

Submission for Breastfeeding Inquiry

By

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28th February 2007

Background

I have been a Midwife for 22 years and as of October 2006 I have been a Lactation Consultant. As part of a holistic approach I have been quite interested in breastfeeding – helping women initiate, establish and maintain breastfeeding. I see childbirth and breastfeeding as being essentially linked. The way in which women are cared for during childbirth and in the postnatal period plays a significant role in whether breastfeeding will be successful.

I was perturbed when I read the first term of reference being *a. the extent of the health benefits of breastfeeding*;

Much research has been done on the benefits of breastfeeding and the evidence has been out there for a long time on the enormous benefits of breastfeeding that far surpasses formula feeding.

As this information has been available I find it disconcerting that there needs more information on the extent of health benefits of breastfeeding. I guess what is needed than is more information and the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) are a good place to start.

The WHO and UNICEF recommendations for feeding choices in order of preference are

1. Breast milk directly from mother's breast
2. Expressed breast milk from the infant's mother
3. Donor breast milk
4. Appropriate breast milk substitute

They also recommend exclusive breastfeeding for six months and breastfeeding well into the second year.

Rather than follow each Reference Term I have decided to list the Barriers of breastfeeding and than offer some solutions.

Barrier 1

Lack of Education

During the 1950's many practices were put into place to sabotage breastfeeding such as Birthing in Hospitals, Routine procedures – removing baby from mother and weighing, giving injections and bathing babies etc., keeping babies in nurseries (separation), persisting on fourth hourly feeding, formula feeding when baby was not sticking to the fourth hourly regime.

As every woman is different and each breast has a different capacity of breast milk it is ludicrous to persist in fourth hourly feeding or third hourly feeding or any regimented pattern.

The above practices also interfered greatly with instinctive behaviour of the baby and mother such as sight, smell and touch which evidence shows is very important in the establishment and longevity of breastfeeding.

As these above practices were pretty much the norm a lot of Grandmothers and women from this era (those who haven't been reeducated) still believe that their way is the best way and usually have great influence on tired and vulnerable mothers.

Solution

Education needs to be provided to all age groups

Teenagers - normal instinctive behaviour, the main function of breasts and being okay with handling breasts (this can become a barrier during breastfeeding if women are not used to handling their breasts)

Mothers – Clinical Guidelines for the Establishment of Exclusive breastfeeding produced by International Lactation Consultant Association

(ILCA) June 2005. This resource covers information that new mothers should receive when in hospital.

Grandmothers and support people – Education regarding benefits of breastfeeding, current recommendations and information saying why the above practices are no longer recommended. This information should be very public and widespread EG; posters on trains, papers, magazines and TV commercials.

Doctors - Education on breastfeeding problems and how to solve them other than recommending Formula.

Barrier 2

Intervention during birth

1. There is an ever increasing incidence of caesarean sections and assisted births. This usually requires the baby to be taken away (Special care nursery) or if not that, a delay in the first breast feed (the WHO recommends facilitate breastfeeding within the first hour and

provide continuous skin to skin until the first feed – this is very difficult on an operating table!)

2. Increased use of medications during labour.

This has a significant impact on breastfeeding, Just one example: Pethidine (narcotic used in labour) has a 72 hour half life in a baby (Hale 2004) this means a baby could be sleepy and not interested in breastfeeding for *three days!*

Solutions

1. Inquire into the increased intervention of birth.
2. Allow more use of alternative measures of pain relief, such as; Water immersion and water birth. This is a very effective means of relieving “labour pains” but in most hospitals there are either no baths or policies in place to prevent use of baths. Many countries around the world use baths effectively and safely and women who use the bath rarely require chemical pain relief.

Barrier 3

Postnatal Care

With early discharge programs in place most women don't receive enough support in establishing their breastfeeding which I believe can take up to six to eight weeks.

They are sent home before they have mastered good position and attachment and often receive one visit a fortnight or in some areas, only a phone call. Research shows that if women are well supported, they will be more successful at breastfeeding.

When they are discharged they are encouraged to visit child health, while some child health nurses are very supportive of breastfeeding some have not kept up to date with current practices and give conflicting or wrong advice. Often they encourage a mother to give formula before trying different avenues such as increasing milk supply or referring to a lactation consultant.

Women also go to General Practitioners in the breastfeeding period and nearly always receive poor breastfeeding information. The solution is

nearly always commence formula and very rarely is a patient referred to a lactation consultant.

Just in the past year I can give you three prime examples of lack of support and appropriate care.

These stories are lacking a lot of detail as I was trying to keep them compact if you have any further questions do not hesitate to contact me

1.

CF (I have just used initials to ensure confidentiality) was discharged on Day 4 after the birth of her first baby she had quite a cranky baby even though she had not had any pain relief during labour and a normal vaginal birth. She went home and received support from her midwife in the first two weeks but the midwife went on holidays. During this time CF contacted her child health nurse and GP as she was having difficulty with sore nipples she suggested to her GP that she might have thrush in the breast and was told there was no such thing!! I assure there is. CF although unsettled by this decision could see no solution or help and started feeding her baby formula which made her baby

more cranky! Her midwife returned from holidays and asked CF if she would like to re establish breastfeeding which CF was more than happy to try, she was readmitted to hospital and her breast thrush was treated and she reestablished breastfeeding and learnt a little about allergies and reflux. Her baby remained a little cranky but was much more manageable on the breast and is still breastfeeding well now at eleven months of age.

2.

TM presented back to Maternity Ward three weeks postpartum with mastitis she was treated with appropriate oral antibiotics and asked to return next day – mastitis significantly better, completed course of antibiotics.

Returned one week later because lump hadn't resolved sent for ultrasound three small lumps found – referred to surgeon – planned for mammogram and biopsy – biopsy result found abnormal cells but the caregivers couldn't tell TM if

they were cancerous or just because she was breastfeeding – suggested to TM to give up breastfeeding and return in two months to have another mammogram. TM's baby was about four months at this stage happily breastfed. TM unhappy with this advice sought out information from me and presented it to the surgeon at the next visit- she was then sent for a different kind of biopsy and a repeat mammogram (the caregiver quite angry that she hadn't stopped breastfeeding because now it was still going to be difficult to do the mammogram!) and found that everything was okay and as it happens the biopsy procedure cleared the blockage and the lump subsided. TM is still happily feeding her baby at seven months but had she not followed her instincts she would not be breast feeding now.

3.

AC rang me at work. Her baby was eight months old and was teething and refusing the breast she had gone to the GP who had told her to “buy a tin of formula” unhappy with this advice she rang me and

with lots of support, patience, expressing and tears her baby recommenced feeding after 7 days without having to introduce formula.

It seems so much easier for a General Practitioner to advise formula than to refer someone on to a Lactation Consultant.

There is also this obsession to follow percentile charts without taking other things into consideration. Most Growth charts were based on formula fed babies, so if they detour a little either way when they are breastfeeding the train of thought is to change this straight away with either the addition of formula or on the other end of the scale to restrict breastfeeding.

Solution

Once again – Provide *EDUCATION* of the care givers and revision and updating.

General Practitioners and Child Health Nurses need to refer to a Lactation Consultant when it becomes

outside of their knowledge base and before they think of starting infant formula.

Implementation of the WHO growth charts, they were released last year. They are more appropriate for breastfed babies.

Barrier 4

Lack of support for breast feeding mothers

Working mothers do not have enough support to continue breastfeeding,

Electric breast pumps are very expensive to buy and very expensive to hire and very scarce to come by.

Sometimes it can be more difficult for some mothers to express - they need to be able to relax and feel comfortable in order to initiate the "let down reflex"

Solution

Subsidize buying or hiring of breast pumps.

Encourage employers and businesses to provide comfortable and private lounges or rooms to express in.

Barrier 5

Social Stigma – Mothers are often frowned upon or thought to be disgusting if they choose to breast feed their baby longer than one year.

Solution

Once again more education to the public and make this information very widespread and public.

Provide Information including research, other cultural practices and other mammal practices.

Barrier 6

Formula companies are still pushing their wares even though legislation forbids this.

Accommodating practices still receive Infant formula samples. Where I work the Wyeth man visits and he no longer brings Infant formula samples but he does bring bribes like chocolate mud cakes, cheesecakes and pens etc so that he can buy time to push his product.

Solution

Impose stronger penalties for companies not complying with legislation.

Provide more information stating the laws.

Conclusion

Breastfeeding has been happening since mammals have been on the earth and in the

twentieth century man has done nearly all he could to sabotage the breastfeeding process. We need to stop the intervention and encourage the instinctive responses of mother and baby.

Then we need to make sure there is abundant support to breastfeeding for the length of time it is meant to happen.

This I believe is achievable by reeducating caregivers and supporters so that they understand what our interventions do and they also understand what our positive support will do.

If there are any references or further information you require please do not hesitate to contact me.

Yours faithfully

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(sorry I don't have electronic signature facilities)