

Submission no. 195

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***Submission for Federal Inquiry into Breastfeeding***

Congratulations on commissioning the Federal Inquiry into Breastfeeding. My name is Caroline Clancy and I am a General Practitioner and mother of a 15 month old daughter, who continues to be breastfed. As a health professional, I cannot stress strongly enough how important breastfeeding is, both to each individual child and family, as well as to our community.

The short and long term benefits of breastfeeding are well known, so I won't go into them now, however, it is the difficulty initiating and maintaining breastfeeding that pose the greatest problem in its wide uptake.

Personal Experience

I was breastfed and was fortunate to grow up around mothers who breastfed their children, so I was comfortable with breastfeeding and always knew I would breastfeed my child. Being a health professional also means I was afforded a slightly greater level of knowledge into breastfeeding (but this was woefully insufficient when it came to advising patients about breastfeeding before I had breastfed myself). Prior to my daughter's birth I was offered a breastfeeding course at my hospital, however, I declined, thinking "how hard can breastfeeding be?" After the birth of my daughter, I learned this all too quickly. Erin had good attachment but I was still not prepared for the pain associated with breastfeeding initially. While in hospital, I used an electric pump and gave Erin expressed feeds for days 2-5, but continued trying to feed straight from the breast. I was very fortunate in that each time Erin was ready for a feed, one of the midwives came in to check her attachment. Each midwife gave slightly conflicting advice on how to feed, but were all supportive of my decision. It was not until my last morning in hospital when I was visited by a lactation consultant that Erin and I were successfully able to breastfeed.

While we have been successfully breastfeeding for 15 months, there have been obstacles along the way. Erin was crossed 2 percentiles on the growth charts and many child health nurses commented on how terrible this was, despite the fact that she was happy and healthy child, developing normally in every other way. The fact that these growth charts are based on formula-fed babies was not mentioned. The new WHO charts for breastfed babies showed a different picture for Erin's weight gain. Imagine how much simpler life would have been if she had been plotted on these charts from the start? The stress of being a first-time Mum, exclusively providing nourishment for my child, was great. Child health nurses implying breastfeeding wasn't enough for her was very difficult to deal with. I was even encouraged (and I regret listening to this advice) to commence her on solids 2 weeks earlier than she should have been, because of her "small size."

Community Perceptions

As I have mentioned, I was fortunate to be in a family supportive of breastfeeding, however, my friends' attitudes have been rather different. While they support what I am doing, they don't seem to really understand why and a few who are currently pregnant are currently "wrestling" with the decision about whether or not to breastfeed at all. Imagine a society where breastfeeding was the norm and people weren't encouraged to make decision between the breast and bottle. The problem, of course, is that there is no money to be made in breastfeeding, at least in the short term. The cost-savings in health in the long term hardly matter for year-to-year budgets makers, but considering that cardiovascular disease is a leading cause of morbidity and mortality in our community (and that breastfeeding reduces the incidence of obesity and CVD) , and on the increase, the protective benefits of breastfeeding should be publicly lauded immediately. It is also worth noting to our treasurers that breastfeeding is protective against breast cancer, so benefits to Mum's health (and the cost-saving it implies) should be considered too.

Breastfeeding in public is interesting. I am encouraged to see it more and more, and am comfortable doing it, however, people's reactions are certainly varied and interesting. If breastfeeding were accepted as the natural and normal event that it is, more women would feel comfortable doing so and thus promote the idea to the next generation that that is what is "normally" done by mothers.

Promotion of Formula

It disgusts me that the promotion of formula-feeding is permitted to the extent that it is, and the loop-holes that are available for the manufacturers in the already lax laws. New mothers are bombarded with information about formula-feeding on the television and in parenting magazines, while little is said about breastfeeding. Groups like the Australian Breastfeeding Association don't have the funding to compete with corporate groups and are widely underused and under-supported in our community.

Breastfeeding should be the first choice of all mothers – it is cheap, convenient (no standing around waiting for a bottle to be prepared while baby screams) and the best start to life for a baby, Mum and family.

The Contribution of the Hospital System

In my opinion, one of the major problems is with the hospital system, notably the concept of early discharge. I delivered in a private hospital and had midwives who were available to help with each attachment, however, I have worked in public hospitals, where the push for early discharge leads to little or no support of breastfeeding. The patient-to-midwife ratio is vastly different and the availability of midwives and lactation consultants to help with attachment and advice is greatly reduced. As a junior doctor with no breastfeeding experience and little breastfeeding education, I was advising women on how to breastfeed. The early discharge system (often <24h after birth) means that women are even less likely to be breastfeeding one week after birth than ever before. The Extended Midwifery Service provides at-home visits but in no way are once a day visits comparable to repeated supervised attachment in the hospital setting. Yes, lactation consultants are available for appointments at hospitals, but in those first few important hours and days, imagine trying to organise a brand new baby and tired Mum to get to an appointment – it is incredibly difficult (particularly if the mother has had a Caesarean section and cannot drive for 6 weeks). In the small hours of the night, while trying to attach a screaming baby, your 9am appointment with a Lactation Consultant/Child Health/GP seems a long time away, and the "convenience" of the bottle then and there can be tempting.

Return to Work and Breastfeeding

I was fortunate in my return to part-time work to have a breast-feeding friendly employer. I was working in a busy Emergency Department but each time I told a senior doctor that I was taking a break to express, I was able to do so without fuss. I do know many friends who have not had a similarly easy experience. Many women feel they should or are actually forced to wean their baby prior to their return to work. The WHO recommends breastfeeding exclusively for 6 months and for breastfeeding to continue to 2 years and beyond. This is difficult for mothers who are forced to return to breastfeeding un-friendly work environments, however, mothers of breastfed babies actually have lower absentee rates than mothers of formula-fed babies.

Conclusion

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Breastfeeding is natural, convenient and an enjoyable experience for all mothers and is not well supported or promoted in our community. Support and funding for organisations who support breastfeeding (eg Australian Breastfeeding Association) and more education of health workers (GPs, junior doctors involved in hospital care of new mothers, Child Health nurses etc) is vital. We need to change community perceptions regarding breastfeeding, for the benefit of all, particularly the most vulnerable in our society, our children.

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