

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Wangaratta — 25 October 2017

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Ms Cindy McLeish — Deputy Chair

Ms Roma Britnell

Dr Rachel Carling-Jenkins

Ms Chris Couzens

Ms Maree Edwards

Mr Bernie Finn

Witness

Ms Alice Martin, Australian Breastfeeding Association.

The DEPUTY CHAIR — I call now Alice Martin.

Ms MARTIN — My name is Alice Martin. I am from Benalla, and I am here as a representative of the local Australian Breastfeeding Association, which is for Wangaratta and district. Locally 100 per cent of mothers leave hospital either fully or partially breastfeeding, which indicates to us that the importance-of-breastfeeding message is getting across; however, at three months locally only 48 per cent of women are exclusively breastfeeding. Something is going wrong. For our local ABA group we have a core group of mothers who attend; others come and go. Sometimes people come with problems, but we actually have a lot of mothers who come to grieve their breastfeeding relationship. They want to talk with some other like-minded women about what went wrong. We also know that there are a lot of women out there who stop breastfeeding before they reach their own goals and do not seek help during that time.

Personally I have used the lactation clinic, and they have been an incredible help. I have had two children locally and spent many a day at the lactation clinic eating sandwiches and receiving individualised, one-on-one support. It is an incredible service that we are so lucky to have. Also I am sure the member for South-West Coast would know the Warrnambool Breastfeeding Centre. I have been there as well — an amazing service that should receive more funding.

Ms BRITNELL — Yes, that is quite correct.

Ms MARTIN — In terms of the Australian Breastfeeding Association group, what we would love to see is access to mothers before they have their babies. I think there is a lack of antenatal support in this region. My plan was to birth in Benalla, which went a little haywire, but there was a half-hour breastfeeding class that I elected to attend with two other women. The class itself was not particularly well run. No practical information was given. Most of the information was around what will happen when your baby comes here: ‘You will understand when your baby’s here. You won’t really get this until you actually have your baby’. There are so many incredible resources available for antenatal breastfeeding information, and those could definitely be better utilised in these contexts.

At the moment the Australian Breastfeeding Association deliver a talk to maternal and child health groups, and those babies are usually between six and 12 weeks old. What we are finding is that that is too late. By six weeks many women have encountered problems and have either stopped breastfeeding or are on the road to cease breastfeeding. That creates a difficulty for us; in particular, we have to be incredibly careful about the language that we use at those maternal and child health talks so as not to discriminate against these women and so as not to exacerbate any discomfort or pain that they are feeling around grieving that breastfeeding journey that has not met their own personal goals.

We see many of the same issues locally that are reflected across the state and even nationally around breastfeeding, including inconsistent information being given by health professionals. When supply is low, for example, women are often given medication to help increase their supply as opposed to diagnosing the issue that is causing low supply. There are very few women who medically have low supply, and often low supply can be caused by a baby failing to adequately drain the breast, which could be caused by something like tongue-tie. Unless a general practitioner, which is usually the first port of call for a lot of these women, then refers onto a service like the lactation clinic or the ABA, women are not being given that information. They are being told offhandedly to just top up with formula if they are seeing something like low weight gains, which is not actually getting to the root of the problem.

Another issue that we see a lot locally is duration-of-breastfeeding information. I personally have been told by multiple general practitioners and also when I was breastfeeding my son through pregnancy that this was contraindicated in pregnancy. That is not true and it is not actually substantiated by the evidence that is available.

Locally our group would love to see breastfeeding education classes being offered, increasing engagement with the hospital and having the hospital fully utilise all the services that are available, including peer support, which is the Australian Breastfeeding Association. Thank you.

The DEPUTY CHAIR — Thank you very much, Alice. That was a great contribution as well.

Witness withdrew.