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Dear Pauline.

I saw your post on Bubhub so thought I would contribute. My daughter is nearly seven months old and is formula fed. She was breastfed on the breast until she was 3 & 1/2 weeks old and then I expressed twice a day until she was 3 & 1/2 months old. Through expressing I was able to get enough milk for 2 - 3 breast milk feeds a day.

My daughter was born with a short tongue so was not able to stimulate my supply or get what milk was there. We didn't find this out until she was three weeks old (after a major weightloss from her, a bout of mastitis for me, followed by nipple thrush). Actually, if it wasn't for the mastitis who knows how long it would have been before we discovered her problem. I spent a lot of money on Lactation Consultants and it wasn't until I saw the third LC, a doctor who specialised in mastitis and nipple thrush, did we discover the root of my daughters problem. The first thing this doctor did was pick up my daughter and open her mouth, she spotted the problem immediately.

It left me wondering why the other lactation consultants had not looked her over, given that it was such an obvious problem. Unfortunately, there was no solution for us (with tongue-tie the tongue can be snipped and the problem is solved but my daughter's tongue was not as bad as this, but bad enough so that she couldn't feed). Regardless of this, we would have been saved from an extremely stressful time, not to mention the physical ramifications of my daughter's weightloss and my mastitis and nipple thrush. (I was on anti-biotics for two weeks to get rid of the mastitis as I am allergic to penecillan and the mastitis did not respond to the alternative).

I think it should be 'second nature' for any person working with new mothers and new born babies to examine both the mother and the baby in their efforts to establish the origin of possible problems. While I understand that there are 'usual' problems with getting started with breast feeding, this was not one of those and a simple examination of my baby would have avoided all the problems that followed. Because she was not able to stimulate my supply, I could never get enough milk for more than 2 (3 if I was lucky) breast feeds a day (and that took an hour for each feed on the pump - morning and night). If we knew about her problem in the beginning I could have been expressing every feed and stimulating my supply so I could put her back on the breast when her tongue had grown sufficiently. As it was, I did try to put her back on the breast when she was about 9 weeks old (and had another Lactation Consultant assisted with this) but there was not enough milk and I could see that she was still so hungry she couldn't keep still for a moment (needless to say after a day or so of this, she went back on to formula and EBM).

I am sure that I would still be feeding her if it wasn't for these problems, as I did spend a day at the Freemasons breastfeeding clinic in an effort to try and 'sort things out'. The support was absolutely fantastic and it was the midwife/LC who ran the clinic who referred me on to the doctor who eventually diagnosed my daughter's tongue problem.

I am hoping that if we are lucky enough to have another child, I am able to feed it, but I will be having the baby's mouth examined as a priority!

I hope this is helpful.

Best regards, Collette Beck