

Karen Gaskill

The Secretary
Committee on Health and Ageing
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To The Secretary

INQUIRY INTO BREASTFEEDING

I am writing to respond to the terms of reference for the Inquiry into Breastfeeding. My submission covers the following:

- My story of breastfeeding my baby
- Resources that helped me breastfeed
- My plans for my next baby
- 'Initiatives to encourage breastfeeding' – my suggestions

In March 2005, I gave birth to a healthy 8 pound 11 baby at Calvary Hospital in Wagga Wagga. The baby was delivered by emergency caesarean, due to failure to progress and a posterior position. I was separated from my baby for over an hour after delivery and was in the recovery room waiting to be reunited with him so I could commence breastfeeding. During my eight day stay in hospital, I experienced a total of approximately eight hours sleep and was severely exhausted.

Feeding my baby was very difficult from day one. I had problems with attaching the baby to the breast, and expressed milk and fed him via a bottle or cup. I developed cracked nipples and tried feeding with a nipple shield, with limited success. Certain midwives tried very hard to help with breastfeeding, however some weren't equipped with the patience or desire to help.

On two occasions when I sought assistance during the night to feed and settle my baby, I was given the option, which I took, of the midwife looking after the baby while I got some rest. The midwife offered to 'top up the baby' with a bit of formula, and under these severely sleep deprived conditions I reluctantly accepted the offer. I regret that I had a midwife who was looking for the easiest path, rather than to help me get the best long-term health outcome for my baby.

While in the hospital I received two visits from the leader of the local Australian Breastfeeding Association (ABA) group – she had come to visit in her own time and provided suggestions and support, including how to express the breast milk. Her visits were very timely, particularly as I was feeling very low and unsure about whether I would be able to continue breastfeeding.

When I arrived home from hospital I developed mastitis and the next day returned to hospital (still expressing milk) for assistance. The hospital's only lactation consultant was fortunately on shift, and arranged for me to take antibiotics to clear up the infection and connected me to a community health lactation consultant. I returned home after having breastfed my baby with her assistance, with hope that I would be able to continue to breastfeed my baby.

Once home I continued to experience (for almost six weeks) difficulty in attaching and feeding my baby without pain. The community lactation consultant was a great support, and she devoted a lot of time to watching me feed and providing suggestions. I was also visited at home by the ABA group leader, who continued to provide me with practical and emotional support. Through this whole process

and to this day, my husband was my number one supporter who stayed up at night to help me when things were really difficult. I continued to have difficulties settling my baby for many months after breastfeeding was established. It was when my baby was about six months old that another member of ABA encouraged me to 'feed my baby to sleep', which was a real turning point in my mothering. Up until this time I had been given the message that it was wrong to do this and I would cause serious harm to my baby in the long run. As a result of this new style of parenting, the whole family was much more relaxed. I believe that ABA gives mothers and families the tools to make informed choices about how they wish to parent their child.

Throughout this time I was convinced within myself that breastfeeding was the right thing to do for me and my baby. Initially, it was a gut instinct that 'breast is best', but after the fog lifted from the early days and I was able to read books and find information on the internet, I was convinced that breastfeeding was providing health and emotional benefits to both me and my baby. I was able to feed him exclusively for six months, knowing that breast milk fulfilled all his nutritional needs. When my baby was three months old, one of my neighbours suggested it was 'about time' I started 'give him a bit of Farax'. There were questions raised at my mothers' group about when to start solids. I was glad at this time that I had done my research so I was confident in not starting solids until months later.

I breastfed my baby for 21 months and he has an allergy to cows milk, so he currently drinks soy milk. I am unsure if the early exposure to infant formula in hospital has contributed to this allergy. However, aside from this he is a very healthy toddler who eats a wide variety of food. I was confident that while breastfeeding him that if he didn't eat much, then I was still providing him with the best nutrition available.

I am due to have my second baby in May. In order to successfully breastfeed my baby, I plan to:

- Aim to have a natural delivery, not a repeat caesarean. Regardless of delivery method, I will have my baby with me straight after birth and aim to breastfeed as soon as possible after delivery. For this pregnancy and birth, I have engaged an independent midwife as my primary medical care-provider (including antenatal care, delivery and post-natal care).
- Have access to breastfeeding experts, including my independent midwife, contacts details for a lactation consultant, and access to ABA counsellors.
- Have an awareness of where to obtain additional information on breastfeeding if I need assistance
- Have confidence that I have breastfed before, and that continuing to breastfeed my baby is in both of our best interests.

The Terms of Reference for the Inquiry into Breastfeeding is giving consideration into '**Initiatives to encourage breastfeeding**'. From my observations as a mother over the past 23 months, I suggest the following:

- Hospitals be accredited as Baby Friendly Hospitals <http://www.bfhi.org.au/>. This is 'an international project that aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm and practices known to promote the health and well-being of all babies and their mothers are followed.'
- Labelling of infant formula - change labels on infant food – currently labels suggest that feeding solid food can commence at four months. This should be changed to six months, to meet the guidelines specified by the World Health Organisation.
- Additional funding be provided to volunteer organisations such as the Australian Breastfeeding Association, so that volunteers can focus on doing what they do best, ie support mothers, rather than spend time on fund raising.

Yours Sincerely,

Karen Gaskill