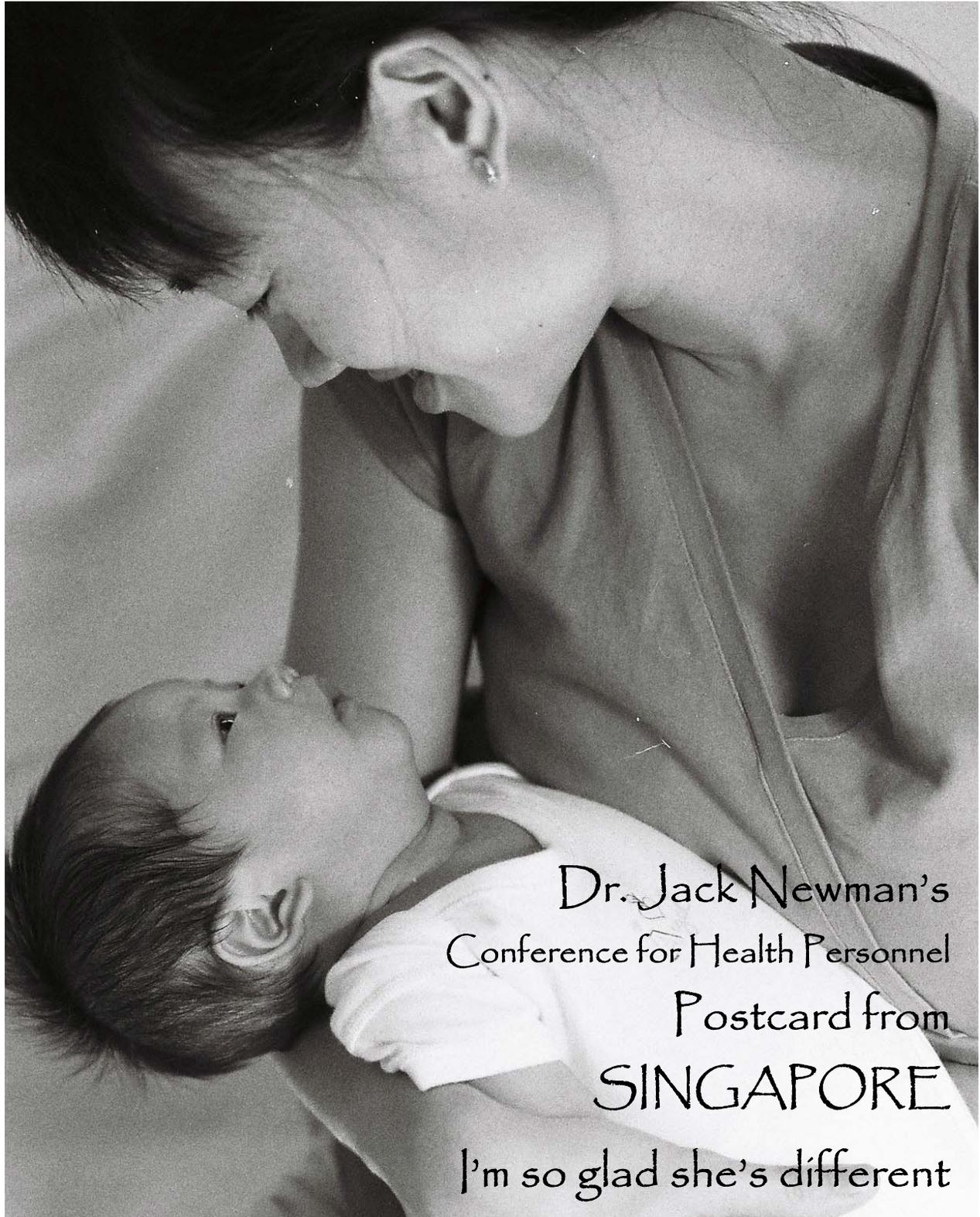


Close
to
the
Heart



La Leche League Asia
Early-Year 2005
Volume 6, Number 1

"Breastfeeding
is mothering
close to the heart"



Dr. Jack Newman's
Conference for Health Personnel
Postcard from
SINGAPORE

I'm so glad she's different

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Mission Statement

La Leche League International is a non-profit, non-sectarian, organization. Our mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. All breastfeeding mothers, as well as future breastfeeding mothers, are welcome to come to our meetings or to call our Leaders for breastfeeding help.

Contribution Deadlines

**Contributions received by
1st July will be included in the
Mid-Year 2005 issue.**

Contributions received by
1st November will be included in
the Late-Year 2005 issue.

Contributions received by
1st March 2006 will be included in
the Early-Year 2006 issue.

**Article and stories for
Close to the Heart
Are accepted at all times.**

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breastfeeding mothers in Asia.

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If you have a story you'd like
to share, please let me know!
Even if you're not a writer,
you can tell your story and
have it written by someone
else. Please contact me if you
would like to contribute.

Editor's Corner

The mothers' letters in "Close to the Heart" are always inspiring and this issue is no exception. As I sit in my study here in Rome, having finally put together the articles and photographs for this issue it is brought home to me once more that these stories are a fantastic way of informing women that many of the myths about breast milk and breastfeeding that tell us that it is not possible or not advisable are simply not true. Listen to what the mothers say in this issue, things that not all people believe: Breast Milk is really the best food for babies. It is always good. You can relactate. You can wean gradually. You can breastfeed your baby for as long as both of you want. So simple, if you think about it. But there is more. The letters here speak about the importance of information and support in overcoming the problems that far too many women have when they breastfeed. LLL is about all these things. Thank you for writing, thank you for reading, and for being a part of the mother to mother support and information system that has meant so much to each one of us at important times in our lives.

I look forward to receiving more of your inspiring stories!

Thank you

Sheri

Carl's Weaning

When I fell pregnant with my second child in September 2003, I was breastfeeding my first, then 14-month-old Carl. We were both enjoying our breastfeeding relationship tremendously; breastfeeding contributed significantly to Carl's diet but more than this, it had become a significant part of our day. Carl routinely nursed to wind down and go to sleep. He also nursed throughout the day and at night. When he was sick especially, nursing nourished him and brought him great comfort, and was a sanity saver for me. Breastfeeding was also an integral part of my mothering style. As Carl grew from an infant into an active and distractible toddler, nursing was my way of reconnecting and staying close to him. On his part, I suspect breastfeeding was very natural to him. After all, it had always been there and he didn't know any different.

I was determined to continue breastfeeding Carl throughout my pregnancy and was very open to tandem nursing him and our new baby. I read up on the different sides of pregnant and tandem nursing, to equip myself for the challenges ahead.

As the pregnancy progressed, I had sore nipples and breastfeeding agitation, in addition to the usual pregnancy discomforts. For me, during most feeds, breastfeeding agitation started as a mild feeling of irritation, and after a while grew into an overpowering urge to push Carl away. (This disturbed me terribly; I didn't understand how I could feel this way towards a child I so badly wanted to breastfeed.) Breastfeeding was particularly uncomfortable when nursing sessions dragged on and Carl's latch was relaxed. I began having misgivings about continuing to breastfeed, and at times, I felt like abruptly weaning him. I felt very torn between Carl's need to nurse and my own needs. I finally found the right balance by limiting the length of feeds but not weaning him completely; I simply nursed him for as long as I comfortably could and took him off the breast when it got too much. On some days, and especially when he was sick, Carl protested and cried when I ended the feeds, but soon, I learnt to soothe him and wind him down before sleep by offering a cup of warm milk, a story or song, or a long snuggle after

the nursing session. On bad days, we went for a long walk before naptime and soon that became routine. Through all of this, I intended to return to nursing Carl as much as he wanted, for as long as he wanted, once baby was born and all the discomforts eased.

By the time baby Erika was born, Carl had decreased his nursing to having a feed a day, usually before sleep, and sometimes not having a feed at all. Once Erika came, Carl initiated nursing even less. I offered to nurse Carl and did not refuse any requests, but nursings, when they happened, were short and Carl wound down by just cuddling or going for a walk. Soon, days that he did want to nurse were few and far between. Now, Carl is over twenty-eight months old; he does not nurse and refuses when I offer.

All this happened so gradually that we hardly noticed and my memory of his weaning has become quite faded. Till now, I'm not even sure if Carl has had his last breastfeed. Just a few days ago, he asked to nurse again; he did latch on but did not suck and fell off easily, with a contented smile. Maybe he'll start nursing again tomorrow or some day soon.

I feel disappointed that Carl seems to have weaned; I feel that I had accelerated his weaning by becoming pregnant and limiting his breastfeeds. I also do miss the unique closeness that extended breastfeeding brought to our relationship. After all, I had always (mistakenly) seen breastfeeding as the last vestige of Carl's babyhood. Yet, Carl and I are still tremendously close; we remain close in so many other ways, for example, by going to sleep together and snuggling up to watch television, read books, or when Carl drinks milk from a cup.

Breastfeeding Carl for his first two years has laid the foundation for our relationship; a 'milk kinship' bond that has outlasted our breastfeeding days. Nursing him has also helped me define my identity as a mother and helped me find my own style of mothering. This has set the tone for all the other aspects of mothering a young child, especially disciplining.

I'm so glad she's different

Our little baby girl, Ching Ching, was very small when she was born - only 5 pounds and 10 ounces. The hospital wouldn't let me feed her the first night. I fought with them but they insisted she had to stay in the nursery. On that first night the nurses gave her formula milk - there was no way out.

The breastfeeding didn't go well in hospital. At night we were separated and during the day she was sleeping all the time. When she screamed the nurses complained that I didn't want to give her formula. No one told me how to pump.

Then we went back to stay with my parents. That was a huge challenge! My mother was taking care of my brother's son who was around three months old. He was a very calm baby, whereas my Ching Ching was crying a lot and was on my breast nearly all the time.

I was really tense because I didn't want people telling me I wasn't capable of meeting her demands. So I shut myself in my room. My mother was very upset because she felt I wasn't getting enough rest - I was nursing nearly all the time. I was breastfeeding Ching Ching for at least



Pauline and her daughter, Ching Ching

35 minutes every hour and she wouldn't sleep unless she was on my breast.

Two days after coming out of hospital I contacted Sarah Hung, a Leader with La Leche League - Hong Kong. Sarah came to see me the next day and I was impressed. She assured me that the latch and positioning were OK. I was so relieved. But after she left I couldn't cope with Ching Ching crying so much. I kept calling Sarah and after a while I felt embarrassed and silly, so I stopped calling her. So I became angry with my baby. That was one of the most stupid things I did in my life!!

I continued breastfeeding for one month, then I stopped. I was worn out and exhausted. I put Ching Ching on formula. My mother encouraged me to do this because she couldn't bear seeing me so frustrated and worn out. Right from the beginning she was certain my baby was crying because I didn't have enough milk. In some ways it was a relief for me too.

After one month I went to live back at my own house. Ching Ching was now taking formula milk from a bottle - but the problem was that she was still screaming and crying. And because I wasn't breastfeeding I didn't have any way to calm her. I regretted my decision to stop breastfeeding very much - but my milk had all dried up.

I lived for about three weeks with her crying and not being able to do anything. At that time my sister was nursing a premature baby and getting help from a lactation consultant. I went with her to the hospital and that was how I met Miranda and Christine, both lactation consultants. They also told me the breastfeeding was fine and that I could continue. But no one could tell me how to cope with the crying. Nobody told me it's alright to have a fussy baby.

I asked the lactation consultant if I could get my milk back. She told me YES! She told me that some mothers breastfeed their adopted babies.

Once I saw that adoptive mothers were able to breastfeed I was very confident that I could do it too. I knew I wouldn't need help.

I looked up re-lactation in all the breastfeeding books and started pumping again.

When I had the energy I pumped during the night. I gave her formula first then afterwards I put her on my breast and pumped the other side. At first I didn't get any milk, but I knew it was important to stimulate the breast.

I recorded the number of times she nursed and how many times she had formula. It took about three weeks for me to be certain she was taking in my milk. One day I opened the diaper and saw a big green patch. There, in the middle was a tiny yellow spot - I was sure that was my milk and I was delighted!

Gradually I stopped pumping. We nursed more and cut back on formula. By the time she was three months old she was off formula again. Although Ching Ching was back on the breast she was still a very demanding baby; she nursed endlessly and cried a lot.

By the time she was about nine months old I decided I had to get rid of my angry feelings towards her.

My husband, K.P., encouraged me to hunt around on the Internet for support. Eventually I discovered the term "fussy baby" - that was a turning point and gradually I stopped being angry with her. I started going to La Leche League meetings and this helped me develop my childcare philosophy. I read a couple of books by Dr. William Sears, and it really helped.

I discovered that it's alright to have a baby who's "different" And it helped me learn more about myself too - her sensitivity comes from me.

I think if I had a very smooth breastfeeding relationship I would have gone back to work when my baby was three or four months. Now I look back and I think - perhaps it was meant to be this way. Our breastfeeding relationship was very educational. I needed to learn how to look after a baby who is different from anyone else - and I'm so glad she's different.

As the days passed, Emma became more and more an expert in nursing. Now, we can even play and laugh when I am nursing her. I would ask her, "Where is Mama's mouth?" and she would place her fingers right into my mouth. I would ask her, "Where is Mama's nose?" and she would stuff her index finger into one of my nostrils. I would then pretend to sneeze, and we would both laugh together.

When Emma was nine months old, she was down with Roseola. Roseola is a usually harmless illness caused by a virus. This virus generally causes three days of high fever (often over 103 degrees Fahrenheit, or 39.5 degrees Celsius). The fever then subsides, and the child breaks out in a flat or bumpy red rash, usually starting around the neck, back and chest, then spreading out.

During that week of illness, Emma nursed almost non-stop day and night. In the day, she would either give me a smile or doze off each time after she was done nursing. Those weak but gentle smiles melted my heart away. I was so glad that I could give her comfort by nursing her. All the more in the midst of those few worrisome days which seemed like forever, I was very encouraged that I could make her feel better even when she was running a temperature of 39.6 degrees Celsius.

Quite frankly, I have not really achieved much all my life thus far. Choosing to breastfeed Emma is probably the biggest accomplishment in my entire life. I would choose to do likewise should Wen Foong and I be blessed with another baby.



Kelly Koh, Singapore

Mothers' Stories

*by Antonela Badi
Mongolian Group*

Sharing Experiences

From: *New Beginnings*, Vol. 22 No. 1, January-February 2005, pp. 22-23

I am Romanian and have been living in Mongolia for the past six years. My son, Mark, was born in 1990 in Romania. His birth was complicated, and I wanted a cesarean birth, but the doctor refused. Mark was born healthy, and I felt good. The third day after the birth, one of my breasts became engorged. A roommate advised me to express the milk or the medical staff might plug me into a "machine," which would be very painful. I listened to her, and I spent the whole day pumping out the

milk. It was not easy, but after a day or two I could express a half cup. Even though I was seeing Mark every three hours, I did not manage to put him to the breast because he had jaundice and was sleeping all the time. By the time we left the hospital five days after his birth, Mark had not been breastfed even once. I could only hope that the staff from the neonatal department had given him the milk that I'd pumped.

When we arrived home, I could see his eyes for the first time and put him to the breast. He sucked well from the very beginning, but it did not take long before he would fall asleep. The first two weeks he slept through the night, and I remember my husband and I waking up in the morning in a "sea of milk." After these few happy days, Mark started waking up at 11 pm and crying until 7 am. I was desperate and exhausted. I changed my nutrition because I thought that my milk was causing his colic. I ended up only drinking milk and eating boiled meat and potatoes. After two months I decided that my milk was no good and introduced him to formula. By the time he was three months old, he would sleep through the night, and I was convinced that it was right to give him the bottle.

I got pregnant with Katharina in Mongolia. From the newsletter of the International Women Association of Mongolia, I learned that there was an international organization for breastfeeding and that it would be organizing meetings for pregnant and breastfeeding mothers. I decided to join in order to learn how to prevent my milk from going "bad." I was three months pregnant when I went to the first meeting. I liked Melanie, the LLL Leader, from the very beginning; this was very important to me. I immediately bought some books: *The Birth Book*, by Dr. Sears and, of course, *The Womanly Art of Breastfeeding*. At the next meeting I became a member.

One piece of information really stayed with me. Melanie told us that a mother's milk is the best nutrition for her baby. How could I have thought that my body would produce something that was harmful to my son? How was it possible that nobody around me realized such a simple thing? There was a pediatrician who came once per week to see Mark, a medical assistant who came twice a week, my mother who had a medical background herself, my mother-in-law, Mark's father, friends, and neighbors who had children themselves - and no one knew or thought to tell me that my milk was the best possible food for my son.

The more I read the new books that I had bought, the more I realized how many mistakes I had made and how many ideas I had to change. The first thing that I changed was my nutrition. Another change was that I wanted to have a natural birth instead of a cesarean. And the third and most important one

was that I wanted to breastfeed my baby until her sixth month of life.

Two months before the birth, I went to Romania because I wanted my obstetrician to assist me. I felt good and extremely confident. It was a natural birth even though everybody expected me to have a cesarean because I was 38 years old. Katharina was brought to me the day after the birth. I put her to the breast, but my nipple seemed to be too large for her little mouth. A midwife helped me, and everything worked fine until she left and a new midwife came. This one was not able to help me, and I started having problems. I tried to express milk, but my breasts were engorged, and it was hard to pump it out. In four hours I managed to express only 10 ml of milk, my nipples hurt and I was panicking.

I got a lot of conflicting information from the medical staff. Finally, another midwife came with a bottle filled with formula to feed to Katharina. She left, and I sat on the side of my bed, tears rolling down my face. I was desperate. Friends heard about my nipple and engorgement problems, and they rushed to my bed to try to solve them. When they were gone, I remembered having read in my LLL books that the breast produces a lot of milk in the beginning because it has no signal yet from the baby for what his or her needs are and that the only solution is to simply put your child to the breast. So, I put her to my breast, and this is how our breastfeeding story started.

When I was feeling frustrated with my husband for not helping me enough, Melanie came up with the topic, "The Role of the Partner during Breastfeeding." When I was annoyed with Katharina for nursing too many times during the night, Melanie came with the topic, "Breastfeeding and Nighttime Parenting."

Now Katharina is two years and two months old and still breastfeeding. For a time I was thinking of weaning her, but she loves breastfeeding so much that I cannot take this pleasure away from her.

I still attend LLL meetings. Every time I go, I have the feeling that I couldn't possibly learn anything new because I am now a "veteran," yet every time I do. Melanie always finds interesting topics. I think that the most important thing of all is that we have the chance to share experiences and ideas within our Group. Talking about problems partly relieves us of them and makes us stronger.

Soup for the Masses

Some days it feels like I am feeding an army there are so many people coming through the house. On other days, I am that army—I have that thirst that comes with breastfeeding a newborn. After many an afternoon spent making warm meals to soothe the soul I have come to the conclusion that soup is perhaps the best meal on earth. It's not surprising that every culture has a soup dish high on the menu. In Canada we have a traditional French-Canadian split pea and ham soup. In Japan we have miso soup filled with delicious seaweed and tasty morsels from the sea. Thailand's tom yam soup tastes otherworldly and Chinese hot and sour soup is always a warming treat.

Soups are easy to make. They are cheap and nutritious. They can be ready and on the table in 15 minutes. Toddlers love them hot or cold and adults can eat them any time of day. It usually tastes even better as a leftover and is great for freezing. Soup makes us happy. Have I convinced you yet?

There are a million ways to make soup. Here, I'll concentrate on vegetable soups since that is what's frequently on the menu at our home these days. First, grab some veggies—most anything will do: squash, broccoli, carrots, leeks, you name it—grate them up! Chop up an onion or two and a clove of garlic (or three), toss in a little pepper and fry everything up in olive oil in a big pot for a couple of minutes. Remember to always heat the oil and the pan before adding other ingredients. Then add your veggies and sauté them for a few minutes, stirring constantly. Add a couple of cups of water (you can also use soup stock, bouillon, or apple juice) and any spices that you want (cumin, ginger or tarragon are nice) and simmer everything for a minimum of 15 minutes (longer is just fine), stirring occasionally. Remove the pot from the heat and pour it carefully into a blender. Blend it until it's the texture that you like (or blend baby's portion thoroughly and leave the rest of the family's a little more chunky). You can use a hand blender if

you prefer. If you prefer a chunkier soup, you don't need to blend it at all. Often I blend half of the soup and leave the other half unblended—this gives a nice variety of texture. If you use salt, add it now. That's it! Dinner is ready. Add a loaf of warmed multigrain bread or French bread and everyone will be thoroughly impressed! A dollop of sour cream or plain yogurt in the center of each bowl of soup is another healthful addition. Sprinkled parsley looks appetizing too.

One of the things that I love about vegetable soups is the colour. It is so vibrant. Carrot soup is the most beautiful colour orange; broccoli soup is the most luxurious green. Food like this brings comfort and nourishment. It's great when you're sick. Even the pickiest of toddlers can often be persuaded to eat soup (the onion, garlic, and spices can be left out for younger kids). Try it in a mug for fun. Try it cold. Tuck in delicious additions to really boost the nutrition like a tablespoon of sesame seeds or wheat germ or a ½ cup of red or green lentils or rice (keep an eye on the water level if adding these). Add a little milk at the very end if you want a smooth creamy soup.

Get your kids involved in the making of the soup. They love to eat things that they have helped create. Older kids can grate the vegetables and stir the soup; younger kids can be given their own soup pot and spoon, along with a few ice cubes and water so they can make their own "soup" (if it stays clean enough you can even add theirs in!).

Be bold with your soup. Be adventurous. Expect to have a few soup disasters (sometimes fish stock and beets won't go together no matter how hard you try!) and a few soup triumphs that can't be replicated. Once you have the hang of it double or triple your recipes so you have plenty of soup left over to freeze or have for lunch the next day. When you see seasonal vegetables on sale, don't hesitate to grab a bunch and make a soup. Happy cooking!



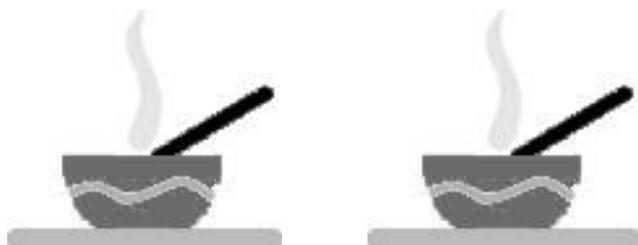
15-minute Squash Soup

Serves 4

Ingredients:

- 2 tablespoons butter or olive oil
- 1 cup grated carrot
- 1 teaspoon ground cumin
- 1 teaspoon ground ginger
- 2 cups cooked, mashed squash (or 1 can pumpkin)
- 1 can creamed corn (optional)
- half a teaspoon salt
- freshly ground pepper
- 3 cups water, stock, or apple juice

Melt the butter in a saucepan and sauté the finely chopped onion until tender. Add the carrot, corn and squash. Stir in the remaining ingredients, bring to a boil, and then simmer for 10 minutes. Blend if you like. Serve garnished with chopped green onion and a dollop of plain yogurt



Feeding the Family

by Karen Spice, Canada

Broccoli Soup for the “Whole” Family

Serves 4 generous portions

Ingredients:

- 1 medium onion
- 1 lb broccoli
- 1 large potato, about 12oz
- 1.2 litres water (2 pints)
- 2 teaspoons sunflower or olive oil
- Dash of soy sauce
- Salt & pepper

1. Peel and chop the onion finely; put the oil in a large saucepan on medium heat; add the onions and fry gently until tender, turning the heat down if necessary.
2. Wash the broccoli and the potato, peeling the potato if it is not organic, and cut them into fairly small pieces, using the stem of the broccoli as well as the florets.
3. When the onions are soft add the water, soy sauce, potato and broccoli. Bring to a boil and simmer until tender.
4. Once the potato is cooked blend and season with salt and pepper.

(You can use cauliflower in place of the broccoli and follow the same recipe.)

A brief report from Dr. Jack Newman's Conference for Health Personnel in Taipei, 4th-5th December 2004

*by Sabine Rossnick
La Leche League Leader*

It was an early Saturday morning when I went to this Conference. I was very excited to finally meet Dr. Jack Newman, a well known physician within La Leche League and a great breastfeeding supporter. Dr. Newman is a paediatrician from the University of Toronto medical school and leads a Breastfeeding Clinic in Canada. He worked for UNICEF's baby friendly hospital initiative in Africa and practiced in Canada, New Zealand and South Africa.

About 250 Taiwanese health personnel met at a nurse education centre in Taipei. I was pretty impressed, because I knew that there were not many doctors and nurses educated in breastfeeding support here in Taiwan.

The agenda covered such items as:

- Essentials of breastfeeding
- Hypoglycemia and Jaundice
- Colic in the breastfed baby
- When the baby refuses to latch on
- Breastfeeding the premature, sick and at-risk baby
- Sore nipples and sore breasts
- Medication in lactating mothers



For more detailed information please visit the website www.breastfeedingonline.com/newman.shtml. Here you can find handouts of Dr. Newman's speeches, free for downloading.

I was delighted that Dr. Newman mentioned La Leche League right in the beginning because of the early role in teaching breastfeeding on demand.

There is one thing I'd like to share that Dr. Newman said during his "Essentials of breastfeeding" session: **the key to successful breastfeeding is proper latch-on!**

In most cases of low weight gain the reason is an improper latch-on. Even if there is milk, the baby won't be able to get enough if latch-on isn't right. Skin-to-skin contact directly after birth is very important! If this is given, the baby is more likely to latch on well and cry less. The breastfeeding will continue longer.

Badly latched-on babies are 10 times more likely to be switched to the bottle. So it is very important to identify and correct a faulty suck within the maternity ward.

A proper latch-on means an asymmetrical latch. The nipple is not in the centre of the baby's mouth; instead the baby's lower lip encloses more of the areola than the upper lip, the nipple points towards the roof of baby's mouth, and his chin (not his nose) touches the breast. The baby's chin is tilted back slightly

If you ever have the opportunity to hear Dr. Newman's speaking, take advantage of it! You will learn a lot, even if you already know a lot about breastfeeding, and it is fun, too.