

The Secretary of the Committee on Breastfeeding
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

I wish to make a submission in relation to breastfeeding and its impact on health.

SUMMARY OF SUBMISSION

- Mothers Experiences with Health Professionals
- Impact on Mental Health of Women and Children
- Childhood Obesity
- Breastfeeding a child with long term, serious illness
- Recommendations
- In Summary

I am a mother of 4 children aged between 13 and 5. I have breastfed for more than 10 years in total. I joined the Australian Breastfeeding Association (ABA) then known as Nursing Mothers, when my first child was 6 months old. I wish I had known about ABA before I had children. I became a breastfeeding Counsellor in 1998 and have regular contact with mothers through ABA mothers groups, playgroup, school and as a volunteer on the Breastfeeding Helpline run by ABA.

Others are more qualified to comment on the many medical reasons for supporting breastfeeding as the physiologically normal way to feed human infants. I prefer to speak as a mother and as a counsellor.

Mother's Experiences with Health Professionals

I often ask mothers about their breastfeeding experience. All too often they have stories of confusion, anger, frustration and pain, or simply misinformation which caused them to end their breastfeeding relationship sooner than they wanted to. Many express relief when it was finally over. The trouble is usually that help was not available when they needed it. In far too many cases, they gave up feeding because they were in pain and there was no-one to turn to immediately for help.

Even more troubling are the many women I have spoken to who have received inadequate or completely incorrect information from the health professionals they turned to for help. In my experience, many health professionals, including gps, pharmacists, dentists and paediatricians sometimes lack the most basic knowledge about normal breastfeeding practice. I have spoken with mothers on Helpline in the last 12 months, who had perfectly normal, healthy babies, and a good breastfeeding relationship, who had been told by their local doctors that their milk was insufficient or lacking in nutrition and that they should put them on formula instead. This was

based on the description of their milk as “watery” or “bluish”. These were babies with normal weight gain and no sign of ill health. The mothers I spoke to were quite distraught at having to wean, at having engorged breasts due to sudden weaning, at having babies vomiting up formula and being generally discontent.

In those instances I was able to provide them with information on what is normal, including the normal appearance of breastmilk (doesn't look like full-cream dairy!), how to increase supply if it's low, and how to recognise the signs of baby receiving enough milk. Another mum I spoke to recently had been told by her paediatrician that if her baby didn't gain more weight he would admit the child to hospital for tube-feeding. He sent her home with a script for Maxalon and a huge case of anxiety. (The baby had gained 300g one week, and 40g the next). He neglected to give her ANY INFORMATION on how to increase her milk supply. Without her call to the Breastfeeding Helpline she would not have had the information as to how to go about meeting her child's needs. Yet another mum was told by a paediatric dentist that breastfeeding was the cause of her toddler's dental caries. He told her if she didn't wean, her child would require general anaesthetic to remove teeth, and that the problem was her fault for breastfeeding too long. I was able to send her some comprehensive articles on how to deal with dental caries (which can occur regardless of how a child is fed) without having to wean before she and her child were ready. Armed with that information she was able to seek appropriate dental treatment for her child.

The mothers involved in these cases were relieved that they would be able to reinstate or continue with breastfeeding. They should never have been put in that position in the first place.

These are not isolated or extreme examples. Far too often, health professionals simply have not had the training needed to help women who are breastfeeding, and then fail to refer them to someone who could help.

Impact on Mental Health of Women and Children

While breastfeeding is only one aspect of skilled and loving mothering, when it goes pear-shaped it affects a woman's whole image of herself as a mother. It undermines her confidence in her abilities as a mother and as a woman. It impacts on mental health of the woman and is a likely contributor to post-natal depression. I have spoken with women who have suffered PND, who said that sometimes breastfeeding was the only thing that they felt they were doing right. It helped them through some of the most difficult times.

Breastfeeding also impacts on the mental health of our children. When a child is breastfed according to need, their physical and emotional needs are met every time they are hungry. For newborns, this may mean hourly or every 2-3 hours. It means satisfying hunger and stopping when full, not stopping when the bottle is emptied. You cannot breastfeed from a distance. From the child's perspective, being breastfed means that as soon as I say I am hungry, mum picks up and feeds me. There is skin-to-skin contact. I can fall asleep at the breast without needing a rubber pacifier in my mouth. It means that at night when I cry I am picked up and fed, not taught to cry it out until I am “sleep-trained”, whatever that means.

Childhood Obesity

With all the emphasis on children's weight, the health benefits of breastfeeding are so important, but never seem to get a mention. I have read many articles on the reasons for obesity, whether they be changing demographics, too much junk food, advertising in kids' programming, etc. I have yet to see an article dealing with breastfeeding as a way of reducing the likelihood of obesity, or lack of breastfeeding being a contributing factor to obesity.

Breastfeeding a child with long term, serious illness

My 3rd child was born with biliary atresia, a condition affecting the bile duct. He was admitted to hospital at the age of 10 weeks for surgery, and spent the next 19 weeks in hospital, including having a liver transplant at the age of 5 months. I lived in hospital with him throughout his stay. I expressed milk, and he was fed via a naso-gastric tube. When his liver began to fail, he was put on a modified formula, because he could no longer digest fats. I continued to express milk and freeze it; three weeks post-transplant he began feeding again. By the age of 5 he had been hospitalised 15 times and had dozens of medical appointments. He is on daily immunosuppressant medication. He was diagnosed with anaphylaxis to dairy products at 17 months, and with autism by age 3.

Through all of this, breastfeeding and breastmilk have been a godsend. Breastmilk provided for his calcium needs for several years, easily provided after the birth of my 4th child. It has boosted his immune system while he was so vulnerable to infection. It provided nutrition when he was unable to take other foods. It helped with brain development. It kept me close to him while he was hospitalised, when the natural inclination would have been to put up protective barriers and keep my distance. Now as a lively 8 year old, his days of breastmilk are long gone, but the health benefits of those days remain with him.

His three siblings were all breastfed for at least 2 years or more. They are all in excellent health and have never had any serious illness.

Perhaps I should add that my early experiences with breastfeeding were horrendous. I felt completely alone and in a great deal of pain. I had been sent home from hospital after 7 days with an infected c-section wound, severely engorged breasts, cracked nipples, no information about follow-up care. When I rang my obstetrician for an appointment I was told she was completely booked up for the next 9 weeks and I could not see her sooner. Two of my sisters were nurses and gave me all the help they could, but they had no children of their own at the time and did not have the breastfeeding knowledge that I needed. The only reason I did not give up in those first 5 weeks was because my baby was thriving, and weaning would not take the pain away immediately. I am so glad I persevered, but I don't know how I kept it up at the time.

I became a Breastfeeding Counsellor in order to spare other women what I had experienced.

RECOMMENDATIONS

1. Training for health professionals in the basics of breastfeeding.
2. Training for health professionals in referring mothers to ABA and lactation consultants for assistance with breastfeeding.
3. Funding of lactation clinics for mothers to attend (either day-stay or overnight) when they are having difficulties.
4. Funding of lactation consultants to make home visits, especially for mothers with new-borns, who often are discharged from hospital before feeding is established.
5. Medicare and health fund rebates for breastfeeding-related services.
6. Provision of information on breastfeeding support and services to all pregnant women.
7. Funding for the ABA Breastfeeding Helpline (which is currently available every day of the year, around the clock, staffed entirely by volunteers who are mothers with their own families and jobs).
8. Funding for ongoing training of ABA volunteer counsellors and community educators to continue the work they do so well.
9. Funding for Breastfeeding Education Classes which are currently run by ABA for couples expecting a baby.
10. Funding for education in schools about the health benefits of breastfeeding for both mothers and babies, and the health risks associated with formula feeding.

In Summary

The cost to our society from not breastfeeding our children is enormous. Mothers and children are being shortchanged by the lack of support given to the most basic of needs. There is no money to be made from breastfeeding, but there are huge savings. Consider the money spent on formula, bottles, teats, sterilising equipment, the medical expenses of babies suffering gastric and respiratory illnesses, long-term considerations of asthma, diabetes, heart disease, obesity, jaw and teeth development. Consider aspects of women's health, such as reduced risk of breast and ovarian cancer, natural reduction in fertility. Compare the perfectly packaged, hygienically fresh delivery of breastmilk, which requires no heating, no refrigeration or storage, with the cost of producing, packaging, transportation, storage, preparation and sterilisation required to feed babies artificially. The environmental impact ultimately affects the health of us all.

Yours faithfully,

Clare Colman

Dated: 27 February 2007