is a very different mindset to years gone by and it is effecting many groups so that it can be difficult for us to find members to train to take over the leadership of groups, to take on group jobs to help run the groups and etc. We need more support, particularly if hospitals encourage women to leave hospital early or to contact ABA for further support.

Women Returning to Work and Maternity Leave

Women need to have very clearly legislated rights to breastfeed in the workplace and, as a lawyer, I should write a paper on this. Even in my own experience I did not feel assertive enough to discuss breastfeeding/pumping my breastmilk with my new employer after I had been out of paid employment for 18 months. I have also heard of a mother whose employer (a government employer) required her to sign a document to say that she would wean her baby before she returned to work. This is a breach of the Sex Discrimination Act and there are some other pieces of state Trade legislation, I recall, that provide that where the workplace is not safe for a breastfeeding mother then the employer must provide a safe environment for her and or paid maternity leave. The legislation that I have reviewed for a paper I presented a few years ago is scant and piecemeal. The Federal Government needs to review its Constitutional powers and then implement all encompassing legislation on issues concerning breastfeeding in the workplace, in public, facilities in public places/shopping centres, etc. Many women do not feel assertive enough to take on these issues with their employers when they may not feel very powerful about their return to work and they and the ABA who might help them, should not have to be reinventing the wheel and experiencing unnecessary stress about this issue. It should be clearly set out for employers and employees to understand and to have clear expectations.

Women also need to have longer paid maternity leave and entitlements to return to work at periods later than are stipulated presently. There needs to be regulation of this. Many women are returning to work just weeks after their babies are born, something which they do not given much or any consideration before they have their baby and then they experience that incredible bonding with the baby and realise that

they do not want to leave their baby with a stranger or family member to simply go and earn money to pay for food and the mortgage. This society is crazy and other cultures must just look at us and shake their heads at how we claim to have a superior lifestyle and they are “primitive” when we force mothers to forego all natural instincts and to ignore or deny the immediate or direct care of their babies and return to work before they or their babies are ready because of financial pressures. This is not conducive to the continuance of breastfeeding or prolonged breastfeeding despite the good initiation of breastfeeding rates and despite the use of manual and electric breastpumps. These can also be costly.

Formula Companies – Advertising and the APMAIF

The self-regulation of advertising by Formula companies is not working. A few years ago I received a Baby Gift bag in the private hospital that I attended in Brisbane. Inside the bag was a sample of formula. This was a breach of the APMAIF code as I understood it/ interpreted as a lawyer. This breach could have been multiplied by how many? A thousand? Every mother was given such a bag, even two such bags as mothers were given them in the antenatal class before they even had their babies. Therefore, at this hospital alone one could confidently say that there were possibly about at least 600? 1,000? Breaches of the Code every year. In my review of the Annual Report of the Committee that oversees the breaches of the Code there were found to be 6 breaches during that year. Six breaches?? Surely, this was a joke. Interestingly, the complainants who notified the Committee of the breach were competing formula companies. I did not notify the Committee of the breaches undertaken daily at this hospital and I should have but I wanted to have more babies there and did not think they would have me back, quite frankly, if I were to be a complainant. So if mothers like myself, who are even lawyers and who access literature on the code and who see breaches, do not complain about the breaches at what stage will any other mother make such a complaint? Probably never. So, nothing will change. So does the Committee pat itself on the back and claim to do a good job? Surely there must be recommendations that this system needs overhauling? The formula and baby food companies have had hold of the Government on this issue for way too long and if the Government is serious about protecting and promoting breastfeeding then it must seize control of this issue and regulate it properly. An authority such as the ACCC could be a start in the debate as to who could adequately monitor and implement regulation and education about this breach. I have seen so many breaches since this hospital experience – in the shops, in “information” pamphlets produced by Nutricia and other companies, in junk mail advertising. It is everywhere, it is blatant. The advertising of formula is now on websites with links from Toddler formula linking back to infant formula, again a breach of the code but companies are blatantly engaging in such conduct and are merrily getting away with it and all to their profit and to the detriment of breastfeeding. Australia needs a serious and considered change and a strong position against this conduct, as has been shown to tobacco companies and the issue of smoking.