

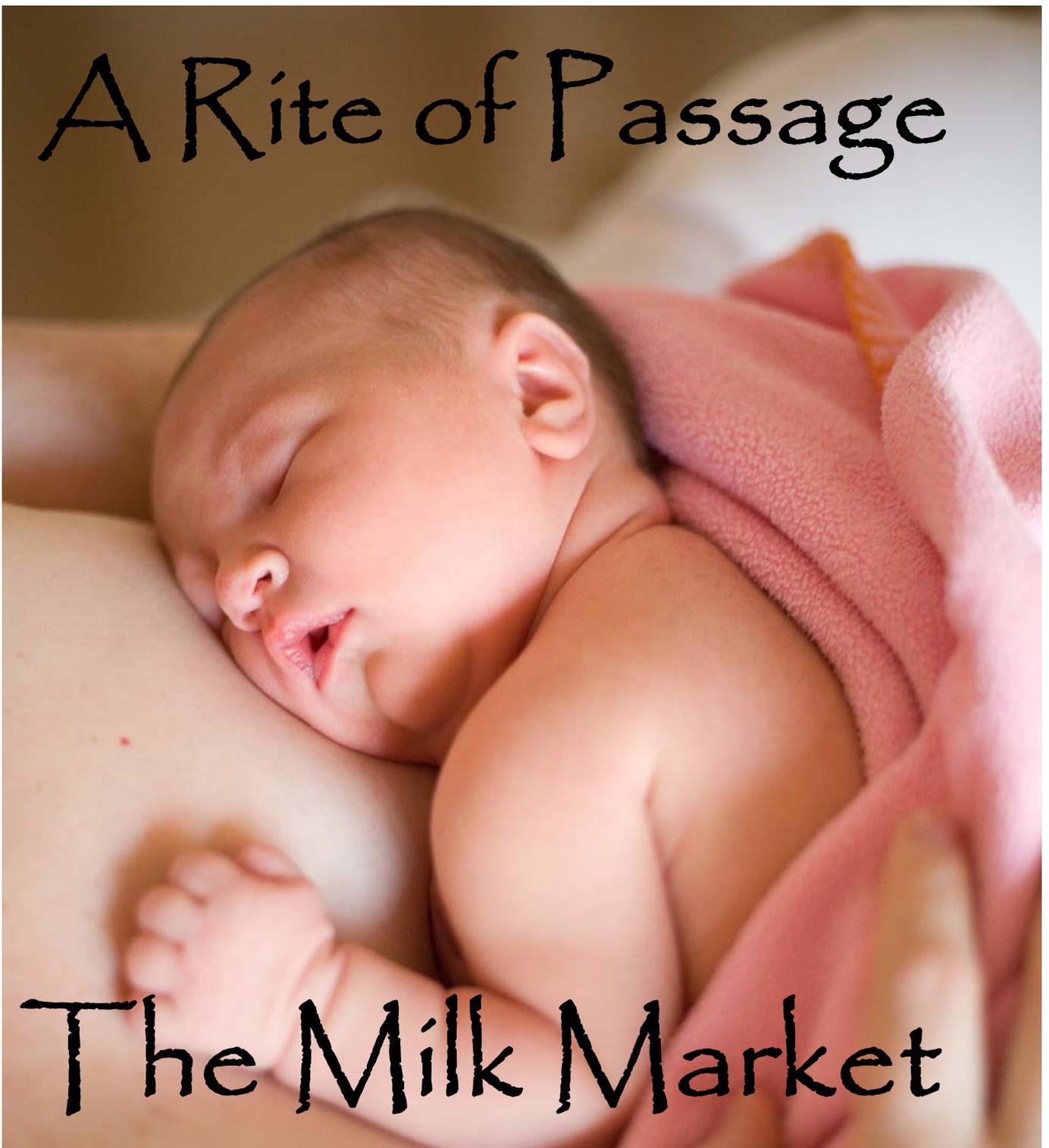
Close
to
the
Heart



La Leche League Asia
Early-Year 2011
Volume 12, Number 1

"Breastfeeding
is mothering
close to the heart"

A Rite of Passage



The Milk Market

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Mission Statement

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

Contribution Deadlines

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

Contributions received by
1st Nov. 2011 will be included in
the Late-Year 2011 issue.

Contributions received by
1st March. 2012 will be included
in the Early-Year 2012 issue.

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

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breastfeeding mothers in Asia.

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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

It would be impossible to write the editorial for this issue of *Close to the Heart* without thoughts for the mothers and babies caught up in the Japan earthquake and tsunami. For this issue of *Close to the Heart* I would like to give the editorial space to RuthAnna Mather, Leader with the LLL Japan, Wakkanai Group.

Best wishes for peaceful times,

Maggie

Although many of the Leaders in Japan may not have been directly affected by the earthquake and tsunami of March 11th, all of us have been touched in numerous ways because of it. I don't think there is anyone who does not know someone who was directly affected with either the death of a loved one or has missing family and/or friends. There is also the loss of security and the feeling of safety from natural disasters and the unseen foe, radiation. Whether it be warranted fear or not, many are very concerned about radiation contamination in water, food and the air from the Fukushima nuclear reactors. Many of the helpline calls from breastfeeding mothers have been in regards to the safety of continuing to breastfeed due to radiation concerns. We are fortunate to have Leader friends around the world who are experts in this area and have willingly kept us up-to-date on the whether there is any real concern.

Some Leaders and/or their families have been going through emotional stress from all that has happened, some are having to cope with shortages, lack of electricity and water, rolling blackouts, difficulty moving around due to gas shortages, etc. Watching news bulletins just after the earthquake and tsunami were shocking and at times made me physically ill to my stomach. More recently I find myself breaking down in tears at times when reading or hearing about the many who have died, those still missing, children without parents, parents who have lost children, those in need of basic necessities, so many without homes, the countless aftershocks that bring fear and great stress. Lately there have been a number of strong aftershocks that must be very scary for those who have already gone through so much.

April 12th was the official start to the toll free helpline for mothers that some of the LLL Leaders in Japan have volunteered to help with in addition to other calls that may come our way via the emergency breastfeeding helpline organized within days of March 11th. We are hoping that the toll-free helpline will make it easier for mothers in need of support to contact us. The helpline will be widely advertised via local radio stations and through UNICEF's website, posters and flyers distributed in the areas most affected by the disasters.

We hope that in the midst of all the fear and sadness we can help mothers maintain the intimate, loving bond of the breastfeeding relationship.

RuthAnna

Weaning: A Rite of Passage

Weaning is a unique time of life, when mother and child gradually let go of breast milk and welcome new expressions of closeness and affection. I love the gentle way, Sandra Steingraber describes weaning, when she says: *“Sleeping girl, I release you from my breast into the world, where the tides run with fish and berry bushes flutter with migrating birds.”*

For my children and I, this “gradual let go” took about six months with each child. By the time they were completely weaned, Sebi was 26 months old and Nico was 30 months old. While still nursing my children, I visualized weaning as a distant horizon, one we would reach in no hurry while enjoying the path we trod daily. They, little by little, they understood that I would still be there for them, ready to cradle them, hug and kiss them, carry them, and sleep together. We weaned a while ago, but we are still very affectionate to each other. We look into each other’s eyes when speaking, and listen carefully to one another. I firmly believe that the connection we developed during

pregnancy, strengthened during breastfeeding, and sealed during weaning, will endure forever.

Many mothers find that a looming trip is a common reason to wean. This was certainly my case with Nico. We were living in South America, at the time, and I wanted to attend the historic 50th Anniversary International Conference of



Nico last breastfeed

La Leche League in Chicago. I had not had a break without children, since my first pregnancy, and this was an important trip. I was representing the country I was coming from; I would meet the seven Founders of La Leche League and make connections with many like-minded

people. It was also an opportunity to embrace my independence... walking alone, eating at a leisurely pace, reading a book without interruptions, and having meaningful conversations with other adults. So how did we do it?

A first step was stopping ‘nursing-on-

demand' and spacing the feeding times. The less important ones were the first to go. A typical mid-morning scene would be Nico coming to me to nurse; I would distract him by playing or offering him something to drink. If I noticed he just wanted to be with me, I would carry him in a sling and take him for a walk. We kept this pace for several months until learning not to ask for (and get) breast milk on-demand. During this time, it also became clear that some breastfeeding times were too precious to cut at first, such as: wake-up, nap time, and bed time.

Nighttime weaning had its own pace. It started at around the fourth month of the weaning process. Nico slept in the same bed with us from the time he was born, and breastfed many times a night. For the most part, neither he nor I were ever fully awake. A soft identifiable sound would be the signal for me to move towards him. Nico would snuggle and latch on; it was so naturally orchestrated! In the mean time, papa was next to us sleeping soundly. Sleeping together worked well for us and weaning did not interfere with this practice.

One not-so-hard adjustment on my part was to be more alert of Nico's signals in the middle of the night. Instead of offering my breast, I would kiss and caress him. Often this would be enough for him to go back to sleep, other times, he would be more insistent. At such times, I offered him water from a zippy-cup while whispering sweet words. During this transitional period, I also wore pajamas and a bra (so he would not smell me). We kept this practice for several weeks and

eventually he learned to sleep through the night. During the day, my husband and I encouraged him by talking about how nice it was to sleep through the night, and how great Nico was doing it; he would smile proudly.

On the last feeding, my husband and I created some anticipation for the day of the "last feeding session." Papa explained that even though mama's milk was finishing, Nico could always have nutritious foods. We also reassured him that hugs and kisses would always be available from both of us, in the same way they are for his big brother.

The expected date arrived, and the last feeding was for naptime after lunch that day. All four of us sat around a candle that symbolized breastfeeding. After we read some quotes about the love that mothers and father have for their children, we all blew the candle and said goodbye to my milk. Nico climbed into my lap and fell asleep while nursing for the last time. I cried in gratitude for the privilege to be a mother; a nursing mother.

Several weeks later, before boarding the plane to Chicago, my husband reminded me, that "this [trip] is a well deserved gift for dedicating every minute of the last seven years to our boys" and that I should cherish and enjoy this first trip alone. After the Conference, I went to visit the town where my first child was born, and where I became a mother. Like a rite of passage, with this journey, I was completing a cycle of womanhood and motherhood, one of many I would come to cherish in life.

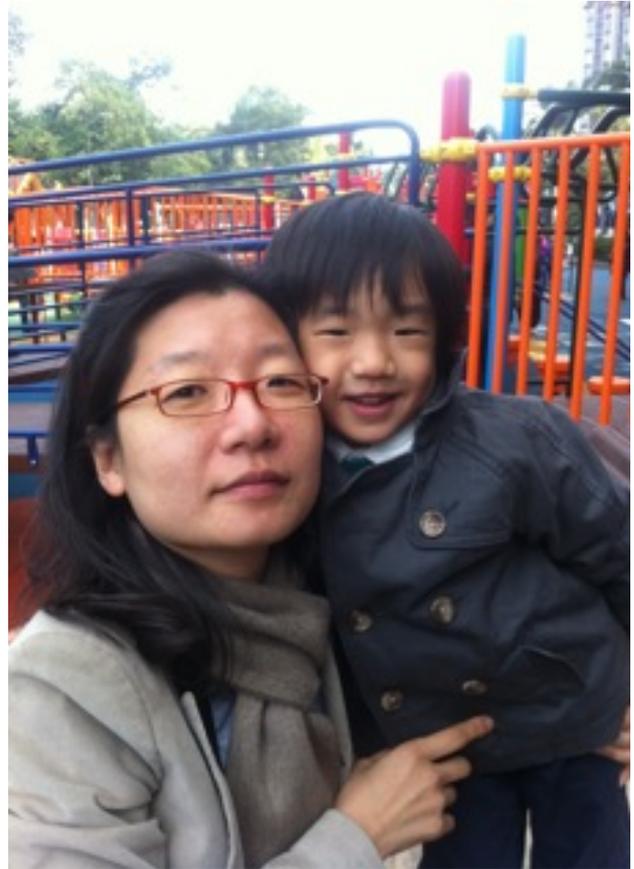
Staying Close, Feeling Close

Perhaps I am lucky, but I never considered that I would not be able to breastfeed. I just assumed this was something I would certainly do. I have always thought breastfeeding is the natural way; before formula was invented, everyone did this and the babies didn't starve.

Before the birth, I didn't worry much about breastfeeding and didn't try hard to learn about it. I read one booklet from the UK's National Health Service, which contained some basic information, but I didn't even ask the hospital where I was to give birth, in the US, about their breastfeeding policy. Now I realize I was very lucky that the hospital happened to be supportive of breastfeeding. More recently I've discovered that some hospitals can make breastfeeding quite difficult.

Right after the birth, the nurse placed my son Robert onto my belly and positioned him to suck my nipple. He latched on and sucked a little. It was a beautiful sensation. I thought, "Finally he's found his mother!" Robert had a lot of hair and he was more handsome than I expected!

We spent many hours feeding in those first few days. I think this is the best way for mother and baby to learn how to breastfeed; just spending many hours together practising. I felt that breastfeeding was a kind of private job between my baby and I, which we should work out together. Although advice from an expert might be helpful, I thought we



would learn best by practising together ourselves, through trial and error.

I returned home after only one day in the hospital. Before I left, I had a session with a breastfeeding counselor who answered my questions. She reassured me that Robert was sucking well and told me I would succeed in breastfeeding.

After Robert was born, I never left him alone during his first year. For the first 3 months I spent almost 24 hours a day with him. Naturally, because I spent so much time with him, I felt I understood him better than anyone else. I think this closeness with my baby is one of the great

things about breastfeeding. If I had been formula feeding, I couldn't pay all my attention to him. Instead of preparing or cleaning bottles, I just breastfed him in my arms, just staring him. In breastfeeding there is no delay: if he looked like he wanted to feed or he started crying, I just held him up in my arms and breastfed him. My response to his needs was immediate.

Robert slept in the same room with my husband and I. When he made a sound or cried, I could wake up very quickly. I fed him in the bed and then we would go back to sleep. When he was a small baby, he had his own crib, but later he slept with us in the same bed. We didn't have much trouble with nighttime feeding. I could go back to sleep quite easily so I didn't feel tired the next morning.

During the first two months, I was staying in my aunt's house with her and her family members and my aunt took care of Robert and I. My parents and parents-in-law were in Korea and couldn't visit us. Once I returned home from hospital, I didn't have anyone to help me with the breastfeeding and we just did it by ourselves. At that time nobody disturbed us. We didn't have friends in the neighborhood, so we didn't have many visitors. My husband was with me for two weeks over the time of Robert's birth, but after that he went back to London, and Robert and I were left at my aunt's. Therefore I didn't have to give my attention to my husband and household things. I could concentrate on Robert and we had lots of time together.

My aunt had a best friend who was a nurse and she brought me lots of formula milk and bottles from hospital. But my aunt was very flexible and understood my choice; she didn't nag me to take the

formula. I think these aunties had also breastfed. This atmosphere was supportive and allowed my son and I to have lots of time to bond together.

After spending his first two months in the US, Robert and I returned to London where my husband waited for us. When Robert was five months old we moved to Hong Kong.

Robert and I continued to be together all the time after we moved to Hong Kong. We didn't have a domestic helper or any family around to help out, so wherever I went, he came too. After a few months I noticed that sometimes he would feed for a very short time and then I think he just wanted me to hold him. If I put him alone on the bed he would make some noises, looking for me. So I would pick him up and he would be calm. I was always happy to do this – if he's happy, so am I.

I am still breastfeeding Robert who is now three and half years old. I don't want to force him to quit breastfeeding. He still enjoys the time spent lying in my arms, even though the number of breastfeeding sessions is reduced to a few times a day.

I've never used bottles, which meant my husband couldn't get involved in feeding his son. But he always enjoyed watching us breastfeeding – he tells me he likes to see this activity carried out by the two people he loves the best. When I felt exhausted and considered quitting, my husband always encouraged me to continue. He is very supportive and recommends others to breastfeed, because he believes Robert is very healthy thanks to breastfeeding.

When the going gets tough: An unconventional success story

Throughout my perfectly textbook pregnancy I had the secret hope that I would be one of those lucky women who have a quick, easy labour, followed by a baby who immediately starts feeding with no difficulty.

Ah, wouldn't that be nice?

The reality for me was much different. At 36 weeks pregnant my waters broke. Three days later my labour still hadn't started so I began an induction. After 34 hours of close, painful contractions, our beautiful daughter Anais Emilie was born.

Being born at just under 37 weeks gestation, Anais was preterm, however she was not classified as premature since her organs were sufficiently developed to sustain life outside the womb without medical intervention. She was examined, pronounced healthy and passed back to us. After a quick cuddle I opened my shirt to attempt to feed her for the first time. Anais rooted around for a while but just couldn't latch on. Feeling as though I was all thumbs, I asked the midwife in the Shanghai hospital I delivered in to help.

“Oh, your nipples are too short”, she declared after taking one look at me. “You can't breastfeed”.

My heart sank. I had suspected that my nipples were inverted or retracted, but they seemed only slightly retracted, so I didn't think much of it. After the midwife's declaration I started to worry. Would I ever be able to breastfeed?

The hospital pediatrician saw our problem and, to my horror, came running back in to the room with a giant syringe. On closer inspection I was happy

to see that she had cut the needle end off, leaving a tube big enough to fit around my nipples. She placed this over my nipple and used the suction of the syringe to brutally draw my nipple out. It was so painful I was tempted to ask for another epidural!

Over the next 12 hours, I dutifully kept using the syringe to draw out my nipples and pumped to try and stimulate my milk supply. Although my nipples were by then swollen and protruding, Anais still could not latch on. She started screaming out of frustration, and we started to worry more.

Our wonderful doula, Yolanta, called one of the Leaders of our local La Leche League Group. Melanie was kind enough to come to the hospital to see if she could offer us any assistance. By that stage, after less than 24 hours, my nipples were so swollen and damaged they were actually starting to bleed. We tried several methods to encourage Anais to feed, and although she would root and scoot her way to the nipple, she simply couldn't hold it in her mouth. Even when we placed a finger in her mouth, Anais could only suck it weakly.

While discussing the probability that Anais' preterm birth had contributed to weaker muscle tone in her jaw, I casually mentioned that as a baby I myself had Ankyloglossia. Ankyloglossia is a congenital abnormality of the tongue resulting in a very short frenulum – the piece of tissue that connects the tongue to the bottom of the mouth. Melanie pointed out that this condition (also known as 'tongue-tie') can be passed from parents to children, and sure enough, Anais also had it. Ankyloglossia restricts the movement of the tongue which can make breastfeeding difficult. Treatment for this condition is still hotly debated,

as whilst many pediatricians, lactation consultants and ENT specialists recommend surgically cutting the frenulum, others don't since many infants simply learn to compensate for their restricted tongue movement.

Considering the other factors stacked against Anais latching on well (my retracted nipples and her poor muscle tone), we opted to have her frenulum snipped. Immediately we could feel that she had a much stronger sucking reflex when we inserted a finger in her mouth, and we thought that we were out of the woods.

Unfortunately, by the next day, Anais still could not latch on. We were due to be discharged from the hospital and as part of the final check-up, the pediatrician told us Anais was jaundiced and had lost 11 percent of her body weight in less than 48 hours. I had heard of doctors pushing formula when it was not necessary, but after seeking a few different opinions we realised that Anais had lost too much weight in too short a time period.

So we began cup-feeding formula to Anais, and our feeding schedule consisted of trying to wake her up (this could sometimes take up to half an hour due to her jaundice-induced fatigue);

attempting to get her to latch; syringe-feeding the few drops of milk I had managed to pump; supplementing that with formula; pumping; and then washing all the pump parts, cups and syringes for the next feed. This was repeated on a two-hourly schedule around the clock, and by the time I had done all of this, I was exhausted and usually only had about 20 minutes until the next feed.

But we were still not sailing in smooth waters. Anais was so tired that sometimes it was literally impossible to wake her up and no amount of tickling, scratching or prodding would rouse her enough to feed. In addition, the lip of the cup would irritate her freshly cut frenulum, causing her to scream. On top of all of this, she was just plain irritable due to hunger and frustration.

When she was five days old my milk came in and we went back to the hospital for some routine tests. While there, the midwife suggested I try breastfeeding her again. She pulled and prodded at my already aching nipples, and then pushed Anais onto me. As Anais got more and more frustrated she began screaming wildly. For 15 minutes, and against my better judgement, I allowed the midwife to force Anais onto my breast. Not



surprisingly she did not latch on, and by this stage I am not sure who was crying harder – me or my very frustrated baby.

When the midwife walked away to get help I took a deep breath, calmed Anais down, and then attempted to feed her on the other side. Miraculously, she latched on for the first time ever.

I gave up pumping and formula supplementing, and we began exclusively breastfeeding. However, every feed was a huge battle, with Anais screaming for about 30 minutes before finally latching on. Yet, it took so much effort for her to suck that she often stopped feeding out of sheer exhaustion midway through the session. Anais' frenulum was still not quite long enough to allow her to suck without causing me extreme pain. My nipples were sore, cracked and bleeding, and they would be swollen and misshapen after each feeding. I was actually afraid to feed her alone, as the pain when she finally latched was so excruciating that I feared hurting her by smothering or squeezing her as I tensed up against the pain. It got so bad that I would dread feeding my beautiful baby, watching the clock tick down towards each feed with increasing tears and depression.

After two weeks I was at the end of my rope. I discussed with Melanie the possibility of pumping and feeding Anais through a tube feeding system (SNS) or with bottles. We talked about the likelihood that pumping exclusively could lead to a diminished milk supply, resulting in her switching to formula earlier than we wanted. My incredibly supportive fiance made the point that feeding Anais formula would not be the end of the world, and that we had tried our best. But he also suggested we try using nipple shields again before giving up. We had tried using nipple shields in the first few days of her life, but Anais had never really gotten the hang of it and so we had put them aside.

So, with very little hope that it would work, I brushed away my tears, put on one of the shields and offered it to Anais for a feed. Within seconds she was latched on and calmly gulping down milk.

It was as though someone had waved a magic wand and all my prenatal dreams of an “easy” breastfeeding experience were suddenly granted. I could not believe it was that simple, but from that moment on – with the help of the nipple shields – Anais nursed without fuss at every feed.

Now, I know the use of nipple shields is controversial, and I would not recommend it to everyone. They are time-consuming to keep washed and ready to use, don't necessarily cut down on the pain you experience feeding, and are a nightmare if you accidentally leave home without them! From a practical standpoint, it is very difficult to nurse discreetly in public when using nipple shields, as you have to clear all your clothing away from them and keep it cleared until the baby latches on. It is also hard to manage to get them on while juggling a hungry, crying baby, as you need two hands to apply them. As Anais gets bigger, she often knocks off the shield with her flailing hands, and we have to stop and start over again. Nipple shields have also been associated with a reduced milk supply, although I have been lucky not to experience this, and I hear that nowadays the shields are made of such thin silicone that they should not affect milk supply as much as they used to.

However, with the combination of obstacles stacked against us, I have no doubt in my mind that Anais would not be benefiting from breast milk at this point, three months later, if it weren't for the shields.

I am so thankful for the support I received from Melanie and my partner Phil, as without them I would have given up. I credit my stubborn streak, which forced me to overcome all these difficulties, and I am incredibly proud of my gorgeous baby girl for her perseverance. At three months of age she is continuing to gain weight beautifully. I am telling our story to encourage other women in our position to keep persevering: even with the odds stacked against you, breastfeeding your baby can still be possible. When I look down and catch Anais' smiling eyes mid-feed, I am reminded once again that it was worth every ounce of effort to get this far.

Questions Mothers Ask

Q: I need to go on a business trip and will be away from my five-month-old daughter for six days. I don't know how to manage this separation. How do I know how much milk to leave? Can I carry on breastfeeding when I return?

A: Is there any chance you could take your baby and a caregiver with you on your business trip? This may seem like a crazy idea. But if it's just a one-off trip, and if your family budget would allow for it, you can consider taking someone with you to look after baby. This could be your partner, mother/sister or other family member, a domestic helper or a friend. Whoever you and your baby are both familiar and comfortable with. By doing this, you will be able to ensure that for a few feeds per day you and baby are still close together. If you express milk during your business trip, the baby can drink this milk too. This will enable you to maintain your milk supply and keep the breasts drained regularly (thereby helping keep nasties like plugged ducts at bay). And as an additional benefit you will have the calmness of knowing that you and baby can be together in the evenings and neither of you will suffer too acutely the distress of separation.

Obviously this is a very personal decision that only you can make.

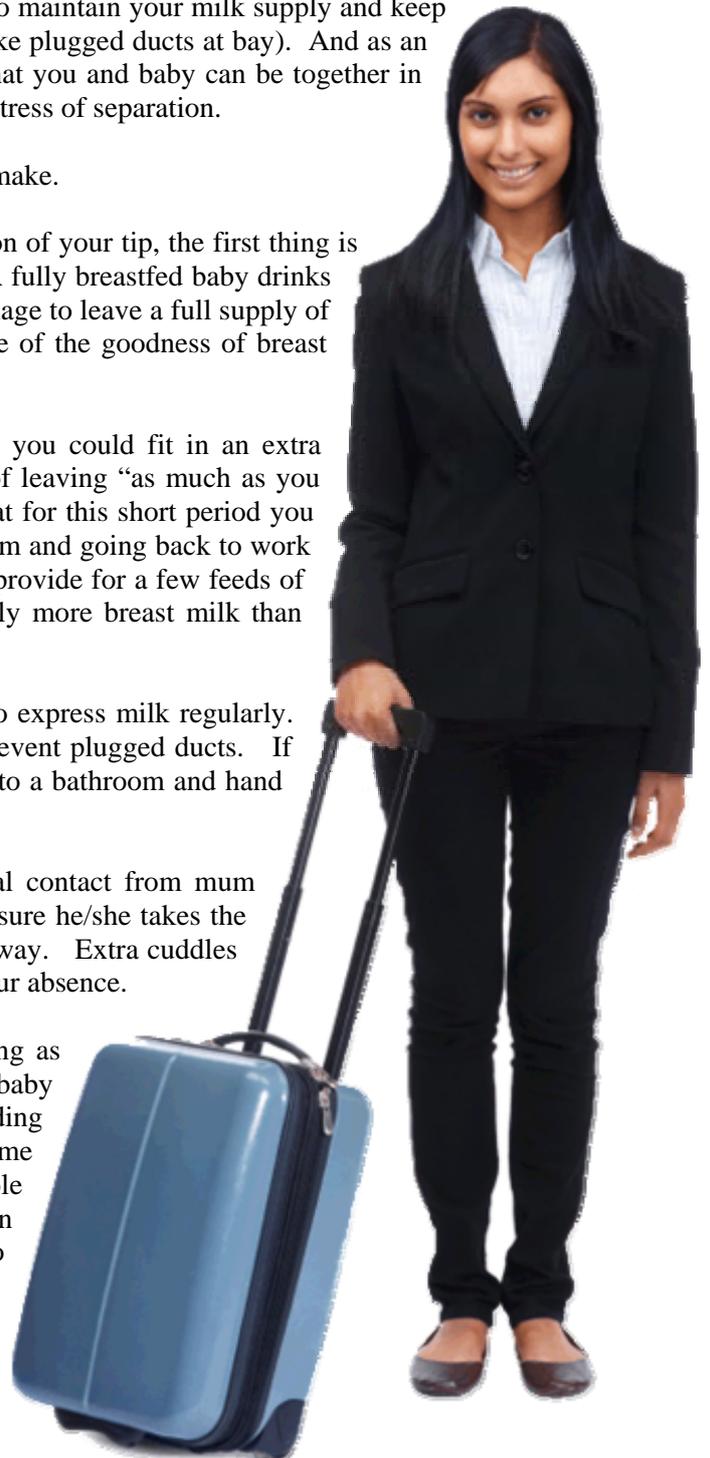
If you decide you need to leave baby at home for the duration of your tip, the first thing is to consider is pumping some extra milk before you leave. A fully breastfed baby drinks on average 750ml (28oz) in 24 hours. Even if you don't manage to leave a full supply of breast milk, at least you know she will still be having some of the goodness of breast milk while you are away.

If you are already at work, and already pumping, perhaps you could fit in an extra session here and there and put this in the freezer. Think of leaving "as much as you can" – but in reality, we can't be supermum! It may be that for this short period you may have to use some formula milk. Sometimes being a mum and going back to work is tough, that's just a fact. But even if you are only able to provide for a few feeds of breast milk each day – that's already GREAT, and probably more breast milk than many other babies are getting.

During your time away from the home you will still need to express milk regularly. This will ensure you maintain your milk supply and help prevent plugged ducts. If you do feel any discomfort in the breast, ideally try to go into a bathroom and hand express just enough to relieve the feeling of pressure.

Breastfed babies are accustomed to getting lots of physical contact from mum every day. So you can ask your baby's caregiver to make sure he/she takes the time to nurture your baby in a physical way while you are away. Extra cuddles and kisses may help your baby be better able to cope with your absence.

When you return back home you can carry on breastfeeding as normal. Your milk supply might be a bit lower, but as your baby is already five months old, and something of a breastfeeding expert, she will quickly help you rebuild your supply. Some mothers find that blocking off a chunk of time – say a whole afternoon – to devote to your baby in a very physical way can help you reconnect when you get back home. Maybe get into bed with baby, or perhaps have a bath together. This will help you both fall back into the snuggly closeness you had before the business trip.



The Milk Market: Informal Milk Sharing

by Jenny Buck
Lantau Group, Hong Kong

Only a very small percentage of women are unable to produce enough milk for their own babies due to unusual medical circumstances. However, large numbers of breastfeeding mothers nowadays find it necessary to supplement their babies' milk intake temporarily, especially if they give birth in hospitals which are not breastfeeding friendly. A poor start at the beginning – not being able to breastfeed early and often after birth, combined with not being able to room-in with baby and breastfeed as frequently as desired – often results in babies needing supplemental milk. Then it can sometimes take several days or weeks to get those babies fully breastfeeding.

If mothers cannot provide enough milk for their babies, they should seek help from a La Leche League Leader or lactation consultant to get information about how to improve their milk supply.

If their babies need supplemental milk in the meantime, the ideal supplement is not artificial formula milk, but human milk donated by other mothers. Ideally, supplemental human milk should be from a licensed milk bank, to avoid all risk of disease transmission. But what if there are no milk banks in the area? Or the milk is prohibitively expensive? (Banked milk in the US can cost over US\$100 for a full day's supply.) In Asia, only India, the Philippines and Burma have regulated milk banks.

Since the summer of 2010 there has been an explosion of informal milk-sharing websites on the internet, including Eats on Feets, Human Milk 4 Human Babies, and MilkShare. These networks have spread like wildfire around the world; there are now local chapters in many countries in Asia and the Middle East.

Milk sharing over the Internet has been around for some time, but it has suddenly got much more organised. The above-mentioned networks are not commercial; they do not profit from any sale of milk. They just enable donors and recipients to connect, at the click of computer mouse. They do not set the price, do not screen donors and do not judge who is deserving of the milk. All those things are left to the individual donors and potential recipients to sort out between themselves.

But how safe is informal milk sharing?

Health care providers and researchers have expressed concern that the casual exchange of human milk could be a potential route of transmission for drugs and viruses. Some individuals may have a viral or bacterial infection

without showing symptoms, so they could unwittingly transmit infection through their donated milk. For this reason, “knowing someone well” is inadequate protection against disease transmission.



Can the risks of informal milk sharing be reduced?

The findings in 2007 of research from the University of California at Berkeley showed that a simple flash-heating method (standing a bottle of milk in water on a stove, bringing to a boil and then removing) kills HIV and some bacteria. However, no information is available yet about whether it kills the Hepatitis B virus, which is prevalent in many parts of Southeast Asia.

Milk sharing can be made safer by diligence on the part of both donor and recipient. It's essential to find a knowledgeable doctor to advise on screening procedures for the donor. Milk-sharing websites also provide guidance on what to ask potential donors, as well as information about safe storage and transportation.

What about the risks of formula milk?

When considering the risks of informal milk sharing, we also need to bear in mind the risks of formula feeding: an increased risk of a wide variety of health problems, plus risk of contaminated product. Some risks of formula, such as the risk of bacterial contamination, can be reduced in economically advanced countries through good hygiene, sterilisation, and the use of clean water. But the risk of contaminated product (such as from China) remains, and the inherent health risks of formula will always remain: it will always be a highly processed product, derived from cow's milk, which is not the ideal food for human babies.

Ultimately, the decision about the relative risks of milk sharing versus formula must be taken by the parents, in the light of the best information available.



What about milk banks?

Regulated milk banks offer the safest source of donated breast milk but are not widely available. Interest in milk banks declined from the 1970s onwards due to heavy promotion of formula milk, including formulas specially designed for preterm infants. Fears that viruses including HIV can be transmitted in body fluids also fuelled anxiety about the donation of breast milk.

There is some indication that change may be afoot. Recently there has been a growth of milk banks in Asia: in India since 1989, in Manila since 2008, and in Rangoon since early 2011.

But hospitals in Islamic countries are reluctant to get involved in milk-sharing activities – so far, Kuwait is the only Muslim country with a licensed milk bank – because of the necessity of tracking the identity of donors to ensure “milk siblings” don’t unwittingly get married in the future (as described in the Postcard from Abu Dhabi on page 14 & 15).

Also, in countries with rapidly developing economies, such as China, breastfeeding rates are dropping as the population becomes more affluent. Many people who can now afford formula are attracted to its apparent “modernity”, and formula is often heavily promoted by unrestricted advertising. That can make it harder to get milk banks off the ground, such as in Ningbo in 2008, where efforts to set up a milk bank resulted in failure. The secretary general of the Ningbo Breast Feeding Association said it was impossible to collect enough breast milk because fewer mothers are breastfeeding, “and we can hardly compete with rich baby formula producers.”

Could media attention on informal milk sharing provide some impetus for the creation of more milk banks? Could hospitals offer a regulated screening service for breast milk donors? Maybe there needs to be two tiers of human milk available: pasteurised for preterm or at-risk babies, and screened donors for everybody else. This would recognise the fact that even where milk banks exist, they often prioritise the most needy (preterm) babies, leaving insufficient stock for everybody else. It would also enable

the safer sharing of milk in Islamic countries, since Muslims feel more comfortable obtaining milk from a known individual rather than a milk bank.

When Canadian paediatrician Dr Jack Newman visited Hong Kong, he told an audience of lactation specialists that setting up a milk bank should be a priority. “It’s not difficult,” he said. “You put the red stuff (the blood) on one side and the white stuff on the other.”

What is La Leche League’s attitude to informal milk sharing?

La Leche League endorses the principle of “human milk for human babies”, but has reservations about the safety of informal milk exchange. LLL guidelines state that Leaders should not initiate the suggestion of an informal milk-donation arrangement or act as an intermediary in such a situation.

The priority of La Leche League Leaders is to help mothers explore ways to boost their own milk production. There is no doubt that a mother provides the most perfect food for her own baby. Her milk contains antibodies for viruses in the mother/baby’s immediate environment; the composition of breast milk is tailor-made to suit the baby’s age, and it even contains the mother’s DNA.

Clearly, however, situations exist where babies need supplementing at least temporarily, and human milk is the ideal supplement if it can be safely obtained. If a mother wishes to discuss an informal milk-donation arrangement, including wet-nursing or cross-nursing, the Leader’s role is to provide information about the risks and benefits so that the mother can make her own informed decision based on her situation.

Baby Gaga what?

Recently an ice cream shop in London became famous for selling a new ice cream flavour called “Baby Gaga”, made from breast milk donated by 15 women. The ice cream was such a hit that the first batch sold out within days. In an interview for British TV the store founder said, “It’s pure, it’s natural, it’s organic, and it’s free range - and if it’s good enough for our kids, it’s good enough to use in our ice cream.”

While it’s encouraging to see the benefits of breast milk being publicised, it can also be regarded as offensive when there are babies in need of such milk. Neither LLL, nor the above-mentioned milk-sharing websites, endorse the use of breast milk to make products that are not for babies, such as soap or even ice cream.

Furthermore, according to the ice cream’s producers, all the milk “was screened in line with hospital/blood donor requirements”. This begs the question: If it’s easy for a company to obtain adequately screened human milk to sell a trendy product, why isn’t screened milk more widely available for babies who need supplemental milk?

How do I respond to and avoid criticism about breastfeeding?

Sometimes we find that not everyone understands our choice to breastfeed our babies. So how do we deal with the opinions of others? Here are some suggestions on how to deal with criticism.

1. Use "I" messages instead of "YOU" messages. (Rather than "You always criticize me" try "I really don't like to be criticized.")
2. It's amazing how much research has been done over the years. It must surprise you to see me doing _____. I hope I'll be able to handle it well when Abbey starts her own family.
3. Everyone has to make the decision they feel is best for their situation.
4. I'm glad that you care so much about the baby. I've thoroughly researched the topic and feel comfortable with my decision. I'd be glad to share my info with you.
5. I realize that this is an individual decision, and I'd really appreciate your giving me a chance at this.
6. My doctor has stated...
7. The American Academy of Pediatrics says...
8. Your love and concern for the baby really shows.
9. That's certainly another way of approaching it.
10. I'm glad that _____ worked well for you and your baby.
11. We're really at odds here. Let's just agree to disagree and still stay friends, OK?
12. This is a topic that has been debated and argued for generations. Let's not fall into that trap, OK?
13. You could be right.
14. I'd like some time to think about what you just said.
15. It's a very individual decision, and I'd never try to impose my viewpoints on someone else.
16. Maybe the topic of _____ should go along with religion and politics: Not a good conversation topic for us.
17. Discussing _____ can really get me worked up. I'm sorry if I said anything out of line. Let's change the subject.
18. We're Abbey's parents and this is the decision we've made.
19. You feel very strongly about this, I can see.
20. This works for our family in our situation, but it might not work for you.
21. Just Smile. :-)

Spotlight on LLL Wakkanai

There's always something new to learn when you have a baby. Mothers at La Leche League Wakkanai in Hokkaido, Japan, told *Close to the Heart* what had surprised them most about breastfeeding.

Contributions from: Hitomi Kaburagi, Ai Nakaya, Kaori Ito, Hisami Shiobara, Kiyoka Mikami, and Yuki Ueki

Wakkanai, Japan



If you already have good eating habits, there is no reason for you to make any major changes while you are breastfeeding. La Leche League's basic approach to good nutrition is to recommend a well-balanced and varied diet of foods in as close to their natural state as possible.

(*Womanly Art of Breastfeeding* 7th edition)

Postcard from

ABU DHABI, United Arab Emirates

I am a native of Abu Dhabi, the capital city of the United Arab Emirates in the Arabian Gulf. Abu Dhabi literally means Land of the Arabian Oryx, the graceful animal whose existence was once prevalent in the past when the area was not urbanized yet. I live here with my husband and three beautiful children, Aysha (5), Sara (3) and Ahmad (1). All of them together are quite a handful!

I must say my breastfeeding experience with all three of my children has been fairly smooth. There were ups and downs on the way of course, and many 'encouragements' from family to give in and give the bottle. However, there was nothing that I couldn't manage with determination and good knowledge, and the desire to give the absolute best to my babies. My stubbornness in the face of many



When I was pregnant with Aysha, I had no idea what 'food' I was going to give my baby. I enrolled at parent education classes in our local maternity hospital and learned a lot about breastfeeding and its goodness (the hospital is certified Baby Friendly). Attending mothers-to-be were even asked to bring in life-size (newborn) dolls so we could practice breastfeeding positions! I found that greatly helpful and after reading a few articles on breastfeeding, I decided this was the path I would take ... no bottles and no tins of factory-produced powder milk!

well-meaning, yet mis-informed, relatives has truly paid off.

In the UAE (and neighboring countries), breastfeeding is still common, but 40 or 50 years ago, of course, it would have been the norm. In the past, before the advent of formula milk, milk-sharing, or cross-nursing, was quite common. In fact, it was the only way infants could survive in the early 1950s and before that (formula probably arrived in the mid-late 1950s, according to anecdotes I heard from older family members).

Back then, when a mother was not able to breastfeed fully, other mothers in the neighborhood would pitch in by nursing other women's infants as well as their own. Consequently, children grew up having many milk mothers and milk siblings. In our culture milk siblings may not marry each other! As a result of this, I have several uncles and aunts who are milk siblings of my parents. That has resulted in a super-extended family and a network of milk cousins!

In Islamic culture, mothers and other witnesses in the family had to keep records of the children who were cross-nursed, so as to prevent their marrying each other in the future. Nowadays, although people's literacy in the region has improved phenomenally and record-keeping is a lot better, women are now reluctant to share their milk!

Being a Muslim country, you would expect breastfeeding to be the absolute norm – since the Quran, the Muslim Holy Book, advocates breastfeeding for two full years. It would be safe to say that most women do try their hand at breastfeeding, but they are too hasty to introduce formula (which usually fully replaces breast milk later) or to give up nursing entirely after some time. Sadly, most women do not seem convinced that breast milk is all a baby needs for at least the first six months, and is the best form of nutrition baby can have until it grows into a toddler. Advertisements from formula manufacturing company make it even more compelling for mothers to supplement their baby's diet with the 'all-rounded beneficial' formula milk - I cannot count how many times my five-year-old came home from school with free sample packets of formula milk and 'growth certificates' from formula manufacturing companies! (It would be challenging to find a creative way to promote and advertise breastfeeding that way!)

A lot of things have changed as the country boomed (the UAE is fairly young – about 40 years old as a unified country), and breastfeeding as part of a woman's lifestyle has evolved as well. Women are a lot more educated now and the workforce is flourishing with aspiring young women. In our country, women are increasingly empowered to make informed decisions and they have access to correct information and the latest research which shows the goodness of breast milk. However, the number of women who choose to be dedicated to breastfeeding is still not very impressive.

Formula milk seems to be the choice preferred by most mothers, partly because a lot of them have to be away from their children for an extended time, but mainly because of the misconceptions and myths surrounding

breastfeeding: that breast milk is too thin and does not satiate baby's hunger, that it is never produced in the quantities needed by the baby, that it lacks some nutrients while formula is fortified with them, and that it ties down mother with baby etc.

Another worry women here generally have is the fear of being 'exposed' while nursing in public. Traditionally, breastfeeding is given considerable importance in our community and is greatly respected. Passersby, especially men, would not give a mother who is appearing to nurse an infant a second glance; they turn their eyes away quickly. Our men are generally brought up not to look too long at women - breastfeeding or not - and that's an advantage! Also, public places usually have secluded prayer areas for women, and these are the ideal place to go to nurse a baby. But even in parks, malls or at the beach, a woman should have no fear to nurse as long as she is well covered and no flesh is exposed! Breastfeeding outside the house is easier than many mothers think but are unwilling to approach.

In striving to do my part in the community, I decided to educate myself even further and to spread the goodness of breastfeeding into society, mainly targeting young mothers. I quit my job after having my second child and decided I was going to stay home and enjoy my children as they grew. Also, I was recently accredited as a La Leche League Leader and am VERY excited about assuming my new responsibilities!

Besides being a breastfeeding fanatic, I am also an avid reader, I love cooking and baking and doing activities with and for children, and I absolutely love to crochet! With my energetic children, my huge family, living with my in-laws' huge family, my network of friends, and all the things that I love to do, I am definitely one busy mother who is having a lot of fun!!



Noura Al-Khoori
Abu Dhabi, UAE

In the News

LLL reaches North Africa!



LLL Leader Zoubida Touimer is delighted to report that LLL meetings have begun in Alger, Algeria. The group will serve French and Arabic speakers. Algeria is part of the African continent but because of the Arabic language links, the Alger group is naturally tied to the Middle East region too. Welcome to Zoubida and all the Algerian mums!

New Arabic materials

A new series of LLLI information materials has been translated into Arabic: *Breastfeeding Tips*, *Is My Breastfed Baby Getting Enough Milk?*, *Complementary Foods*, and *Breastfeeding: Baby's First Immunization*. This is a great development of resources to help the growing number of LLL groups in Arabic-speaking countries. A big thanks to all the Leaders and mothers who worked so hard to make it all happen!



New Meetings in Jeddah

LLL is excited to announce a new group opening in Jeddah, Saudi Arabia. The first gathering will be on 6th April at the Al Biadaya Breastfeeding Resource Centre, Jeddah. The meetings will be held in English and with Arabic language support. For more details please contact Sarah Zitterman: sarahzitterman@gmail.com.

LLLHK goes Baby Friendly

La Leche League Hong Kong took part in a joint press conference with the Baby Friendly Hospital Initiative to highlight the importance of breastfeeding in the wake of the Japan crisis. LLLHK urged hospitals to provide a more appropriate environment for breastfeeding mothers. LLLHK Leader Maggie Yu highlighted the problems of mixed feeding: "Routinely giving formula milk when the baby is only a few days old can lead to insufficient milk supply and long-term dependency on formula milk," she said.

Congratulations Anne!

Anne Batterjee, LLL Leader in Saudi Arabia, has been elected to the LLLI Board of Directors. Anne will represent the Africa/Israel/Middle East zone. Well done Anne!

***Breastfeeding: the Biological Norm* - seminar in Hong Kong**

La Leche League Hong Kong will be hosting a seminar, *Breastfeeding: The Biological Norm*, on 10th November 2011. The keynote speaker is world-renowned breastfeeding expert Diane Wiessinger. Diane is co-author of *the Womanly Art of Breastfeeding* 8th Edition, and is an informed and inspiring speaker. More details at www.lllhk.org. Put the date in your diary!

LLL Japan responds swiftly to Earthquake crisis

by **RuthAnna Mather**
Leader with the Wakkanai Group, Japan

Emergency Hotline for Japan Mothers

La Leche League Leaders began taking calls from breastfeeding mothers just one day after the massive earthquake and tsunami hit Japan on 11th March 2011. A telephone hotline was quickly set up and close to 60 La Leche League Leaders volunteered to field calls.

Some mothers have been worried that the trauma of the disaster will affect their ability to produce milk. Others, concerned about the availability of safe water and formula milk, have sought help with relactation. Many mothers also have had questions about the presence of radiation in breast milk.

An emergency committee, "Supporting Mothers and Children Under the Stress of Natural Disasters," was set up to coordinate support efforts. The Japanese Association of Lactation Consultants and the Breastfeeding Support Network of Japan joined with La Leche League to ensure a wide network of sustainable support for breastfeeding mothers.

The emergency committee has worked hard to quickly publish and distribute accurate breastfeeding information to mothers, the media, government departments, and hospitals. While the work of La Leche League Leaders continues to focus on the needs of individual mothers, the scope of the committee is wider, as it aims to help society understand the importance of continuing to breastfeed, especially after natural disasters.

The LLL Japan website carries the most up-to-date information on breastfeeding during emergencies. La Leche League Japan's direct link to Japanese language information is,

http://www.llljapan.org/binfo/hisai_support.html

A link to information in English and Chinese can be found at <http://www.llli.org/japan.html>

A "Save Japan Heart Fund" has been set up to fundraise for LLL Japan. Funds will be used to advertise, set up and maintain a toll-free number so that mothers can access the services of LLL Japan more easily.

Donations may be made through the LLL Alliance Website at: <http://www.llleus.org/Donations.html>. Indicate the "Heart-to-Heart Fund".

Our thoughts are also with the Leaders and Groups in Christchurch, New Zealand, as the rebuilding efforts continue after the earthquake that hit Christchurch on February 22nd. Although no one from LLL New Zealand suffered loss of life or injury, several Leaders did have damage to their homes. Even though LLL New Zealand is still in the midst of recovering from their own disaster, they reached out with empathy and concern to the Leaders in Japan

Pause for Thought

“Yes, prolonged and exclusive breastfeeding does improve children's cognitive development.”

Dr. George Lundburg
Consulting Professor, Stanford University School of Medicine
Stanford, California, USA



Better Than Ice Cream!

Breast milk tastes like the milk at the bottom of a bowlful of sweetened cereal.

Here are some other tasty tidbits about breast milk and breastfeeding:

Our Milky Way Galaxy was named for the spray of milk from the Greek goddess Hera when baby Hercules nursed from her. The drops of milk that fell to earth became lilies.

Human milk kills cancer cells in the laboratory, something that the milk of other species doesn't seem to do, and kills them in a way that doesn't interfere at all with healthy cells.

Human milk gets creamier and higher in antibodies as the nursing child gets older.

Because formula-fed toddlers have eaten the same thing every day for months, they tend to be pickier eaters than breastfed toddlers, who always get a taste of whatever Mama's been eating.

Bedwetters are more likely to have been formula-fed.

Breast milk is high in lactose, which is important "brain food." It's extraordinarily rare for a baby to be truly lactose intolerant. And babies are never allergic to their mother's milk.

Human newborns, like all other mammal newborn, can find the breast on their own, if they are picked up and held against a shoulder. And what is Mama's instinctive reaction if her baby is unhappy? To hold him against her shoulder! It's a feed-the-baby duet.

The World Health Organization recommends nothing but breastfeeding for about 6 months, with continued breastfeeding (along with solid foods) to age two or older.

Breast milk in a baby's eye helps prevent and treat eye infections. It also works on children and adults.

IQ tends to increase with increasing length of time breastfed.

Nursing mothers don't make more and more milk the older the baby gets; a baby at breast just uses the milk more and more efficiently as he or she grows.

The word "mammal" probably comes from Latin baby talk for "breast." Children today still care much more about the breast and the relationship than about the milk itself.

Babies who were never breastfed are about 25% more likely to die between 1 and 12 months of age than babies who have had even a little breast milk.

Breast milk may taste wonderful and do all kinds of great things for the child who gets it... but it doesn't make very good yogurt.