



SUBMISSION TO PARLIAMENTARY INQUIRY INTO BREASTFEEDING

My name is Louise Ayre. I am a mother of two children, age four and one, and I live in metropolitan Melbourne. I breastfed my first child and I am still currently feeding my second. Prior to having children I was a consultant in the field of urban development, well removed from the nuances of child rearing. I am greatly heartened that the government has taken the initiative to hold a parliamentary inquiry into breastfeeding.

Many of the submissions you receive will not doubt advise you of the amazing benefits of breastmilk, so I won't attempt to say what others can articulate in a more technical manner.

My submission to this inquiry is,

Maternal and Child Health Nurses, as the primary point of health care contact for new mothers and their baby's, need to be fully trained in all aspects of lactation, and resourced to ensure provision of appropriate and timely breastfeeding advice to mothers. General practitioners, new and existing, should also receive similar training.

Until this systemic problem is rectified, governments should better fund the Australian Breastfeeding Association, to continue to provide breastfeeding support and advice to mothers and babies.

I have come to this conclusion following my own breastfeeding experiences. Here is my story.

As a new mother with my first child I had problems for several months trying to achieve correct attachment and then coping with an extended period of breast refusal. These experiences were painful, excruciating, soul destroying and exhausting. However, I did manage to 'weather the storm' and continued feeding my daughter until she was 15 months old.

The support that was available through my local Maternal and Child Health Centre (MCHC) was inadequate and did not provide me with the support I needed, when I needed it, if at all.

When my daughter was about four weeks old, I decided to seek help from my MCH nurse, as feeding was very painful. I was referred onto a lactation consultant at the same centre. She was only available two days a week and was booked out for at least a week. So I endured another week of awful pain every three or so hours, 24 hours a day for that week.

When I did meet the lactation consultant she was useful but destroyed my confidence by saying 'If you keep feeding your baby like that she'll starve.' The answer to my feeding problem was to simply move my baby to the side a little further. A quick and easy remedy for a problem that had caused excessive pain, to a worn out first time mum, still recovering from the ordeal of child birth.

Had my MCH nurse been properly trained in lactation she would have been able to identify and correct this somewhat minor problem in the two or three scheduled appointments I had had with her since Catherine was born. Yes, the MCH nurse performed her job weighing and measuring my baby to see if she was growing, but she wasn't addressing the fundamental issue, breastfeeding, that was the key determinant of her growth.

Another month past, and I was then presented with the problem of breast refusal, putting Catherine to the breast but after a few sucks pulling off and not wanting to continue sucking. This was a real worry, as of course, breastmilk was her only source of food.

At this point in time my MCH nurse was on strike! There were already well identified problems in the provision of nurse services in the municipality and the nurses were striking in order to gain additional nurses to ease their workload. The nurses were available for existing bookings but were not taking any additional bookings. I don't live in a baby-burdened outer suburb, but in the supposed well resourced middle eastern municipality of Whitehorse in metropolitan Melbourne.

My solution was to talk to a nurse in a neighboring municipality but all she could offer was to refer me to a lactation consultant in my own municipality. This time the lactation consultant was booked out weeks ahead, so I didn't even bother seeking an appointment. I did manage to get an appointment with a 'fill-in' nurse in Whitehorse. She saw the breast refusal problem first hand, and after running off to another room in the centre (maybe she went to talk to the lactation consultant) she came back with a few ideas. She suggested I lean back in the chair when I fed or I try feeding lying down. Once again, simple solutions and not overly technical answers. Why didn't the nurse know what to recommend without seeking further advice?

These suggestions worked in part, but it wasn't until I was looking through a copy of the Australian Breastfeeding Association magazine, 'Essence', that I found the most helpful solution to the problem. A letter written by another mum and published in the magazine recommended feeding while the baby was still sleepy. So as soon as I would hear Catherine stir, I would quickly pop her onto the breast and she would feed. So after weeks of worry for my little baby I finally had a solution that enabled her to get her required daily nutrients. (I have since learnt that Catherine's problem was either reflux or that she was not able to cope with a fast flow or 'let down' of milk.)

I had the willpower and desire to continue breastfeeding, but no doubt other women would and do give up breastfeeding, and its health benefits for their babies, due to such difficulties and frustrations.

I have had some breastfeeding issues with my second child but I don't bother contacting my MCHC. Services aren't available when needed and the knowledge isn't adequate. Instead I use the written resources of the Australian Breastfeeding Association or contact a breastfeeding counselor on the telephone; an immediate service.

From my own personal experiences I believe,

- The government fails to provide basic breastfeeding service and timely advice to mothers and babies, which undoubtedly has resulted in a lowering of the optimal breastfeeding rates.
- It is an absolute contradiction and actually quite negligent, that a nurse titled 'Maternal and Child Health' is not trained in breastfeeding, which is the most fundamental health issue affecting mums and babies. **Maternal and Child Health nurses must be fully trained in all aspects of lactation.** The introduction of specialist lactation consultants to MCHCs appears to have further discouraged MCH nurses from undertaking lactation training or giving lactation advice. It seems to have developed a 'It's not my job' attitude, to the detriment of mothers waiting, often in pain, for assistance.
- Lactation advice is typically not available through General Practitioners, another important health care provider to mums and bubs. This should be addressed through comprehensive lactation training of existing and new doctors.
- Breastmilk is the staff of life for the most vulnerable little beings in our society, but the government appears to have abrogated its role to the Australian Breastfeeding Association, and has done so for 40 years! This volunteer organization does an amazing job disseminating breastfeeding resources through a range of media. If this situation is to continue this organization needs to be better funded by governments rather than largely existing on the basis of subscriptions from mothers and volunteer labor.

Thank you for the opportunity to make this submission and I hope this inquiry brings about some real changes in the provision of adequate and timely breastfeeding support for all mothers and babies, with wide ranging health benefits for our society.

Louise Ayre