

Close to the Heart



La Leche League Asia
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"Breastfeeding
is mothering
close to the heart"



Credits

Maggie Holmes

Editor

Melanie Wilson

Area Publications

Administrator

RuthAnna Mather

Area Coordinator of
Leaders

Sabine Rosznick

Janedy Chen

Area Professional Liaison

Sarah Hung

Layout

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<http://www.lalecheleague.org>

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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. 2009 will be included in
the Late-Year 2009 issue.**

Contributions received by
1st March 2010 will be included in
the Early-Year 2010 issue.

Contributions received by
1st July 2010 will be included in
the Mid-Year 2010 issue.

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

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Contributions in English can be
directed to:
maggieholmes@netvigator.com

Contributions in Chinese can
be directed to:
maggieyu9@gmail.com

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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

Hi everyone

One of the things I love about being involved with *Close to the Heart* is that I get to talk to mothers from all around Asia and the Middle East. I've not visited half these places, so it's very interesting to have such personal insights into the different lifestyles of mothers living around our region.

Melanie, who helps edit this newsletter, lives in Mongolia, and will be currently enjoying a brief and pleasant summer - nothing too hot happening in Mongolia. Talking of short summers, RuthAnna, in Wakkanai, northern Japan, who also helps with editing, has tales of being snowed in for weeks. These stories are fascinating for my Hong Kong born children, as they've never seen snow.

In this issue I've had the pleasure of 'chatting' (by email of course - what did we do before email?) to Kimberly who lives in Okinawa a beautiful part of Japan. She gives us a glimpse of her life in Okinawa and we hear how she breastfed all four of her children.

June is from Rizal in the Philippines - we hear how she managed to continue breastfeeding while battling hyperthyroidism. Also, take a look at the *In the News* page - it's great to see new groups springing up in China. Closer to my home, Laura Chow tells us how she managed to continue breastfeeding whilst in a challenging corporate job. I hope mothers who are facing the prospect of returning to work will be inspired by her experience and feel more confident about what lies ahead.

Many mothers will be on the move over these summer months; travelling back to their home countries in the USA and Europe or going on local holidays with their families. I hope you all have some fun over summer - and we can thank our lucky stars for breastfeeding which makes any travel so much simpler. No bottles to carry, no worries about whether the water will be clean enough. Just stick a nappy in the bag and off we go!

Best wishes,

Maggie

Breastfeeding with a Blackberry

Hannah was four months old when I went back to work. I had mixed feelings about this. I was reluctant to spend my days at a desk again instead of with the family but I was also looking forward to seeing colleagues and actually working.

Before I went back to work I called my manager to explain what I would need to feel comfortable and continue breastfeeding. She had not had anyone on her team become a mother before so she was learning all about this for the first time, too. We arranged for me to work from home every Friday until Hannah turned six months old. This was a huge relief to only have to pump at work four times a week. If I had not asked for this flexible work arrangement, I doubt my company would have suggested it. I appreciate that I work for a very progressive company, but even so, I do recommend that mothers talk to their employers about flexible working arrangements before they go back to work. As long as your work does not fall behind, it should not be an issue.

I was very fortunate that the company I work for has a nursing room with a bed to rest in (which I used a lot when I was pregnant), a fridge to store milk and a cupboard to store a steriliser and the pump. I pumped at 9am, 12pm, 3pm and left work at 6pm. Then I would pump just before bed. Hannah got a direct feed at 6am and also when I got home from work around 6:30pm. The times I pumped at work were the times she fed at home. It worked very well and occasionally I would see her at lunchtime, too, which saved one pumping session.

Pumping was a surprisingly nice break from sitting in front of my computer screen. It was never a chore at work, but I really disliked pumping at home before bed. I found it more restrictive because I wanted to go out and do other things, but I still had to get the pump out and



Laura and Hannah

express. If I went out for dinner or to see friends, I would often forget I had to come home and pump before bed and I would come back late. All I wanted to do was flop into bed, but I still had to pump first. It was very frustrating at the beginning and sometimes very tiring but I just had to remember that this was my contribution to Hannah's day even though I was physically absent. These thoughts kept me going.

When Hannah turned six months, I swapped to working at home only one day a month. When she was 11 months old she got sick and I worked a

whole week at home. I still work from home once a month though she is now 15 months old and almost completely self-weaned.

I do corporate charity work - corporate volunteering and donations, etc. My company develops and maintains partnerships with non-profit organisations around the world, and I am responsible for those we work with in Asia (excluding Japan).

As I am the only person in my division in Hong Kong, I have to talk to colleagues in London, New York and Tokyo regularly, which means a lot of phone calls, many at 8am or after 8pm (which, fortunately, is after Hannah has gone to bed). My manager is not based in Hong Kong but we talk every day and often I would schedule a call with her when I had to pump. This worked very well as I mastered the art of leaning forward with my pump on my lap so I could be hands free to make a call. Sometimes I put the phone between my neck and shoulder so I could have hands free to simultaneously look through photos of Hannah on my digital camera to encourage let-down or if already very relaxed I could check my blackberry as we talked.

Having done a lot of research on pumps, I finally bought the Ameda dual pump because it seemed to be the fastest and quietest. It meant that no one in the room next door could tell what I was doing and it was quiet enough not to bother my telephone conversation. 15 minutes pumping each time was not a lot out of my day. And I read, checked my Blackberry or talked on the phone most of the time.

Actually, I phoned home a lot to hear how Hannah was doing. Some days when I was tired I got little

milk, but over time I realised that one or two bad pumping sessions did not mean I had less milk overall. I never pumped when I had a stressful call to make as nothing would come. The biggest tip I ever received was from a friend who said, "You just have to believe," when I was worrying about not being able to manage everything. It's true! You just have to be strong and have faith that all the challenges will produce great results.

Now, to my surprise, I have become an informal consultant on this topic at work with other mums also aiming to breastfeed after returning to work. The number one fear is 'not enough milk' and I am always asked, "Do I need to supplement with formula?" There is constant surprise that I managed to do what I achieved, and I feel so grateful to La Leche League for helping me through the tough times at the start (when Hannah had difficulty latching on). I had all the knowledge I needed to not only achieve exclusive breastfeeding but to enjoy it and become a role model! I have been advising others on the right pump to buy, how to store milk, how to combat tiredness, frequency of pumping and how to have a conversation with your manager about your planned schedule.

I am so glad that I took the path I did with breastfeeding even though I went back to work. My daughter is so healthy and we are so close despite me being away from each other for most of the day. I think without the special bond from breastfeeding, I would have felt so much more isolated from her. When we had time together, it was really quality time. For sure I would do it again. Apart from all the proven health benefits to my daughter and to me, I enjoyed consuming the extra calories every day to complement my good milk supply!

Pause for Thought

"The newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts and security in the knowledge of her presence. Breastfeeding satisfies all three."

Dr. Grantly Dick-Read.

My Heroes and My Unicorns

Breastfeeding moms who have pushed to nurse despite the odds are my heroes. Working, breastfeeding moms who do whatever it takes to nurse are my unicorns.



I was diagnosed with Diffuse Toxic Goiter (DTG) when my daughter was exactly nine months, and still nursing. DTG is a type of hyperthyroidism wherein the body produces an overabundance of thyroid hormones.

When I was diagnosed with DTG, I finally had an explanation for the unusual heart palpitations I had been experiencing, along with nervousness, “glaring eyes”, intolerance to heat, muscle weakness, and unexplained weight loss. However, I knew, even on that fateful day of my diagnosis, that I would continue to breastfeed.

My determination to continue breastfeeding was not just about the biologically favorable odds – lower risks of ovarian and breast cancer, effective

contraceptive due to lactational amenorrhea, and the relaxation a mother feels when she is breastfeeding. A big part was emotional too. The eye-to-eye contact which brings an irreplaceable feeling of trust between mother and baby. Breastfeeding can be very calming during vaccination times too. One time, my baby was diagnosed with urinary tract infection and had to be hospitalized. She had to be given antibiotics intravenously. I was able to nurse her before and after the antibiotics were administered – she cried a little bit – but I knew that our close contact was a deep consolation for her.

I never realized that one needs a lot of specialists to take care of you when you combine breastfeeding and hyperthyroidism. These include: an endocrinologist, a cardiologist, a lactation consultant or a counselor, and a pediatrician. They need to monitor not just you, but the baby as well.

At first, my family was a bit hesitant about my decision to continue breastfeeding. It is a common practice in my country to stop breastfeeding when an illness arises. However, I gave them articles from experts such as La Leche League, Dr. Jack Newman and Dr. Thomas Hale, which showed that breastfeeding while under medication CAN work. With DTG, you get abnormally fast heartbeats. To my family’s amazement, breastfeeding actually made my heartbeat calm down. When I talked to my lactation counselor, she noted that it may be because of the prolactin that causes the feeling of relaxation.

My doctors were also initially very uncomfortable with my plan to continue breastfeeding. These are doctors who are at the top of their fields. But I too had a qualification that equaled their impressive backgrounds. I was a mom who believed that breast milk is the best nutrition for my baby. My persistence paid off. I became known to my

doctors, as the mom who loved her daughter so much that she opted to move heaven and earth to breastfeed. I spent time with each of my doctors to tell them that I really wanted to breastfeed. My pediatrician, who was pregnant herself, was originally not very interested in breastfeeding. But I think she sensed my commitment and ended up buying a breast pump just like mine.

As a working, nursing mom, I had to time my medicine schedule to pumping and nursing. My rule was, breastfeed or pump first before taking the medicines. This meant waking up in the middle of the night to pump milk. Despite a near bout of thyroid storm wherein the body is not able to control the sudden rush of thyroid hormones and an initial intake of four times the normal dose of thyroid and heart medicines, I fastidiously held on.

I also acquired nicknames in the office. I was the lady known as “The Voice” in meetings. I chose to attend my meetings through conference calls so I could go to an empty room and pump while the meeting took place. I found the mute button a very handy invention. Sometimes I accidentally forgot to place calls on mute, leading to questions as, “Are you playing with the vacuum cleaner?”

Some colleagues called me the “Lady With the Cool Machine.” I have had my male officemates bribe me with toys for my daughter – as long as they can use my portable breast pump cooler as an emergency storage to cool their cans of beer. I refused!

I think it is important that a mother lets other colleagues know of her intention to breastfeed whilst at work. At our office, we have a room called the “Diana Room”, a room exclusively for nursing mothers. I use my break times, and lunch to pump in this room. I adjust my schedule, arriving at work a little bit early, and leaving a little bit late to compensate for the milk pumping times for the baby. My office is also very child friendly. We have a day care center wherein we can have our babies taken care of by teachers. If need be, we can even bring our babies to work. One time I attended a meeting with my baby in a sling. My colleagues found it very impressive that my baby just slept the whole time. They had no idea that I was breastfeeding her during the meeting.

It takes commitment, support from your family and colleagues, and a dash of luck to make breastfeeding, working, and having a medical condition work. My husband is my number one champion. He is my cheerleader. He is my number one supporter. He is my breastfeeding buddy.

My hormones have stabilized. I am taking the normal doses of medicines. And I am still nursing my sixteen-month-old little girl. I must go. I will be designing the finishing touches on the horn of the unicorn, done in watercolor, that my daughter and I are making.

La Leche League Group Web-sites in Asia and the Middle-East:

China

Beijing <http://www.llli.org/Beijing.html>

Hong Kong (香港) <http://www.lllhk.org/>

Shanghai <http://www.llli.org/Shanghai.html>

Suzhou <http://www.llli.org/Suzhou.html>

北京 <http://www.muruhui.org/>

India <http://www.llli.org/India.html>

Japan

Japan <http://www.llli.org/Japan.html>

日本 <http://www.lll-japan.com/>

Korea <http://www.llli.org/Korea.html>

Mongolia <http://www.llli.org/Mongolia.html>

Philippines <http://www.llli.org/Philippines.html>

Singapore <http://lllsg.tripod.com/>

Saudi Arabia <http://www.llli.org/SaudiArabia.html>

Syria <http://www.llli.org/Syria.html>

United Arab Emirates <http://www.llli.org/UAE.html>

Taiwan

台灣 <http://www.llli.org/TaiwanChinese.html>

| ♥ Slings

by Therese Tee
Hong Kong Group



Everyone at our local Group meeting knows how much I love my slings. I never fail to bring it up at meetings because I'm a firm believer that using a sling provides numerous benefits.

I didn't always use a sling. To be honest, it was a bit of trial and error for me in the beginning. I was given one of the best-selling baby carriers at our baby shower, which I used for six weeks. And during this time, I was also given a very popular stroller recommended by a friend. Although the baby carrier was a bestseller, I personally thought that there were a number of shortcomings that made it difficult for me to enjoy baby wearing. I was starting to feel shoulder and back strain, it needed quite a lot of adjusting whenever my husband and I shared it, and it was cumbersome to put my daughter Brianna in and to take her out. Using a stroller also had issues. Although the one I had was neither the largest nor the heaviest, I had trouble maneuvering the stroller in crowds and lifting it up the many flights of stairs that we often find in Hong Kong. Both the carrier and

stroller just didn't work for me and I needed to find another solution.

I was first introduced to the sling when I spoke to one of the Hong Kong Leaders at a regular series meeting. She explained how in a city like Hong Kong which it is not stroller-friendly, a sling is the perfect baby carrier. I had never heard or seen a sling before and was intrigued by the idea of it and decided to try out the Dr. Sears' Babysling Cradle. I was hooked straight away but most importantly, Brianna loved being in it too!

When my daughter was a baby, the sling made getting around Hong Kong much easier. It was lightweight, breathable, simple in design and it allowed me to have both hands free while I carried her. I could even breastfeed while she snuggled discreetly inside, which helped me gain confidence breastfeeding in public during the first few months.

Since then, my collection of slings has grown to include five slings all in different colors and fabrics to match every outfit!

The idea of baby wearing has been around for centuries and in many cultures around the world. Traditionally, baby slings and carriers were used to carry the baby around while women worked in or outside the home. In Hong Kong and China a few decades ago, it would be commonplace to see mothers carrying their babies and small children on their back in the 'mei dai'. Since babies were close to their Mothers, the baby's needs were always met.

Today there is something of a revival in sling use. Many mothers, like myself, have been won over by the comfort and convenience of baby wearing. But also, our preference is backed up by scientific studies, which show that baby wearing has advantages for our babies. Studies have shown that babies who are carried cry and fuss less.

Research carried out in 1986, by pediatricians in Montreal reported on a study of 99 mother-infant pairs. The first group of parents were provided with a baby carrier and asked to carry their babies for at least three extra hours a day, whether or not the baby was crying. In the control, or non-carried group, parents were not given any specific instructions about carrying. After six weeks, the infants who received supplemental carrying cried and fussed 43 percent less than the non-carried group.

For me, the most important benefit of the sling is that it promotes a loving and intimate relationship between my daughter, Brianna, and myself. By wearing her, I feel that I have more opportunities to talk to her, interact with her, play games with her as we walk around town, and to experience everyday life with her. Now that Brianna is a toddler, she will still ask to be carried in the sling because she has a sense of security in knowing that she's close to me. She also knows that if she is tired or wants to nurse, that she can snuggle up in the sling. But the best part about wearing her in the sling is that I can shower Brianna with kisses anytime and anywhere because she's right there with me!



Many La Leche League groups have slings for sale as part of their fundraising efforts. If you're interested in purchasing one, please check with your local LLL group for availability. For Mothers in Hong Kong, please visit our website at www.LLLHK.org LLL does not endorse any particular sling brand.

Farewell to Averil

Leader Averil Thuemmel has left Mumbai for Germany after having revived La Leche League in Mumbai. Thanks to her sincerity, enthusiasm and sheer passion, we now have 3 active groups in Mumbai (and 3 leader applicants). On behalf of all mothers here I would like to thank Averil for bringing La Leche League back to India!!!

All mothers in my group bid Averil an emotional farewell in our meeting in May. We had a huge card with notes and short messages by mothers and someone brought a nice chocolate cake for the group.



Mulund Group is going great guns! Average attendance being 10 moms and babies, sometimes close to 20 and constantly growing. Now even Pediatricians have started referring mums to our meetings and they are becoming highly popular.

Magic Ingredients!

Compiled by **Maggie Holmes**
Leader with the Hong Kong Group



Study says **Babies who aren't breastfed are twice as likely to die of SIDS**

A study published in the journal of the *American Academy of Pediatrics* has found that breastfeeding protects infants from Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of death for infants in developed countries, and yet the causes are not fully understood.

Past studies have linked breastfeeding with SIDS prevention, and this research shows that infants who are formula fed are twice as likely to die of SIDS as breastfed infants. Any amount of breastfeeding was found to have a protective effect. The researchers recommend that all SIDS-prevention campaigns carry a message promoting breastfeeding. The study was a case-control design and included 333 cases of SIDS and 998 age-matched controls in Germany, from 1998 to 2001.



While previous research has documented the relationship between breastfeeding and low SIDS rates, there was speculation that this relationship may not be causal. The argument is made that parents who are more likely to breastfeed are also more likely to be of high socioeconomic status, and therefore statistically less likely to engage in behaviour which puts infants at risk for SIDS, such as smoking or dangerous co-sleeping habits. In this study researchers adjusted the data to control for the effect of socioeconomic status and suggested a mechanism which could explain a causal relationship between breastfeeding and SIDS-prevention. Most infants who die of SIDS are between two and four months old. At this age, maternal acquired immunoglobulin G is low and the infant has not yet begun to produce large amounts of its own immunoglobulin. Breast milk contains immunoglobulin and cytokines, which may help stave off infections which are believed to contribute to SIDS. It has also been shown that breastfed infants are more easily aroused than formula-fed babies, another mechanism which could help prevent SIDS.

For the full study see: <http://pediatrics.aappublications.org/cgi/content/full/123/3/e406>

1 Vennemann MM, Bajanowski T, Jorch G, Mitchell EA, Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome, *Pediatrics* Vol. 123, No. 3, March 2009, pp e406-e410.

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Questions Mothers Ask

Q: My baby is suddenly refusing to breastfeed.
Does that mean it's time to wean?

- A: A baby who is truly ready to wean will almost always do so gradually, over a period of weeks or months. If your baby or toddler has been breastfeeding well and suddenly refuses to nurse, it is probably what is called a "nursing strike" rather than a signal that it's time to wean. Nursing strikes can be frightening and upsetting to both you and your baby, but they are almost always temporary. Most nursing strikes are over, with the baby back to breastfeeding, within two to four days.
- Nursing strikes happen for many reasons. They are almost always a temporary reaction to an external factor, although sometimes their cause is never determined. Here are some of the most common triggers of nursing strikes:
 - You've changed your deodorant, soap, perfume, lotion, etc. and you smell "different" to your baby.
 - You've been under stress (such as having extra company, traveling, moving, dealing with a family crisis.)
 - Your baby or toddler has an illness or injury that makes nursing uncomfortable (an ear infection, a stuffy nose, thrush, a cut in the mouth).
 - Your baby has sore gums from teething.
 - You've recently changed your nursing patterns (started a new job, left the baby with a sitter more than usual, put off nursing because of being busy, etc.)
 - You reacted strongly when your baby bit you, and the baby was frightened.
 - Getting over the nursing strike and getting your baby back to the breast takes patience and persistence. Get medical attention if an illness or injury seems to have caused the strike. See if you can get some extra help with your household chores and older children so that you can spend lots of time with the baby. Try to relax and concentrate on making breastfeeding a pleasant experience. Stop and comfort your baby if he or she gets upset when you try to nurse. Remember that your baby isn't rejecting you, and that breastfeeding will almost always get back to normal with a little time.
 - Extra cuddling, stroking, and skin-to-skin contact with the baby can help you re-establish closeness. Some babies are more willing to nurse when they are sleepy. Sometimes it helps if you are rocking or walking around (in which case a sling or cloth carrier can be useful.)
 - Try nursing in a quiet room with the lights dimmed to avoid distractions. You can also try to stimulate your let-down and get your milk flowing before offering the breast so the baby gets an immediate reward.
 - You will probably need to express your milk to avoid feeling uncomfortably full, as well as to keep up your milk supply (especially important in a nursing strike that continues for more than a day or two.) You can feed the baby your milk with a cup, eye-dropper, feeding syringe, or spoon. Avoid bottles: they can cause nipple confusion.

Source: www.llli.org/FAQ/strike.html

Postcard from OKINAWA, Japan

I live in Okinawa, Japan. Okinawa is a small tropical island located halfway between the southern tip of mainland Japan and Taiwan. Okinawa is considered by some to be the "Hawaii" of Japan. It has beautiful sandy beaches, crystal clear water, and warm weather most of the year. I am from Texas originally so I am used to having plenty of wide open spaces and taking road trips. In Okinawa, it only takes two hours to drive from tip to tip!

I have been married to my husband Tom for 13 years. He is in the U.S. Marine Corps. We have four children: Alycia (eight), Elizabeth (six), Austin (three) and Amelia (three months). We also have many animals at our house! We have three dogs, a cat, a duck, numerous fish and some tadpoles we're currently watching change into tree frogs.

We have lived in Okinawa for four years so far this time. Being a military family, we tend to move every three years. My oldest daughter was born here in 2001 but we had to move back to the United States before she was a year old. We knew even as we flew home that we wanted to return to Okinawa. Three years later we got our wish and returned just in time for our son Austin to be born here.

Since Okinawa is a small island, people build up! Apartment buildings are common and one-storey houses are few and far between. Most buildings are made of very thick concrete as we get several typhoons every year. Many American military families who are stationed here live on the bases and are surrounded only by other Americans. We choose to live out in the Okinawa community so

we have more chances to soak in the Japanese culture.

Okinawa has some small mountains but nothing compared to mainland Japan. Most of the middle of the island is the high ground and it slopes down to the water. I live in a two storey

house on a busy street. I live on a mountain ridge so I look out over the city and the beautiful blue ocean in the distance. I have lots of very nice Japanese neighbors. I am learning more Japanese and they know a little English so we have lots of fun trying to communicate with each other.

We arrived back in Okinawa, Japan when I was six months pregnant with my son Austin. It is very hot and humid here, and I felt like he would never arrive. He did arrive though, a week late and over nine pounds! My second daughter Elizabeth had already weaned by then, but when she found the milk was back, she decided she wanted to nurse again, and this was my first



experience with tandem nursing. They nursed beautifully together, and I believe this is the reason Elizabeth and Austin are still so close today.

Alycia was my first baby so when she was born I was very insecure. I read voraciously anything and everything about babies I could get my hands on! I am so very blessed that a friend happened to give me her old copies of *So That's What They're For* by Janet Tamaro and *The Womanly Art of Breastfeeding* published by La Leche League International. I couldn't have asked for a better gift and little did I know the path they would start me on! I guess my two greatest challenges were with Alycia and Amelia. With Alycia, when she was still little I would nurse her and she would begin to scream. She would arch her little back and stiffen and just scream. I would spend an hour trying to get her to finally give in and nurse. I finally went to the lactation consultant at the Navy Hospital who talked to me and loaned me a copy of *The Fussy Baby* book by Dr William Sears. After reading the book, talking to the lactation consultant and spending lots of time with my baby, I determined that she was simply getting more than she wanted. She wanted a little sip of milk and when my milk would let down she was getting hit full force with the fire hose! I learned that nursing on one side for each nursing helped with this and that it was really important that I remain calm and patient. As she grew a little bit, the problem went away but it was a good lesson and it got me hooked on Dr. Sears' books!

I learnt so much from all of my children. With Elizabeth, nursing was never just about hunger. She seemed to truly need the emotional satisfaction it gave her as well. She nursed the longest of any of my children, almost until she was four. When she was three years old I suggested to her that perhaps she didn't need to nurse at nighttime. But she hated that idea and absolutely wanted to nurse. I knew that somehow this was different and she needed that

time to feel secure and safe. She just wasn't ready to wean. I continued to allow her to nurse for her emotional needs to be met until I really felt she was ready, and by then weaning happened so easily and naturally.

I think I bonded with each of my children the moment they latched on and began to nurse. It's a beautiful experience to hold that tiny baby in your arms and feel them latch on and begin to suck for the first time. It erases any pain from the labor or the last nine months. I have fallen deeply in love with each of my children at that moment. I've learnt to know them and anticipate their needs at each stage. Even now that they are older - children rather than babies - I feel I am still reaping the benefits from those earlier days.

In Japan, many mothers stay at home with their children instead of returning to work and of these mothers, many will nurse for around a year. It seems to me that my Japanese neighbours are more comfortable nursing in public than many American moms. They don't seem to have any worries about exposing themselves to the world. Breastfeeding here is considered a normal and wonderful thing.



Kimberly Desiderio
LLL Okinawa, Japan

In the News



New LLL Meetings in Suzhou, China

LLL has just held its first meeting in Suzhou, China. Meetings are held at the Golden Lough Clubhouse on the 4th Thursday of each month from 11.00 till 13.00. LLL Suzhou will take a break for July and recommence in August. For details please email: andrea.seelbach@yahoo.com

New LLL Meetings in Qingdao, China

La Leche League is holding meetings for the first time in Qingdao, China. The meetings are conducted in English and are held at Qingdao's English language bookstore, "The Book Nook." LLL Leader Valerie Wiens said, "The first meeting went well. There were not many women in attendance, but it was a good start and after the summer we expect lots more women and babies to come. I have been running a Chinese language breastfeeding circle for some time and am excited about either merging the two groups or eventually having a Chinese speaking LLL Group, too!"

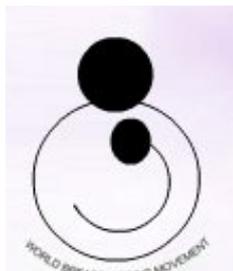
For more details please contact Valerie at: LLLInQingdao@gmail.com.

New Leaders in Hong Kong

La Leche League Hong Kong is delighted to welcome three new Leaders! Pauline Walker is originally from the UK and has a two year old daughter, Emily. Therese Tee was born in Canada and grew up in Hong Kong; her daughter, Brianna is 20 months old. Pauline and Therese will be running meetings on Hong Kong Island. Jenny Buck also hails from the UK but has been in Hong Kong for 14 years. She has two children: Rebecca (five years old) and Rianna (three years old). Jenny will be helping out with meetings on Lantau Island and has a special interest in the needs of working mothers.



Petition demands support for breastfeeding women



A petition carrying the signatures of 45,000 people was presented to the World Health Assembly on 23rd May, 2009. The petition was part of the One Million Campaign, organized by IBFAN, the International Baby Food Action Network. The petition demands concrete support systems for breastfeeding women to increase the coverage of early and exclusive breastfeeding. IBFAN said this would help save more than one million newborn and infant lives annually, as well as improve the health of their mothers. Dr Arun Gupta, regional coordinator of IBFAN Asia, urged the World Health Assembly to adopt a resolution in 2010 to deal with these issues. More information about the campaign is available at www.ibfan.org

Support World Breastfeeding Week!

World Breastfeeding Week runs from 1st to 7th August, 2009. This year the theme is: *Breastfeeding: A vital Emergency Response – Are you ready?* Breastfeeding advocacy groups will host presentations on this theme to draw attention to the vital role that breastfeeding plays in emergencies worldwide. Children are the most vulnerable in emergencies – child mortality can soar due to diarrhoea, respiratory illness and malnutrition. In these circumstances breastfeeding is a life saving intervention and protection is greatest for the youngest infants. To find out about events in your area go to: www.worldbreastfeedingweek.org.



Early breastfeeding after birth leads to better health and is important for the infant. I learn that frequent nursing did not mean that there was not enough breast milk, but rather that the baby was nursing frequently because it was a need. I passed this information on to a friend who was then encouraged to continue breastfeeding.

Hisami, Wakkanai, Japan

If you are thinking about giving up breastfeeding, just commit to two more weeks, and then make your decision. You can do anything for two weeks. If you stop now, you might regret it later.

Beth, Yokosuka, Japan

Relax and enjoy it! I wasn't doing that at first.

Liz, Hong Kong

Even before I had started educating myself on breastfeeding, my mother used to tell me that the more a woman nurses, the more milk she will make for her baby. That was reassuring!!

Noura, Abu Dhabi, UAE

Your body wouldn't produce milk if you weren't supposed to feed your baby. It's as nature intended.

Jennifer, Abu Dhabi, UAE

Top Tips for Breastfeeding Mothers

Before the birth of my first child, one of my friends said to me: "It's NOT easy." So when I had problems, I remembered her words. This made me determined to keep going, because she succeeded in the end even though she had problems, so I knew that I could, too.

Kylie, Suzhou, China

A friend told me if one wants to be successful at breastfeeding you need to REALLY want to do it, regardless of what everyone around you thinks is possible or right. Bearing this in mind really helped me in the early days with my twins.

Colleen, Suzhou, China

My baby had been in the SICU unit and on a strict feeding schedule.

When I got home it was all very different. I struggled to keep the same schedule - and then someone told me: "Watch the baby - you don't need to watch the clock."

That was very liberating.

Pauline, Hong Kong

I wish that someone had told me that breastfeeding is a skill that can be learnt and doesn't always 'come naturally.' On feeding twins during the day - make sure that you are set up with phone, drink, food, TV control, etc all within arms reach before positioning the babies.

Tracy, Abu Dhabi, UAE

When my baby was two days old, someone told me: "There will be times when you'll think, "There's more to life than this." And there is. But not for next month.

Maddy, Hong Kong

Why La Leche League?

We should have learned breastfeeding as we grew up watching our sisters, mothers, and neighbours, all of whom nursed their own children. In our bottle-feeding culture, La Leche League may be the next best thing. At monthly meetings...



You can look. No two people at a meeting will have the same parenting style. You'll see things that might work for you and things that wouldn't. Try what you like and leave the rest.

You can listen. Some women just want to sit and listen when they come. No one will pressure you to talk if you don't want to.

You can ask questions. Is this a normal breast milk diaper? How can I get my baby to sleep? Where can I find a good bra? How will I cope with critics? What do I do with a crying baby?

You can find a playgroup. Playgroups are for mothers, not children, and finding a group of women who are raising their babies the way you are can make your job much easier. The playgroup friendships that start at a La Leche League meeting often last long after the children are grown.

You can find other resources. Looking for books? The name of a breastfeeding helper in your sister-in-law's hometown? Information on jaundice or increasing a milk supply? Breastfeeding literature in Korean? La Leche League is a great place to start.

You can talk to someone any time. La Leche League's breastfeeding counsellors are just a phone call away, any time you need to talk.

You can "get out" with your baby. The meetings are designed with babies in mind. They're informal, there are toys for toddlers and snacks for everyone, and no one will mind if you nurse, change a diaper, soothe a fretful baby, come late, or leave early. It feels good to get out of the house with your baby. What better place to come?

You can complain. No relationship is all roses. Sometimes it helps to complain among people who have "been there". You can do it at a La Leche League meeting. Whatever you're going through, someone there will have had something similar.

You can help someone else. When you come to a La Leche League meeting, you don't just learn from other women; other women have a chance to learn from you. You become part of the pattern of ripples that began at the first La Leche League meeting in 1956. Those ripples have spread around the world and are still felt at all the mother-to-mother get-togethers that are the heart of La Leche League.



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