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Subject: My submission to the Parliamentary inquiry into Breastfeeding

I am a mum of three wonderful children aged 6, 3 and 3 months. This is a very personal submission based on my own experiences and perceptions of breastfeeding.

I am the first (and only) woman in three generations of my (rather large) family to breastfeed her children (at all) so I have had no real support or understanding from my family. I was the first person in my small circle of friends to have children and have never been around other women who are breastfeeding. Because of having to be (and wanting to be) a working mum I found few connections in mothers groups and parenting circles with many stay at home mothers not understanding or respecting my need to work which made it difficult to grow a network of support. All the information I have on breastfeeding has been obtained mainly via my own research and readings. Breastfeeding has been a difficult and confronting journey for me.

Breastfeeding itself came relatively easy to me and my babies. I had a plentiful milk supply, a supportive partner and placid healthy babies. I also had a strong desire to do what I had read was "best for baby". I had the usual issues of engorgement, sore nipples, thrush, and blocked ducts (though thankfully never mastitis) but had just fed through them.

## **Returning to work**

I have always had to be a working mum. I am the main income earner in our family and have never had more than 4 months off for maternity leave. This in itself has been one of the biggest influences on me stopping feeding.

With my first two children I wasn't confident that I could (or needed to) continue breastfeeding once I returned to work. I had never known anyone who expressed at work. I didn't feel that this would be welcomed and accepted within my workplaces. Even now with my newest baby I have had to return to work and he is just three months old. At this stage it is three days a week and I am trying to express on my working days. My workplace has no polices in place to support breastfeeding mothers. I manage to find a meeting room and jam a chair against the door (it doesn't have a lock) and try to express as much as I can for my baby's feeds for the next day in the shortest possible time so that the time away from desk doesn't start to be questioned. It is an incredibly stressful situation and I am not sure yet how sustainable it is. My expressed breast milk has become a precious commodity. My first week back at work I slipped and knocked over a bottle of expressed breast milk while preparing bottles for daycare and lost half of it on the floor. Precious drops of breast milk that had been so difficult to express were wasted. They say "Don't cry over spilt milk ". "They" had obviously never tried to express twice a day at work.

## It's OK to quit

I have noticed a distinct trend that while there is the mantra of "breast is beast" it seems to be followed by the unspoken "but if you can't do it – don't stress – formula is just as good." I have come across a lot of support for me to quit breastfeeding as opposed to a lot of support for me to continue. Breastfeeding is widely seen as a "choice" rather than an obligation. Questioning a mothers "choice" to formula feed is seen as questioning her parenting skills and love of her child. Quitting breastfeeding is so easy – you just get told it's

alright - you've done your best.

Breastfeeding should not be seen as a 'choice' but as a babies right to the best start in life.

## Perception within the greater community

I have found that breastfeeding has little support in society. I did not feel able to breastfeed anywhere, anytime as a bottle feeding mother is. I was confronted by uncomfortable looks and silent derision from people as I breastfed discreetly in public. If the looks got to much I would go to feed in the provided mothers rooms, but many are uncomfortable, dirty, smelly, and isolated (as a woman on her own you are in a very vulnerable position while breastfeeding).

I am constantly questioning whether I am making somebody else uncomfortable because many people just do not understand and a cultural change needs to occur. There is a large part of our society that can not distinguish between a breast being a sexual object and a breast being used to feed a child.

## What I believe can and should change

- I would like to see a campaign that normalises breastfeeding in society. Real images of breastfeeding children (not just babies). A national television ad that expresses the benefits of breastfeeding. That shows breastfeeding in a positive light. That tells people that breastfeeding in public is normal, real, natural and OK!
- Paid maternity leave of at least 12 weeks and an introduction of legislation that requires workplaces to provide suitable breastfeeding areas and policies and that not providing these policies and support should be considered a form of sexual discrimination.
- A complete ban on advertising of Toddler Milk as well as the offering of free samples. Just this week I received two free Toddler milk satchels from a magazine bag provided to all daycare centres in our area. The advertising of this formula diminishes a women's confidence that breast really is best. Also a complete ban on Infant Formula advertising. I recently received a pharmacy flier through the mail advertising the sale price of a particular formula which the small note "protects with bifidus" under the price. What it leaves out that breastfeeding provides all your baby needs for 'protection'.
- Support during pregnancy and birth. Often times the inability or lack of desire to breastfeed seems to come from difficult pregnancies and traumatic births. The ability to breast feed can be severely hindered after Caesarean Section. I believe that we need more inclusive Mid-wife driven birthing practices in Australia with government funded birthing and breastfeeding classes during pregnancy (supported by organisations such as the ABA). Lactation consultants should be easily contactable after birth and a set of guidelines established in the medical profession to prevent the 100 different pieces of advice that a breastfeeding mother receives. There also needs to be increased training of doctors in the details of breastfeeding. Too often GP's are responsible for breastfeeding problems by providing incorrect and unnecessary advice on "top-up feeding with formula" and scheduling of babies.

Thank you for the opportunity to provide this submission.

Jo Cawthera