

Submission to the Inquiry into Breastfeeding.

I am the mother of 2 children, aged 4 and 2. I have breastfed both, my first for 3.5 years and I will continue to breastfeed my second child until she wishes to wean. Throughout my breastfeeding experience I have received bad advice from Health Professionals, and the negative judgement of friends, colleagues and the wider community.

When my first child was only a few hours old she was placed overnight in a crib in the Special Care Nursery due to a low temperature. I was then sent to my room at the Hospital and told by staff that I would be called to feed my baby when she woke. 5 hours later I was told that she had received artificial baby milk (ABM) to stabilise her temperature. I know now that not only was this completely unnecessary but illegal as hospital staff did not have my permission to administer the ABM. My child has allergies to dairy products. I will always wonder if the allergy might not have been so severe if she had not been given artificial milk in the first few hours of her life.

This hospital encouraged mothers to send their babies to the nursery overnight. I did so most nights, not knowing the harm I was doing to my establishment of a breastfeeding relationship with my baby. I struggled to feed my baby without pain and developed damaged nipples. I received conflicting advice from the midwives around me which left me confused. I finally spent a great deal of time with a Lactation Consultant who was able to show me a way to attach my baby to the breast so I did not feel pain whilst breastfeeding. She did not manhandle me or my baby as most of the others had.

When we took our baby home we had many sleepless nights trying to settle her. I received lots of messages about it being wrong to breastfeed your baby to sleep. As a first time mother I was very vulnerable to these outside opinions as I searched for the magic trick to make my baby sleep like a baby "should". I was humiliated by the Early Childhood Nurse (ECN) who was running the Mother's Group I attended when I told the group that feeding to sleep was working for us. I was told that babies need to learn to "self settle" and that they have to cry before they go to sleep as it is their way of winding down. No other options were discussed. At the session about introducing solids the ECN gave each mother a fridge magnet and "information booklet" about the best foods to introduce and when and how. This booklet did not refer to breastmilk as a source of nutrition at all beyond 12 months of age and only a small number of breastfeeds per day at about 9 months of age. All the labelling of products in the booklet was 4-6 months, and even though we were told not to start introducing solids until 6 months it really wasn't very clear.

Around this time I started attending local group meetings run by the Australian Breastfeeding Association. The support and reassurance I received there was much needed, but still not enough to overcome the pressure I felt from ECNs and other mothers that my baby should not need to feed to sleep and should sleep through the night. My baby was about 4 months old at this stage. ABA reinforced to me the importance of maintaining milk supply by regular feedings.

I am lucky that I have extremely strong support from my family regarding breastfeeding. My maternal grandmother breastfed her six children in the '50s and '60s. Her words of encouragement and support, and those from my partner and other family members, that I should follow the cues my baby was giving me helped me get to a point where I could resist the outside pressures to feed my baby according to a certain schedule and possibly compromise my milk supply and the viability of my breastfeeding relationship with my baby.

I developed post natal depression when my baby was around 6 months old. With the support of my GP and family, as well as a few phone calls to the Mothersafe hotline at the Royal Women's Hospital in Sydney, I was able to get this under control with medication. I was surprised that the one thing that got me through the dark days was my connection to my baby. I only wanted to hold her close and feed and nurture her. All the information I had about PND led me to believe

that women suffering from the condition rejected their babies or became very detached from them.

My baby was a late starter on solids. She refused most solid food until she was about 9 months old and could pick up finger food and feed herself. Again I received pressure from ECNs that she needed more solid food, in particular iron. At no time was I reassured that all babies are different and some start later than others. Nor was I told that the World Health Organisation recommends, in addition to exclusive breastfeeding to 6 months, that babies receive the majority of their nutrition from breastmilk until the age of 12 months. I was encouraged to give her 3 meals a day, plus snacks and to introduce water from a cup, while limiting the number of breastfeeds. Luckily for me, by that stage I had given up counting how many feeds my baby had in 24 hours and just continued to feed her when she wanted and offered other food gradually. My daughter's allergy to dairy products was discovered at this stage. I decided to continue to breastfeed her for as long as possible so that she received the protection and vitamins and minerals that my milk provided.

When my daughter was 18 months of age, I became pregnant again. I received lots of comments and a few criticisms for continuing to breastfeed my daughter whilst I was pregnant. A lot of the comments were probably due to the fact that most people don't know you can breastfeed through pregnancy, and concern at my wellbeing (that the unborn baby and the breastfeeding toddler would take all the "goodness" and leave me exhausted and depleted).

After the birth of my second child, breastfeeding was established with few problems and with support from midwives. I did not seek advice from Child Health Nurses as I knew my baby was healthy and growing. I did not need their scales to tell me this, nor did I want to compromise my breastfeeding relationship with my baby by following their advice. I received ongoing support from ABA, with up to date information and reassurance. If I was concerned about my baby I visited my GP.

On one occasion I was suffering from mastitis. I was unable to see my GP at short notice so I saw another GP in the practice. When I told him that I was breastfeeding my toddler (aged 2 at that stage) as well as my baby he told me it was time the older child was weaned. He also advised me that I should wash my nipples with soap and water after each feed to keep them clean, that the "newfangled" advice to express milk after a feed and rub that on to my nipples then allow them to air dry was useless. Fortunately I knew where to get correct information about caring for my nipples.

I have been fortunate enough to work for an employer who provides paid maternity leave, and has policies on breastfeeding and balancing work and family duties. This has enabled me to take 9 months off work after the birth of my babies, then return to work on a part time basis until their second birthdays. I have been given the flexibility in my work hours to travel to feed my babies during my lunch break. I have also been given time and facilities to express and store breastmilk at work. Without these allowances, continuing to breastfeed for as long as I and my babies desired would have been very difficult.

Following are my suggestions for things that need to be done to support women to breastfeed:

- Increase the training for all Health Professionals so they can help mothers establish breastfeeding, give up to date information and provide support for mothers to continue their breastfeeding relationship for as long as both mother and baby desire.
- Make urgent changes to the unacceptable labelling of baby foods and marketing of artificial baby milks, including toddler milks, in line with WHO. The MAIF agreement is not working!
- Promoting the importance of support from partner and family members and targeting community education programs with a focus on support people, not just the mother.

- Vastly increase funding to ABA to continue to provide up to date information and support to mothers wanting to breastfeed their babies. Through:
  - Funding for a nationally based toll free number for breastfeeding counselling
  - Increased funding so the Association can continue to train breastfeeding counsellors and community educators.
  - Subsidised subscriptions to ABA so it is affordable for all members of the community, especially those in community groups who have low rates of breastfeeding.
  - Subsidised Breastfeeding Education Classes so they are affordable for all members of the community, especially those in community groups who have low rates of breastfeeding.
  - Funding for a public health campaign to educate the public that breastmilk is the biological norm for human babies and that there are significant risks associated with not breastfeeding or premature weaning. Also to broaden the acceptance of breastfeeding, so that women are no longer judged for feeding for "too frequently" or "too long".
- More funding for research.
- The national health survey should examine breastfeeding rates with appropriate definitions on a regular basis so resources can go into enabling women to breastfeed reducing the need for treating the illnesses caused by premature weaning, for example the new rotavirus vaccine would be largely unnecessary if most babies were exclusively breastfed for 6 months.
- Funding for human milk banks so that babies are not exposed to artificial milk and the associated risks.
- Paid maternity leave for all mothers so women have choice, and can continue to breastfeed. Also, the introduction of breastfeeding friendly workplaces so that when women return to work they have the ability to continue to breastfeed, with support from their employer and the facilities and/or time they need to feed their baby or express breastmilk.