

Close to the Heart



La Leche League Asia
Late-Year 2013
Volume 14, Number 3

"Breastfeeding
is mothering
close to the heart"

Nursing Back
to Health

Breastfeeding
protects against
Breast Cancer

Learning
about LLL
Leadership



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www.llli.org

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Mission Statement

La Leche League International is a non-profit, non-sectarian, organisation. 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 Dec. 2013 will be included in
the Early-Year 2014 issue.**

Contributions received by
1st April 2014 will be included in
the Mid-Year 2014 issue.

Contributions received by
1st Aug. 2014 will be included in
the Late-Year 2014 issue.

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

Close to the Heart
Is a bilingual newsletter
(English and Chinese) for
breastfeeding mothers in Asia.

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

When I first attended LLL meetings I thought the Leaders knew EVERYTHING about breastfeeding! Once I became a Leader myself, I quickly realised this is obviously not the case... But it is true that all the Leaders care deeply about providing mothers with correct information about breastfeeding. If you enjoy the company of other mothers and would like to learn more about breastfeeding, please do have a look at the article by Toshi Jolliffe on page 2 and consider discussing it with your LLL Leader.

I would also like to personally thank our very special Leader in Hong Kong, Sarah Hung, who has retired from LLLHK after 25 years. (see page 10) Sarah was extremely generous with her time and enthusiasm in helping both mothers and Leaders. Thank you, Sarah!

Worries about milk supply are probably the most common concern that LLL Leaders have to deal with. But as Louise Roy points out in her article (page 4), the human body is really very good at producing milk, and most mothers can breastfeed successfully just using one breast. I like her idea of using one side to feed and having the other side reserved for cuddles!

Meanwhile, Tamara Drenttel Brand explains how breastfeeding helped her son through a potentially life-threatening illness. It's sometimes easy to take breastfeeding for granted, but incidents like this remind us to treasure this gift of nature.

My children are aged 16 and 12 now. Time flies! I believe strongly that breastfeeding helped us establish the loving and mutually respectful relationship that we still enjoy today.

Best wishes for these early days with your little ones!

Maggie

Interested in LLL Leadership?

by **Toshi Jolliffe**
LLL Leader Accreditation Department

Have you been attending LLL Series Meetings for a while and wonder about becoming an LLL Leader?

If you like helping other mothers and are keen to learn more about breastfeeding, consider talking to your LLL Leader about applying for leadership.

Your first step will be to see whether your breastfeeding and mothering experiences meet the prerequisites, so first of all check out the LLLI webpage. Have a look at: www.llli.org/lad/tall/steps.html#criteria - and of course talk to your Leader. If there is no Leader or Group in your town, contact us so that we can refer you to a Leader Accreditation Department representative.

Of course, you need to be aware of what you are letting yourself in for before you apply! It's important to be comfortable with the tenets of the LLL philosophy (see sidebar). LLLI requires a future Leader's mothering and breastfeeding experiences to be in accordance with the ten concepts which summarise LLL philosophy. Read this statement through and see if you identify with these core beliefs.

Another good starting point is to read through the latest edition of *The Womanly Art of Breastfeeding* published by La Leche League International, which outlines the ideas expressed in the LLL philosophy. It is a prerequisite to own and be familiar with the contents of this book, if available in your language.

Please remember you do not need to have a medical qualification to become an LLL Leader. For example, the Personal Breastfeeding Experience Prerequisite explains that a future Leader must have breastfed her

LLL Philosophy

The basic philosophy of La Leche League is summarized in the following statements:

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.
- In the early years the baby has an intense need to be with his mother which is as basic as his need for food.
- Breast milk is the superior infant food.
- For the healthy, full-term baby, breast milk is the only food necessary until the baby shows signs of needing solids, about the middle of the first year after birth.
- Ideally the breastfeeding relationship will continue until the baby outgrows the need.
- Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
- Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.
- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
- From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

baby for nine months. LLLI Prerequisites to Applying for Leadership is part of the LLLI Criteria for Leader Accreditation: www.llli.org/lad/talll/faq.html#requirements

What do LLL Leaders Do?

LLL Leaders hold the regular Series Meetings. They also help mothers via telephone counseling and answering queries by email. There are a few jobs which are shared among Group Leaders. These vary from Group to Group but usually include a membership secretary, treasurer and librarian. Leaders may also work on promotional materials for their Group and organize breastfeeding workshops. Leaders are also encouraged to give the needs of their families a priority. They are free to choose the Leader work which suits them best.

What sort of application work is required?

A Leader Applicant works with an LLL Leader from the Leader Accreditation Department (LAD) and a Leader in her home Group. Often the Leader Applicant begins corresponding with the LAD representative by introducing herself and explaining why she wants to become a Leader. She also writes down and discusses her breastfeeding and mothering experiences in relation to LLL philosophy. This can be done verbally if mothers prefer.

There is also a set of application exercises which cover the normal course of breastfeeding, explain how to help mothers cope with common concerns, and offer information about basic Leader responsibilities. It is not necessary to learn every piece of information by heart! The important thing is learning how to find the correct information needed to help a breastfeeding mother and how to communicate those thoughts effectively and sensitively.

There is a lot of flexibility in the application for leadership. All LLL Leaders are also busy mothers, and so we understand that sometimes we can work quickly and efficiently and other times we can't get anything done! Usually the application takes between a few months and just over a year. It's up to you!



LLL Leaders from around Asia meet in Hong Kong

Being an LLL Leader is a very satisfying job. It's great to meet so many new mothers and support them during this very special time.

You may also make longlasting friendship with the other Leaders in your Group.

LLL is an international organisation and it is possible for you to meet Leaders in other parts of Asia and worldwide.

One is enough

After a tumultuous breastfeeding experience with my daughter nearly three years ago, it would be fair to say that I approached the birth of my son with trepidation. The difficult experience feeding my daughter was caused by a few key factors: her tongue-tie and lip-tie, my inverted nipples, and her poor muscle tone due to pre-term birth. Due to the genetic link in tongue-ties and my physical condition, we could reasonably expect some or all these factors to repeat again with our son.



However, to say that I was determined to breastfeed my son (and for longer than the four and a half months we managed with my daughter) would be an understatement. I was 100% sure we would breastfeed - I just needed to figure out how to make it work.

In the end our son, Luca Félix, was born on his due date. Dodging the repeat pre-term birth, Luca was born a healthy and happy 4.53kg, but one quick look in his mouth revealed a tongue-tie and lip-tie just like his big sister. And I still had inverted nipples, so that hadn't changed. "2 out of 3," I thought. "That's not bad - let's make this work." I worked hard that day on getting him to latch, hand expressing when he wouldn't, and just kept trying

for the first 24 hours - with a huge reward on his second day as he latched for the first time, for about 30 seconds. Every feed after that got longer, with the exception of the few days I was engorged during which time I expressed and cup-fed Luca, while repeating the breastfeeding mantra: "*This too shall pass*".

Prepared for the expected, I was not expecting to be blindsided by other complications just a short week later. When Luca was seven days old, I laid him down in his cot in the evening, and realized I felt decidedly unwell. Over the next few hours I developed the shakes and a soaring fever. With no breast soreness I couldn't identify the source of the fever, and just tried to ride it out. Getting up in the night several times to feed Luca, shaking, wrapped in blankets and with my husband holding on to me as I slipped in and out of consciousness was one of the hardest things I've ever done, but we made it to morning. I realized the fever was not going away - in fact, it had topped out at 41.5 degrees Celsius and wasn't going down. My husband, Philippe, tossed me and our two children in a taxi and marched us back to the hospital we delivered at.

Over the next few days it became apparent that I had a bad case of mastitis in my left breast, which was followed a week later by thrush, and then yet another case of mastitis just a week after that. With the help of LLL Shanghai Leader, Melanie Ham, we realized that the antibiotic-resistant staph infection I had carried on the left side of my torso for most of 2011 was flaring up again in the form of mastitis. After changing my antibiotics to treat this, the mastitis cleared up; however, the milk supply in my left breast was left severely diminished.

This in itself probably would not have been a problem if it weren't for the fact that my nipple on the left side was more inverted than the right, and that Luca preferred lying on his left side to feed. On occasion I could get him to feed from the left in a

football position, but more often than not he would refuse. Even with vigilant pumping, my supply on the left side continued to dwindle. By the time Luca was 4 months old he was flat-out refusing to feed from the left breast in any position, and my supply on that side had reduced to a trickle.

I was not expecting this! I was frustrated and disappointed all over again, and couldn't believe that with everything else we'd overcome, it had come to this. But looking down at my thriving 8kg baby boy nursing from the right breast, I had a revelation: Some people have happily breastfed babies who feed from two breasts; I had a happily breastfed baby who feeds from one breast.

While I was focusing on the fact that my supply on the left breast had reduced to a trickle, I had not really noticed that my supply on the right side had increased tremendously. Am I lop-sided? A little, but only if Luca goes a while without feeding, and it's really only noticeable to myself (even my husband doesn't notice, and he considers himself an expert on my breasts!). After feeding, they're back to exactly the same size, so I expect that this will also be the case after we eventually finish with breastfeeding altogether.

I am keenly aware that I have to be super-vigilant with my supply on the one breast I do use for feeding, and am hyper-aware of working out any blocked ducts before they develop into a problem.

As a busy working mum, in a job that doesn't always allow me the flexibility of pumping in a private place, I have to be creative. I've pumped in toilets, waiting rooms and the back of taxis, just to keep up my supply when I'm away from home. And even at 12 months old we continue to have skin-to-skin days after I've been particularly busy. With lots of feeding on demand, my supply gets the boost up it needs.

The irony in the situation is that the breast that I do feed from is supposed to be my "bad" breast- I had a lumpectomy on that side when I was 22 years old, and was told I may never be able to breastfeed well from that side due to tissue damage. It is incredibly cathartic to know that the breast I considered "damaged goods" for more than a decade is now our hero.

I tell people that we use one side for feeding, and one side for cuddles. When people ask me if it's really possible to feed a baby from only one breast, I first point out to them that twin babies essentially feed from one breast each.

Then I ask them to have a look at my chubby beautiful boy, who is now 12 months old, 11.5kg, and the perfect specimen of a healthy, happy breastfeeding baby.

Pause for Thought

“The hormones and physical closeness involved in breastfeeding are part of nature's plan to create a strong mother-baby relationship. Mothers and babies can become close without breastfeeding, but it requires more conscious effort.”

from *Breastfeeding Made Simple*
Nancy Mohrbacher & Kathleen Kendall-Tackett

Nursing Back to Health: A Mother's Gratitude for Extended Breastfeeding

I believe mothering through breastfeeding is the most natural and effective way of understanding and satisfying a baby's needs. My breastmilk sustained my son Eli exclusively for six months and, more than two years later, it still continues to nourish him physically and emotionally. Breastfeeding on demand gave Eli the ability to communicate his needs before he could speak, and it enabled me to anticipate and respond to his desires before they became needs. When Eli is upset, I can comfort him. When Eli is fussy, I can soothe and pacify him. When Eli is tired, I can nurse him to sleep. When Eli is sick, I can literally nurse him back to health.

This last point is often taken for granted, especially in Lebanon where we currently live. There is an assumption even among medical and health professionals that the benefits of breastfeeding dry up after six months and are merely nominal after one year. However, the nutritional and hydrating powers of breastfeeding can be potentially lifesaving factors, even in toddlers. My family was poignantly reminded of this when gastroenteritis struck our family a few months before Eli's second birthday.

While my husband and I were sick a lot with colds and viruses during Eli's first year and a half of life, Eli himself never got sick. A healthy immune system and fewer incidences of illness and disease are only a few of the many benefits of breastfeeding and I was thankful that Eli was as healthy as he was.

Then one night, when he was about 22 months old, Eli began vomiting uncontrollably. When he was still unable to hold down any food or water the next morning and began showing signs of dehydration, we took him to the emergency room for rehydration. After a few hours of IV fluids and

breastfeeding on demand, Eli seemed to be improving, so home we went. However, within an hour, he began vomiting again and continued throughout the evening.

I breastfed him as much as I could, but for the first time, he wasn't asking for my breast, it was me offering it. Still, even my milk seemed to stir his little stomach into another bout of explosive vomiting, and when he became so weak and lethargic that he didn't have the energy to suckle, I knew that something was desperately wrong.

I immediately took him back to the emergency room. The same physician was there and she didn't look pleased to see us. After telling us that we were the typical overprotective first-time parents and that Eli would be fine and for us not to worry, another physician walked in the door. She was a huge supporter of La Leche League and a breastfeeding advocate, she knew me and Eli and said very matter-of-factly, "I know Tamara and if her instinct is telling her that something is wrong with her son, then that's enough for me to admit him."

This was fortunate. By the end, Eli had been hospitalized for 4 days for dehydration. He was hooked up to IVs continuously throughout his stay, and spent the first few days drifting into and out of consciousness. However, since I was still breastfeeding hourly throughout his hospitalization and since it was obvious to anyone that my breast offered both fluid and comfort, his medical team determined there was no need for additional electrolyte solutions to supplement his IV.

My milk and I, his mother, were the most important things for him once we were out of the danger zone. Between the hydration the IV offered through his weak little veins, and the fluids and vital calories and vitamin nutrition provided by my milk, he

began making a steady recovery. By third day, he even began complaining about being stuck in the hospital (to our amusement and joy).

As Eli began to improve and his cheerful, outgoing personality returned, several residents stopped by just to see someone nursing a toddler (as many had never encountered this sight before). After speaking with them about the benefits of breastfeeding and my own experience as a breastfeeding mother and a LLL leader, many even asked me to come back to the hospital to educate their staff. Not only did they want to learn more about the physical and psychological advantages of breastfeeding, they wanted to know what they could do to help mothers breastfeed longer!

Breastfeeding rates are very low in Lebanon, particularly in Beirut where we live. I expected negative and flippant comments (as I've encountered this previously with medical professionals) but, to my astonishment, every single physician that saw us emphasized that they were thrilled that I was still breastfeeding and that it was my milk that was healing Eli quickly, stressing that without it, his illness would have been much more severe.

After more than three years of being pregnant and nursing, I admit there are times when I long for freedom from having to only wear nursing-friendly clothing, or for the opportunity to sleep in and let my husband take over feedings, but throughout the past 2+ years, I've learned that mothering through breastfeeding is an intimately shared, reciprocal relationship between Eli and myself. We are both contributing to each other's health and well-being and happiness. Even though we had only been nursing together a few times a day before his illness, when I was called to duty my milk production increased to meet Eli's round-the-clock demand.

This experience has cultivated a new sense of purpose in my life, has taught me to trust my instincts and has affected how I view my own role and responsibilities as a wife, La Leche League Leader, human being and most of all, a mother. I am not only proud to have been able to help nurse



Eli back to health, I am empowered knowing that my body alone could sustain his life when it was rejecting everything else.

However, this story also somberly highlights the seriousness of enteric disease and the importance of breastfeeding even among those who consider themselves safe from the hazards of contaminated water. The World Health Organization (WHO) reports that dehydration is one of the largest single causes of death among infants and children worldwide. Although we enjoy a relatively comfortable lifestyle and access to clean water and food in Lebanon, all it took was a brief exposure to a virus to show us how vulnerable we could be – and we had the advantage of modern medical care.

Breastfeeding not only provides necessary fluids, it can provide nutrition and calories in an easily assimilated form to sustain children even into their toddler years. When we recommend breastfeeding, we must not only consider the 'well benefits' it provides; 'the sick benefits' can be just as vital.

Turning Things Around



I am originally from Taiwan but have been living in Hong Kong for six years. My first child, Roger, was born at Queen Mary Hospital in Hong Kong in 2010. I really wanted to breastfeed because babies have thrived on breastmilk for millennia, so it is nature's perfect food and that's what I wanted for my baby.

However, things did not go according to plan. I can't blame the hospital for their policies, because my baby was allowed to room-in with me, so he was either in my arms or by my bedside for our entire stay. I was encouraged to breastfeed frequently, and when Roger had trouble latching on, a succession of people came to give me assistance. I thought I "did everything right" but still my baby ended up with jaundice, lost over 10% of his body weight, and was not producing enough wet diapers.

We were discharged from hospital with instructions to monitor Roger carefully and bring him to the emergency room at the hospital if his condition worsened.

As new parents, my husband and I panicked at the suggestion of the emergency room. We bought our first can of formula on the way home. I continued to breastfeed but supplement formula after each feed. Roger soon learned to prefer the bottle – he seemed to guzzle down milk from the bottle, and only suck half-heartedly from me. I worried I didn't have enough milk. I had some friends with breastfeeding experience, who were wonderfully supportive but in retrospect some of their suggestions were not a good fit for me. One of them suggested that I boost my milk supply by trying a pumping challenge – to see whether I could manage to pump 10 times in 24 hours. I met the challenge, but hated the result. I spent all my time pumping, and our domestic helper spent more time holding the baby than me. I felt like a milking machine. I wanted to be the one holding my baby. I used to pump in the kitchen at night (because the pump was noisy and anywhere else would disturb other people). I felt lonely and exhausted.

Then my mother came to visit from Taiwan. She made very negative comments about breastfeeding. She's a product of her background. When she was a young mother in Taiwan, she thought she was doing the best for our family by buying the most expensive American brand of formula for us. Her sister (my aunt) could not afford the imported formula and could "only" breastfeed. My mother worries about whether breastmilk is good enough for babies, and whether women can ever make enough milk for babies to be healthy (and fat). Even recently, with my second baby, who is fully breastfed and on the 90th centile for weight, she makes comments about him being too skinny, and

she continues to doubt that I can make enough milk for him!

I still really wanted to breastfeed, but when Roger was six weeks old I found myself with a baby who was drinking almost all his milk via bottle. About three-quarters of that milk was pumped breastmilk, but that wasn't the connection I wanted with my baby. When I put him to my breast, he took my nipple in his mouth like a pacifier and barely sucked on it. Fortunately, I met a woman at church who was very enthusiastic about breastfeeding and encouraged me to attend a local LLL group meeting. I went along to the first meeting without my baby, who was being bottle-fed at home. The atmosphere was friendly and I had the chance to discuss my difficulties. The leader facilitating the meeting said she would visit me later to see me with my baby.

When she came by later that evening, she saw me breastfeeding Roger and said he had a nice, deep latch, although he would only suck for very short periods. She was also very encouraging about the fact that I had quite a good milk supply from pumping. She gave me some suggestions about tube feeding and how to gradually reduce bottles and supplements.

After her visit and encouragement, I felt more confident and decided to stop bottle-feeding – not gradually, but immediately. It's probably not recommended but I really wanted to breastfeed and felt it was now or never for us. My husband calls me very stubborn, but you probably have to be stubborn to turn a bottle-feeding baby into a breastfeeding baby. I decided not to use the supplemental nursing tubes – because it looked scary! It seemed so complicated and I thought I would need to grow a few extra pairs of hands in order to use it. But I was prepared to use it as a last resort, so I used to beg Roger, “You've got to do this so we don't need to use those tubes”!

For the first few days, things went well – I think Roger found my milk flowed better after I stopped pumping. But then we had a tough few weeks when I felt like my breasts were always empty. He was always fussy, and seemed to be angry with my slow milk flow. Feeds used to last nearly an hour and he was still not satisfied. There were so many

occasions when I was about to give him a full bottle of formula.

Then the situation started to improve. Feed times became shorter and Roger looked satisfied and healthy. One morning my breasts felt fuller than they had ever done since he was a newborn, and I felt we had made it. My baby never had another drop of formula after the La Leche League Leader's visit – until I was unfortunately forced to wean him suddenly at the age of nine months due to a rare and debilitating medical condition that required treatment not compatible with breastfeeding (but that's another story).

When Roger was three months old, I went back to work but managed to pump enough for him that he continued to be exclusively breastfed until he started solid foods at the age of six months. When he was four and a half months old, we travelled all over the US, and I really loved the convenience of not having to carry any bottles, or formula or water – it was so easy!

Looking back, I realise that so many random comments (even with good intention) can mislead new and nervous moms to believe that they don't have enough milk and start supplementing. Then it becomes a self-fulfilling prophecy. Our baby did have a medical condition (jaundice) in the early days, and actually exactly the same thing happened with our second baby, Conner, who is now six months old. We also supplemented him with formula, but treated it like a medicine to be given in very small quantities – we only supplemented him for 50ml per day for about two weeks.

When Roger was breastfeeding, it was also the same time as the contaminated formula scandal in China, which created two problems for formula-feeding parents in Hong Kong: worry about the formula itself, and trouble getting supplies because visitors from mainland China would come over and buy all the stock of non-Chinese formula from our shops. Shortly afterwards was the earthquake and tsunami in Japan: my husband has relatives in Japan who were worried about water being contamination by radiation. These incidents made me even more certain I had done the right thing to insist that “nature knows best” and trust that breastfeeding was best for my baby.

In the News

LLL Japan meets in Tsunami hit Tohoku

On September 17th an LLL Meeting was held in Kamaishi, Iwate Prefecture which is in Tohoku - the area hit hardest by the devastating earthquake and tsunami of March 2011.

The theme of the meeting was 「集まろう！語り合おう！～だれでもできる母乳育児の集い～」 ("Gather together! Talk together! Anyone Can Breastfeed Meeting").

The meeting was attended by breastfeeding mothers, a grandmother and three healthcare professionals. Mothers said they enjoyed the meeting very much and felt encouraged by listening to other mothers and sharing their own breastfeeding experiences and stories. LLL Japan is hoping to hold similar such meetings again in areas affected by the Tohoku earthquake and tsunami in the near future.



Goodbye Sarah!



In June, La Leche League Hong Kong said goodbye to Sarah Hung, who has been helping LLLHK for over 25 years. Sarah has helped hundreds of mothers and inspired many of the other Hong Kong Leaders. She was the driving force behind the very successful breastfeeding conferences held in Hong Kong. She is now using her breastfeeding knowledge in her new business, iLactation, which offers online breastfeeding conferences. All the Leaders at LLLHK wish her very best of luck with her new project.

LLL Beirut is blossoming!

At the September meeting 18 mothers attended. “It was a bit chaotic”, laughs LLL Leader Tamara. “But great fun – there was lots of sharing of experience and offering of support.” The meeting ended with a demonstration of baby wearing options – using wraps, slings and soft structured carriers. The adorable girl wearing her baby is Ruby Hutcherson, daughter of Nicolette.



宝贝的“自助餐”

图文: @硕妈小牛

宝贝等10分钟好吗~

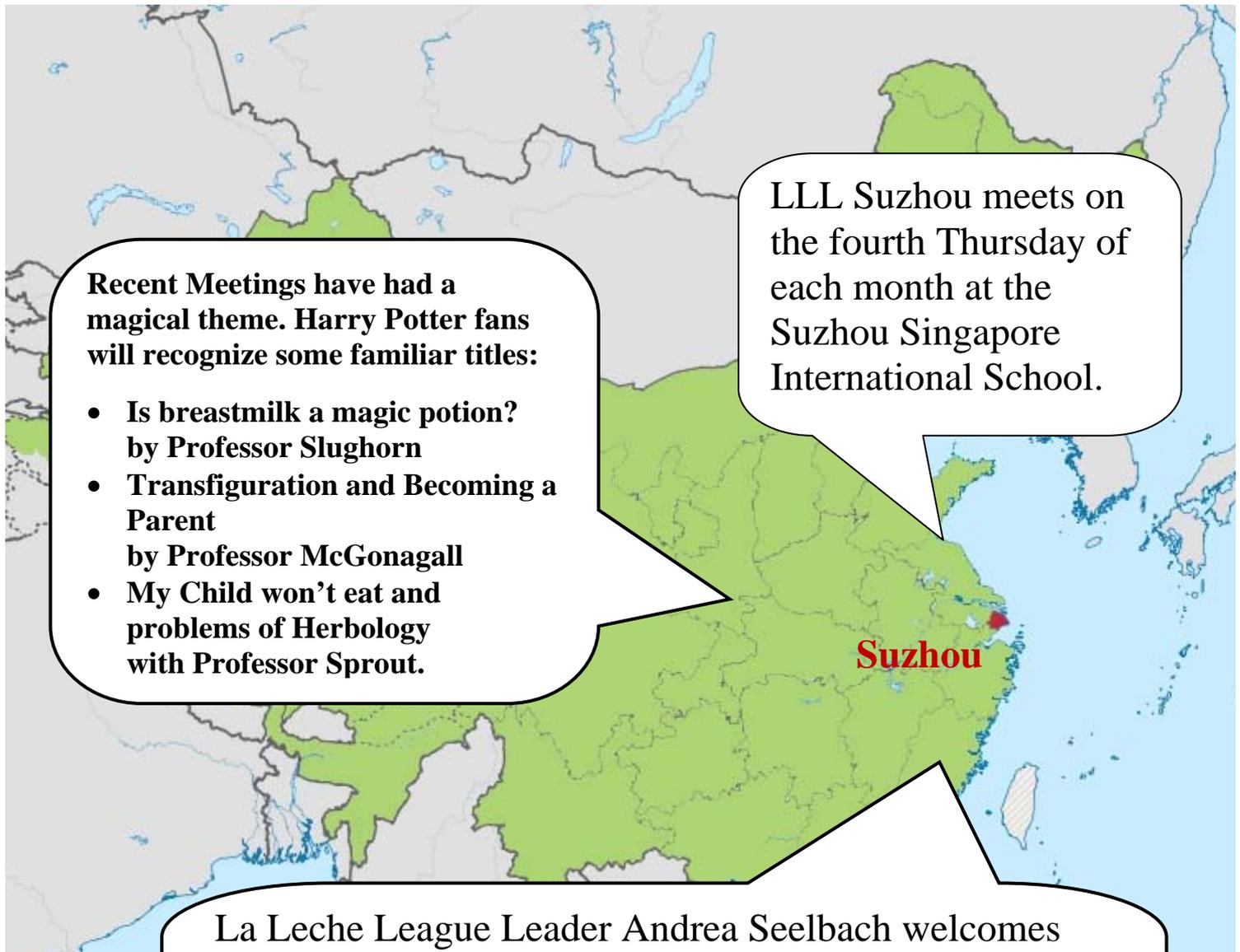


LLL China's Cartoon Competition

La Leche League China recently held a cartoon competition. Participants had to draw a cartoon that illustrated the joyful or healthful aspects of breastfeeding. The winning entries will be posted later, but here's a taster of one of the finalists. It's the breastfeeding baby's idea of a buffet lunch!

Spotlight on LLL Suzhou

Suzhou is a major city in Eastern China, famous for its canals, traditional gardens, and historical links with the silk industry.



Recent Meetings have had a magical theme. Harry Potter fans will recognize some familiar titles:

- Is breastmilk a magic potion? by Professor Slughorn
- Transfiguration and Becoming a Parent by Professor McGonagall
- My Child won't eat and problems of Herbology with Professor Sprout.

LLL Suzhou meets on the fourth Thursday of each month at the Suzhou Singapore International School.

La Leche League Leader Andrea Seelbach welcomes mothers from all around the globe to her meetings.
“Breastfeeding connects us to families from all over the world and from all walks of life. Although my children are no longer breastfeeding, I still share a special bond with mothers worldwide.”

Questions Mothers Ask

Q: “Nursing was going so well for us. Now my baby is choking, arching and spitting up after every session.”

A: Before your baby arrived, you hoped you would have ‘enough’ milk for exclusive breastfeeding. Since your baby was born, you have established your nursing supply. Feeding ‘on demand’ has helped your body produce the right amount of milk for your baby’s needs.

However, ‘oversupply’ is when mothers produce more milk than their baby can handle. The baby is no longer happy at the breast; she may grimace, choke or arch her back. You may even notice a change in the colour and consistency of your baby’s bowel movements, from yellow and seedy to green and frothy. These are all signs of milk oversupply, also called ‘overactive let-down’.

Not only is there lots of fast-flowing milk, there is also an abundance of foremilk, the more sugary milk that babies take at the start of a nursing session. When your baby has to work hard to get through lots of foremilk, her tummy is too full to reach the creamier hindmilk. This is what causes a change in her bowel movements.

The Womanly Art of Breastfeeding (published by LLLI) refers to solving an oversupply issue as ‘taming the firehose’. You may find that using only one breast per nursing session can quickly solve the issue. If your baby continues to show signs of oversupply, many mothers resort to ‘block feeding’ – nursing from one breast over a block of several hours. While one breast is being drained, the other is lying fallow – being trained to reduce your milk supply. It may take days or weeks to level out your supply so your baby can comfortably manage milk again.

In the meantime, what do you do about your unhappy baby and difficult nursing sessions?

You can sit your baby upright while nursing, straddling your leg so the milk flow is not too strong. Likewise, leaning back while you nurse (or using ‘laid-back breastfeeding’) can slow down the flow of milk when let-down occurs.

Other mothers opt to express a little milk prior to nursing. This can work well for some babies as it can relieve the pressure inside the breast and prevent the milk from spraying out so forcefully. If you are using this trick, it is important to only express a small amount of milk. Many mothers find they can do this quickly using hand expression. If you start pumping huge amounts, you will end up with an even bigger milk supply – and that is exactly what we are trying to avoid!



Postcard from

TOKYO, Japan



I live with my family on the 7th floor of a 36 floor "mansion". In Japanese real estate, multi-unit apartments are called "mansions" - it's not got quite the same meaning as the English usage.

The most interesting thing about our apartment is that our high-tech appliances talk to us! The bathtub is electronic. One touch of a button fills the tub with water set at 40 degrees Celsius, and the bathtub makes an announcement when the process starts – and when it finishes. Our oven announces when it is preheating. Another announcement tells us when hot water is running low.

My favorite thing about Tokyo is that it is so baby friendly! Nearly every train station will have a family bathroom with changing table, and maybe a toilet training potty seat attachment. Many bathrooms have "baby-keepers" which are little high chairs hanging in the corner. Baby rooms with

nursing rooms, sinks, and hot water for formula can be found in most department stores. Even the major league baseball stadiums have lactation rooms.

For the past year, I've been working in various Japanese government ministries as part of a mid-career training program on leave from the US government. Shortly before arriving in Japan, I learned I was pregnant and would have my baby smack in the middle of my Fellowship. I have many good stories about having my baby in Japan, but working while breastfeeding has been a particular challenge. As pumping moms everywhere know, it is hard to plan work and meetings around a daily pumping schedule and then to keep it up for many months. It's been particularly challenging in Japan, where women's workforce participation is much lower than in nearly all the other high-income countries.

In a country where there are so many "baby rooms" that there is a special smartphone app dedicated to finding a place where you can diaper, bottle-feed or breastfeed your baby, most workplaces have almost no experience dealing with the needs of pumping moms. Women in Japan can take up to one year of partially paid parental leave and some government agencies allow mothers to take up to three years of unpaid leave. Despite this generous maternity leave, women often do not return to the workforce after having children, an issue that the Japanese government is trying to address as they face an aging population and shrinking workforce.

Not surprisingly, with fewer pumping moms, there is less need for many of the accessories easily found in the US, and this is reflected in the marketplace. Double pumps, hands-free pumping bras, and other related items are hard to find. Women might keep a single pump for the occasional afternoon away from their baby, but few need to pump routinely. Fortunately, my US insurance company provided me with a double pump, and friends sent along other items that I could not find in Japan.

Beyond the lack of demand for pumping rooms, the Japanese workplace is not very conducive to it. Everyone sits at adjoining desks in an open room, and it's unusual for people to leave their desks other than for bathroom breaks and lunch. As a result, there is no privacy and people are always aware of your comings and goings because they sit right next to you. But three times a day, I mysteriously disappear with a black backpack for about 30 minutes each time. Personally, I'd prefer not to write "lactating" on the communal whiteboard, which otherwise tracks our whereabouts, for my mostly male colleagues.

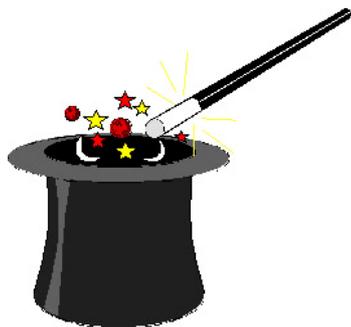
My helpful local LLL leader, unfamiliar with the Japanese office, advised me to try and pump at my desk so that I could squeeze in an extra session without taking more time from work. She shared with me the recent "New Beginnings" article of a mom who had managed it with a nursing cover in

her cubicle. In a Western office setting, that would be possible, if not ideal. But in Japan, that would attract some attention from, well, all 60 people in my completely open office. Can you imagine the reaction of the three men who all sit, schoolroom style, at desks adjoining mine if I took out my floral nursing cover three times a day and then plugged in? It would be nearly as intimate as if I did it at the dinner table. Instead, I tried to fit in a fourth session either after my daughter went to sleep or first thing in the morning.

Despite these issues, each of my offices has been very accommodating, even if they are not always sure how to handle the situation. I was amused to be given a tour of possible lactation rooms with three male colleagues, and then barely contained my laughter when one honked imaginary breasts whenever he said "pumping"! It's been quite a learning process for all of us.



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Breastfeeding – the Best Pink Ribbon activity there is!

October is breast cancer awareness month, with many “pink” activities taking place around the region to raise funds for cancer charities. You probably already know that breastfeeding protects against many cancers, including breast cancer. But how much?

The most recent study on this subject, published in August 2013, at the University of Granada in Spain, found that women who breastfeed for over six months are less likely to develop early breast cancer than women who do not breastfeed - as long as they do not smoke. Women who had not breastfed their babies were, on average, found to get breast cancer 10 years earlier than breastfeeding mothers.

A larger study in 2009, at the University of North Carolina at Chapel Hill, found that women with a family history of breast cancer who have ever breastfed reduce their risk of getting premenopausal breast cancer by nearly 60%.

Another large study, in 2002 by Cancer Research UK, found that just giving birth reduces a woman’s risk of breast cancer by 7% per child born, even if they don’t breastfeed. Breastfeeding lowers breast cancer risk by a further 4.3% for every year in total (all babies combined) that a mother breastfeeds. A 4.3% lowering of risk doesn't sound much. But, as breast cancer is quite a common disease in developed countries, breastfeeding every child for an extra six months would mean about 1,000 fewer cases of breast cancer in the UK each year.

This research is a major step in explaining the difference in breast cancer rates between the Western world and developing countries. In developing countries, women tend to have more children and to feed each of them for much longer. Interestingly, in Japan the breastfeeding rate is much higher than most other developed countries, while breast cancer rates are much lower than in Western countries. Diet is usually cited as the explanation for this, but breastfeeding rates could also be highly significant.



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