

Close to the Heart



La Leche League Asia
Mid-Year 2010
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"Breastfeeding
is mothering
close to the heart"

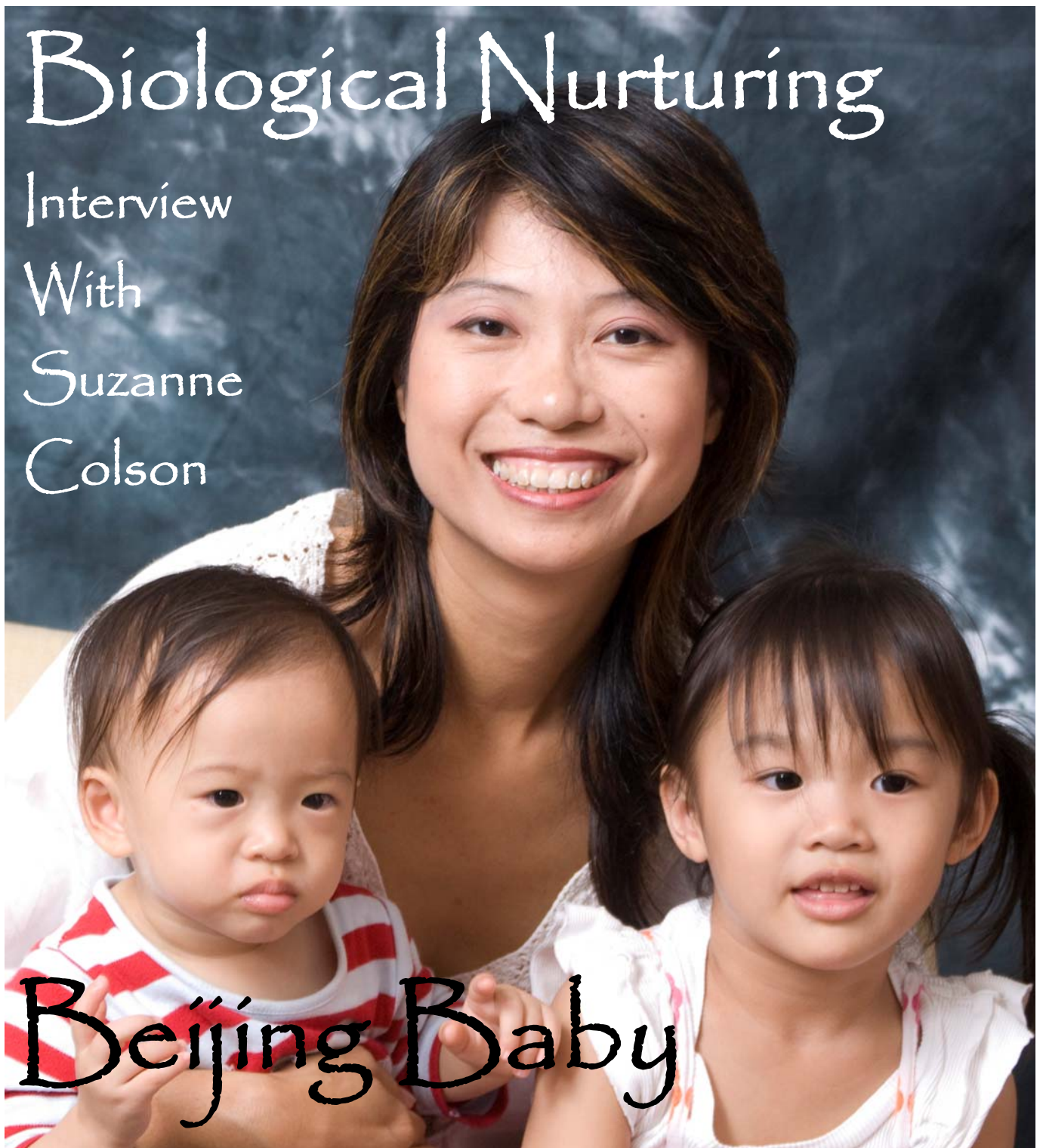
Biological Nurturing

Interview

With

Suzanne

Colson



Beijing Baby

Credits

Maggie Holmes
Editor

RuthAnna Mather
Area Coordinator of
Leaders

Sabine Rossnick
Janedy Chen
Area Professional Liaison

Sarah Hung
Layout

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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. 2010 will be included in
the Late-Year 2010 issue.**

Contributions received by
1st March. 2011 will be included
in the Early-Year 2011 issue.

Contributions received by
1st July. 2011 will be included in
the Mid-Year 2011 issue.

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

Close to the Heart
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(English and Chinese) for
breastfeeding mothers in Asia.

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

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

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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

Hello everyone!

How many times have you heard a mother say: "I was unable to breastfeed..." The mother tends to blame herself if breastfeeding doesn't work out, and much of the help given by lactation experts is directed at teaching the mother how to breastfeed.

Nowadays however, there is growing understanding of the role played by the baby in the breastfeeding relationship. Work done by Suzanne Colson, a UK based breastfeeding researcher, has been instrumental in discovering more about the baby's instinctive behaviour – how he finds the breast and what helps him latch on and feed. You can read more about this fascinating subject in the interview she gave to *Close to the Heart* on page 13. I like very much her emphasis on the fact there is not one 'correct' way to breastfeed - each mother and baby must find their own way.

In this issue we cover the whole timeline of breastfeeding. Bin Ke in Beijing remembers the joys and challenges of getting started during the early months. Kim Adams in Chiang Mai and Alysia Lee in Hong Kong reflect on the ups and downs of breastfeeding an older child and share their thoughts on weaning.

And when the baby turns into a child? The closeness fostered by breastfeeding – doesn't suddenly stop when the milk does! La Leche League philosophy believes that the love and responsiveness of the mother and baby pairing continue as the child grows. Briana Tillman considers this aspect of LLL philosophy as she shares her experience of parenting her two lively sons.

Wherever you are in the breastfeeding relationship, or parenting journey, I hope you find something in this issue of *Close to the Heart* that is of interest to you and your family.

Best wishes for a lovely summer,

Maggie

Breastfeeding My Beijing Baby

I am a full time mother and my baby, Tian Bao, is a healthy, intelligent, lively and cute little boy. He was born by cesarean section and one hour after birth he crawled over my body and latched on. It felt so good! As he lay in my arms, I had the sense that although everything around my baby was new and strange – he felt totally safe.

In those first hours and first few days of course I had colostrum. I knew that allowing my baby to breastfeed with this early milk would stimulate my breasts and give me a good milk supply. So my baby fed frequently and my breastfeeding journey began in a very natural way. During those early days, my experience was like that of most new mothers; I didn't get enough sleep and I was completely exhausted. But when I saw my baby growing so healthily and so happily, this was enough to make me willingly persevere with the breastfeeding.

Some hospitals in Beijing don't allow mothers to take formula milk into the hospital – but some mothers sneak it in and secretly give it to their babies. I never did this! I believed I would be able to breastfeed and so I did. In this first year of my baby's life he never had even one sip of formula milk. Just think how much money we saved!



When my baby was just over one month old, and again when he was four months old, I got mastitis. I put warm towels on the breast and massaged it with the palm of my hand, but unlike most mothers in Beijing I didn't go to the hospital. I was worried the hospital treatment would involve sterilizing the breast and this might affect my breastfeeding. When I got mastitis for the second

time a friend introduced me to a practitioner of Traditional Chinese Medicine (TCM) who did home visits. This treatment was successful! The doctor unblocked the plugged ducts and squeezed out the thick milk that had collected inside. Afterwards my

breast was soft and mentally I felt a great burden removed from my shoulders. I have since studied these TCM techniques in the hope that I can help other breastfeeding mothers who find themselves in a similar situation.

Not long after my son was born the tainted formula milk scandal blew up in China.* I was very glad that my son was having the safest milk – breast milk. If he was hungry, tired or being fussy, I could slip open my clothing and feed him. This calmed him down very quickly and saved me lots of effort. He always slept well at night and fed at regular times during the night. He would feed and go to sleep immediately. The two successive nannies that came to help me out, both agreed he was an 'easy' baby.

I believe the most important advantage of breastfeeding is when a baby is sick. Not long ago, my son caught a viral throat infection and had to have some I.V. infusion. Each time he had to have this treatment, my son would cry and scream at the nurses station - when I saw him so upset I couldn't help crying my eyes out too. But once Tian Bao could have his 'nai nai' he stopped crying straight away. When a mother sees her baby ill and suffering, being able to breastfeed is comforting for both mother and baby. With help from the breast milk she gives her baby strength and nutrition, so we can say that mother and baby fight the infection together.

Now, in the district where I live when I meet other mothers who want to breastfeed I always encourage them. Many of the mothers I talk to say they will breastfeed for as long as they can and ideally until the baby is two years old.

I really hope more babies can have the experience of tasting their mother's sweet milk and growing up strong and well.

My son, Tian Bao, is already 22 months old and now my goal is to wean when he is three years old - or when he is ready.

Editor's Note

Many babies in China died or were made ill when the industrial chemical melamine was added to formula milks to artificially boost protein levels in the milk.

Plugged Ducts - what to do?

Treat promptly!

In almost all cases, the best thing a mother can do is to keep breastfeeding.

Breastfeed frequently

Try to vary the breastfeeding position. Placing the baby's chin at the hardened area may help.

If the baby does not drain the affected breast, hand express or pump on that side to thoroughly drain it.

Massage and compress the breast and hard area each time the baby pauses between sucks.

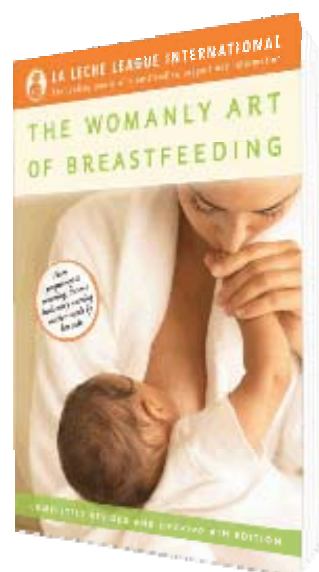
Apply heat prior to feedings to promote breast drainage.

Ask your doctor if you can use a medication such as ibuprofen to reduce the inflammation.

New Edition of Womanly Art of Breastfeeding Now Available!

A completely revised and updated edition of the LLLI classic *The Womanly Art of Breastfeeding* is now available for pre-order. The new book contains new research and extensive references and is written in the mother-friendly style that made previous editions so popular.

To order a copy, talk to your LLL Leader or visit: www.llli.org



Adventures in Gentle Discipline

“From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.”

Many parenting ideals are easier said than done, and the “loving guidance” tenet of La Leche League’s philosophy is no exception. Before becoming a mother, I foolishly thought that a degree in Education and some courses on counseling had prepared me for the challenges of positive parenting—ha! The truth is that no parents are ever truly prepared.

The good news is we have many resources to help us hone our skills at providing secure boundaries with respect and empathy for our children. The bad news is, every time you turn around, the children have come up with new ways to test the boundaries. Kids seem like cunning little raccoons: They’re always learning, changing, and adapting. Their mischievous eyes seek out chinks in your armour and you’ve got to stay on your toes.

Take one of my first challenges with my oldest son. He was 13 months old, and had begun throwing food during mealtimes. No amount of admonishing could stop his new game. In fact, it seemed as though he enjoyed angering his parents! I felt like we were his dancing monkeys. Throw food—parents jump. My husband vented his frustration, saying, “He’s one year old, for crying out loud, he shouldn’t be throwing food!” We hadn’t yet heard the magic phrase *‘age appropriate behavior.’*

Fortunately, I knew I was not alone in my desire to provide a gentle yet firm environment for my child. I took a trip to the local Family Advocacy Playgroup, where the wonderful group leader helped us come up with an appropriate response for our family. It only took a few days of cheerfully saying, “All done!” when he threw his food, before our son lost interest in his little game. I discovered that playgroups are a fantastic place to bounce ideas off of other moms, get feedback from facilitators, and develop new ways to provide loving guidance to our children.

Of course, my son soon had a new game for his parents. Suddenly, he began using the words “No!” and “Mine!” more than any others. I quickly realized

it was time to reach for a new resource, and my husband and I each enrolled in a parenting class. I took a course called “Positive Parenting,” while Dad took “Active Parenting NOW.” Refreshed by new ideas from our classes, we began taking the word “mine” out of our own language, and working to use the word “no” less ourselves. Parenting classes were another rich source of ideas for those who wanted to use loving guidance with their children.

Of course, it didn’t take long for our son and now his little brother to discover new ways to torment their parents. Thankfully, the number of resources available to parents who want to provide loving guidance to their children continues to grow. When I felt almost overwhelmed by the desire to smack my 4-year-old for refusing to get dressed, the book *Adventures in Gentle Discipline* by Hilary Flower gave me renewed confidence in my ability to find approaches that were more respectful and empathetic. When I started to question whether anything I said was sinking into the boys’ little heads, *How to Talk so your Kids will Listen, and Listen so Your Kids will Talk* by Adele Faber and Elaine Mazlish inspired me.

Two key phrases kept popping up in my quest for positive parenting help, and they helped both to set my mind at ease: *‘age appropriate behavior’* and *‘right for your family’*. I find it easier to be patient with my sons when I remember that their tantrums, unwillingness to share, refusal to eat vegetables, etc., are perfectly normal behavior for that age. This doesn’t mean that I won’t take gentle steps to steer their actions in another direction, but it does give me some peace of mind.

While the phrase *‘age appropriate behavior’* helped me realize that most kids go through similar phases, the phrase *‘right for your family’* gave me permission to relax when I felt criticized. No matter what choices other parents have made, or what information came out in the latest studies, I don’t need to feel that I’ve made poor parenting choices. Every child, and every family,



is different, and we have to find the solutions that work best in our own circumstances.

I realize I am at the beginning of my parenting journey. A mere 4.5 years since the birth of my first child, I haven't begun to experience school-age dramas, teenage power struggles, and other issues inherent in raising kids. I feel lucky, however, to live in an age when reassuring help is so readily available. I know I

can meet like-minded mothers at La Leche League meetings, or use the Internet to find attachment parenting and similar groups. While I might not always be able to stay ahead of my sons, I can at least use these resources to find innovative ways to respectfully and lovingly guide them toward appropriate behavior.

Pause for Thought

“A Millionaire’s baby who is not breastfed is less healthy than an exclusively breastfed baby whose mother is in the poorest social group.”

**Professor J. Stewart Forsyth
Ninewells Medical School, Dundee, Scotland.**

Weaning Styles



Now that I have weaned my younger daughter, Tara, I can look back on the many months I spent breastfeeding her and her big sister, Padma. What fond memories! In a way, it shocks me to realize that I spent a total of 50 months nursing my two daughters. During the whole time, I worked in a full time job and lived as usual.

My elder daughter Padma weaned quite suddenly. She self-weaned at 20 months because she simply lost interest in breastfeeding. There wasn't much I could do about that.

Looking back I think the abrupt nature of her weaning was perhaps connected to her interest in taking the bottle. With both daughters, I worked full time. The major difference is that I expressed a lot more for Padma. Once I was back at work Padma got used to drinking from the bottle. On weekdays – in a 24-hour period – she was probably taking half her feeds from a bottle. She became a professional at bottle-feeding and enjoyed the fast flow of the milk. Padma was quite attached to our domestic helpers while I was away at work. So, perhaps that could be another reason for her satisfaction in taking the bottle.

Furthermore, one month before she completely quit breastfeeding, my husband and I had to dash away to Malaysia to attend a family funeral. We did not bring Padma along. What I did was express and dump the milk during the trip while she took her usual organic cow's milk mixed with my remaining stash of breast milk in the freezer. Upon my return, we went back to our nursing relationship but I could tell she was starting to lose interest.

When she did wean it happened quite suddenly. My breasts became sore and engorged because of the missed feedings and I had to express just enough in my warm showers to release the hardened parts of the breasts for a few weeks. It was not a pleasant experience.

When my second daughter Tara was born, I found breastfeeding generally easier than with my first daughter. I had more experience and was more alert to any breastfeeding problems, so I was able to resolve any small problems without too much stress.

When Tara was a baby I was able to make some changes to my work schedule. Although I still worked full time, I cut down the amount of time I was away from the home and almost cut out expressing entirely. This was partly because I did not have as much success in expressing breast milk as I had with my elder daughter. During my lunch break, I went home to nurse Tara. It was much easier than spending time in the office bathroom expressing. In the early months when she needed more frequent feedings, I would go home for an extra feed. I am lucky to be working for my family business, which gives me more flexibility. After the first year, we were still nursing about four times a day until perhaps 18 months when we were down to three times. All along, my little one was taking solid food and Tara enjoyed eating a lot! I think she was well over two years old when we began to cut down another nursing session. I took the cues from my daughter. I did not want her to feel pressured. Breastfeeding is a happy relationship between child and mother. I knew the breast milk was providing her with extra nutrition and also building up her immunity.

My goal was to complete two years of breastfeeding since this was something that I had wanted to

accomplish at the time of Padma's weaning. By about two years two months, I was only nursing Tara once a day. Around this time we moved apartment, so while that was happening I didn't make any changes to our breastfeeding routine, as I didn't want any extra pressure. Once the move was over we started to cut back on the breastfeeding sessions again. From breastfeeding once a day, I cut down to once every twodays. After two weeks, I spaced that pattern even further until I was only nursing her once a week. That took us a good three months until I told myself that I was ready to wind it up. I knew my body was ready and I knew she was.

Then, when she turned two years five months, Tara had an accident. She fell while chasing a balloon at home and the fall caused a broken front tooth. She cried so hard and for many minutes, we couldn't figure out if the blood was coming from her mouth, her lips, her tooth or what. She was just bloody all over. That incident kind of brought her back to nursing again. I could imagine her gums being very sore; yet, nursing

must have provided her with some security and comfort. And in those moments, I was so glad that I hadn't dried up yet and was able to satisfy her with her emotional and physical needs.

Tara weaned so gradually that by the time she finally stopped my body had adapted and I had no engorgement and no discomfort.

Nursing relationships take two to tango. I count my blessings for having had the opportunity to nurse both my children. I have had asthma since the age of two, I always felt it was particularly important for me to breastfeed my children. So far, I am happy to say that although Padma's respiratory system is generally weak, but she's now seven year's old and has not been diagnosed with asthma. And Tara shows no signs of respiratory problems. I hope things will stay this way! I do feel that thanks to the immunological benefits of breastfeeding their little bodies are now ready to overcome future illnesses.

Watch Out for World Breastfeeding Week

World Breastfeeding Week is celebrated from 1st August 7th August 2010. This year the theme focuses on the **Ten Steps To Successful Breastfeeding**. For details of activities in your area check out, <http://worldbreastfeedingweek.org/>



Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
- 3.. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming- in - allow mothers and infants to remain together - 24 hours a day.
- .. 8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Spotlight on LLL Tsuga

Leche League Tsuga meets every month at the Tsuga Community Center. Tsuga is part of Chiba City - situated 40km east of Tokyo, on Tokyo Bay. Chiba city is one of Japan's important seaports and is comprised of a mixture of industrial and residential areas. LLL Tsuga Leader Akiko Tate asked some mothers about what they enjoyed about LLL meetings.

La Leche League helped me realize my dream of breastfeeding my child. Because of this, my child is healthy and growing well for which I am very grateful
Akiko Karasawa

Because there is a variety of mothers attending meetings I am able to hear concerns similar to what mine are now and to see what is normal for children a few months older which I think will help lessen some of my concerns later. The warm words Leaders share are encouraging also.
Kaori Kawai

When my daughter's growth was slow and the doctor told me that I did not have enough milk and needed to add formula, I was encouraged and able to give my self some leeway by the many stories mothers shared and the times they listened to my concerns at meetings. I am very grateful that I am now able to enjoy exclusively breastfeeding my daughter.
Tomoko Akiba

Sharing concerns about breastfeeding and parenting with other mothers at meetings has reenergized me and helped me enjoy being a mother. LLL Meetings are also a good way to relieve stress.
Megumi Tanaka

I was able to hear other mother's stories, which were very helpful. This was my first LLL Meeting and I am very glad I was able to attend.
Hiroe Kobashi

Lately it had been hard not to be able to mention out loud that extended breastfeeding is a good thing. It is very heartening to know that there are other mothers who feel the same way. I would like to confidently give my toddler lots of breast milk.
Miyuki Takiguchi

Tsuga, Chiba City, Japan

This was my first time attending a La Leche League Meeting. It was helpful to see a variety of ages of children. I feel meetings are a very important place to hear other mother's breastfeeding experiences, especially when there are so few mothers I know who are breastfeeding.
Yasuko Suda

When my first child was a baby I attended meetings with many concerns about breastfeeding. Now as I attend meetings with my third child, I have found that La Leche League meetings have helped me grow as a mother and breastfeeding has become a very natural thing for me to do.
Chie Kojima

I was able to hear other mother's stories, which were very helpful. This was my first LLL Meeting and I am very glad I was able to attend.
Hiroe Kobashi

In the News

Congratulations Heidi!



Congratulations to Heidi Lam who has been awarded the Trudi Szallasi Memorial Scholarship for her Lactation Consultant studies with health-e-learning. Heidi is a LLL Leader in Hong Kong and Mummy to Ngai Ning and Ying Ying. Awarding the scholarship, health-e-learning highlighted Heidi's commitment to provide breastfeeding support for Chinese-speaking mothers in Hong Kong and noted the hard work she's already done with La Leche League Hong Kong. Nice one Heidi!!

Hospital Award for LLL Leader in Saudi Arabia

Anne Batterjee, La Leche League Leader in Saudi Arabia, has received an Appreciation Award from the King Abd Al Aziz National Guard Hospital in Al Ahsa, Saudi Arabia. The award was recognition for providing guidance and direction in their effort to become Baby Friendly. This is the first Saudi National Guard Hospital to be certified as Baby Friendly.



New and Revised translations of La Leche League materials

Now Available



The LLL information sheets *Is Your Baby Getting Enough Milk & Increasing Milk Supply*, *Introducing Complementary Foods*, and *Breastfeeding Tips* have been translated into Arabic and Hindi. This is the first batch of LLL materials to appear in Arabic and Hindi. Also new is the Traditional Chinese translation of *Introducing Complementary Foods* and the Mandarin translation of *Guide to Pumping Your Milk*. The LLL information sheets *Breastfeeding Tips* and *Is Your Baby Getting Enough Milk & Increasing Your Milk* have been revised in Mandarin and Traditional Chinese also.

Many thanks to the team of LLL leaders and wonderful mothers who helped translate and review the materials!

Breastfeeding Classes in Qingdao



LLL Qingdao held a very successful breastfeeding class, which attracted over 60 Chinese women and their family members. The class was held in conjunction with a local newspaper and covered the basic principles of breastfeeding, trouble shooting common problems and thoughts about weaning. The popularity of this class has had a knock-on effect on the regular LLL meetings in Qingdao, which now attract over 20 mothers. LLL Leader, Valerie Wiens says: "Our meetings are going great and I've heard wonderful stories from mothers who have been able to breastfeed successfully." For details of LLL meetings in Qingdao contact: valeriedw1@gmail.com



Good News about Breastfeeding and Immunizations

No mother enjoys seeing her baby get a vaccination. Most mothers feel obliged to watch as the needle goes into baby's precious flesh, and I guess most mothers feel their stomach churn at the sight.

So perhaps it helps to know that breastfeeding helps the immunization process in a number of ways.

First, breastfeeding is known to reduce pain. Very simple. You can breastfeed while you wait for the procedure to begin, therefore keeping baby calm and still. You can also breastfeed whilst the baby is having the injection. Baby can latch on and be sucking while the nurse puts the injection into the arm or thigh. There's no need to ask for permission to breastfeed – it's best for baby and YOU.

As mothers our gut feeling tells us that breastfeeding will comfort our baby during an uncomfortable procedure. This instinct is born out by scientific research. A study published in the *British Medical Journal* concluded that breastfeeding effectively reduces response to pain during minor invasive procedure in term neonates¹. Another study showed that infant "crying and grimacing was reduced by 91 percent and 84%, respectively while breastfeeding...during blood collection"².

In May this year, research carried out by doctors in Italy showed that breastfeeding babies are less likely to get a fever after immunization than artificially fed babies³. Babies that were exclusively breastfed had the least risk of fever; partially breastfed babies also received some protection and were less likely to get a fever than the babies that were entirely fed on formula milk.

Another significant finding in regard to immunization is that breastfed babies show a better response to vaccines⁴. Formula feeding reduces the effectiveness of vaccinations by diminishing the baby's response and production of antibodies. Breastfed babies have a better response to vaccinations, and produce more antibodies.

So although we may still feel wobbly about those jabs at least we can know that while breastfeeding we lessen the pain, reduce the risk of fever and help the immunization work better.

Oh and it helps calm mum too!

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Questions Mothers Ask

Q: My family members say I will spoil my baby by holding him so much.
Is that true?

A: At La Leche League we do not believe you can spoil a baby! Since time began, mothers have held and cuddled their babies. It's a loving thing to do which fulfills a mother's instinct to stay close and protect her baby. Research also shows that babies are happiest, healthiest, and smartest, if they are kept in close contact with their mother or another family member most of the time. Asleep or awake, happy or sad, babies like to feel and smell your warm embrace.

If you respond to your baby's every need, now – when they are a baby, you will find he will grow up calm and confident, knowing that Mum is always there for him.

Research also shows babies grow faster and learn about their world more readily when up on mother's level. There's more for the baby to see when he is with you while you go about your daily business than when lying flat in a crib or carriage. Many newborns sleep more deeply when held against your body. This type of approach is very respectful of your baby's feelings, and is sometimes called "attachment parenting."

Of course this approach can be very demanding for mother. If you feel frustrated that you can't get much done because you are holding baby so much, you can try using a cloth baby sling, which frees up both your arms. You can move around your flat, get a few jobs done, go out and shop – all while baby lies sleeping happily against you – or while he peeks out, watching the world unfold around him. These over-the-shoulder carriers work well because you can easily and discreetly breastfeed while wearing one, and the baby can be held in many different positions (facing in or out, cradle position, on the hip). They are excellent for babies and can still be used if a toddler is getting tired and wants a carry.

Many premature babies can benefit from this kind of care, if they are strong enough. Skin-to-skin contact is preferred, inside the parent's clothing. This is called "kangaroo care." LLL experience shows that children parented this way become secure and independent as they grow. They learn to trust their world, and other human beings, and feel "right" inside. These early

feelings of love, security, and respect will become patterned in your child's mind and will be what he looks for when ready to form adult relationships. It all starts with you!



By holding your baby a lot you also make it easy for him to feed frequently. This not only assures you a bountiful milk supply (the more a baby suckles, the more milk you make), it also makes you available to comfort your child, soothe a pain or simply provide the human contact your baby needs. Sometimes breastfeeding feels like it's all about milk – but actually the comfort aspect of nursing is very important too. The baby's mouth is the most sensitive area of his body, and sucking feels so good to him. Unlike a pacifier (dummy), which can fall on the floor and get dirty, your nipples are always safe.

Continued on page 13

Biological Nurturing and Happy Mothering

An Interview with Suzanne Colson

MH: What is biological nurturing?

SC: Biological Nurturing (BN) is about holding your awake or sleeping baby in laid back sitting postures to increase the enjoyment of breastfeeding. The mother's posture is neither flat-lying nor upright. Rather it ranges from slightly propped with pillows in bed to slouching in an armchair to sitting back on a sofa or in a chair in a cafe. In the laid back posture, the baby lies on the mother's body facing, touching and closely applied to one of her body curves or to a part of the environment. This versatility of biological nurturing positions makes it



possible for mothers to breastfeed in a variety of situations and environments.

MH: What role do hormones play in this?

SC: When mothers and babies are in BN positions, breastfeeding hormones are enhanced. Oxytocin, the love hormone, pulses through mother's blood ejecting the milk and keeping her focussed on her baby. During breastfeeding mothers often become flushed and seem disconnected from the world as they gaze and stroke their baby. Mothers in BN positions appear to stimulate their baby in just the right way to get breastfeeding going. They often

place their babies up their bodies, nudge baby or touch baby's cheek or foot spontaneously to make baby suck again. These seem to be instinctual mothering behaviours.

MH: Why is skin-to-skin contact so important?

SC: Biological nurturing is often confused with skin to skin. However the mechanisms involved in BN are not linked to the amount of skin contact between mother and baby. Instead BN works on the body brushing that happens when mother and baby are in close body contact. When the top of the baby's feet brush against the maternal thigh this triggers the stepping reflex. At this point many mothers spontaneously help their babies to the breast where baby roots and latches. The 40 breastfeeding mother and babies captured on videotape during my PhD were mostly lightly dressed – only one mother was skin to skin according to current definitions. In my view skin to skin should be promoted as a way to welcome the baby and for enjoyment not as a rescue strategy for mothers who experience common breastfeeding problems such as sore nipples or latch refusal.

MH: What positioning works best when using this method?

SC: The position that works best is the one that suits the mother. What is interesting with biological nurturing is that different positions work for different mothers. This is because biological nurturing combines a range of comfortable postures and positions that suit individuals and are non-prescriptive.

There are a few things to bear in mind. First, gravity blunts the release of the reflexes when mothers lean back with their babies on top of them. This makes it easier for babies to find the breast and latch on.

Second, postures and positions that work well appear to mimic the position that the baby was in inside the womb and the degree of comfort may be related to the baby's presentation at birth. For example, a baby born in a breech presentation may need strong foot support to help rigid legs soften.

Lastly, many mothers breastfeed very easily using traditional upright positions. Whilst BN can be introduced to increase maternal comfort we do not want to become over-prescriptive with maternal breastfeeding postures. When mothers are not taught how to breastfeed they often find their own way.

MH: What if a mother is separated from her baby at birth? Can she still use this method to facilitate breastfeeding?

SC: BN can be done at any time during the first 6-8 weeks, the time for breastfeeding to become established. There are many 'critical windows of time' to get breastfeeding going and the first hour following birth is just one hour of days and weeks of holding baby to strengthen your breastfeeding relationship.

MH: If a mother has been bottle-feeding and wants to try breastfeeding, can this approach be beneficial?

SC: Of course, mothers who are bottle-feeding can use BN also. In fact much of BN is about baby holding and this is something that both breast and bottle feeding mothers enjoy. Babies in mother's (and father's) arms will often root and try to latch on when held in BN semi-reclined or laidback postures. This is a reflex response. Babies are hard-wired to find the breast and feed.



Suzanne Colson PhD is an Independent Lecturer and the Co-founder of The Nurturing Project; Honorary Senior Lecturer, Canterbury Christ Church University. Her book *An introduction to biological nurturing, new angles on breastfeeding* is due out later this year.

Questions Mothers Ask Continued from page 11

No need to watch the clock; just watch what your baby is telling you. He may be thirsty, want a snack, or a full course meal.

Here's a "what if?" question that sometimes helps mothers trust their hearts and stop worrying about spoiling their babies. Imagine you were scared or sad enough to start crying. What if another adult you loved knew you were crying, but refused to hug you, reminding you that you'd had a hug just an hour

ago? You would probably stop crying eventually on your own, but wouldn't you feel better if that other adult had comforted you when you needed it?!

Some La Leche League groups sell over the shoulder slings, check with your LLL Leader if you are interested in trying one.

Postcard from

CHIANG MAI, Thailand

My name is Kim Adams. I have been married to my husband Jon for 11 years, and we have a three and a half-year-old daughter, Hannah. My husband teaches high school mathematics, and I have been a full time mom since our daughter arrived. Last year we joined the international teaching scene and moved from Missouri, USA, where we had lived all of our adult lives, to Chiang Mai, Thailand.

staff and their families, plus some boarding students. We have a two-bedroom apartment that opens on to a central courtyard where all manner of wheeled toys are shared; there are a dozen kids under the age of five who play together after school. Our back yard looks onto a shaded open space where children can play, and young and old alike regularly zip by on bicycles. We have access to an Olympic size swimming pool, the elementary school

Chiang Mai has the friendly feel of a small city. It is relatively easy to get around, and it offers every kind of shopping experience from sensory-overload local markets to big-box stores to

upscale Western-style grocery stores and shopping malls. Almost everywhere we go we can find someone who speaks a little English to help us out. Chiang Mai is headquarters to many missionary and non-governmental organizations working both in Thailand and in other countries, and it is a lovely place to retire, so there is a large expatriate population here.

We are 20 kilometers outside of Chiang Mai. It is a 15-minute drive to the local food market, and a 40-minute drive into Chiang Mai. We live on the school campus along with all the other teaching



playground, and a teaching farm with vegetables and animals. The campus is surrounded by rice fields and mountains, which makes for wonderful biking. It is an idyllic place to raise young children!

Weather is hot and humid from April

through October (typically 35 degrees Celsius or higher); November through March it is dry and cooler (sometimes as low as 18-20 degrees Celsius). In February-March, widespread crop burning combined with no rain creates severe pollution that is trapped by the hills. Mountains previously within arms' reach become invisible. During this period we keep the doors and windows closed and avoid going outside. This means Hannah gets bored and restless, and I get annoyed by her constant nursing. Once the rains begin, the air clears, the mountains pop out, and the place is magical once again.

Before our international move I knew that nursing would be an important part of maintaining stability for our toddler, and made no plans to move toward weaning. As expected, Hannah's nursing increased. I was glad we had such an easy way to help her feel secure. Wearing her on my back or front while shopping gave her extra security when strangers got too close or when the audio and visual stimulation of a bustling traditional market was too much; retreating to an air conditioned car for a private nursing session gave us both time to regain our equilibrium. Nursing has been important nutritionally too, because Hannah has a number of food intolerances and it has taken us some time to navigate a new world of foods and ingredients. When we could find nothing acceptable on the menu, or when the food we'd bought had spoiled in the heat yet again, I was glad she could at least nurse.

It took me awhile to find my comfort zone with nursing in public. Although I wasn't exposing any skin, I knew that Thais are generally more modest, and I learned that breastfeeding is quite rare in the major cities. In addition, Thais lavish attention on young children, coming very close to smile, talk, and touch; Hannah's blond curly hair attracts even more attention, so it is nearly impossible to nurse undetected. If perchance I happen to, I've never received a negative comment; even if people felt discomfort over a nursing toddler, they didn't show it. On several occasions, though, local women have shown surprise and communicated across the language barrier that in Thailand, "one year is enough;" babies are cut off after one year because mothers must go to work.

Seeing a nursing child makes me happy since it is so rare. In an entire year, I have seen only two Thai women nursing in public! When I speak with Thai women, I hear over and over their sadness and regret that they did not breastfeed their children due to lack of information, or misinformation. This makes me so sad. There is such a need for La Leche League. Happily, among the expatriates I've met, breastfeeding is the norm. I attend an international playgroup every week that has been a real lifesaver

for me in building my new social network. Every time we meet, breastfeeding comes up as a topic of conversation in some form or another. I have really enjoyed hearing many different cultural perspectives on breastfeeding and mothering from these women.

Living very far away from family has allowed us to nurse on demand in our home with no comments from well meaning family members who aren't comfortable with extended nursing. As Hannah's third birthday approached and passed, we have shifted to a more private nursing relationship and are employing a few techniques to decrease her nursing: taking some alone time; finding more activities for her outside the home; offering food, water, activities, or distractions; building our toolbox of other means of comfort. Over the summer holiday, Hannah's frequent pronouncements of "I want to nurse" cannot be ignored, so we are again hearing from those family members who think it's time to wean.

This reminds me that in the US, I sometimes felt discouraged by the state of breastfeeding in our culture. But after seeing the abysmal state of breastfeeding in Thailand, I actually feel encouraged: since so much progress has been made in the US. There is a lot of hope for Thailand yet!



**Kim Adams
Chiang Mai Group**



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