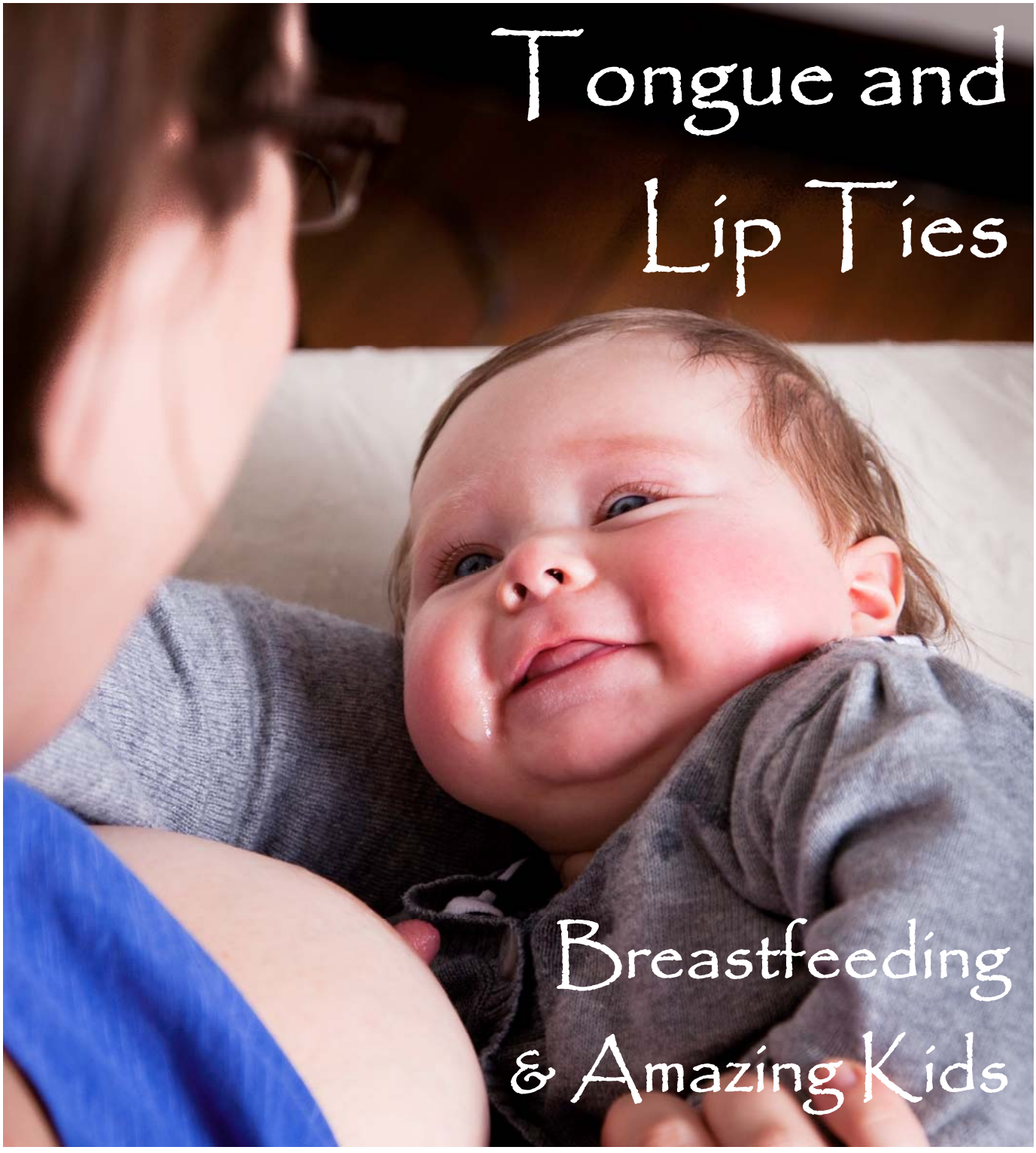
Close to the Heart

La Leche League Asia
Late-Year 2015
Volume 16, Number 3

"Breastfeeding is mothering close to the heart"



Tongue and Lip Ties

Breastfeeding & Amazing Kids

Close to the Heart

"Breastfeeding is mothering close to the heart"

Late-Year 2015 Volume 16, Number 3 La Leche League Asia

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www.llli.org

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Cover Photo Credit: Melanie Ham

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. 2015 will be included in the Early-Year 2016 issue.

Contributions received by 1st April 2016 will be included in the Mid-Year 2016 issue.

Contributions received by 1st August 2016 will be included in the Late-Year 2016 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.

Contributions in English can be directed to:
jennylllhk@gmail.com

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

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

I've thrown this edition of *Close to the Heart* together in more of a hurry than normal because I spent my summer holiday on a road trip in the USA without much internet access. It was a spectacular trip but I missed my usual window to research and edit articles. I normally spend a month staying with relatives in my homeland of the UK, during which I have plenty of time to relax and generally get on top of things.

But the advantage of working on this publication at the last minute is that this edition is literally bursting with information of a topical nature! There are news items about events that happened in August and early September. "Magic Ingredients", at the end, features research published in early 2015.

Moreover, our feature article from Nancy Mohrbacher discusses a subject (tongue and lip ties) which has recently become a much debated topic among lactation professionals. An alternative viewpoint was put forward by Alison Hazelbaker on 1 September (www.alisonhazelbaker.com/blog/2015/9/1/modern-myths-about-tongue-tie-the-unnecessary-controversy-continues). Regardless of whether tongue and lip ties are over- or under-diagnosed, I think Nancy's article makes valuable points about the dangers of mothers self-diagnosing medical conditions on the internet, and the importance of keeping an open mind about the possible causes of breastfeeding problems which are often multi-faceted.

But as usual, the stars of this publication are the mothers who have sent in their personal stories. Kirsty and Nelly both have stories of overcoming severe difficulties (from very different causes) in their early days of breastfeeding. Terry's story is a complete contrast and discusses how breastfeeding can help with parenting in general.

These stories have reminded me what a diverse and interesting topic breastfeeding is. I remember when my first baby was about two months old, my dad (my baby's grandfather) volunteered to make a huge quantity of soup and invite several of our friends over. One of our male friends saw *The Womanly Art of Breastfeeding* lying around our living room, and upon seeing its thickness remarked, "Wow, I would never have dreamt somebody could find so much to write about breastfeeding!" He should see the size of the textbook that I now use to help mothers as a La Leche League Leader and how many books about breastfeeding we have in our Group Library …

I also love the anecdotes and photos that have been sent in for the *Over To You* feature. The deadline for contributions to the next question (about baby food) is 1 December 2015. I look forward to hearing from you and seeing some cute messy photos!

Jenny

Tongue and Lip Ties: Root Causes or Red Herrings?

by **Nancy Morbacher, IBCLC, FILCA**
(www.NancyMohrbacher.com)

Tongue and lip ties are red-hot issues. There's no doubt that tongue tie causes suffering for some breastfeeding mothers and babies when baby's "lingual frenulum" (the membrane under the tongue that connects it to the floor of the mouth) prevents normal tongue movement. Also known as ankyloglossia, ultrasound research (www.ncbi.nlm.nih.gov/pubmed/18573859) shows that restricted tongue movement in a breastfeeding baby can lead to nipple pain and/or poor milk intake. When tongue tie is the root cause of a breastfeeding problem, this needs to be addressed pronto.

What is a lip tie? This refers to restricted lip movement from a tight "labial frenulum", the membrane that connects baby's upper lip to her gums. To tell the difference between a normal labial frenulum and one that can cause problems, see this online article (www.drghaheri.com/blog/2014/10/8/the-difference-between-a-lip-tie-and-a-normal-frenulum) by ear, nose, and throat (ENT) surgeon Bobby Ghaheri.

An Epidemic?

What started as a problem for a small percentage of babies seems now to be an epidemic. Health-care providers report increasing numbers of breastfeeding mothers self-diagnosing tongue and lip ties in their babies, often based on online information, and asking for a tongue- or lip-tie revision, a minor office procedure to release the tie. Some mothers describe taking their babies for multiple revisions with no pain relief or improved milk intake during breastfeeding.

There is very little that is "right" or "wrong" about breastfeeding choices. What matters is whether a strategy brings a mother closer to meeting her breastfeeding goal or moves her further away from it. If self-diagnosis corrects the problem, great. But if it doesn't – if the self-diagnosis is a red herring – it can prolong suffering and lead to complications, making getting back on track more difficult.

Studying Tongue Tie

A recent study (www.ncbi.nlm.nih.gov/pubmed/25238577) offers a new perspective on the tongue-tie epidemic. It found that tongue tie is NOT a common source of breastfeeding problems and reinforced what we've always known. When a mother is in pain or the baby's weight gain is low, the best place to start is by focusing on basic breastfeeding dynamics, such as how the baby latches and baby's feeding patterns.

What did this new study find? One of the doctor-researchers trained the others to identify infant tongue tie using the Coryllos tongue-tie classification system, which defines four types, including posterior tongue tie. After making sure everyone was using the same definitions, they began visually examining the tongues of 200 healthy babies during their first three days of life and used a gloved finger to feel the frenulum under their tongue. During the study, the researchers were blinded to any breastfeeding problems.

What Are the Odds?

Amazingly, 199 of the 200 babies were identified with one of the four types of tongue tie. However, ***only 3.5% (7 babies) had breastfeeding problems related to tongue restriction***. A tongue-tie revision solved the breastfeeding problem in five of these seven babies.

As a result of these findings, the authors suggested we change our terms. "Short frenulum", they said, should be abolished, because the frenulum can't be accurately measured. They suggested the term "asymptomatic tongue tie" for the vast majority of babies (192 out of 199) who had an identified tongue tie and no breastfeeding problems and "symptomatic tongue tie" for the few (7 of 199) in whom the tongue restrictions affected breastfeeding. ***Clearly, even if a baby has an obvious tongue tie, we should not assume it is the root cause of a mother's nipple pain or baby's weight-gain issues.*** It makes sense in these cases to see if other interventions may help alleviate the problem.

Just to be clear, this study included mothers and babies without breastfeeding problems as well as those with breastfeeding problems. Obviously, among mothers and babies having breastfeeding problems (those seen by most lactation consultants), the percentage of babies with symptomatic tongue tie would be higher.

Why Does It Matter?

If tongue-tie and lip-tie revisions are minor office procedures, why do unnecessary revisions matter? As the researchers point out, complications are rare, but sometimes excess bleeding can occur. Also, the procedure can cost parents hundreds of dollars out of pocket.

But there is an even more important reason this matters. When mothers focus only on tongue or lip tie, other issues may be overlooked and problems can continue for weeks or months. When adjusting to life with a newborn, no family needs this kind of unnecessary stress. In one study (www.ncbi.nlm.nih.gov/pubmed/25238577), long-term, ongoing nipple pain was linked to depression and sleep problems in mothers.

A US lactation consultant colleague who works in a large, breastfeeding-friendly pediatric practice put it this way:

> "I appreciate the growing awareness of tongue- and lip-tie issues and health providers willing to do interventions. Yet often the diagnosis is coming from friends, Dr Google, and Facebook discussions. It has become so widespread that many mothers look first to a possible tie and other issues get buried. I now encounter the following scenarios frequently:
>
> 1. Mothers who believe their baby has a tongue or lip tie and consider this the primary cause of low supply, failure to latch consistently, weight gain issues, mastitis, nipple pain, etc, etc. They may spend so much time pursuing tongue tie as the root cause that they fail to address other possible causes and find themselves in a bigger jam. They may be dealing with a tongue tie plus something else, but addressing only the tongue tie will not fix things completely. *Sometimes there is no tie at all.*
>
> 2. Mothers with well-gaining, happy, exclusively breastfed babies who experience no discomfort yet feel their baby has a tie that needs to be revised. Some mothers schedule consults for this with me after seeing an ENT doctor who has told them there is no issue. Many say that ENTs and other doctors don't know what they're doing with tongue ties, which in some cases may be true. Yet their ongoing search for a "cure" in the absence of an issue makes breastfeeding fraught with worry, rather than the satisfying and empowering experience it should be."

One Mother's Story

During my visit to Ireland 18 months ago, I attended a La Leche League meeting. Also attending was an Irish mother coming for the first time. She had taken her three-month-old baby to the doctor for a tongue-tie revision but was still experiencing nipple pain. The group's Leaders asked me to talk with her. As she breastfed, I noticed an obvious shallow latch. No wonder she was sore!

I asked this mother if she had ever seen a breastfeeding supporter about her pain. She said no. She had gone online, done some reading, and assumed her problem was tongue tie. She then went to the doctor and asked for a tongue-tie revision. Throughout all this, she was breastfeeding shallowly and that hadn't changed. With a shallow latch, her

nipple was compressed against her baby's hard palate, causing pain. I told her I thought that a small tweak in how her baby latched to her breast was probably all she needed to make breastfeeding comfortable. I explained that there is a place in her baby's mouth called the "comfort zone" and when the nipple gets there, there is no friction or pressure.

#1 Cause of Nipple Pain

How often does a deeper latch solve breastfeeding problems? A French lactation consultant checked the records of her private practice during a six-week period and found that of the 37 mothers who came to her with nipple pain, a deeper latched resolved the pain completely in 65% (Darmangeat, V, The frequency and resolution of nipple pain when latch is improved in a private practice, *Clinical Lactation* 2011; 2(3):227-24). Other causes of pain included bacterial and yeast infections, skin conditions, and yes, tongue tie.

During my ten years in private practice, getting a deeper latch resolved pain in about 85% of the mothers I saw. A deeper latch can also improve baby's milk transfer, giving baby more milk with every suck.

Don't Assume, Seek Help

Is tongue- or lip-tie revision the right thing to do for some breastfeeding mothers and babies? No question! But because tongue tie is the root cause of the problem for a minority of babies, it is a terrible place for most mothers to start. When nipple pain or weight-gain issues occur, a much better starting point is to contact someone who can help adjust baby's latch and evaluate baby's feeding pattern.

Free breastfeeding services are available in most areas through volunteer mother-to-mother support organizations and public health departments. Another option is to see a board-certified lactation consultant (www.ilca.org/i4a/pages/index.cfm?pageid=3432). Make it a number-one priority to quickly find and address the root cause of the problem. Trying to live with an ongoing, unsolved breastfeeding problem is a type of misery no woman should have to endure. Don't go it alone. Seek help, and always start with the basics.

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Pause for Thought

"While breastfeeding may not seem like the right choice for every parent, it is the right choice for every baby"

Amy Spangler IBCLC

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The inspiring series of FREE online talks continues at www.iMothering.com. September's headline talk is by Linda Smith, lactation consultant and author of *Sweet Sleep*, a book published by La Leche League which featured in the previous issue of Close to the Heart. Her talk, also entitled *Sweet Sleep*, will help new parents sort out fact from fiction regarding babies' sleep patterns, safety issues of bedsharing or co-sleeping, and what's normal.

September's bonus talk is by Dr Jennifer Margulis, an award-winning travel, culture, and parenting writer. Her talk on *The Business of Baby* provides an eye-opening look into common misconceptions about pregnancy and childbirth.

Be sure to log on by 30 September to avoid missing out! If you have missed out, simply check the website to find out who the following month's speakers are.

Over to You

Compiled by **Jenny Buck**
LLL Leader with
Hong Kong Lantau Group

What's your favourite position and why?
Have you ever breastfed your baby/babies anywhere unusual?

My favourite place to breastfeed my firstborn was outside, either on grass or underneath a tree. My most memorable moments were nursing outside while on holidays. I remember feeding her while leaning against a tree in Central Park in New York, on a park bench below the Eiffel Tower, and on a daybed in the Maldives – *Kirsty Sullivan, Hong Kong Island Group*

The strangest place I ever breastfed? I fed my crabby, impatient, tired and peckish 17-month-old son in the basement of the North Korean Victorious Fatherland War Museum in Pyongyang. We were there on a group tour, but my little guy was tired of shuffling from exhibit to exhibit. I trailed to the back of the group to take a moment to nurse him in my baby carrier in the hope he would fall asleep. My plan was to stand with my back to the crowd and surreptitiously breastfeed him while still keeping the general pace of our tour group (we were firmly instructed not to break away). A few moments later, a female museum worker put her arm around my shoulder and gently guided me to a bench where I could more comfortably feed. She had breastfed her two children and we went on to chat about the importance of breastfeeding for baby's health and the beautiful bond it creates. Even though we were sitting in a war museum that glorified the historic violence between our countries, it was great to have a mother-to-mother connection about the beauty and love of breastfeeding our babies – *Melanie Ham, Shanghai Group*

My favourite position while tandem nursing is the "double football" hold because me and my babies are all comfortable with that position. I have breastfed my twins in mosques, and in fact this photo was taken while breastfeeding inside a mosque – *Ira* Pitriawati Nurpit, *Indonesia*

I have triplets and this photo was taken on our 2nd "nursiversary". I think it captures how no-one likes to wait, how I have to amuse the third child while they wait, and the "gymnurstics" they all get up to. They constantly change positions, both in how they are positioned and in changing places with each other! The funniest place/position was probably on the plane on the way to Hong Kong when they were 18 months old. They were stressed during takeoff and while one of them was entertained by my husband, I had one on my lap who was latched on, and another one beside me on her grown-up sister's lap, leaning across to also latch on! – *Davina Wright, Hong Kong Lantau Group*

After a year of fighting for a nursing room to breastfeed my second baby, when my third came along, I learned to breastfeed in my baby carrier WHILST walking around the shopping centre. I had my nursing cover over us so everyone thought she was asleep! I just unhooked one side of the carrier so she could reach my breast, with one of my arms supporting her. This was really cool because I could still do my shopping and she'd always fall asleep after her feeds – *Christine Wong, Hong Kong*

I fed my three in a baby carrier, both walking and sitting, using the carrier's hood, and so no nursing cover was needed. Nobody noticed at all that I was breastfeeding. Also, both my hands are free to do shopping – *Evie Ng, Hong Kong*

When my first son was under a year old, there were a couple of times when I breastfed him whilst changing trains on the MTR (Mass Transit Railway in Hong Kong) during rush hour. I used a ring sling and he remained latched on as I hurried across train platforms. He was hardly noticeable because he was covered by the sling, so people probably assumed I was carrying a big bulk of "something " on my shoulder. Luckily, I was always offered seats, which probably happens less nowadays because everybody is glued to their smartphones and less aware of their surroundings. On the other hand, they are even less likely to notice a breastfeeding baby! – *Cecilia Wong, Kowloon Cantonese Group, Hong Kong*

As many babies do, my daughter likes to be nursed to sleep. At first, the side-lying position worked great for both of us, but as she grew heavier I had a persistent shoulder ache that could only be alleviated by visiting a physiotherapist once a week. After confiding with my physiotherapist about the cause of my problem, she suggested to try it with my baby in a seated position on my lap. It has helped my aching back so much that I have said goodbye to the regular physio sessions. The drawback is that I can't easily slip away after she falls asleep, but on the positive side I have a free hand which I can use to read books, play games on my phone (only once she is asleep or else she will be more interested in joining in my game), or holding an umbrella, which she once insisted that I do indoors! My most unusual place to nurse my baby in her seated position is the "Ngong Ping 360" cable car in Hong Kong, which offers panoramic views of Lantau Island and the airport from a great height during its 25-minute journey – *Therese Ho, Hong Kong Island Group*

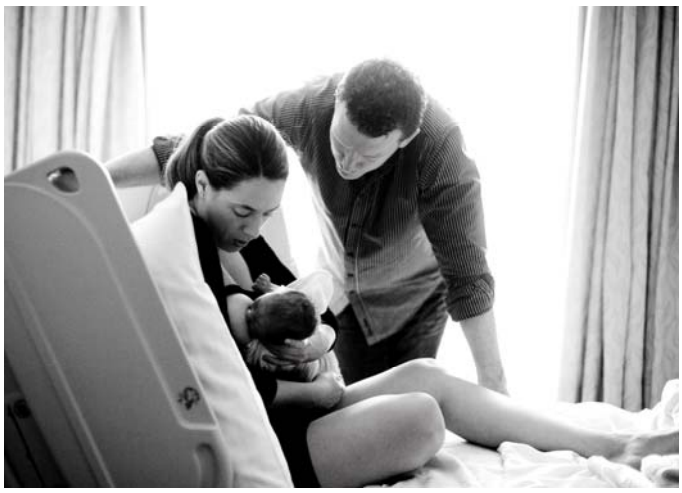
OVER TO YOU in January 2016

A question for mothers of older babies: What was your baby's first "solid" (or semi-solid) food, and/or what is your baby's current favourite meal which complements breastfeeding? Include a photo of your baby eating food – the messier, the better! Please send your contribution to jennyLLLHK@gmail.com by 1st December 2015.

Mothers' Stories

by **Kirsty O'Sullivan**
Hong Kong Island Group

Continuing a Family Tradition



My breastfeeding story starts in a small village in southern Italy, in 1950, when my mother was born and was breastfed by my Nonna (grandmother).

Nonna didn't have access to formula, and even if she did, the people in her village were too poor to afford it. While she was nursing my mother, Nonna simultaneously breastfed a baby boy from her village, as that baby's mother had passed away.

That's just one of many breastfeeding stories that I heard growing up. Another is that while my mother was breastfeeding me, she produced so much milk that she pumped her excess milk and stored it in the freezer. Every fortnight, the local hospital sent a van to collect the milk, which they gave to women in the hospital who were unable to breastfeed.

Unfortunately, when I was only six months old, my mother thought that her milk had suddenly dried up. It was the late 1970s, and doctors advised her to give me bottles of cows' milk instead. Stopping breastfeeding at six months was something that she has always regretted, as she felt she let me down as a mother; she had hoped to breastfeed me for at least one year.

Since breastfeeding is such an important part of my maternal family's history, I always knew that if I ever had a baby, I would breastfeed.

Fast-forward to 2012, when I found myself pregnant and living in Hong Kong with my husband, Luke. I read *The Womanly Art of Breastfeeding* by La Leche League and took one of their breastfeeding classes. I already knew about the nutritional benefits of breastfeeding, but I learned a lot about the importance of breastfeeding for bonding with your newborn, feeding for comfort, and how important it is for social development too. I also learned that any drugs taken during labour can greatly increase the risk of cascading medical interventions, which in turn can interfere with the baby's ability to nurse. I achieved my wish to give birth naturally, without an epidural, the same way my mother, Nonna, paternal grandmother and aunty all did.

Every new mother has her challenges. For some, it's lack of sleep. For others, it's spitting up, unexplained crying, or medical conditions such as jaundice or colic. I was very fortunate that I never experienced any of those things – my baby was a happy, healthy little girl, who slept like a champion. My challenge was breastfeeding.

Despite Ivy's relatively easy natural birth (just five hours in total) and my preparation, it felt like everything that could go wrong did go wrong. My nipples were cracked and bleeding before I even left the hospital. Ivy preferred sleeping over nursing, and I regularly had to wake her to feed. I was massively engorged – I was a B cup before my pregnancy, and increased to an F cup after Ivy was born. Luckily, after a couple of months, I settled down to 'only' a DD cup. I also had lumps and blockages, which fortunately never progressed to mastitis, but wow they were painful. Additionally, Ivy had a mild tongue tie which we had snipped.

But the worst of all was thrush. I didn't realise it at the time but I must have picked up a yeast infection in the hospital. Ivy never had any white spots in her mouth which is the most obvious sign of thrush. The midwives who visited me at home told me I didn't have thrush, so my pain must be due to bad latching or Ivy's tongue tie. But my nipples hurt so badly! They stung and itched, and I couldn't stand anything touching them. I had to shower with my back to the shower head, as having water touch them felt like I

was being stabbed with pins. Clothing against my nipples stung like crazy, so I cut holes in my crop tops and walked around the house with my nipples sticking out. I only left the house if I absolutely had to, and I needed to use special plastic breast shields in my bras to keep the fabric from touching my nipples. Worst of all, I couldn't cuddle Ivy on my chest, because if she moved and touched one of my nipples it was excruciatingly painful. It was so bad that I wanted to give up breastfeeding after just three days. So much for my plan to breastfed for at least one year.

But it didn't actually hurt to feed at all, so I told myself to try just three more days of feeding. Then, when six days had passed, I told myself to do just six more. This pattern of promising myself I would do a few more days and weeks continued until Ivy was six weeks old, when I went to my first La Leche League meeting. I remember bursting into tears while telling the wonderful leaders Pauline and Caroline how much pain I was constantly in, yet it didn't hurt to feed at all. They looked at my latch (which was fine) and suggested that I see a doctor because I might have an infection. My doctor turned out to be wonderfully supportive. She gave me suitable medication and within three days the itching had stopped. Then within ten days the pain stopped, and I found that I could shower and wear a bra. Hurrah!

Over the following weeks, I learned that the books were right about breastfeeding being a wonderful way to bond with your baby. I loved cuddling Ivy while she was feeding, and knowing that she was growing because of me and my milk. When she was about 10 months old I started to experience what breastfeeding for comfort was. I think this is because she was such a happy baby who hardly cried, so it wasn't until she started standing up and "cruising" around our furniture that she needed comfort after little tumbles. Breastfeeding became a magical instant fix-it which stopped tears almost instantly!

Breastfeeding also helped when we travelled. In her first year, Ivy visited five countries. Passengers and hostesses would comment to me at the end of every flight that Ivy was the best-behaved baby they had flown with, as she never made a sound. This was because I nursed her during take-off and landings, plus whenever she looked like she might become fussy on the plane. I also think breastfeeding and co-sleeping helped with preventing jet lag. When Ivy would wake in the middle of the night, I would breastfeed her in bed, and she would fall asleep. Breastfeeding made travelling with her so easy.

I ended up breastfeeding Ivy for just over two years. I weaned her from daytime feeding when I returned to work at 14 months. Then after 18 months, when I became pregnant with her little brother, I started to slowly wean her from overnight nursing. By the time she was two years old, Ivy was just nursing at night to go to bed, only a few times a week – although if we were out and she was super-grumpy or tired, I would also give her a quick feed which would instantly calm her down. Sadly, I don't actually remember the last time Ivy nursed; it just dawned on me one day that she hadn't nursed since we returned to Hong Kong from a holiday in Australia several weeks earlier.

Just two months after I stopped breastfeeding Ivy, my son Heath was born, and I began round two of my breastfeeding story. The first week was challenging. My milk came in less than 24 hours after he was born, I was massively engorged again, my nipples were sore, and he also had a mild tongue tie. I love this photo of him nursing when he was just 48 hours old – you can see him with his little mouth open as wide as it can go, latching onto my enormous nipple! Heath was born much bigger than Ivy, and he had such a strong desire to eat that he regained his birth weight before we even left the hospital. By the start of the second week, he'd learned how to latch properly, and my engorgement went away (thanks to refreshingly cold cabbage leaves that I stuffed in my bra for three days).

I feel so grateful that our breastfeeding issues were all sorted out so quickly and breastfeeding became so easy. Heath is now four months old and is a breastfeeding champion. I'm planning to continue breastfeeding him until he is at least two years old – and longer if he wants to.

by **Nelly Dib**
Lebanon Group

Overcoming a Rough Start

Larix is 13 months old now. He loves his mommy and he loves breastfeeding. But it didn't start out this way.

We had a home birth in rural Ontario, Canada. It was overall a wonderful experience, with a short labour and a delivery that started out easy. But my baby emerged with both arms around his head, which led to what was later diagnosed as a third-degree tear. It caused a lot of bleeding and the midwife said he must have hit a vascular area. His shoulders didn't turn so the midwife pulled him out. He cried for a long time. I put him on the breast but he did not latch, he just cried. Then he slept. An hour and a half later, I was still bleeding steadily, the midwives were worrying about my tear, and we were scrambling to get to the hospital. I tried to breastfeed Larix but I was scared, my arms were cramping, and we had to get going. He just slept.

At the hospital, the gynaecologist put me back together – the stitches alone took an hour and a half. Apparently I fainted a couple of times, so they ran blood tests and found that my iron levels were very low but not low enough to warrant a transfusion. Several times the midwives tried to help Larix breastfeed, but he just slept. When we got back home, he was still very sleepy.

Midwives came to our house pretty much every day during the first week. I thought he was breastfeeding well after they taught me some tricks, but he often got frustrated at the breast, crying and beating me with his little hands. The midwives checked for tongue tie several times. At four days old he had lost 15% of his birth weight* and was showing signs of dehydration (no urine, dry mouth, sunken fontanelles). That was obviously alarming and the midwives said I needed to supplement either with expressed milk or formula. I wanted to avoid formula, but our pump wasn't working and I was getting only drops of colostrum by hand expression. They taught me how to cup-feed my hand-expressed milk, but it didn't work because he kept knocking the cup with his hands. We tried a lactation aid at the breast, but it didn't work because he was refusing the breast. We ended up using the lactation aid tubes to finger-feed him some formula. After we got a new pump, we finger-fed him expressed breast milk. The midwives exhausted their bag of tricks and referred us to a specialist lactation clinic, but we could not get an appointment until Larix was two weeks old.

In the meantime, trying to breastfeed him became very stressful. He would root and search for the breast, but as soon as he found it he would scream and beat his fists against my chest. Both of us cried. I was weak from the blood loss, my arms were shaking; I stopped trying to nurse him. But my own instinct to breastfeed was still there. In a half-awake state at night, I pulled him to my breast, only to wake up to my baby screaming.

We kept finger-feeding, which was exhausting. Because of my tear, I could not sit up anywhere, not even in bed. I ended up mostly kneeling on the floor, even during night feedings. Finger-feeding was very slow and each meal took about 45 minutes. Then I would pump, we would clean the pump, bottles and tubes, and by the time that was all finished it would be time to feed him again. It broke my heart to give him formula, but sometimes I felt too weak to

pump, so my husband would feed him while I slept. My baby still slept most of the time and had not regained his birth weight. I cried a lot.

The first visit to the lactation clinic did not go well. The lactation consultants didn't teach me anything I hadn't already learned from their website or my midwives. The paediatrician diagnosed lip and tongue ties and gave us a week to think about getting them surgically released. It was the kind of tongue tie that could not be seen, but needed to be felt with a finger, which explains why the midwives hadn't caught it. I cried during most of the visit. One of the lactation consultants said, "I know it's frustrating but we've just started." I wanted to punch her and say, "No, we haven't just started; we've been at this for two weeks!" Instead, I just cried.

We went home, read about tongue and lip ties online, and decided to go ahead with the surgical release, which took place when Larix was three weeks old.

I had heard that many babies breastfeed as soon as their tongue tie is released. Not our baby. He cried for a long time, then slept. The whole afternoon, he woke up only to cry himself back to sleep. The next day he breastfed a little, but went back to fussing and crying at the breast. He asked to nurse every 15 minutes; I didn't even have time to pee. We also had to find time to help him do tongue exercises five to six times a day, pushing at the wounds to prevent the ties reattaching, which made him scream. We still finger-fed him sometimes. I had stopped pumping, but still felt very weak and was sometimes too tired to breastfeed, so we introduced some more formula via finger-feeding.

At our third appointment with the lactation clinic when Larix was four weeks old, the paediatrician told us the lip and tongue ties had reattached. He released the tongue tie but not the lip tie. One of the lactation consultants taught me how to do breast compressions. The paediatrician suggested that a prescription drug to increase milk supply would be helpful because he thought I had slow flow, but I disagreed because I was getting plenty of milk when I pumped. At home, we read about the drug online and decided not to take it, not least because we would be leaving Canada for Lebanon three weeks later and would not be followed up.

During week five, I gave up pressuring my baby to breastfeed. I carried him skin to skin, waited for him to find the breast by himself, and hoped he would breastfeed. It was clumsy at first. For the first few days, he still fed very frequently, about every half an hour, and still fussed at the breast. But the intervals gradually became longer and longer. We still had to do his tongue exercises – my husband's job – but this made Larix hate his dad.

At our fourth visit to the clinic when Larix was five weeks old, a lactation consultant declared him to be feeding "like a normal baby" and that I didn't need any drugs. She said, "His instincts have finally kicked in." She taught me how to nurse him while lying down, which has been a lifesaver at night.

Looking back, the tongue and lip ties may not have been the only problem. Following the rare complications I experienced after his birth, I was very weak, scared and depressed for a few weeks, and I think Larix probably picked up on that. I had been diagnosed with anaemia at the hospital and given prescription of iron pills for three months, but I didn't take them for the first two weeks because I was concerned that constipation would affect the tear. Incidentally, he started breastfeeding well at around the time I started feeling a bit better, when he was about four weeks old. It took me three months to regain all my strength, and it took us about that long to build a mature breastfeeding relationship.

But whatever the problem was, it's over. I now have a happy, healthy, exclusively breastfed baby, currently sleeping at my breast while I type. And he loves his dad.

Editor's note: * It is normal for breastfed babies to lose 5-7% of their birth weight in the first few days. Babies who lose more weight than this may require supplemental milk, ideally the mother's own expressed milk and ideally not fed via artificial teats (which can make it harder for babies to learn to breastfeed), alongside improved breastfeeding management. The same is true for babies who do not regain their birth weight within two weeks. We hope to include more information about situations when supplements are required, and various feeding methods, in the next issue.

Mothers' Stories

by **Terry Tsang**
Hong Kong Island and Cantonese Groups

Breastfeeding and Amazing Kids

If you are a breastfeeding mother, you will already know that breastmilk is not just food; it conveys love, touch, warmth and comfort.

"How many kids are you planning to have?" This was the inspiring question which Maggie, a La Leche League Leader and lactation consultant, asked me at her first "rescue home visit" when my first baby was five weeks old. I answered, "Probably one, maybe two." She responded, "If you have only one chance to do a job, you want to be sure to do it right, don't you?"

With a boost of confidence and reassurance, together with my mothering instinct, my breast-feeding journey began in 2009, and I am still breastfeeding, tandem nursing to be exact, two little boys at the same time.

Babies grow fast; in just a blink of an eye they become toddlers who are adventurous, brave and busy exploring their world. Seize every chance to hold them, kiss them and hug them. Enjoy the cuddles and cute baby babblings, take as many pictures as you can, remember their cute chubby fingers, sweet breath, the smell of their hair, and how they look at you when they are cradled in your arms nursing.

There are people who say, "Wean him from your breasts! They are stopping him from being independent!" Those people may be well meaning, but do not listen to them. A polite answer – such as, "Thanks but it works well for us" – will do. Keep supportive company by joining La Leche League meetings to meet like-minded mothers!

Breastfeeding longer than the cultural norm does not create unhealthy dependence. The truth is, the more a baby's needs are met, the more confident he will be when he is old enough and ready to explore the world.

Mother's milk nourishes kids in a special way; it nourishes good, successful, healthy kids. No, breastfeeding does not guarantee top marks in homework, tests and examinations. But breastfed kids learn to connect with people and to be considerate, skills that many kids nowadays lack.

A month ago, we went to our first parent-teacher conference at our son's kindergarten. His teachers said "I don't know why" more than a dozen times in the 20-minute meeting. Every single time they said it, the word "breastfeeding" rang in my head. I did not tell the teachers my answer, and I did not want to surprise the teachers by telling them my boy is still enjoying mommy's milk.

I really want to share some quotes from his teachers with you:

"He is caring and kind. He is very concerned if his friends get hurt or cry. He likes to take care of others. He is different; I don't know why."
"He is a ladies' boy, I don't know why; all the girls, and even boys, want to sit next to him or to hold his hands at circle time or in the playground."

"He is positive, contented and cheerful, a bit silly sometimes."

"He is the leader in the class and well disciplined. He knows the rules and the line which he cannot cross. We had a conflict once: he talked and showed his feelings, then he accepted me being angry. He gave me a hug and we said sorry to each other afterwards. That was impressive."

“He is clever and he communicates well. He talks in full sentences and correct grammar. I don’t teach grammar in class; I don’t know why and how he can do it. I like to talk to him; I talk to him like he is a native English speaking boy.”

Breastfeeding is not only nutrition, it can also be a tool or an attitude of parenting, “attachment parenting” if you want to give it a special name. (Can attachment parenting be done without breastfeeding? Of course, yes. However, without using the "tool" on mommy's chest, it will take more effort.) Breastfed babies are often raised in an enriched caregiving environment. This close relationship reinforces the qualities of kids who can relate and engage with other people, communicate well; kids who are compassionate and contented, with high self-esteem.

To answer the teachers’ “whys”, here are my answers:

- Breastfed babies are healthier and smarter. (Antibodies, DHA and many other baby-friendly components in breastmilk are not able to be copied by formula milk. Breastmilk prevents many common childhood infections, so breastfed babies are sick less often.)

- I nurse my babies more than a dozen times a day. I love hugging them. They enjoy sitting on my lap for stories, and taking walks in a sling. (They hear my voice and read my lips at a close distance, which helps them learn to talk. Being carried in a sling is more interactive than sitting in a stroller; my boys often idle in a stroller but are very alert and attentive while they are carried in a sling.)

- Breastfed babies are less stressed. (I take care of my babies myself, from nappy changing, bathing, hair cutting, planning meals, to sharing a bed. They seldom cry; I normally know what they need before they cry for help.)

- Breastfed kids are empathetic, comfortable with themselves and around people. They know intimacy. (Through sensitive parenting, they become sensitive themselves.)

- Breastfeeding teaches kids love, concern, discipline and rules all at the same time. (Breastfeeding is a magic cure for many things: hiccups, a bump on the head, fear from nightmares. It calms a baby when he is over-stimulated, reduces crankiness, and reassures a baby who needs disciplinary guidance. My boy will stay still and listen while he knows mother loves him even when he has misbehaved.)

Do I have perfect kids? Yes, I do, and every mother does. Will my boys sometimes make poor choices and give me a headache? Certainly, yes.

One thing I have learned is that babies will only be babies for a very short time. Give them your love and give them your time. Do not compare. Every baby will achieve his developmental milestones in his own time.

Compiled by **Tamara Drenttel Brand**
LLL Leader with Lebanon Group

Questions Mothers Ask

Q: My baby wants to breastfeed constantly. My relatives are telling me not to let him use me as a pacifier. Even after he seems full, he wants to continue sucking and stay attached. Is this normal? Should I introduce a pacifier? Any other ideas how to handle such a situation?

A: You haven't mentioned how old your baby is. My reply would be quite different depending on the age of your baby. At La Leche League, like many other organisations concerned with infant health, we recommend waiting until breastfeeding is well established before considering introducing a pacifier. That usually means at least three to four weeks, and preferably six to eight.

Babies are born with an innate suck reflex – even before birth, some babies suck their thumbs or fingers in the womb – and this is an excellent survival skill. Like other biological functions (such as procreation) which have been important to the survival of the human race for millennia, sucking is pleasurable for babies, which encourages them to suck frequently. If babies are able to freely breastfeed whenever they feel the need to suck, their mothers will almost certainly have plenty of milk. For a newborn, wanting to breastfeed frequently is not only normal, it's highly desirable to build a full milk supply.

For babies of any age, pacifier use may reduce or delay their urge to suck at the breast. This has a more pronounced effect on milk supply for newborn babies, who are still building their mother's milk supply. It can also cause "nipple confusion", especially for babies who are still learning how to breastfeed, because, like teats on a bottle, the shape and texture of a relatively rigid pacifier is very different to your soft nipple. This can result in incorrect sucking at the breast, leading to sore nipples and reduced milk transfer, which further impacts milk supply.

For all those reasons, in the early weeks, we recommend that all your baby's sucking be done at the breast. Pacifiers should definitely not be offered to babies who are having trouble learning to latch or suck correctly, who are fussing at the breast, or to babies whose mothers are concerned about their milk supply.

Regular pacifier use is also associated with earlier weaning. Occasional use (once breastfeeding is well established) will not impact your milk supply much, but regular use will probably reduce the frequency of feeding and interfere with milk production. Levels of the prolactin hormone are higher at night, which means that encouraging babies to go longer between feeds at night has an even greater negative impact on milk supply. Some mothers deliberately use a pacifier as a tool to gradually wean babies from the breast, but if you are aiming to breastfeed for six months or a year, or the two years recommended by the World Health Organization, pacifiers reduce the likelihood that you will meet your goal.

Once breastfeeding is well established, some parents find they can introduce a pacifier without any impact on breastfeeding. It can be a great tool to calm your baby, especially if you and your breasts are not available, such as when you need to drive a car. A pacifier may soothe a baby whose mother's arms, breasts and patience are severely overtaxed. It can comfort a baby who has not been comforted by breastfeeding. Mothers of twins and higher order multiples find pacifiers helpful when one baby just has to wait while mother takes care of the

other(s). Many parents find that a pacifier-sucking habit is easier to break than a thumb-sucking habit, because a pacifier can be removed from the child.

However, at any age, pacifier use has drawbacks which should be considered and weighed in the balance. Because pacifiers are usually moist, they are a breeding ground for thrush (a yeast infection), and the likelihood of re-infection can make it harder to get rid of an outbreak. They are also associated with an increased incidence of ear infections, which is strong enough that the American Academy of Pediatrics recommends that children who use pacifiers in the early months should be weaned from them in the second six months of life. Pacifiers can interfere with the growth of teeth and make it more likely that your child will need braces. Pacifiers can also introduce bacteria into the mouth which cause caries (tooth decay).

For safety's sake, never attach a pacifier to a strap that can loop around your baby's neck. Make sure it's thoroughly clean (boiled or sterilised for babies under six months old, washed with soap and water for older babies). Don't ever put food or milk on the pacifier, and don't use your own mouth to "rinse" the pacifier if it falls on the floor, which is a common channel for sharing the bacteria which cause caries.

If you decide to use a pacifier, the key to minimising the impact on breastfeeding is to limit the frequency of use. Try not to use the pacifier as the first option to calm a crying baby. If it's not possible to breastfeed, rocking or distraction can also be effective. Avoid routinely using a pacifier to delay breastfeeding. Don't "push" the pacifier on your baby when he doesn't want it. If the pacifier falls out of your baby's mouth while he or she is sleeping, don't pop it back in.

Back to the point of your concern, which is that your relatives think your baby is breastfeeding too frequently, and you have observed that he keeps sucking even when he is full. Your baby's behaviour is sometimes referred to as "non-nutritive sucking", which is a bit of a misnomer because even when babies seem to be just nibbling at the breast for comfort, they are still getting some milk, even if only a trickle.

It's worth pausing for a moment to consider why sucking for comfort is regarded as a bad thing. Because bottle-feeding is unfortunately the cultural norm at the moment in most parts of the world, our cultural expectations about suitable behaviour for babies have been strongly influenced by what is suitable for bottle-feeding babies. Milk flows at a steady rate from a bottle, and babies who have full tummies but want to suck a bit longer can end up overfed and gassy. Therefore, giving a bottle-fed baby a pacifier makes perfect sense, to meet their need for sucking whilst avoiding overfeeding.

Breastfed babies don't need pacifiers to regulate their milk intake. They can do their comfort sucking right at the breast, because the mother's milk flow slows as the baby's sucking becomes less intense. Breastfed babies have their own in-built appetite control mechanism; as they get fuller, they suck less strongly and get less milk.

Comfort sucking is important for breastfeeding babies at all stages. In the newborn phase, all those times when your baby's feeds bunch closely together ("cluster nursing") are your baby's way of boosting milk production when needed. This works because drained breasts make milk faster. A baby who is allowed to nurse for comfort will usually cry less and learn to be calmer in general. For older babies, you are more likely to meet your breastfeeding goals if your babies have learned to breastfeed for comfort as well as food, because they will then turn to the breast when upset, even if they are too active for much breastfeeding at other times. Comfort sucking is definitely not time wasted.

If your baby is very young and seems to be "nursing all the time", and he is healthy and growing well, then relax and enjoy these days. Grab a good book, movie or TV series and make yourself comfortable. Learn to breastfeed in a laid-back or side-lying position (see www.llli.org/faq/positioning.html) to maximise your rest. You may even be able to sleep while your baby is breastfeeding; check out these guidelines for sleeping safely with your baby: www.llli.org/faq/cosleep.html.

While some people may say your baby is using your breast as a pacifier if he breastfeeds frequently, I prefer to look at it the other way around. The breast came first and in most cases remains the best pacifier. The pacifier is a breast or bottle substitute, and sometimes a useful one when used judiciously. We can never be warm and loving human substitutes for a cold silicone or plastic object.

In the News

The aftermath of Tianjin Port explosions in August 2015

On 12 August 2015, giant explosions at a hazardous materials storage facility rocked Tianjin Port, 75 miles east of Beijing, close to Tianjin City which is home to 15 million people. At least 158 people were killed (including 94 firefighters) and several hundreds were injured. *The Beijing News* reported that 700 tonnes of sodium cyanide – a highly toxic substance that can kill rapidly if inhaled – had been stored in the warehouse at the port. Nearby residents were evacuated and people in the surrounding area have been highly concerned about their own health. On 31 August, The Tianjin Environmental Protection Bureau said that water samples inside the disaster zone showed levels of cyanide up to 20 times the safety level.

La Leche League Leader Liu Yuan blogged on WeChat (a Chinese social media platform), for ease of immediately connecting with mothers, about "Disasters and Breastfeeding", to support mothers concerned about contaminants in breastmilk. She cited a 2003 press release by La Leche International, *Breastfeeding Remains Best Choice in a Polluted World* (www.llli.org/release/contaminants.html), among her reference information.

Liu Yuan reports, "We do not live in the disaster zone but close to it. Many things are getting back to normal, but not all, especially the feeling in our hearts."

Peer Counsellor Programme in China

Hong Kong La Leche League Leader Maggie Yu recently led a Peer Counsellor Programme (PCP) training session over four days in Zhuhai, China, which is not far from Hong Kong. She reported as follows: "Zhuhai, located in the Pearl River Delta of Guangdong Province in Eastern China, is a beautiful city where our 11th LLL-PCP just completed on 1 September. We had 40 participants, including midwives, university students, hospital staff, breastfeeding counsellors, pregnant women, mothers on maternity leave, and stay-at-home mothers who came to refresh their breastfeeding knowledge."

This event followed hot on the heels of the previous (10th) training session which took place in Shenzhen from 4 to 7 June. LLL-PCP programmes have been running in China since 2010 and a total of more than 400 counsellors have been trained by the three PCP administrators. More information on the PCP in China can be found at www.buruhuzhu.org/kecheng.

The China LLL-PCPs are part of a global programme led by La Leche League International but run by local Leaders in targeted communities, dating back to 1987. Evaluation of the scheme in the UK found that women were twice as likely to breastfeed in areas with an LLL-PCP than in comparable areas without such a programme. It enables La Leche League information and support to extend far beyond what Leaders alone can achieve.

World Breastfeeding Week, 1-7 August

A Big Latch On celebration of World Breastfeeding Week was held simultaneously at nine locations in China: Chengdu, Guangzhou, Kunming, Shanghai, Shenyang, Wenzhou, Tianjin, Xi'an and Xiamen (www.muruhui.org/ztbg_detail.asp?id=691). Pictured is the one in Tianjin, where LLL also held a fashion show of breastfeeding outfits, plus three online meetings for working mothers.

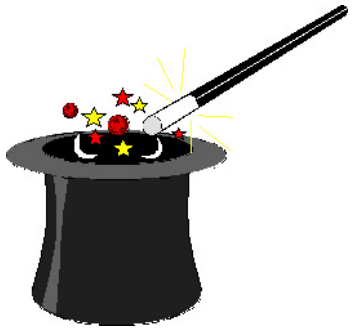
Additionally, LLL Beijing held a “Working Mothers: ‘Hello’ Breastfeeding Love Signature Campaign” celebrating World Breastfeeding Week at the Beijing & Taiwan Maternity Hospital (www.muruhui.org/ztbg_detail.asp?id=690).

Meanwhile, Hong Kong Leader Cecilia Wong organised an informative talk and party in the clubhouse of her apartment building to celebrate World Breastfeeding Week. She persuaded the clubhouse management to let her use one of the function rooms free of charge, and invited local LLL Leaders, mothers who had attended meetings of the Kowloon Cantonese Group, plus some interested families who lived in the apartment complex. 20 adults (including two pregnant women) and 14 babies/children attended. After Cecilia’s introduction, fellow Leader Maggie Yu gave a multimedia presentation entitled, "Breastfeeding and work, let's make it work". Then Cecilia and Maggie fielded questions from the group, which mainly concerned milk supply issues, followed by refreshments and socialising. Cecilia commented, “It was great to celebrate World Breastfeeding Week together and share information with mothers. I seldom get the chance to see other Leaders’ children, so that made me very happy.”

In Goa, India, two talks were given and LLLI information sheets handed out to mothers of newborns, nurses and staff in hospital maternity wards, as part of World Breastfeeding Week.

Magic Ingredients!

Compiled by **Jenny Buck**
LLL Leader with
Hong Kong Lantau Group



Preventing Allergies

Doctors and scientists have long believed that human milk prevents allergies, especially in families with a history of allergies. In 1982, Grasky's long-term study of children who were breastfed showed that breastfeeding reduces food allergies at least through adolescence. In 1994, Lawrence found that the incidence of cow's milk allergies is up to seven times greater in babies fed cow's milk formula instead of human milk.

Breastfeeding to prevent allergies remains the current recommendation of leading medical authorities. According to the current website of the American Academy of Allergy, Asthma & Immunology:

> "Breastmilk is the ideal way to nourish your infant. It is least likely to trigger an allergic reaction, it is easy to digest and it strengthens the infant's immune system. Especially recommended for the first four to six months, it may possibly reduce early eczema, wheezing and cow's milk allergy.
>
> Infections that start in the lungs are common triggers of asthma. Since breastfeeding for at least four to six months strengthens a child's immune system, it is helpful in avoiding these infections and, in the long term, asthma."

This is far from a trivial claim. In 2011, the European Academy of Allergology and Clinical Immunology declared:

> "Today, about one in four European children suffer from allergy, which makes this disease the non-infectious epidemic of the 21st century. Evidence suggests that lifestyle factors and nutritional patterns, such as breastfeeding, help to reduce the early symptoms of allergy."

Scientists think that immune factors such as secretory IgA (only available in human milk) help prevent allergic reactions to food by providing a layer of protection to a baby's intestinal tract. Without this protection, inflammation can develop and the wall of the intestine can become "leaky". This allows undigested proteins to pass into the blood, where they may be treated as foreign substances by the baby's white blood cells, causing an allergic reaction.

More recent studies have deepened our understanding of how mother's milk can prevent allergies. A 2010 study in mice (Verhasselt) found that exposure to an allergen through mother's milk can actively programme a pup's immune system to prevent asthma later in life, and they analysed the composition of the milk to identify what caused this to happen. Lactating mothers were exposed to an allergen, ovalbumin, while they were breastfeeding. A control group was not exposed. Exposed mother mice passed ovalbumin and the immune factor TGF-beta through their milk to their babies. Their offspring were later exposed to ovalbumin, and signs of asthma were reduced by more than 50% in mice whose mothers had been exposed to the

allergen. The mice whose mothers had not been exposed to ovalbumin had greater allergic reactions to the allergen as adults.

The results of this study are important because they explain how mother's milk might help a baby's immature immune system develop in a way that prevents allergies later in life. This kind of research has brought researchers closer to understanding if and how breastfeeding can prevent allergies.

The concept that exposure to small amounts of allergens might help to train the immune system was explored further by the Murdoch Children's Research Institute (Tang et al) in early 2015. Their study of peanut allergies looked at whether exposing children with medically-diagnosed peanut allergy to very small amounts (strictly controlled and gradually increasing) of peanut protein, combined with a probiotic, could desensitise the children to peanuts. The answer was an unequivocal "yes": 89.7% of children in the treatment group and 7.1% of children in the placebo group were found to be desensitised to peanuts when challenged two to five weeks after the end of the trial (but the researchers have cautioned parents not to try this experiment at home; it should only be attempted under the strict supervision of a doctor). Although not directly related to breastfeeding, the model can be considered to have mimicked the way in which infants receive small amounts of allergens through human milk, which naturally contains probiotic bacteria.

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Leaders and Groups News

New Leaders have been accredited in Addis Ababa, Ethiopia (Viola Csordas and Ursula Truebswasser); Dubai, UAE (Mirna El-Sabbagh); Rabweh, Lebanon (Sara Luis Hannan); and Beijing, China (Ling Wang). Congratulations, ladies!

The Addis Ababa Group are very pleased to have expanded from one to three Leaders. Ursula Truebswasser explains, "Prior to now, Elfaz – who speaks the local language, Amharic – has been leading one English group, mostly for expat mothers and a few Ethiopians. Now that we are three leaders, Elfaz has been very active in planning meetings in Amharic for Ethiopian mothers. There seems to be a lot of interest and depending on the number of mothers and their level of English, I might be co-leading some of these meetings. Otherwise, Viola and I will mostly focus on the English group."

Unfortunately, five LLL groups have been forced to close due to Leaders retiring or moving away: LLL Kuwait, LLL Riyadh (Saudi Arabia), LLL Tokyo Central, LLL Sasebo and LLL Yokosuka (Japan).

If you are interested in becoming a Leader, please check out this link: www.llli.org/lad/talll/talll.html.