



Breastfeeding Experiences in Australia Experience Letter Guide Breastfeeding Advocacy Australia

We invite you to write your experiences with health workers (including GPs, midwives, obstetricians, nurses, IBCLCs etc) regarding advice on establishing your breastfeeding relationship with your baby. This can be during your pregnancy, as well as the early days and weeks after the birth of your baby. Were you provided with any/enough information, support and encouragement to prepare you for breastfeeding?

Most health workers have good intentions; however, they have not been given adequate training. The health care system is inherently unsupportive of normal breastfeeding and individuals will appreciate knowing how to help future mothers and those with the power to change the system need to know FROM MOTHERS, how it is for them.

Please tell us your story. Our aim with this project is to provide a safe and caring space for mothers to debrief their experiences and move toward healing, as well as enable mothers to record and share their experiences to feed back to health workers and government to increase awareness of how the current system can be improved. With your permission, Breastfeeding Advocacy Australia (BAA) will also collect these stories and identify common themes to prioritise advocacy, and also use the de-identified themes found within these stories to inform our further written submissions to government.

Your stories matter. We have created a guide which will help you to:

- Document your experiences.
- Compare your experience to existing evidence-based practice ([National Health and Medical Research Council](#) and [World Health Organization](#)).
- Express how this experience affected you and your informed decision to breastfeed your baby.
- Communicate your experience to those with the power to improve breastfeeding support for every baby yet to be born.

It is most powerful for you to write your experience in your own words, including what happened, what impact this had on your breastfeeding relationship with your baby, and how your experiences made you feel. Your letter can be as long or short as you wish; some women may want to write 2 paragraphs, and some 2 pages. We have provided some prompts on the next page to help in writing your story and an example letter at the end of this guide.

Please email your completed experience letter to: baaexperiences@gmail.com

With permission, your experience letters will be sent to individual health professionals and their managers, politicians, and State and Federal Departments of Health.



Your name:
Address:
Phone number:

What happened?

Some examples:

- What was your experience at birth? Were you given unhurried time to allow baby to remain skin-to-skin and suckle when ready?
- Was your baby separated from you during your hospital stay?
- What was your experience in the hospital like?
- What support did you receive once you were home?
- Were you given consistent information about breastfeeding from health workers?
- Did you experience any pain while breastfeeding? What were you told about the pain?
- Did you have any difficulty getting your baby to attach? What help were you given?
- Were you provided up-to-date information about how to safely bed-share to support skin-to-skin and the breastfeeding relationship?
- Was your baby given formula without your consent in hospital? Or were you encouraged to give your baby formula by health workers in the community?
- Were you able to access skilled and knowledgeable breastfeeding support? If no, what were the barriers e.g. financial, availability of support in your area.
- Was your informed consent given for any interventions? Were you informed of the risks of interventions?

What impact did this have on your breastfeeding relationship?

Some examples:

- I did not breastfeed for as long as I wanted, my breastfeeding relationship was shortened or impacted. In what way?
- My baby did not breastfeed after birth.
- My baby had difficulties attaching to the breast.
- I had nipple pain or damage which impacted my ability to breastfeed.
- My baby was given formula without my consent or knowledge.
- I was not informed of the risks of interventions, for example, separation of mother and baby, use of formula. (*Note on informed consent in appendix.)

How did your experience make you feel?

Some examples:

Coerced, bullied, lack of choice, treated like a child, unsupported, not listened to, not heard, alone, not valued, degraded, scared, anxious, depressed.

You can include specific memories of the care you were given, or certain phrases, moments or interactions with health workers which stand out to you.



Extra prompts for premature babies:

- How premature was your baby?
- What were you told about your baby's ability to suck and swallow at the breast?
- Were you welcomed into the Special Care Nursery/Neonatal Intensive Care Unit? Were any restrictions placed on your presence?
- How much of the time was your baby kept skin-to-skin?
- If your baby needed more time to coordinate suck/swallow/breathe, how were you supported to establish and maintain your milk supply?
- Were you encouraged to put your baby to the breast to suckle and how long (hours, days, weeks) after delivery were you encouraged to breastfeed?

Further prompts

Were you told:

- how to use a pump to increase supply (even when baby could direct feed)?
- about timed feeding intervals/feeds?
- painful nipples are normal?
- your attachment was good when you were in pain?
- to empty the breast in order to get the 'hind milk'?
- to feed from only one side while breastfeeding is being established?
- you have 'low supply' in the first 6–8 weeks?
- your baby is too tired to breastfeed and that breastfeeding is burning energy?
- your nipples/breasts were the wrong shape/size for breastfeeding?

Other

- Baby treated for low blood sugar when no symptoms were evident. Was the medical reason given?
- Was baby offered formula for any reason?
- Feeling uncomfortable for wanting to stay with your infant in hospital (Neonatal Intensive Care Unit, Special Care Nursery, paediatric ward or your own hospitalisation).



Appendix

From Health Direct (<https://www.healthdirect.gov.au/informed-consent>)

Informed Consent

'Informed consent' in healthcare means you are given clear and understandable information about your choices to help you make the right decision about your health and healthcare.

Before you give your consent, make sure:

- your doctor or healthcare professional has explained each of the options available to you
- that any risks, and the likelihood of those risks, are explained
- you understand the benefits
- you understand the purpose of the action you are consenting to.

The Risks of not Breastfeeding for mothers and infants:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/>

Skin-to-skin

https://www.who.int/elena/titles/review_summaries/early-skin-contact/en/

Keep Mother and Baby Together— It's Best for Mother, Baby, and Breastfeeding

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235060/>

National Health and Medical Research Council's Infant Feeding Guidelines

<https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>

World Health Organization's Breastfeeding in the Western Pacific

<https://www.who.int/westernpacific/health-topics/breastfeeding>



Example letter

Your name: Alice Marshall
Address: 1 Smith Street, Smithville, NSW
Phone number: 0404123456

I gave birth to my first child in 2015 in a private hospital in Sydney, NSW. He had his last breastfeed about 2 weeks after his sister's birth. He was 3 years, 2 months. I never had any breastfeeding issues at all.

A few weeks after the birth of my second child in 2018, I received a phone call from the local area community nurse to schedule someone to come to my home and check in after her birth. I thought sure, why not? I'd never had anyone call with my first born but never worried either, because he was growing and having lots of wet and dirty nappies and I trusted my instincts that he was a healthy baby.

The whole experience with the community nurse was as if I was sitting a test that I could fail at any moment if I gave the 'incorrect' answer. From the lecture about never leaving my dog alone in the same room with my baby, to the inspection of my baby's sleep space, the whole appointment was very cold and clinical.

The questionnaire assessing my mental health was early on in the appointment, and when it was over she asked me what coping strategies I was using? I answered, 'I try to stay organised and on top of house work because it makes me feel overwhelmed and anxious if I'm living amongst clutter and mess'. Her response was something like: 'Well that's not always achievable now is it??' I was confused by this because it was as if she was suggesting that how I cope was not a valid technique and that I was going to fall apart and needed something 'better' to use instead. She gave no alternative strategies though... I thought I was coping really well and was thoroughly enjoying being a mother of a newborn again. She gave me the impression that she thought I was not doing well and was lying to her. It was so strange.

She then went on to ask if there was any physical or verbal abuse in our household which really surprised me! I said, 'no of course not'. Has there been any death recently? I said, 'my beloved family dog died a few months ago'. She writes this all down and ticks off boxes in her clipboard. Was I passing or failing??

This whole time I'm just thinking, I've got a newborn baby and I'm living in a little bliss bubble, what's with the questions? Aren't you here to weigh my baby or something?? Why do I feel like I'm being interrogated?? This was NOT what I was expecting from the appointment.

We move on to my baby next. She measures her head, weighs her, etc. Ticks more boxes, writes down notes. Length and head measurements are satisfactory. She then tells me my baby has 'only' been putting on 120g per week on average (she's 4-5 weeks old) and that it's not 'enough' so I will need to start supplementing with expressed breastmilk or formula. WHAT?! This shook me. I was totally stunned; I thought breastfeeding was going so smoothly.

My mother-in-law came down from her granny flat to our house at this stage and was there when this information was being given to me. Later on towards the end of the appointment



she came back down because she knew I was upset and she reassured me that I was not doing anything wrong and not to blame myself for anything. She gave me a big hug and I cried. All this was in front of the community nurse, who said nothing.

The nurse asked if I would like to bring my baby up to the clinic for a repeat weigh-in in a week or two. I told her I was seeing my paediatrician for a 6 week check-in next week and he would do it all there. She was reluctant to let me not book in again with her, but agreed when I told her I would weigh the baby on my partner's gas scales, which are sensitive to small changes. There was no way I was going to subject myself to this again.

The next experience was at the paediatrician's office when bub was 6 weeks old. I told him about the MCHN suggesting her weight gain was unsatisfactory but he wasn't particularly concerned. However, he casually suggested I express and bottle feed her my milk if her weight gain was an issue. I was so confused by this! Why would I express my own milk and feed it to her in a bottle when I can just give her my own breast directly?! The whole concept seemed bizarre to me and I couldn't understand the mechanism that would make this method more effective than actual breastfeeding?

Later that week I visited my obstetrician for my 6 week check-up. Still reeling from the bizarre interactions about my daughter's weight gain, I raised it with him too. He had always been very sensible and had an evidence based approach in my experiences with him. Even he said her weight gain is a little under and said, 'What would happen if you expressed a little milk?'. I responded, 'Milk would come out?'. He laughed and went on to say that I could try bottle feeding expressed milk to her. It still made no sense to me, why would I express and bottle feed when my breasts work just fine?? Yet another appointment I walked away from feeling totally confused and upset. My confidence in my body was seriously knocked.

My daughter is now nearly 4 and 'still' breastfeeding. I never 'topped her up' with expressed milk or formula. I offered her the breast in response to her cues (on demand) and a little more frequently for a little while because I was doubting myself due to all the strange advice. I stopped weighing her about 3-4 weeks later because I could see that she was developing normally and meeting all her milestones. Her weight gain was under the AVERAGE but not outside of NORMAL which is where all these health professionals had misinterpreted the guidelines. I know definitively now that weight gain is just ONE element to consider when looking at overall growth of a baby. There are many more factors that are looked at collectively to make an assessment. Head circumference, length, developmental milestones, nappy output, genetics, does baby appear to 'fit their skin', general contentment after a feed are all factors for consideration.

The other issue with using weight alone as an indicator of growth is that it's notoriously unreliable. This can be due to a few factors; differences in scales increases variability of measurements, time of day, is bub due for a poo or just done a giant one, is weight pre or post feed, and user error!

Reflecting on my own experience makes me feel really angry and frustrated with the lack of breastfeeding knowledge Australian health professionals have. Not a single one of the three I saw suggested to feed her more frequently!! This should be the first line recommendation in breastfeeding support. None considered nappy output, or the other growth indicators when



recommending I start triple feeding (this is the term used for breastfeeding, expressing and bottle feeding). The MCHN didn't advise me of the risks to my supply of introducing formula, or of the negative health risks for myself or my daughter. None of the three health professionals discussed timing, volumes for supplementing or a plan for implementing or weaning off top-ups.

What happened to me is not unique in Australia. I have lost count of the number of mothers who have similar stories of being sabotaged by health professionals and they are no longer breastfeeding. I was one of the 'lucky' ones because I was an experienced mother and breastfeeder, and I had excellent support from my mother (an ex-breastfeeding counsellor), my partner, and my mother-in-law. They all reassured me that I was doing a wonderful job and to keep looking at my happy and healthy baby to know that she was growing and doing well.

I'm incredibly frustrated with the system in Australia, and our woeful breastfeeding rates reflect how it is failing our mothers and babies. It is our biological right to feed our babies at our breast without interruption, and it is being taken away from us. The lack of protection, promotion and support for breastfeeding means the positive health outcomes for mothers and children are stolen from us. It is time for a change and to stop accepting the status quo. Health professionals need better breastfeeding education and to draw upon evidence-based, best-practice guidelines when supporting mothers.