

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Warrnambool — 11 October 2017

Members

Mr Paul Edbrooke — Chair

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Ms Roma Britnell

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Mr Bernie Finn

Witness

Ms Barbara Glare, Warrnambool Breastfeeding Centre.

The CHAIR — I welcome to these public hearings Ms Barbara Glare from the Warrnambool Breastfeeding Centre. Thank you for attending today. We very much appreciate your time. All evidence taken by the committee at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is in contempt of Parliament to provide false evidence. These proceedings will be recorded, and you will be sent a proof copy of the transcript. I see we have got an expert opinion up the back in an eight-week-old baby, so welcome. We love hearing goo-goos and gah-gahs up here, so do not feel like you have to leave the room or anything like that: we are very baby friendly.

Mr FINN — We are, my word.

The CHAIR — We work with children every day in Parliament. Did that go on the record?

Mr FINN — I think so. It should.

The CHAIR — So, Barbara, I just invite you to make a 15-minute statement or a brief statement, and we will follow up with some questions, if that is okay.

Visual presentation.

Ms GLARE — We are going to start with a little TV ad, if you want to hit play. You have to be very quiet so you can hear the sound.

I would like to talk to you briefly about the Warrnambool Breastfeeding Centre, which to us represents an innovative way of providing breastfeeding support in the community, and then I would like to perhaps make some general points about the needs of breastfeeding women in the community. The Warrnambool Breastfeeding Centre was established in 2014 after a three-year fundraising program. We are located now at 141 Koroit Street, and you are very welcome if you can squeeze in the time — and believe me, it is worth it — to go down there and have a look.

The breastfeeding centre, despite our best efforts, is completely self-funded. You might have seen in my submission that over the last three years that it has been established — really six since the fundraising began — we have raised more than \$300 000. That money, as I said, fundraised by volunteers, goes directly back to the community to provide services for breastfeeding families — well, let's face it, for any family, because we are not checking at the door — in this area. On a practical basis the centre offers a clean and safe environment for any parent to feed their baby. We have comfortable chairs, a kitchenette, clean toilets — which can be a rarity around the place — and a warm welcome for anybody. We offer to heat bottles, heat food and just chat, really. We offer such things as discounted breast pump hire, and on Thursday we run a lactation drop-in clinic, where anybody in the community can come, and it is all free — we do not charge the parents for that; it is just part of the service we offer.

I have to say that when people come in they look very astonished. People ask me why I did not call it a parenting centre — that is because I want to put 'breastfeeding, breastfeeding, breastfeeding' up in the middle of Warrnambool in really big letters until we get over whatever qualms we have about talking about breastfeeding. So it was really important to me that it be right in the centre of town, right where everybody can see it. Since we ran out of money, quite frankly, for our previous premises in Liebig Street, we moved to exactly opposite the bus stop, and that is amazing. There is no avoiding it now. But at the heart of what we see the breastfeeding centre doing is connection — connection between parents and the community, between family members and between parent and baby. You know, that is probably where it starts and ends for us.

I am always thinking about a story: last century an experiment was done on rats and whether they would become addicted to cocaine. The story goes that the rats were put in a wire cage with a tap with cocaine water and a tap with plain water. They drank the cocaine water until they died, and it was thought that that demonstrated that cocaine was addictive. Then someone else followed up with a study where the rats were given a palace and had wheels to play on, good food and rat company, and they all had a go at the cocaine water but in the end they were not interested in that. What they wanted was connection. After a while of playing with the cocaine water, they settled in for a play and a chat with their colleague rats and ignored the water.

That is what we feel that we are providing for mothers in the community. It is a tough gig being a mother in this day and age. There are very strictly prescribed sizes, weights, behaviours that are allowed for mothers, and it is a really stressful environment, as we see every day. I could tell you a million stories and I know that there are some people who have come to the community forum to talk about that later on, so I will not go into their stories but rather let them tell them themselves.

The committee in Warrnambool is made up of eight women at the moment. We have had various people come and go. Of those eight women I am certain I am on safe ground in saying that three of our committee members are women who are under 25 years of age and each have two children. We really make an effort to be inclusive because breastfeeding is something that every woman does, almost, for at least a period of time, and that could be a longer time. The evidence in Australia shows that most mothers do not actually meet their breastfeeding goals. About 94, 95, 96 per cent of people start to breastfeed, but in the early days — you know, within the first six weeks to 12 weeks — that really rapidly reduces. That has led some people to suggest to me that maybe women just do not want to breastfeed, but that is not what women tell me as they sit in our comfy chairs and have a cup of tea. Women really want to breastfeed and they do not get the support, the medical help, the information that they need to carry on, and therefore in a very disappointed way they do not meet their own breastfeeding goals.

Some of the things that I thought I might draw your attention to are areas where I think we could very easily and cheaply make a difference to the experience of women with breastfeeding. I was having a little Facebook-Google this morning, and I see that the Victorian government is on track to make an \$8 billion surplus in the next four years. It seems like a fabulous opportunity to invest in the health of mothers and babies. I made the ad that you saw previously on a \$2000 budget. I showed it on WIN TV for one month, then I ran out of money for that. Formula companies are not benign entities. They are spending billions of dollars on advertising their product, whether families need it or not. There is no way that breastfeeding can currently compete with that sort of money. There has to be a limit on it, and there has to be some support. We could very easily — as a health department, a community — promote breastfeeding in a better way than that, although I am quite proud of that, to be honest.

Mothers tell me that wherever they go, contrary to popular belief, they are pressured into stopping breastfeeding. There seems to me to be a lack of education amongst medical doctors and health professionals about how to assist breastfeeding mothers effectively. Breastfeeding is a very simple, robust system that almost always works, and yet a quick flick through Facebook would not tell you that. Mothers can be treated for almost any condition and continue to breastfeed at the same time, but I guess breastfeeding is kind of the slow food movement of health. It is an ongoing relationship that ideally, as per the World Health Organization guidelines, will last exclusively for six months and then up to two years, adding in complementary foods. A lot goes on in two years. What was happening at the start is not what is happening at the end, and people need a guide through all of that. And we believe that women have a right to that sort of help and support.

The CHAIR — Barbara, do you mind if we start asking you some questions?

Ms GLARE — Go for it. Do your best.

The CHAIR — Thank you. If I can start, you do not receive any government funding, but you get all your funding through fundraising. What sort of fundraising do you do, and how do you keep up that funding?

Ms GLARE — Our biggest fundraiser is a conference that we run every two years called Turning the Tide for Birth and Breastfeeding. That is our major fundraiser. Apart from that we have a Bunnings sausage sizzle, we have a goods and services auction and we invite people to throw a few coins in a donation box.

The CHAIR — So it is really a community-based budget?

Ms GLARE — Yes.

The CHAIR — And what would the budget be worth every year, if you do not mind saying in public, around about?

Ms GLARE — The biggest component has been the rent of our premises. We pay commercial rent; it is important for us to be in the main street, so we suffer for that, but we think that is where it has to be. We pay a

receptionist because, once again, I have had extensive experience on the board of the Australian Breastfeeding Association and I do not believe that an important health imperative like breastfeeding should be left to volunteers. The Australian Breastfeeding Association is astonishing and probably almost wholly responsible for Australia's okay breastfeeding rates, but we have moved past the time when we can rely on volunteers for this. I work there one day a week as a lactation consultant; I am not paid. So currently our budget would be about \$80 000 a year.

The CHAIR — It is obviously easier to support breastfeeding education and the benefits of it — and we have heard from previous submissions about the value of breastfeeding and breast milk — than it is to legislate a free market and put restrictions on advertising for companies. Are you aware of any other groups around Victoria that do the same model as you do at the moment here in Warrnambool?

Ms GLARE — No, I think we are unique. We have borrowed extensively from some other models, but we have managed to expand it and develop it. We have obviously borrowed heavily from the Victorian Australian Breastfeeding Association centre in Dandenong. We have borrowed from the concept of breastfeeding cafes overseas, but having this model — we are staffed, we are open 10.00 a.m. till 3.00 p.m. Monday to Friday at least, with expert lactation support — we think is unique.

The CHAIR — I love your work, and I just love the way it is a wraparound service as well. You have obviously got the breast pump hire, yoga, haircuts for kids and family photos. I love it and would love to encourage more of it. I will leave it there because I could go on. My family has had a very good experience with breastfeeding and lactation consultants. They helped us through a pretty difficult time. Maybe Rachel can ask a couple of questions, or I will just go on forever.

Dr CARLING-JENKINS — I will cut you off then, Chair. Thank you very much for coming in, Barbara, and thank you for your submission. It was a very unique submission, as is the connection model that you are describing. I just want to follow up on the funding questions. What was one of the reasons you have not been able to secure funding? Is it because your model is so unique that it does not fit within grant programs?

Ms GLARE — I think it is because breastfeeding is regarded as a fluffy add-on and not a serious health imperative as it is. I have lobbied politicians for many, many years —

Dr CARLING-JENKINS — Sure.

Ms GLARE — more than I even want to. Mostly you get a healthy dose of, 'Look, Barb, that's nice for those white middle-class women' —

Dr CARLING-JENKINS — Oh, right.

Ms GLARE — Absolutely — 'but you know, not everyone can breastfeed'. Of course we understand that. Why would I not understand that? Every day I work with women. But a lot more women could be supported to meet their goals if it was resourced in the way other health initiatives are.

Dr CARLING-JENKINS — So there is just a simple lack of understanding, and breastfeeding is still seen as second cousin to other health initiatives.

Ms GLARE — And until it is effectively resourced financially —

Dr CARLING-JENKINS — It is a chicken and egg, is it not, for you at the moment? That is frustrating.

Ms GLARE — Yes. And, look, I set out with very high hopes of being able to create a model that would be self-sustaining. It probably is not.

Dr CARLING-JENKINS — It was worth a try.

Ms GLARE — Well, totally. You have got to start somewhere, and after three years we are still going.

Dr CARLING-JENKINS — But you can see so much more that you can do.

Ms GLARE — Totally.

Dr CARLING-JENKINS — That is the tone that I am getting, and in your submission you talked about a widespread media campaign. That is something that cannot be done within current fundraising.

Ms GLARE — Well, advertising works, apparently — that is why companies spend gazillions on it — but there is no voice like that for breastfeeding.

Dr CARLING-JENKINS — Sure. So you still see that there is a lot of stigma as well?

Ms GLARE — Yes.

Dr CARLING-JENKINS — You talk in your submission as well — just to change track slightly — around isolation amongst parents, and that is why you have the model that you do around connection and relationships. We spoke earlier today about trauma associated with birthing and the trauma associated with pregnancy and the increase in domestic violence, for example. I just wonder what you have been seeing in your work in this area.

Ms GLARE — Yes. We do a lot of crying at the breastfeeding centre — tissues stacked on. I always joke to the mothers that I am going to write a book on parenting but so far I have only got an A4 sheet, but there are so many prescriptive ways of parenting. Many of them involve women being inside their own house by themselves with a baby, not allowed out until the baby has a prescribed amount of sleep. You know, it is really, really isolating and traumatising for those mothers; it is the next level after the other things that have been discussed here today. Sadly we all know that breastfeeding is another saga of trauma for so many mothers where it need not be. I guess breastfeeding is in this unique position where the easy answer is, ‘Just put that baby on the bottle. Move on. Don’t worry about that’, but what we could really do is make breastfeeding better than it is. We could get mothers real medical help for the medical issues they are facing. We could give them support and education, and they could go on. There is no medical speciality, there is no doctor, that specialises in the lactating woman; is there.

Dr CARLING-JENKINS — Good point.

Ms GLARE — If you thought your liver was dodgy, you would go to a doctor — I am not a doctor, so I imagine this; I have never had a liver problem either — and they would do a liver function test. What is the breastfeeding function — the breast function test? There could be one, but there is not one. It is a lack of investment.

Dr CARLING-JENKINS — Fantastic. Thank you very much for your answers; I appreciate them.

Ms BRITNELL — You are right; birthing is a natural process, but we do a lot of intervention and support. Even when you are going through a natural process, there is still support offered. Breastfeeding is also natural but often requires intervention and support. It is not that simple to get it established — and the continuity of it as well. So what steps would you put in place postnatally to ensure that better breastfeeding support is offered if you had your options available to you?

Ms GLARE — It is going to take a bit of a shake-up, because I think the problem over the last couple of decades has been the fact that breastfeeding has been segmented off and is not part of the whole healthcare team in hospital. The Baby-friendly Hospital Initiative is a worldwide evidence-based project that educates and supports health professionals that work with breastfeeding mothers. There is good evidence to show that it really makes a difference. So that would probably be the number one thing to do.

As I said, breastfeeding problems come back to the shorter hospital stays. I would never have advocated for shorter hospital stays back in the day, but with the high intervention rates in birth, high caesarean rates, women are leaving hospital actually not that well; they are not that well. On top of that they have to establish breastfeeding at home, largely by themselves. There needs to be another professional on that team to help them with breastfeeding.

Ms BRITNELL — So when you look at the statistics of women starting breastfeeding, 94 per cent or 96 per cent are starting and then I think it is by — I cannot remember — three months or six months it is down to 50 per cent. Has that declined since the introduction of early discharge?

Ms GLARE — I do not know that. I do not think our records are that up-to-date, particularly in this area. But breastfeeding rates have not increased in the last 15 years; let us just say that.

Mr FINN — Barbara, can I congratulate you and commend you for the work that you are doing. I love the ad; it is sensational, and what a pity it is that you ran out of money. Can I just say that if the government is worth its salt, and that is highly debatable, it will kick in — given that it can barely move for the sorts of money that it is carrying around on its back — substantially to what you are trying to do. I want to ask you a question particularly about —

The CHAIR — I have the Treasurer on the line, Bernie.

Mr FINN — He just hung up! The sorts of community attitudes that we have seen from some quarters would indicate that, for reasons that I do not comprehend, breastfeeding is not universally accepted. Do you find that? Obviously the fact that you have set up shop right in the middle of town is a really in-your-face way of making a statement. Is that as a result of attitudes locally that you find unacceptable?

Ms GLARE — I do not think Warrnambool is any different to anywhere else, and probably it may be better. But, yes, it is astonishing in this day and age that people get so stressed out about the simple fact of breastfeeding. It is funny; we used to be near the smoke shop in Warrnambool, and that led me to —

Ms BRITNELL — We do not have a smoke shop anymore.

Ms GLARE — Yes, we do.

Ms BRITNELL — No, they have gone, haven't they?

Ms GLARE — No.

Ms BRITNELL — That is terrible.

Ms GLARE — But it sort of dawned on me that our manner of promoting breastfeeding is almost identical to our manner of encouraging people not to smoke. You do not show it in public. It must come in a plain label. That would be the T-shirt over the top in terms of breastfeeding. Have people not seen the internet? There are all sorts of things on it. And the world goes crazy when a baby is put to the breast.

The other thing is breastfeeding does not need just one message. It needs a lot of messages and a lot of carefully researched messages and nuanced messages, just like the anti-smoking campaign. So we keep it under covers. Often the negatives of breastfeeding are highlighted, often by groups that stand to make money from it themselves. The health benefits of breastfeeding are rarely spoken about, and yet that is our version of breastfeeding promotion. The anti-smoking campaign would be proud of it.

Mr FINN — So if the government was to come to the party, how much do you reckon you would need to effectively get the message out around here?

Ms GLARE — Around here?

Mr FINN — Well, in the south-west anyway.

Ms GLARE — No, I do not think we should — let us move beyond —

Mr FINN — I do not argue with that at all. I would like a national campaign, but —

Ms GLARE — This needs to, really, national, if not Victorian. We need the good advertising companies. We need to get that crew off *Gruen* — something like that — and suss out the messages. Breastfeeding always gets the second-class treatment, and that is what we do not want mothers in Warrnambool to have to have. We want them to have the good chairs in a good vicinity. They need to be comfortable, safe, happy and relaxed.

Mr FINN — So the state government needs to open the purse and take out a bit of cash?

Ms GLARE — Yes.

The CHAIR — Barbara, thank you for coming today. You have been very informative.

Ms GLARE — Thank you.

The CHAIR — I cannot help but think that part of the stigma around breastfeeding is part of a move from a patriarchal society into one that accepts that women are 51 per cent of the voting population and should have 51 per cent of the say. I think that is fair enough to say.

Ms BRITNELL — That is why we are here, Rachel.

Dr CARLING-JENKINS — That is right.

The CHAIR — That is right, yes. But thank you for coming in today, and we very much appreciate your time.

Ms GLARE — Thank you. Terrific.

Witness withdrew.