

Close
to
the
Heart



La Leche League Asia
Mid-Year 2006
Volume 7, Number 2

"Breastfeeding
is mothering
close to the heart"

Breastfeeding
After a C-Section

Postcard from
ULAANBAATAR



What's the Fuss about Foremilk?

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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 Nov. 2006 will be included in
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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. Contributions may be edited
for clarity and in order to fit into the
space available. They may also be
published in other LLL
publications

Editor's Corner

Dear friends,

My Mum just sent me a newspaper article from the *Glossop Chronicle* - this is our local newspaper, in the UK, affectionately known as the 'local rag'.

A prominent local physician, Dr. Kailash Chand, had just come out to talk in support of breastfeeding. He called breastfeeding 'a natural elixir' for better health. I had to look 'elixir' up in the dictionary - basically it means a remedy for all diseases or ills.

Dr. Chand explained that breastfed babies are simply more healthy than formula fed ones and these health benefits have a lifelong impact. "If someone told you there's an elixir that can help protect your new baby from bronchitis, ear infections, pneumonia, diarrhoea, urinary tract infections... wouldn't you want to know more?"

"If you knew the effects of this concoction would last into your child's teenage years, reducing his risk for diabetes, allergies and high blood pressure, and even boost his IQ... wouldn't you rush out to find it? Breast milk is that elixir."

Nicely put, I thought. If there was more awareness in our communities about the huge health benefits of breastfeeding - wouldn't every mother want to do it?

Dr. Chand's comments were in response to the new report by the World Health Organisation which presents a new 'International Growth Standard'. The new growth standard establishes breastfeeding as the 'biological norm' and a Golden Standard for infant nutrition. The practical application of the study will be of use to all breastfeeding mothers - for more information about this, see our news story on page 11.

Achieving the Golden Standard of breastfeeding, however, is not always easy. In this issue we see how some mothers have overcome the hurdles of major surgery for mother and baby and still been able to give their babies breast milk. We also hear about the logistical challenges associated with breastfeeding twins! At La Leche League we believe mothers need information and support in order to breastfeed. A big dose of determination also clearly helps!

Best wishes for a happy summer,

Maggie

Maggie Holmes
Assistant Editor

Breastfeeding After a C-Section

Like many mothers, I had planned to have a non-medicated natural delivery. Throughout my pregnancy I had envisioned the labor and delivery with excitement and eagerness knowing that the pain would be intense but idealizing the wonderful moment when my husband and I could hold our baby for the first time. When my daughter's birth day arrived things did not proceed as planned. After 36 hours of labor, a confluence of factors led to a decision that a cesarean section was required. Surgery was very scary, especially since my husband was denied admittance to the operating room and the doctors were only speaking Chinese (I can understand some conversational Chinese, but was totally dazed by rapid-fire medical Chinese). I was restrained to the table and advised not to ask questions that would distract the medical team. When my daughter was delivered, she was whisked from the room before I was given a chance to meet her.

After the surgery, my OB waived the typical hour in the recovery room and I was taken back to my room where my husband and new baby were waiting. Thankfully, I was able to feed her during the early hours after birth. She latched on with minimal difficulty and our first feeding went smoothly; however, we had more difficulty with subsequent feedings. Once the surgical pain medication wore off, I could not feed her in the cradle hold and had to switch to the football hold because the baby's weight rested near the painful incision. I found it much more difficult to get her to latch-on in that position.

The hospital staff was able to help me get the baby latched-on, but they were not trained to assist with proper technique. As a result, I had very sore nipples for the first week. In the

back of my mind I knew from LLL meetings that breastfeeding should not hurt, but the hospital staff told me it was normal and that my cracked and bleeding nipples would heal with time. It felt like such a small victory every time the baby was latched-on that I didn't question if it was a good latch or what the source of such pain was. After a few painful days, I called our local LLL leader who gave me some very helpful tips. She showed me how to hold the baby's head in the correct position with the football hold and to watch for jaw movement to be sure my baby was sucking properly. She also recommended that I stack pillows and wedge my baby's body under my arm while supporting the back of her head with my hand. She showed me how to let the baby pull more of the areola into her mouth so the nipple is farther back on her palate. These tricks were like magic and my sore nipples began to heal immediately. I was so thankful that I could now enjoy nursing my new baby instead of wincing in pain through the whole feeding.

On the second night after birth, my baby cried incessantly. We were worried new parents and afraid that something was wrong with her. We kept calling the nurses to check her to be sure that she was healthy, and each time they told us it was because she was hungry and I didn't have any milk. They strongly advised me to give her

formula to stop her hunger pangs. Though I was very reluctant, we elected to give her a small amount of sugar water from a spoon. The nurses had convinced us that this would give her a feeling of fullness and she would be able to sleep. At that point, my husband and I were utterly exhausted and desperate to make the baby stop crying. The



Melanie and Annabelle

nurses were wrong and it did not stop her crying, but it did bolster my confidence that supplementing was not going to console her crying. By the third day, I decided to grit my teeth against the pain and to nurse the baby as much as I could since she didn't cry when she was at the breast (despite the incorrect advice that my breasts would not be able to "fill up" if they were being constantly drained). From then on, things were much better. It was around the fourth day when I finally saw that my baby was getting milk in addition to colostrum.

Though the hospital staff had good intentions, they were not properly trained to assist with accurate breastfeeding information. There was no lactation nurse at the hospital and each nurse seemed to give me contradictory advice. I was very thankful to have packed a copy of *The Womanly Art of Breastfeeding* in my hospital bag. When I had a problem, my husband and I would leaf through our new favorite book to find ways to solve it.

After the surgery, I was informed that it was hospital policy not to give pain medication for breastfeeding mothers during the recovery period. As a result, I was in a lot of pain from the incision during the early days. After my daughter's birth I had deep feelings of disappointment with my body's inability to deliver my baby naturally. I felt that I had been robbed of the first precious moments of my child's birth and I was angry with the hospital staff for pressuring me to have an unnecessary surgical birth. In retrospect the C-section was completely necessary since the baby's health was truly

at risk, but I think my frustration combined with the postpartum hormones lead me down a path of depression for a few days. The physical pain combined with the fatigue of life with a new baby made even the smallest tasks seem monumental. Being able to successfully breastfeed my baby helped me recover quickly from the baby blues because I was able to see that my body was producing enough milk to feed my rapidly growing daughter. Knowing this gave me a great feeling of self-confidence and helped me recover from the traumatic birth experience.

I would advise other mothers not to skip the chapter in the baby books about C-sections because you assume that you won't need one. I had been so confident that I would never need a C-section that I was totally unprepared when faced with reality. When it became necessary, I had no knowledge of how the operation was performed or what to expect during recovery. Also know that it is possible to breastfeed after a C-section, though it may require more determination and patience since there are more possibilities for obstacles. If a challenge arises, seek qualified help early instead of assuming that it will resolve itself. The assistance I received from my La Leche League Leader was a turning point and likely enabled me to continue breastfeeding. I don't know if I would have had the resolve to continue to nurse with such pain. My daughter is now 22 months old and is still happily breastfeeding.

Mothers' Stories

by Julia Heyes
Singapore Group

Victoria's Story – part two

At the time of writing the last article, the plan was that Victoria would undergo a non-invasive procedure to close up her Patent Ductus Arteriosus (PDA). However, events took a turn and it became apparent that she would have to undergo surgery.

I now become focused on how I would be able to maintain breastfeeding and how I would be able to best support her with breastfeeding through her ordeal. I was of the opinion that some of the medical staff that would be in charge of her care may not be familiar with a mother feeding her one-year-old daughter after surgery of this kind.

I gathered as much information as I could from various sources. I searched the Internet, I referred to the LLL website and received some excellent reference material from LLL Singapore. I even received accounts from breastfeeding mothers with similar experiences as far

away as Italy. The message I received repeatedly was to think of myself as part of the team responsible for Victoria's care. I also planned well to make sure things ran as smoothly as possible; borrowing a spare pump should my own fail, packing breast milk storage bags with stickers and pen, having a cup with a straw to give her the milk should she not be able to take it directly, and adding bottles of water for myself. I knew I had to make things happen as smoothly as possible, if I were to get and keep the support of the hospital staff. And I knew that once we were at the hospital, I did project how confident and organised I was, and this helped.

A really worthwhile exercise was paying a visit to the Intensive Care Unit (ICU) in the weeks prior to surgery. I explained our situation and they showed me pictures of what Victoria would look like after surgery, they explained how I might be able to feed her and



Julia and Victoria

they said they could store milk for me. However, their suggestions very much centred around us putting the breast milk in a bottle; first, because this was what they knew and second because of a concern about lifting her. I felt that groundwork had been done, and that I had prepared the staff and myself somewhat.

I was given most confidence by the anaesthetist who we had the convenience of meeting on several occasions prior to admission. She didn't envisage any problems with my suggestions and indicated that if there were no complications that I could feed her soon after surgery.

Surgery was cancelled twice as Victoria was repeatedly ill. Each time her lungs were finding it more difficult to cope and her body was taking longer to recover. She wasn't a happy child and I just hope that the breastfeeding relationship gave her extra support during these times.

The tests that she underwent the day before surgery were very distressing for her to the extent that even offering the breast wasn't enough to console her. However, it was always there if she wanted it and this

she knew. I was also keen to offer milk as often as possible, as the nighttime fasting ban would take effect at 2am. The few hours prior to sedation were one of the most difficult times with regards to breastfeeding; after the events of the previous day she was easily distressed and this combined with her hunger meant she was anxious and upset at not being allowed to feed.

Surgery took two hours and from there she entered ICU. After one hour I offered her some sips of water through a straw. If she was able to keep this down, then she would soon be able to take some milk. For the next hour she dozed on and off and during this time the anaesthetist had suggested I feed, but strangely I didn't feel ready and I didn't think Victoria did either. However, two hours post-surgery with the assistance of a nurse and Tanja Knutson (good friend and local LLL Leader), we very gently (so as to avoid the incision) lifted Victoria and her many trailing leads off the bed and into nursing position. She latched straight on, fed a little, went back to sleep and stayed peaceful for another hour or two. It was pure bliss to watch how contented and relaxed she was as she fed.

Through the day I expressed a couple of times, and staff were storing the milk for me. Initial breastfeeds had gone well but it was still the early days - if she didn't need it in place of direct feeding then I could mix it into her solids at some point.

Later she was transferred into her own room on the children's ward and during the fury of activity of surgeons, consultants, anaesthetist and nurses, we managed to do another feed or two. This was cumbersome with leads, machines and cot walls to contend with whilst sitting awkwardly in an inappropriate breastfeeding chair and handling her fragile body, but with help from husband and nurses we did it. A few hours later I would be bedding down next to her on the sofa and doing all of this on my own in a darkened room through the night. To begin I was nervous, it was like starting out with a newborn again, but as they say mothers and babies learn to breastfeed by breastfeeding, and under our new set of circumstances this certainly rang true for us, too.

By the next morning she was eating her regular breakfast mixed with expressed milk and taking several more short breastfeeds. The nurses constantly questioned me about the length of Victoria's feeds, in the same manner that they so often do with a newborn baby. The answers I had didn't seem to be what they wanted to hear and I found myself reassuring them that what she was doing was normal and that I thought she was OK, rather than the other way around!

Amazingly, just over 24 hours after surgery, we went home. Her recovery was unbelievable. She was tired for a few days, and sore for about six weeks, but life very quickly returned to normal. Six months on her heart and lungs are now functioning as normal.

Looking back, last year was a difficult one, but I'm so pleased that breastfeeding was never compromised through any of it. I was still able to provide her with the very best nutritionally, emotional security and mother to child bonding. I hope that our story will give hope and reassurance to any other mothers who find themselves in a similar situation.

Breastfeeding in New South Wales, Australia: How Much Is It Worth?

The "Report on Breastfeeding in New South Wales (NSW) 2004," a publication by the NSW Centre for Public Health Nutrition was first issued in March 2004 and revised in February 2005. After referring to the unique ingredients present in breast milk and listing many of the health benefits to mother and child, the report sets out monitoring criteria for breastfeeding. A chapter entitled "The burden associated with poor breastfeeding practices in NSW" lists not only increased health problems for the child (including increased child mortality) and the mother, it also speaks of the economic cost of poor breastfeeding practices and states, "In Australia, the total value of breastfeeding to the community makes it one of the most cost-effective primary prevention measures available and well worth the support of the whole community."

Among the economic benefits listed and quantified are those of the value of breastmilk itself (a minimum of \$2.2 billion in 1992 after adjustment for increased maternal food consumption) and money saved due to decreased child illness (\$20-40 million a year for five illnesses alone: gastrointestinal illness, lower respiratory infection, otitis media, eczema and necrotising entero-colitis). Many other factors, not included in the above estimate, were mentioned such as long term health and environmental costs of not breastfeeding. The report goes on to say that "if the WHO [World Health Organization] breastfeeding targets were achieved in Australia, the economic value of breastfeeding would increase by \$3.4 billion per annum, representing 3.1% of the GDP – equivalent to 40 percent of public expenditure on health." Quite some astonishing statistics!

For further information see http://www.health.nsw.gov.au/pubs/2005/pdf/breastfeeding_cphn.pdf

Postcard from ULAANBAATAR

My name is Ally and I live in Ulaanbaatar, Mongolia with my husband, Layton, and our two sons, Chaandmon (5) and Sky (almost 2). We are fortunate to live in a very nice housing compound filled with two-story houses and town homes located near the city center. Inside the compound, there is a children's playground and lots of green grass on which to play. Our town home overlooks several 'gers' - these are the traditional tent homes of the Mongolian nomads, which are also known

hotels, a Hilton and Shangri La, due to be ready for business in two years.

I traveled to the United States for the birth of our first son, staying with my sister-in-law, who had an 18-month-old at the time. She had taken a natural approach to childbirth; so much of what I did was due to her influence. I had heard about LLLLI while in the States, but didn't attend any meetings until returning to

Croft Ger in Bayanchandman



as 'yurts'. We can also see a hotel, a children's park, and other apartment buildings. A beautiful mountain range to the south offers us a spectacular view and great hiking trails. Since arriving here in 1994, we have watched the city double in population; most of these new residents live in ger districts surrounding the city. Ulaanbaatar is more of a large town than a city. The only international food chain is a BD's Mongolian BBQ. However, Ulaanbaatar will soon be home to two new

Ulaanbaatar. I always anticipated breastfeeding and was able to nurse without any problems. I do believe that my positive mindset from the beginning played a role in my success. I found breastfeeding so easy and convenient that I continued until Chaandmon was three years old. By that time I was pregnant with Sky and very tired of nursing a toddler. We had a "goodbye" party with cake and presents, though Chaandmon continued to "hold" my breasts for several months

afterward.

We decided to give birth to Sky in Bangkok. It was a wonderful experience and much easier to stay in Asia without all the travel and time zone changes. While breastfeeding Sky my breasts became very sore and cracked from nursing and it was an extremely painful experience. My Thai doctor told me to put honey on my breasts, which I did. Although messy, it worked! I continue to nurse Sky who turns two in July, though we are in the process of weaning. [Warning: Babies under one year should never eat honey because of the chance of botulism poisoning. If using this remedy, wash breasts thoroughly before feedings. -Ed.]

Since having children and living in Mongolia, Guatemala and the United States, I have worked full time and part-time, been a full-time graduate student, and have also not worked at all. This broad range of experiences was not easy, but I am grateful for breastfeeding as it served as a kind of anchor, not only for physical nourishment but also for the consistency of emotional connectivity it provided us.

It was interesting to see the difference in my children's breastfeeding patterns. Chaandmon nursed every moment of every day while Sky only nurses when he is hungry. After nursing Chaandmon, I began to feel negative about breastfeeding. I would breastfeed in check-out lines, at the park, anywhere he wanted. So I made a little pact with myself that I would set more boundaries with our second child so I wouldn't end up with negative feelings about nursing. As luck would have it, Sky was a more selective in his breastfeeding.

Childbirth in Mongolia is considered to be a very important experience. It is also filled with many superstitions. Working women are given a generous maternity leave that can be extended up to two years depending on the employer. Most often women stop working after their eighth month of pregnancy to relax. Mongolians do not buy anything for the baby before it is born as they are very superstitious and do not want to be presumptuous that everything will go smoothly. They consider the nine months in the womb as part of the child's life so when the child turns one, he/she is actually considered to be two. Women are not to shower or go out of the house for the first month after giving birth. Although this is changing, it is still quite common. Of course many of our Mongolian friends were horrified when we returned from Thailand with our two-week-old baby!

When visiting a new mom, one should always bring a small gift. It is believed that a guest without a gift will cause the mother to lose her milk supply.

Mongolians are traditionally avid breastfeeders, and typically do so from one to five years. They boast that their most famous national wrestlers all breastfed until they were five. Mongolians regularly applaud me for breastfeeding my children into toddlerhood and for my "good" milk supply. I seldom see Mongolian mothers nursing in public, but I think this is due to the fact that Mongolians don't spend entire days out with their small children, like many western mothers often do. You may see women breastfeeding in the park, but in general it's not common. However, there is no modesty when breastfeeding at home.

One of the most common problems Mongolian mothers experience is low milk supply. Like many mothers, they assume their bodies cannot produce enough milk for their babies and resort to giving them formula or even cow's milk. With the rather recent arrival of formula, this has led mothers who can afford it to supplement. LLL of Mongolia and some international donor organizations promote breastfeeding and help women become more aware of all its benefits.

Breastfeeding to me has always been a cherished time because I sit down and relax. It has meant meeting my child's nutritional, emotional, and physical needs all in one. My advice to new mothers is to focus on a positive attitude. I firmly believe that a positive attitude does affect a woman's milk supply and her willingness to breastfeed. Finally, I would encourage women in all countries to seek information about the benefits of breastfeeding and share it with others.



*Allison Christie Croft
Ulaanbataar Group*

Looking Back and Moving On



I would like to share with you my new stage of motherhood. My elder daughter, Emily, is really a grown-up now. She has not only graduated from high school but is living 7,000 miles away. She is currently studying musical theatre dance in London. As my daughter is firmly looking towards the future, for me it seems to be a time to look backwards and remember the tiny bundle that came into our lives so many years ago.

I was a totally naive new mother. After the initial euphoria of the birth came the despair of having to look after this new life, feed her, clean her, comfort her and get some sleep for myself, too. Never has my learning curve been so steep.

I remember being terrified of bathing her. There was something really scary about holding a wet, slippery baby – what if I dropped her? I kept putting off the moment when I had to do this. The local Maternal and Child Health Clinic will bathe babies until their cord falls off, so for the first few days I went there. Her cord fell off on a Friday and my husband did the bathing over the weekend, but the next Monday I was on my own. And as with most baby problems, once I conquered my fear the bathing wasn't that hard.

I didn't have the traditional four-day baby blue tears. Instead I saved them all up for when Emily was three weeks old. In hindsight I realise that she was having a growth spurt but I'd never even heard this term at the time. All I knew was that she kept wanting to feed non-stop and if I tried to do anything, even go to the toilet without her attached, she'd scream the house down.

My husband got so worried about my tears that he took us to the local hospital. This was a turning point for me. Before that visit I felt so vulnerable, I questioned myself constantly and had no mothering instinct at all. But at the hospital I met a doctor who told me that babies should feed once every four hours but because mine was so small (only 5 pounds 4 ounces at birth) I was allowed to feed her once every three hours. And while he told me this nonsense he was sitting there drinking a cup of coffee! Something snapped inside of me and suddenly my

logical thinking came back. "Why, if he was allowed to drink in between his meals, wasn't my little baby, too?" I went home determined to do what was necessary to keep my baby happy.

Another turning point was attending my first La Leche League meeting. Emily was five weeks old. It was great to meet some other mothers who were breastfeeding. Until then I hadn't met anyone else, and I was beginning to think that I was the only person nursing in the whole of Hong Kong. After the meeting I was so fired up with enthusiasm that I decided to try breastfeeding in public! I rang my brother and invited myself to lunch with him and his girlfriend at a huge Chinese dim sum restaurant. I don't think I can have been very discreet because when I went to the restroom the old woman really fussed over me. She held the baby and kept praising me for being a good mother. She also told me that she had fed all her children and the last one until she was three years old. I had clearly made her day.

Around about that time I started to truly enjoy my new life as a mother, and I came to realise that life did have some sort of a pattern after all. And now my time for letting go is starting. Motherhood is always changing – just as you get use to one stage the next is upon you.



Nursing Twins – Why Bother?

by Brooke Schumacher, MD

Leader with the Dhahran Group in Saudi Arabia

When I found out I was having twins, I had a few brief thoughts of how wonderful it was going to be, and then those were quickly replaced by how HARD it was going to be. I had planned to do everything as I had done with my daughter two years earlier: breastfeed, carry her in a sling, make her baby food myself, take her everywhere. With twins, it seemed that EVERYTHING was going to change. Once the shock started to wear off and I was thinking more clearly again, I started to consider what had to change and what would not, or could not change just because they were twins. One of those non-negotiables, at least for me, was breastfeeding my babies. As I read about twins and talked to mothers of twins, though, it was hard to find anything encouraging about breastfeeding twins. Most of the books focused on all the things that could go wrong in the pregnancy, at birth and after birth. Many of them also focused on mother going back to work. Even LLLI's *Mothering Multiples* seemed (to me) to make it all sound so hard.

Now don't get me wrong, nothing about twins is easy. It truly is doubly hard, but also doubly wonderful. It was a roller coaster ride that I had never expected, with super-high highs, and super-low lows. So it went with breastfeeding. My boys were born about a month early, at 35 and a half weeks, and weighed six and five and a half pounds. It was a quick and normal delivery, and both boys nursed in the delivery room. I knew that it was important to nurse them often to stimulate my milk to come in, but they just wanted to sleep all the time. Karl eventually got a good start nursing, but Peter never nursed again at the hospital.

Peter did not eat anything those first two days and the pediatrician's only answer to my concerns was: "It is normal for babies to lose a little weight the first week." The hospital nurses never encouraged nursing. They saw I was nursing Karl, and probably assumed I was feeding both of them. They charted on both boys that they were eating well and having normal wet and dirty diapers, even though not once was I asked how they were eating and eliminating. According to the chart, everything was going just fine.

Before going home, one of the nurses suggested we try giving him a little milk in a bottle to be sure he didn't have a blockage (esophageal atresia or tracheal-esophageal fistula). I didn't have a pump in the hospital, so she used formula. He took about 30cc without any problems. It broke my heart to see him drink from that bottle and not from me. I knew I had to get home and start working with him. (To this day I regret letting her give him formula. He is the one with terrible eczema.

That formula probably had nothing to do with it, but since his identical twin brother has no eczema, I still wonder...)

We went home after two days and I was really worried about Peter. By the third day I decided to pump my milk and try other feeding methods as I continued to try to get him to nurse. He slept six hours at a time, would either not latch on, or only briefly try to nurse, and then go back to sleep. My mom was the most patient, and would sit for 90 minutes to get him to take 45cc of my milk in a bottle. Meanwhile Karl was nursing ok, but sleeping a lot, too. We started keeping a log of wet and dirty diapers so we could keep track of who had done what. At one week I insisted to go see the pediatrician so we could weigh them. They both had regained their birth weight plus a little, so they were doing fine. This was the good news I needed to keep persevering.

What finally worked with Peter was to take him to bed with me. I noticed that we had developed a pattern with the babies: I was always holding Karl, and my mom was always holding Peter. I realized that would have to change, so I immediately started handing Karl off and taking Peter back as soon as Karl had nursed. For about 24 hours I kept Peter with me as constantly as I could. We tried so many times to nurse, and I just didn't give the bottle. Knowing his weight was fine, I thought we could risk "toughing it out" for a day or two. And do you know what? It worked. Peter never took a bottle again.

Nights were really difficult because I never seemed to get enough sleep. My mom and husband were wonderful and willing to help in any way, but it was just constant baby care in those early weeks. So why did I bother? Why didn't I let my mom and husband just give them a bottle and let me sleep all night? One reason: breastfeeding forced me to make "Mommy time" with both of my boys.

As far as whether it was easy or not, nothing about feeding twins is easy. For the two weeks Peter took a bottle, I got an idea what it was like to maintain a pump, wash bottles and go to the kitchen to warm them when he was hungry. I say, "No thanks!" Breastfeeding twins has all the advantages that breastfeeding one has: always ready, in the right amount, no washing up, ideal nutrition, antibodies, etc. I guess I must admit one difference. There is no way to discreetly nurse twins at the same time. I basically had my shirt pulled up to my chin when they nursed, so I quickly learned where the dressing rooms were, how to nurse them both in the car, and what each of our best friends' master bedrooms looked like.

Continued on page 10

An Open Letter to Spouses, Friends, and

Relatives of Mothers of Twins

Mothers of twins need help if they are to survive the first year. This may sound dramatic, but it is true.

The biggest problems for mothers of twins are getting enough sleep, keeping up with minimal housework, finding outlets for negative feelings, and isolation. The help and support of friends, relatives, and spouses can mean the difference between making it and falling apart for a new mother of twins.

Many times people want to help, but they don't know what to do. Friends or family members who try to help can actually make things worse. Here is a short list of tips for anyone who wants to help a mother of twins.

What You Can Do

- Bring food when you visit.
- Change the babies.
- Give her a back rub or a foot massage while she nurses the babies.
- Bring her water or juice.
- Watch the babies while she sleeps.
- If a baby needs to nurse in the middle of the night, change him, then bring him to the mother while she is in bed.

When the next baby wakes up, switch them.

- Watch the babies while she takes a 15 minute walk, a bath or relaxes in some other way.
- Listen if she is feeling scared, tired, or overwhelmed.
- Hold her if she needs to cry.
- Do laundry, fold the clothes, and put them away in the dresser.
- Go grocery shopping for her.
- Prepare lunch or dinner and serve it to her.
- Bring over current magazines, catalogues, or videotapes.
- Help her find another mother of twins to talk to.
- Clean up the kitchen, do dishes, vacuum, pick up.
- Tell her what a good job she's doing with her babies.

Other Things to Keep in Mind

- When you visit, help the mother feel relaxed; don't expect to be entertained.

Nursing Twins – Why Bother? *Continued from page 9*

In so many ways, I cannot do enough for them because there are two of them, but breastfeeding helped me develop a very special relationship with each one that no one else could replace. I now know it would have been so tempting to hand over feedings, diaper changes, play time and everything else to someone else. But breastfeeding meant that several times each day and night my boys and I sat down and snuggled close.

That closeness carried over into other ways that I took care of them. It meant that I did take them with me everywhere, just as I had with my daughter. It meant that they slept with us, even though that took a complete renovation of our bed situation for a while. They were carried in a sling or baby carrier, just by me and a helper.



Brooke, Karl and Peter

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Breastfeeding in the News

New Growth Charts - based on the breastfeeding baby

The World Health Organisation recently issued new Child Growth Standards based on a world wide sample of over 8,000 breastfed children. This has resulted in the publication of new growth charts which more accurately reflect the growth pattern of breastfed babies.

The premise of the study is that the gold standard in infant nutrition is exclusive breastfeeding for the first six months and continued breastfeeding after the introduction of appropriate complementary foods. In research for the new WHO Child Growth Standards, mothers from Brazil, Ghana, India, Norway, Oman and the United States were given the encouragement and education they needed to breastfeed.

The first of this new set of growth charts includes growth indicators such as weight-for-age, length/height for age, and weight-for-length. For the first time, there now exists a Body Mass Index (BMI) standard for children up to age five.

Previous growth charts were based on studies of a limited sample of children from the United States. The charts were based primarily on the growth of artificially fed babies, who for the most part started solids early, so they did not accurately reflect the normal growth patterns for exclusively breastfed babies.

So, the new charts are very important for breastfeeding mothers!

The new standards are based on the breastfed child as the norm for growth and development. They reflect the normal growth patterns of a breastfeeding baby: rapid growth during the first three months and slower weight gain during months four to twelve.

To view the report and charts, visit http://www.who.int/nutrition/media_page/en/index.html - the links to the charts are near the bottom of the page.

Record-breaking Breastfeeding

Congratulations to breastfeeding mothers in the Philippines where more than 3,000 mothers made a bid to break the Guinness World Record for simultaneous breastfeeding. A total of 3,738 mothers simultaneously breastfed their babies for at least a minute on May 4th in Manila. The record is currently held by the City of Berkeley, California, where 1,135 mothers simultaneous breastfed for a minute in August 2002.

The Manila event was organised to raise public awareness of breast-feeding. "What we're planning to do is incite awareness to put back the pride in breast-feeding and the respect we deserve because we commit ourselves to our children," said Dr Elvira Esguerra, director of the advocacy group, Children for Breastfeeding. Organisers of the event said rates of breastfeeding had dropped dramatically in the Philippines. Only 16% of Filipina mothers breastfeed their children for the first six months of their lives, according to local health authorities. Unicef says breastfeeding can help curb malnutrition in children and boost their immune systems. It is also far cheaper than bottle-feeding.

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As twins, they have learned on a daily basis how to wait their turn. I think breastfeeding taught them to be close in a way that would have been hard to teach otherwise. They got their needs met individually, even though I was usually nursing them at the same time. The boys continued to nurse until they were over three and a half years old. They weaned and potty trained in the same

month. I have very affectionate and independent boys now. They love their mommy, but are moving on. They sleep in their own beds. They go to pre-school. They are wonderful individuals, even though everyone knows they are supposed to be "identical." Nothing has been easy with them, but the blessings are bountiful too.

What is the difference between foremilk and hindmilk? Is my baby's fussiness caused by the lactose in my milk?

You may have heard that mothers produce two kinds of milk: *foremilk*, the thinner milk the baby gets first, which has a lower fat content; and *hindmilk*, the high-fat, creamier milk that follows. These terms can make it seem as if the breasts produce two distinct kinds of milk, which is not the case. The milk-making cells in the breasts actually produce only one type of milk, but the fat content of the milk that is removed varies according to how long the milk has been collecting in the ducts and how much of the breast is drained at the moment.

As milk is made, the fat sticks to the sides of the milk-making cells while the watery portion of the milk moves down the ducts toward the nipple, where it mixes with any milk left there from the last feeding. The longer the amount of time between feedings, the more diluted that leftover milk becomes. This "watery" milk has a higher lactose content and less fat than the milk stored in the milk-making cells higher up in the breast.

As baby begins nursing, the first thing he receives is this lower-fat foremilk, which quenches his thirst. Baby's nursing triggers the mother's milk ejection reflex, which squeezes milk and the sticking fat cells from the milk-making cells into the ducts. This higher-fat hindmilk mixes with the high-lactose foremilk and baby receives the perfect food, with fat calories for growth and lactose for energy and brain development. (1), (2) However, when milk production is too high, baby may fill up on the foremilk and then have difficulty digesting all the lactose that is not balanced by fat. This is known as *foremilk/hindmilk imbalance* or *oversupply*.

You may know adults who don't drink milk because they are "lactose intolerant," a medical condition that occurs when the body no longer makes enough of the enzyme lactase, which is needed to digest lactose, the main carbohydrate in milk. Lactose intolerance is not a problem for babies. They are born with the ability to produce lots of lactase because they depend on their mother's milk for nutrition in the first year of life and the lactose in mother's milk is needed for brain development. Lactase production decreases as children get older, because in the world of mammals, milk is a food for babies, not adults. This is why some adults (especially the elderly), become gassy and uncomfortable when they eat dairy foods high in lactose, which their bodies can no longer

digest. True lactose intolerance in infants is called *galactosemia*, an extremely rare genetic condition (approximately 1 in 30,000 US births) that is present from birth and fatal if not treated; a baby with the disorder would not gain weight well and would have clear symptoms of malabsorption and dehydration.(3)

Although infants are not lactose intolerant by nature, a high volume of lactose can overwhelm a baby's digestive system. When there is not enough lactase to break down all the lactose, the excess lactose causes gassiness and discomfort, and frequently green, watery or foamy stools. Over time, large amounts of undigested lactose can irritate the lining of the intestines so that even a little bit passing through can cause irritation. Occasionally, this can result in small amounts of bleeding into stools that can be misdiagnosed as a food allergy. Some pediatricians will mistakenly diagnose lactose intolerance if there is undigested sugar in the baby's stool.

Occasionally, mothers whose babies are receiving a high level of lactose are advised to reduce the amount of dairy products in their diets so that there will be less lactose in their milk. This is neither necessary nor helpful, because the amount of lactose in a mother's milk has nothing to do with her diet; her body manufactures it especially for baby. If, however, limiting dairy products in mother's diet improves baby's condition, the baby was probably reacting to the proteins found in cow's milk that can appear in mother's milk.

For most mothers, allowing baby to nurse long enough on one side so that he gets more of the creamy, higher fat milk helps balance lactose and fat to ease digestion and usually corrects the problem



References:

- 1) Lawlor-Smith, C. and Lawlor-Smith, L. Lactose intolerance. *Breastfeeding Rev* 1998; 6(1): 29-30.
- 2) Rings, E. et al. Lactose intolerance and lactase deficiency in children. *Curr Op Ped* 1994; 6: 562-67.
- 3) Leeson, R. Lactose intolerance: What does it mean? *ALCA News* 1995; 6(1) 24-25, 27.