



Breastfeeding Advocacy Australia  
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Document tendered by  
Ms Amy Tyson  
Received by  
Julianna Tash  
Date: 08/04/2024  
Resolved to publish  Yes / No

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

Breastfeeding Advocacy Australia (BAA) is pleased to submit this report to the New South Wales (NSW) Parliamentary Inquiry into Birth Trauma, aiming to shed light on the critical intersection between childbirth experiences, trauma, and breastfeeding outcomes. As a collective dedicated to advocating for maternal and infant health, BAA has compiled a comprehensive analysis based on the survey responses of 33 mothers affected by birth trauma within the NSW community. This report serves as a testament to the challenges faced by mothers during childbirth, the profound impact of birth trauma on breastfeeding relationships, and the urgent need for systemic reforms to safeguard the well-being of mothers and infants.

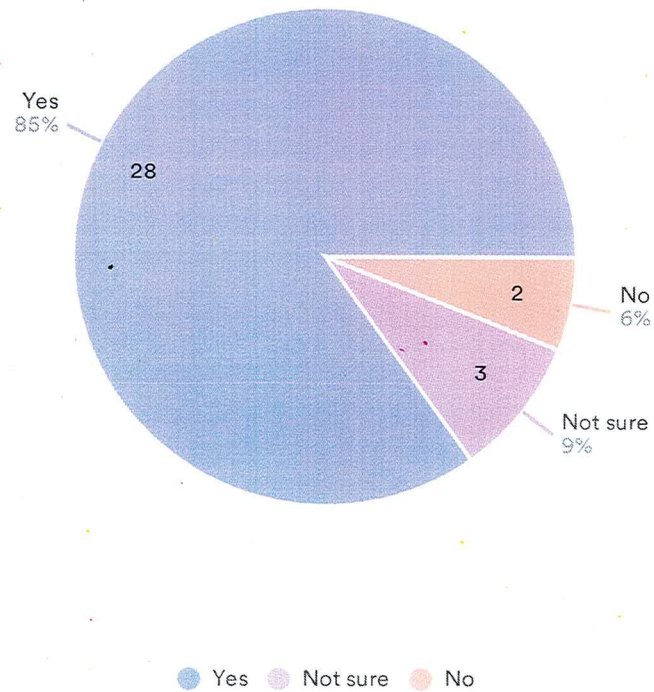
Drawing from a diverse range of survey responses, personal narratives, and insights shared by individuals directly impacted by birth trauma, this report provides a nuanced understanding of the multifaceted issues surrounding maternity care practices and postpartum support systems. From the challenges encountered during initial breastfeeding support to the negative interactions with healthcare professionals, each theme explored in this report underscores the complex interplay between maternal mental health, birth experiences, and breastfeeding outcomes. Through the voices of those who have traversed these journeys, we aim to amplify their experiences, advocate for systemic reforms, and foster greater awareness and empathy within the healthcare community.

This report not only identifies the existing gaps and deficiencies within the current healthcare landscape but also offers concrete recommendations for policy reforms, education initiatives, and support services aimed at preventing birth trauma and improving breastfeeding outcomes for mothers in NSW. By centering the voices of those directly impacted, we hope to catalyse meaningful change, promote trauma-informed care practices, and foster a healthcare environment that prioritises the physical, emotional, and psychological well-being of mothers and infants throughout the perinatal journey.

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

1. Did you experience trauma during your childbirth that impacted your breastfeeding relationship?

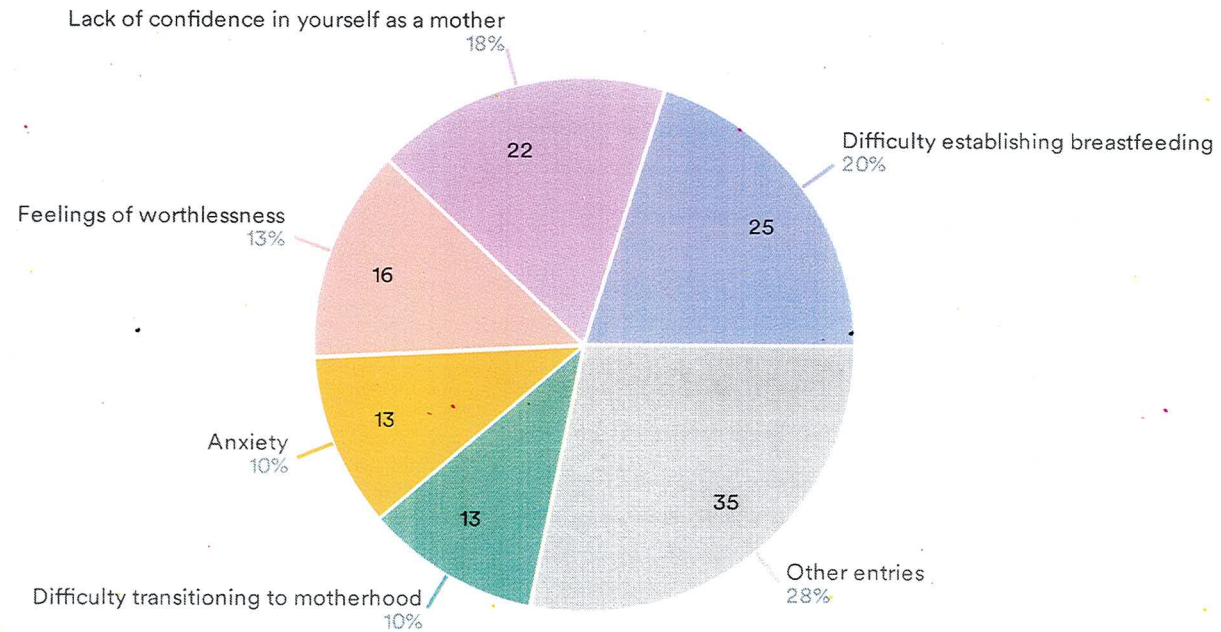
33 Responses



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

2. If yes, how would you describe your birth trauma experience? (Select all that apply)

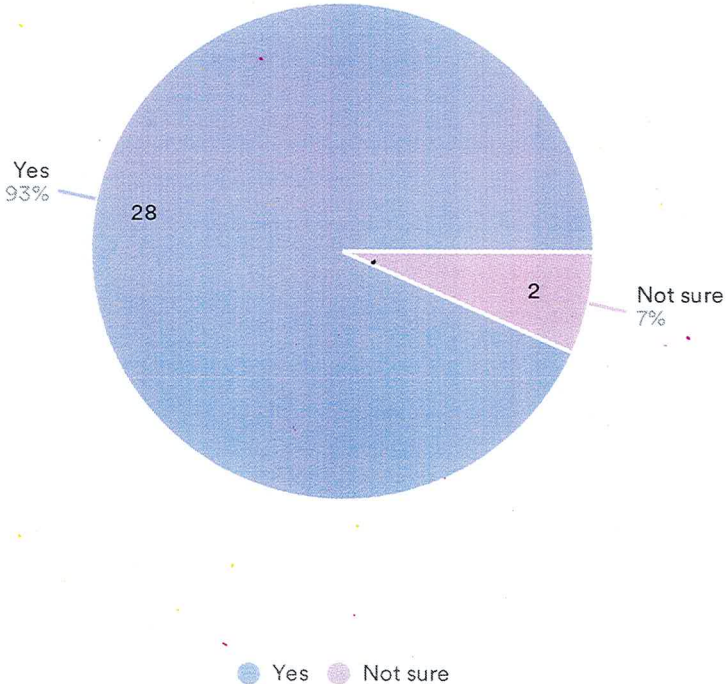
124 Responses- 2 Empty



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

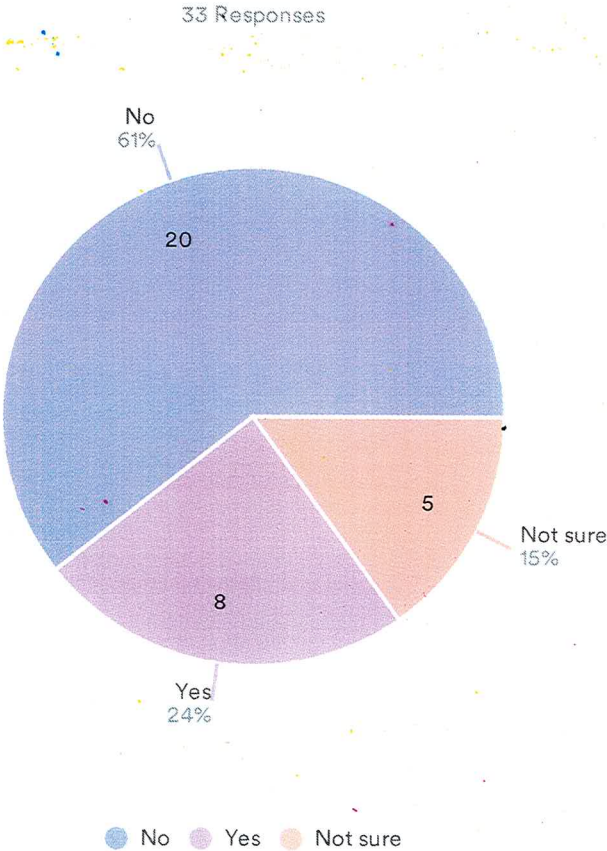
3. Do you believe that if your birth experience was different, your breastfeeding journey would have also been different?

30 Responses- 3 Empty



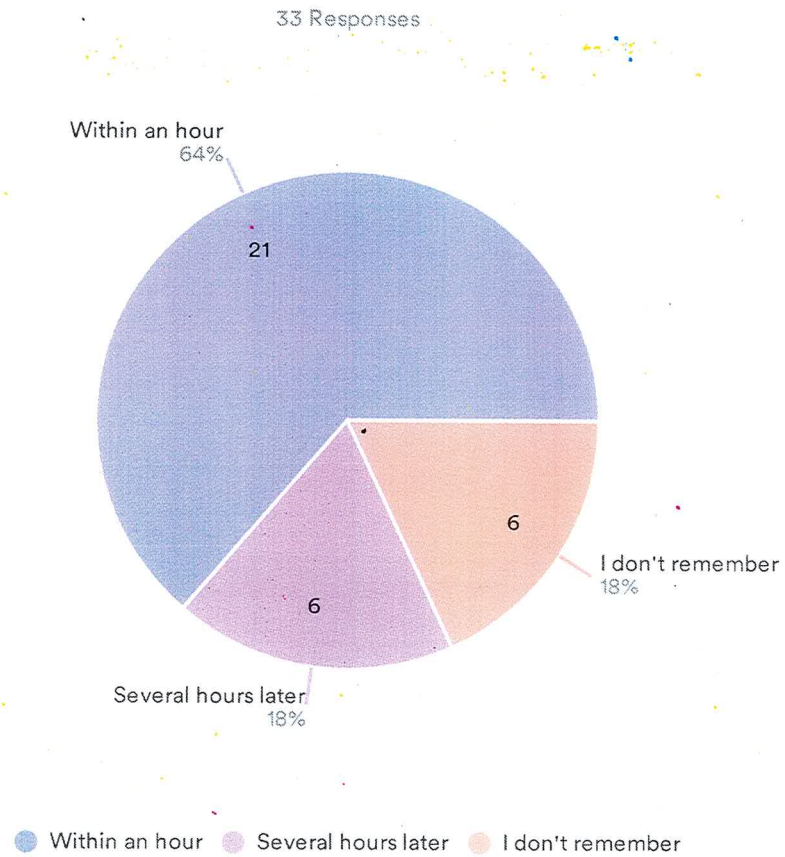
# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

4. During the immediate post-birth period, did the staff consider breastfeeding critical to your recovery?



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

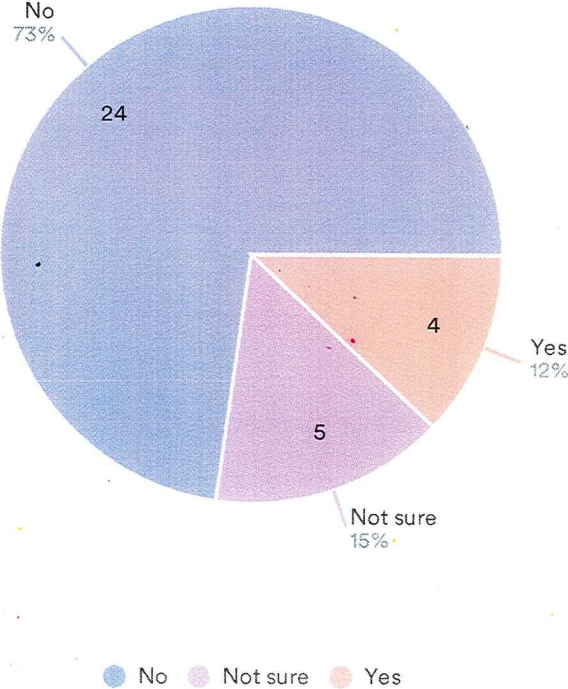
5. How long after birth were you able to have skin-to-skin contact with your baby?



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

5. Did you receive sufficient support for breastfeeding in the immediate post-birth period?

33 Responses





# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

6. If you faced barriers to breastfeeding, please specify the main challenges you encountered. (See Appendix A for summary of responses)

29 Responses- 4 Empty

Data	Responses
<p>Baby wouldn't latch until 2 days after she was born. I was pumping and the flanges were way too big. Baby eventually latched, but only with a nipple shield. This then led to low milk supply, so I was topping baby up with EBM constantly. It was such a stressful time. I started mix feeding when baby was 8 weeks old and then baby developed a bottle preference at 3 months old and was fully formula fed from then.</p>	<p>1</p>
<p>Initial latching challenges, particularly around caesarean wounds and recovery. This was made harder by conflicting advice and information given by different midwives at each shift change, including advice that I now know to be dangerously detrimental to breastfeeding.</p>	<p>1</p>
<p>Child health nurse unnecessary obsession with weight gains made me extremely anxious. Once I stopped visiting her and constantly weighing baby I was a lot better! Was admitted to hospital with sepsis due to mastitis at 4 weeks pp onto a general ward, although they let me have baby with me as a boarder I had to beg to speak to a midwife (they did eventually and she was very helpful) and plead with nurses to let me have access to a breast pump. I was barely monitored by nursing staff and ended up so severely dehydrated that my milk supply declined significantly. I ultimately ended up on domperidone and everything came right within a few weeks. The emergency department also told me to immediately stop feeding baby and that my milk would make her ill and that she had caused the infection - ended up ignoring them thankfully</p>	<p>1</p>
<p>My baby went straight to special care and nicu. They wouldn't let me be with him as I was told it would stir him up and hamper his healing. I hand expressed with no help for two days until my milk came in. I didn't know my milk had come in and became distressed as I couldn't get it in the syringes, I had a breakdown. Then I was finally given a pump. The next day I got my baby back. I fought with the paediatrician who told a dr to give my baby formula whether I agreed or not. I told him I had quite a lot of colostrum and milk ready to go. He was shocked I had already done this, by myself, recovering from a C-section. I was given horribly untrue and dangerous breastfeeding advice. The only reason my child never had formula and fed until 5 years of age is because I have a sister who is knowledgeable and passionate about breastfeeding, and I'm a warrior, no one was taking breastfeeding away from me! The medical</p>	<p>1</p>

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

7. On a scale of 1 to 10, how well do you feel informed choice was facilitated in your maternity care (including establishing and maintaining exclusive breastfeeding)?(Scale: 1 = Not facilitated at all,10 = Perfectly facilitated)

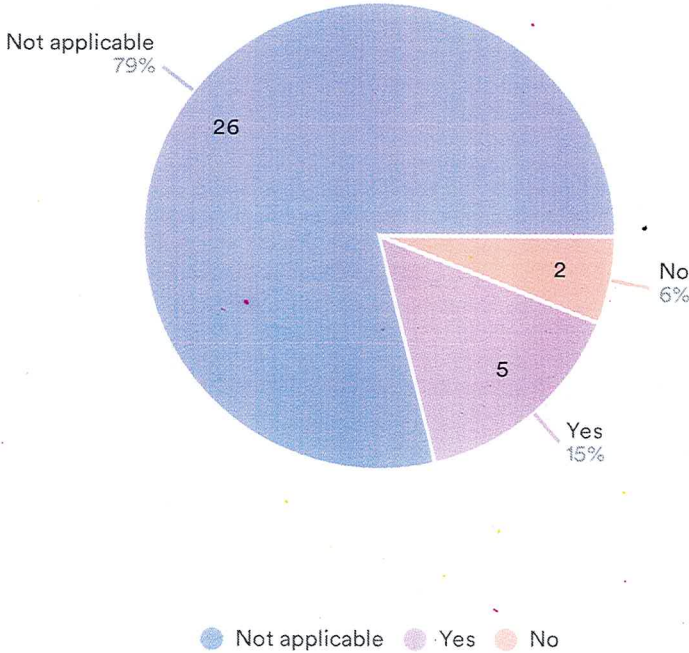
32 Responses- 1 Empty

Data	Responses
1	12
5	8
2	4
3	3
0	1
7	1
6	1
8	1
Other entries	1

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

8. If you live in a rural or remote area, did you face additional challenges accessing maternity care, including breastfeeding support and education?

33 Responses- 1 Empty



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

If yes, what were your challenges?

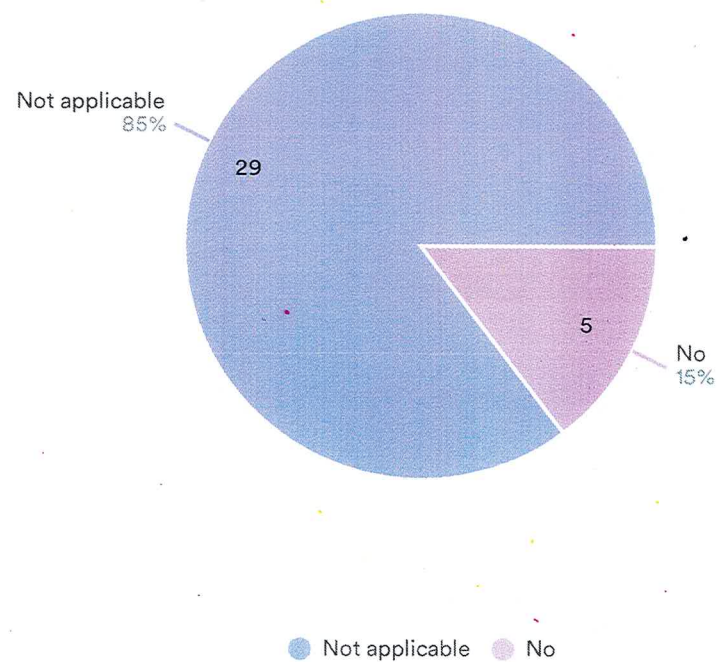
4 Responses- 29 Empty

Data	Responses
Enough iblc. The only one in I could access gave terrible advice.	1
Everytime I reached out to doctors or lactation specialists I was told I was either too anxious or they weren't available to come to see me. I was so anxious at this point I could barely leave the house	1
No local lactation consultants	1
Very limited access to lactation consultants	1

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

9. If you identify as Aboriginal or Torres Strait Islander, or culturally and linguistically diverse (CALD), did you encounter specific challenges related to maternity care (including breastfeeding)?

34 Responses



# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

If yes, what specific challenges did you experience

0 Response

No chart data to show

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

10. Considering your birth trauma experience, what do you think are the most crucial reforms needed to prevent birth trauma and improve breastfeeding outcomes for mothers? (See Appendix B for summary of responses and key themes)

32 Responses- 1 Empty

Data	Responses
No separation of mum and baby after birth unless it is absolutely medically necessary.	1
Continuity of midwifery carer and significant improvement in quality breastfeeding education and upskilling.	1
<p>It took 5 days for anyone to tell me that I had a severe PPH and had been minutes away from having to have surgery to stop the bleeding. I found out via my discharge paperwork - I spent 5 days thinking I was a terrible mother and a pathetic woman because I was in terrible pain, ripped muscles from the fundal massage meant I could hardly lift my baby and I was incredibly ill from the blood loss. Had someone sat down the day after my birth and had a frank discussion about what had happened to me, I would have felt less like I was going mad and I would have felt far less worthless. We need to be given the full stories about our birth experiences rather than drs assuming we are too fragile to cope. I would have know that my milk would be slower to transition/'come in' and I would have had fewer questions about what happened in the immediate aftermath of my daughter's birth. I was fortunate that I found an IBCLC, and community support like the ABA and BAA that provided the correct information - had I not had the critical insight to see how poorly informed child health nurses, emergency drs, GPs etc I would have ended up not breastfeeding as long. All medical professionals need better education. My personal opinion is that things like infant formula should have all their marketing completely removed and medical professionals should prioritise breastfeeding support or donor milk. Selling formula in plain packaging, as has been done with cigarettes, may be a start. Because my daughter was topped up with formula in the hospital we did buy a tin just 'in case' - it went unused because I was aghast by both the ingredients and the claims on the tin, plus my daughter and I worked hard to establish exclusive breastfeeding. I'm sad that we had formula top ups pushed on us so quickly in hospital, before anyone even suggested pumping. I'd also love to see less frantic focus on making babies chub up as quickly as possible by child health nurses, not to mention CHN obsession with sleep training, transition to solids as early as possible and limiting breastfeeding. If we have a second I think we'll be avoiding them - my CHN compounded the trauma I experienced during birth and contributed to my PPA/PPD.</p>	1

# Breastfeeding Advocacy Australia (BAA) Birth Trauma Impact Survey

11. If you want to share more of your experience, we would love to hear from you below. (See Appendix C for summary of responses and key themes)

14 Responses- 19 Empty

Data	Responses
<p>Thank you for all your work and advocacy! I'm so glad I discovered BAA early in my BF journey with my daughter. We need more people who are uncompromising around protecting women's rights to raise their children in ways that are biologically normal. While not 100% connected to breastfeeding, from talking to friends I've found so many end up turning to formula or large quantities of solids when they sleep train their children, ultimately ending their breastfeeding journey around the 4-6 month mark as they consider an unbroken sleep more important. I would like to see regulations on who can call themselves a 'sleep consultant' (ideally nobody) and an end to government funding of programs like _ and , and investigations into whether the 'benefits' of private 'sleep schools' are actually beneficial or harmful to children. My room at hospital was adjacent to the 'early parenting center'. As I held and breastfed my 3 day old daughter, I remember listening to the screams of babies through the walls - before my daughter was born I always knew I would never sleep train, but I was shocked that this is considered ok in this country. I've never heard by daughter wail like those babies. I'm not a huge fan of masses of government oversight into how we raise our children, but an end to funding their programs and allowing public health services like child health nurses to promote these facilities and services would probably see more women continue breastfeeding- especially if that money went toward promoting what is biologically normal: frequent breastfeeding even at night, and co-sleeping/bed sharing to maximize everyone's rest</p>	<p>1</p>
<p>To be clear, my experience here is 49yrs ago. I am now involved in a bf support group and every day, hear from MANY mothers that they are forced to give their babies formula. They are not given advice about biologically normal bf. Birth and breastfeeding does NOT belong to midwives/drs Birth and breastfeeding belongs to Mothers.</p>	<p>1</p>
<p>#2 pregnancy I got an infection during labour, medication, high fevers, unwell. I was mentally prepared for any type of issue - Private Gynaecologist, support group to help around the house. Also be prepared to express milk and not feel guilty. Def self care - sleep, eat well and calm environment. #3 high risk - many miscarriages due to my condition, so had to be mindful of risk of losing the pregnancy. I'm 34 now, enough knowledge of my medical condition that I could voice my concerns, ask for options and have backup. Was admitted 5</p>	



# Appendix A

**Question 6. If you faced barriers to breastfeeding, please specify the main challenges you encountered.**

## **1. Challenges with Initial Breastfeeding Support:**

- Several respondents mentioned challenges with receiving conflicting advice and inadequate support from healthcare professionals, particularly in the immediate postpartum period.
- Instances of being denied access to breast pumps, encountering dismissive attitudes, and facing obstacles in initiating breastfeeding due to medical interventions were highlighted.

*"Although support was received, it was the way it was delivered. It was harsh, judgmental & forceful creating extreme anxiety and depression."*

This highlights the negative impact of healthcare professionals' demeanour and communication style on maternal mental health and breastfeeding experiences.

## **2. Hospital Practices Impacting Breastfeeding:**

- Hospital practices such as separation from the baby, lack of informed consent, and unnecessary supplementation with formula were significant concerns.
- Mothers expressed distress over being unable to see their newborns promptly, experiencing difficulties in establishing breastfeeding due to interventions like cesarean sections, and feeling pressured or coerced into formula feeding against their wishes.

*"Staff unaware baby was struggling to breastfeed and not attaching and transferring milk sufficiently. Then once they realised this they went into complete overdrive, forced formula into my baby while I was balling my eyes out wondering why only now were they stepping in."*

This quote illustrates the frustration and distress experienced by mothers when healthcare professionals fail to recognise breastfeeding difficulties promptly. This underscores the importance of proactive and attentive support from healthcare providers in addressing breastfeeding challenges and ensuring optimal care for both mothers and babies.

# Appendix A

**Question 6 (continued). If you faced barriers to breastfeeding, please specify the main challenges you encountered.**

### **3. Medical Conditions and Birth Trauma:**

- Medical conditions such as pre-eclampsia and traumatic birth experiences were reported to have adversely affected breastfeeding experiences.
- Lack of awareness and support regarding the impact of medical conditions on breastfeeding, as well as challenges in coping with physical and emotional trauma, were highlighted.

*"Refused to give me a pump despite having developed carpal tunnel in pregnancy so hand expressing was excruciating... Breastfeeding support was almost 30 minutes [drive] away, absolutely unacceptable not to offer in-home breastfeeding support, particularly in the first months."*

This quote exemplifies the challenges faced by mothers in accessing necessary breastfeeding support, particularly in cases where medical conditions or physical discomfort hinder breastfeeding initiation. It highlights the systemic barriers to adequate postpartum care and the need for improved accessibility to breastfeeding support services, especially in the critical early months.

### **4. Negative Interactions with Healthcare Professionals:**

- Instances of harsh, judgmental, and forceful interactions with healthcare professionals leading to anxiety, depression, and feelings of helplessness were described.
- Lack of understanding and sensitivity towards mothers' concerns, dismissive attitudes, and instances of staff incompetence or ignorance were noted.

*"During my first birth in hospital with my daughter, I struggled to breastfeed & was slow to produce colostrum... The nurses grabbed my breast and squeezed it hard trying to get some milk out. It was painful and she screamed at me 'If you don't learn how to breastfeed, your baby will die. You're just going to have to give her formula' which I absolutely did not want to do. I felt like I was already failing and I'd only given birth a few hours prior."*

This quote vividly illustrates the emotional distress and pressure experienced by mothers during the breastfeeding initiation process. It highlights the detrimental impact of insensitive and coercive healthcare practices on maternal confidence and the breastfeeding journey. This example underscores the urgent need for compassionate and supportive care that respects maternal autonomy and promotes informed decision-making in breastfeeding practices.

## Appendix A

**Question 6 (continued). If you faced barriers to breastfeeding, please specify the main challenges you encountered.**

### **5. Postpartum Support and Mental Health:**

- Lack of adequate postpartum support, including mental health support, was a recurring theme.
- Mothers reported feeling overwhelmed, traumatised, and unsupported in coping with breastfeeding difficulties, birth trauma, and associated mental health challenges.

*"I still believe my baby might have been helped if my early concerns about his difficulty with feeding, due to the difficult birth process, had been listened to and acted upon. He continues to be a fussy eater, and sensitive soul, now aged 8."*

This quote reflects the lasting impact of unaddressed breastfeeding difficulties and birth trauma on both maternal and child well-being. It underscores the importance of early intervention and comprehensive support in mitigating the long-term consequences of birth trauma and breastfeeding challenges on maternal-infant bonding and child development.

### **6. Impact on Mother-Child Bonding and Infant Health:**

- Difficulties in breastfeeding and negative experiences during the postpartum period were linked to challenges in mother-child bonding, infant health issues, and long-term psychological impacts on both mothers and babies.

*"My baby went straight to special care and NICU... I fought with the paediatrician who told a doctor to give my baby formula whether I agreed or not. I told him I had quite a lot of colostrum and milk ready to go. He was shocked I had already done this, by myself, recovering from a C-section. I was given horribly untrue and dangerous breastfeeding advice. The only reason my child never had formula and fed until 5 years of age is because I have a sister who is knowledgeable and passionate about breastfeeding, and I'm a warrior, no one was taking breastfeeding away from me! The medical profession had taken enough away from my son and I, they were not doing it again."*

This quote highlights the challenges faced by mothers in advocating for breastfeeding and maintaining mother-child bonding, especially in the face of medical interventions and unsupportive healthcare practices.

## Appendix A

**Question 6 (continued). If you faced barriers to breastfeeding, please specify the main challenges you encountered.**

### **7. Need for Improved Education and Advocacy:**

- Many respondents expressed the need for improved education, advocacy, and awareness regarding breastfeeding, birth trauma, and maternity care practices.
- Calls for greater empowerment of mothers, better communication, and informed decision-making were evident throughout the responses.

*"More so, I didn't have the education before giving birth to understand the basics of breastfeeding."*

This quote emphasises the critical need for improved education regarding breastfeeding before childbirth. It highlights the importance of equipping expectant mothers with essential knowledge and skills to initiate breastfeeding successfully.

Overall, the responses highlight the multifaceted challenges faced by mothers in navigating birth trauma and its impact on breastfeeding experiences. They underscore the importance of addressing systemic issues within healthcare systems, promoting trauma-informed care, and providing comprehensive support to mothers during the perinatal period.

## Appendix B

**Question 10. Considering your birth trauma experience, what do you think are the most crucial reforms needed to prevent birth trauma and improve breastfeeding outcomes for mothers?**

### **1. Continuity of Midwifery Care and Improved Breastfeeding Education:**

- Respondents highlighted the necessity for continuity of midwifery care and significant improvements in breastfeeding education. One respondent emphasised, *"Continuity of midwifery carer and significant improvement in quality breastfeeding education and upskilling."* Another echoed the importance, stating, *"All medical professionals need better education."*

### **2. Trauma-Informed Care and Respect for Mother's Choices:**

- Trauma-informed training for healthcare providers and access to counselling for mothers post-birth were advocated. A respondent stressed, *"Trauma informed training for health care providers."* Additionally, respecting mothers' autonomy and choices emerged as a crucial reform. One respondent emphasised, *"Autonomy & the internal power of a birthing woman need to be given back to her."*

### **3. Improved Postpartum Support and Policy Reforms:**

- There was a call for better postpartum support for mothers recovering from cesarean sections or with babies in special care. One respondent highlighted, *"Mums who are recovering from c-sections and babies go to special care or NICU should be given more support to access their babies."* Moreover, policy reforms to prevent unnecessary interventions and improve access to lactation consultants were proposed.

These responses underscore the various reforms needed to prevent birth trauma and enhance breastfeeding outcomes, as expressed by respondents in the survey.

## Appendix C

**Question 11. If you want to share more of your experience, we would love to hear from you below.**

The shared experiences and perspectives from respondents shed light on various challenges and concerns surrounding childbirth trauma and breastfeeding support. Advocacy for uncompromising protection of women's rights in raising their children according to biologically normal practices emerged strongly, with calls for regulations on sleep consultants and an end to government funding for certain programs that undermine breastfeeding. Personal narratives underscored the importance of improved maternal care, with one respondent advocating for community support and mental health care for new mothers. Critiques of hospital practices and medical system involvement were prevalent, with suggestions to remove birth from hospital settings to reduce trauma. Instances of inadequate support and care during childbirth and breastfeeding initiation in hospitals were highlighted, along with concerns about inconsistencies in breastfeeding support from healthcare providers, demonstrating the need for more standardised and comprehensive care practices. These diverse experiences underscore the urgency of addressing systemic issues and advocating for better support structures to promote positive childbirth experiences and breastfeeding outcomes for mothers.

Key quotes from respondents:

- *"Unfortunately birth trauma & breastfeeding issues will not reduce so long as the medical system has its greasy hands all over it. Take birth out of the hospital, watch birth & breastfeeding trauma significantly reduce. The end."*
- *"I am now involved in a breastfeeding support group and every day, hear from MANY mothers that they are forced to give their babies formula. They are not given advice about biologically normal breastfeeding. Birth and breastfeeding does NOT belong to midwives/doctors. Birth and breastfeeding belongs to Mothers."*
- *"Mothers need nurturing and shouldn't be left to fend for themselves or have to go out seeking answers. The information and support should be readily and easily accessible to them."*
- *"With each change of shift comes a new midwife who has differing levels of knowledge, experience, understanding and skills in breastfeeding support. One midwife tells you one thing, then another midwife comes in and scolds you for doing what the last midwife has told you to do. As a first time mother, this is one of the most challenging and confidence-bursting experiences. You feel completely inadequate and have no idea who you can trust."*

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