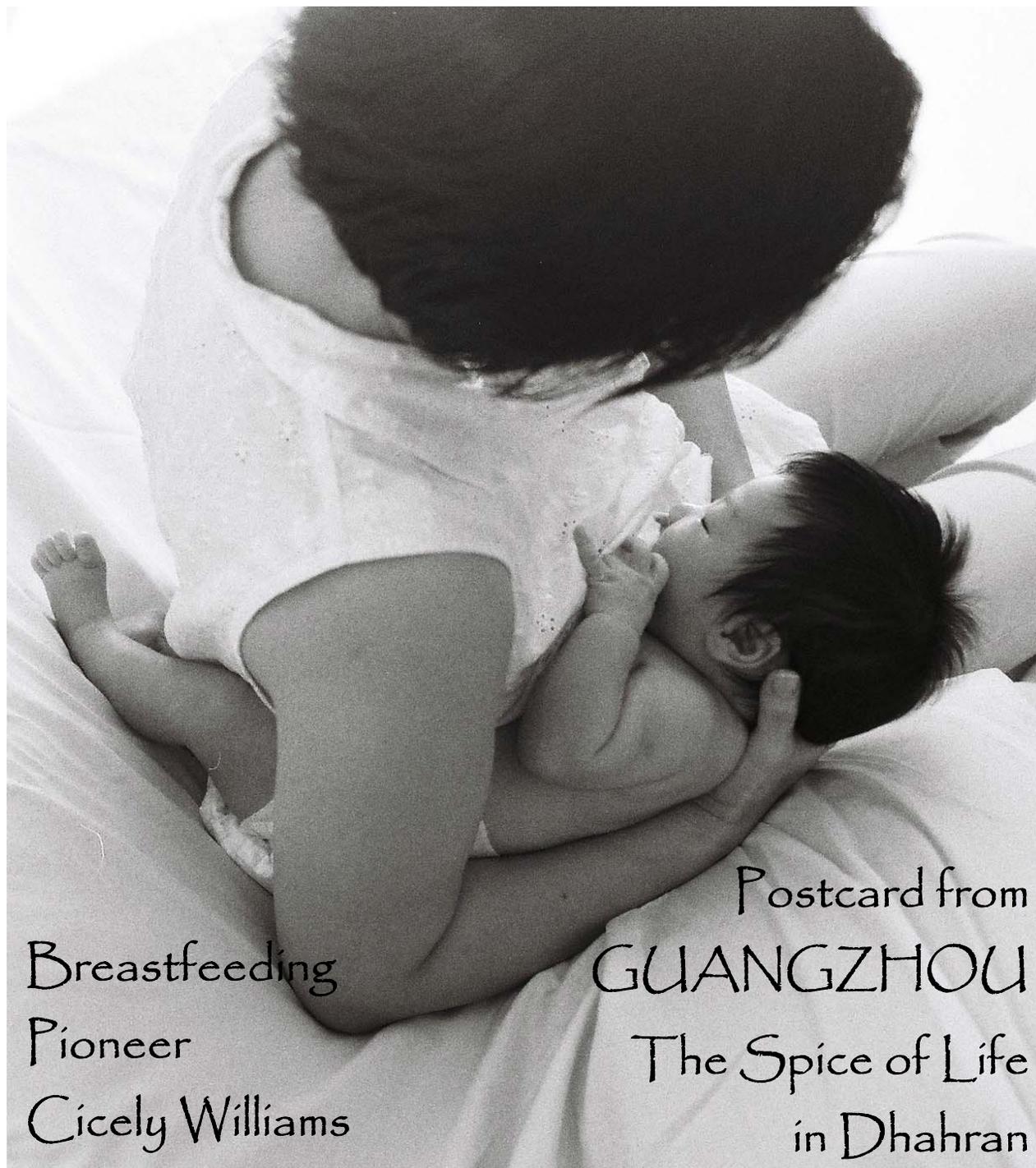


Close to the Heart



La Leche League Asia
Mid-Year 2005
Volume 6, Number 2

"Breastfeeding
is mothering
close to the heart"



Breastfeeding
Pioneer
Cicely Williams

Postcard from
GUANGZHOU
The Spice of Life
in Dhahran

Credits

Sheri Khan
Managing Editor

Melanie Wilson
Area Publications
Administrator

Ruth Anna Mather
Area Coordinator of
Leaders

Lisa Holstein
Area Professional Liaison

Sarah Hung
Layout

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Code of Marketing of Breast Milk
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countries.

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Mission Statement

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

Contribution Deadlines

**Contributions received by
1st November will be included in
the Late-Year 2005 issue.**

Contributions received by
1st March 2006 will be included in
the Early-Year 2006 issue.

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1st July 2006 will be included in
the Mid-Year 2006 issue.

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

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breastfeeding mothers in Asia.

Contributions in English can be
directed to:
jqk.slp@iol.it

Contributions in Chinese can
be directed to:
pm101328@hkabc.net

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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

Dear friends,

This issue is a little late - it has been a busy summer. But I hope that will add to your pleasure in reading the wonderful articles in the pages of this newsletter, sent in by you.

As always, summer is a time for travel and for family. I was lucky enough to be able to travel to Washington D.C. for the LLLI conference at the beginning of July and meet several other LLL Leaders from all over the world, including Asia. We had great fun dressing up in our national costumes for the parade at the start of the conference, and enjoyed working together on topics of common interest. I came home tired but inspired, with my batteries recharged for another two years. I have never cried so much nor laughed as much.

I came home and got busy putting together this issue. I have so enjoyed reading about the different experiences that you have sent in. Every issue seems more interesting than the last! Different countries, different cultures, children of different ages and different breastfeeding problems. A wonderful addition to the rainbow of breastfeeding experiences ... that are common all over the world!

Please do keep sending your letters and photographs!

Sheri

My Incredible Journey to Hong Kong

I am sitting in the Heathrow Airport departures lounge with my husband and my eighteen-month-old son. I am twenty-nine weeks pregnant and the clerk at the desk has just verified that my letter from the doctor has been accepted and I can fly.

When I look back on this scene I feel amazed. Did I really give up my career, move half way around the world and give birth to my second child in such a short space of time? The confounding answer is, yes, I did!

We arrived in Hong Kong in the middle of April with nothing more than three suitcases; two more boxes were being sent from home. We had been told by friends that we could get everything over here; friends, who I hasten to add, have never set foot outside of Europe. The weather when we arrived was much hotter than the UK, though again, reassurances from another friend led me to believe that the temperature wouldn't rise too much. (Having now spent August in Hong Kong, I'm beginning to question the judgement of some of my friends!)

We began our stay living in a hotel-serviced apartment. Having got over the jet lag, I decided that my son and I would set about exploring Hong Kong. After a short while we got very good at navigating the MTR [Hong Kong's urban transport system] and my son started getting used to having his hand and face stroked by very smiley, friendly, complete strangers.

On our daily excursions, I quickly learned that Hong Kong boasts many steep hills and a formidable amount of steps. Despite bringing a very light pushchair with us, a heavily pregnant, sweaty, panting woman, pushing her son up the steep hills must have been a sight.

Shopping in Hong Kong also presented us with another set of issues to contend with. Where do I get what I need and just as important how do I get my purchases home? The latter proved to be easier than I thought; anything that couldn't be delivered was ferried home on the handles of the light, but ever-so-sturdy pushchair. Where to find things was a little trickier. Someone said to me, "If you want to buy a

hammer in Hong Kong, you have to find the street that sells the hammers." I found this to be a perfect description of the shopping situation. However, with advice from new friends and endless questions on the Internet, I developed a list of useful shops and their locations.

As well as finding our way around, I also had to find a doctor and hospital to deliver my ever-increasing bump. Having come from a National Health Service system where everything is done for you, I found the prospect of finding my own gynaecologist a little daunting. Armed with more research from the Internet, I made some appointments and luckily clicked with the first doctor I visited. He was very calm and dealt with my many questions with ease. I also decided to employ a doula, as I was adamant that I didn't want a C-section, which is a lot more common in Hong Kong than in the UK. We also decided that someone who knew the Hong Kong system would be very helpful. As it turned out, the doula we chose was absolutely fantastic and I can't praise her highly enough.

As with my son, my second pregnancy was uneventful, which was wonderful considering everything else around me had been in such a state of flux. Having organised the doctor, the doula, and the hospital and made sure that the insurance company was going to pay the bill, we moved out of the hotel and into our own apartment. Finally I was beginning to feel settled and could start planning the baby's room and get my son involved in the local toddler scene. Life was starting to get organised after all the upheaval, then came the announcement from my doctor that he might have to be away at a conference on my due date. At this point it hit me for the first time that I was in a far away country, about to give birth and I didn't have any of my usual family and friends support networks. I picked myself up and decided, "OK I can deal with this. I have a fantastic husband, a great midwife, and I have given birth before. It will be alright!"

As it turned out the whole birthing experience was much better than alright, even though my labour was a long, drawn out, stop-start affair and I met my new gynaecologist, for the first time, in the middle of a

contraction at the hospital. My beautiful baby daughter was born last June weighing 8 pounds 13 ounces [4 kg].



Once the initial euphoria of the birth was over, I then had to face my next challenge - breastfeeding. I had very happily nursed my son until he self weaned at sixteen months, but I was worried about breastfeeding in Hong Kong. I had been led to believe, by my 'fully informed' friends, that people in Hong Kong were very much against breastfeeding, especially in public. So armed with all the arguments for breastfeeding, I defiantly set out nursing my daughter in public, ready

to aim a well-informed salvo at anyone who dared to confront me mid-feed. However, despite being fully prepared to fight a crusade for breastfeeding in public, I have found nursing my daughter in Hong Kong to be a delight. People have not been at all bothered and if necessary politely turn away once I have started to feed. I have managed to nurse just about everywhere, including in a large crowd watching the dolphin show at Ocean Park. I know that this has not been everyone's experience here, but in comparison to feeding at home in the UK, Hong Kong is a much more breastfeeding-friendly place.

My daughter has recently turned a year and has just learned to walk, teetering off in all

directions, grabbing everything she can get her hands on. My son is also happily settled, has made lots of friends and had a wealth of new experiences. I look at my two children now and the trauma of the move is a dim and distant memory. I'm really happy that we made the decision to move to Hong Kong and would also like to say a huge thank you to all those wonderful people who helped us on our incredible journey.

Mothers' Stories

*by Alysia Lee
Hong Kong Group*

Padma's Weaning

I am a mother of a nearly two year old. I work and at the same time, I was trying to nurse my toddler girl, Padma. Her weaning came to me as a surprise. During our breastfeeding relationship I overcame many hurdles - plugged ducts, over-supply, insufficient supply, and the worst was a 3mm wound above my left nipple that required me to stop nursing on that side for two months. But just as I was relaxing and enjoying

breastfeeding with my milk supply free of blockages, my daughter suddenly opted for the bottle. It felt like she had turned against me.

This happened when she was 20 months old and was recovering from a fever and flu. I remember being so anxious to breastfeed and give her the necessary nutrients and antibodies. Yet it was just at that crucial

moment that she decided to stop. At first, I thought she was on a nursing strike. But as each day passed by, the number of nursing sessions diminished. At the beginning, she only dropped one feed, then, two the next day, and finally, she would not nurse at all. Not only did she have no interest in nursing, she literally did not want to be close to me at all. I felt that she was rejecting me. That was a depressing feeling. Subsequently, I offered to nurse after a month, but that did not work either.

My daughter normally nursed at predictable times, three times a day: before dawn, before her afternoon nap and before bedtime. Being a working mom, I guided her to this pattern so that both my helper and I would have some sort of rhythm to follow. When I was not around, my helper would give her eight ounces of either my expressed milk or in combination with some fresh cow's milk. (After my daughter turned one, I started giving her one to two ounces of cow's milk every day. This gradually increased in time and by the time she was 20 months, she was taking eight ounces of cow's milk without any complaint.) In a way, that may be the very reason that my daughter refused to breastfeed. The bottle is much easier and faster to take.

When I realized what was going on, I was heartbroken to say the least. But in retrospect, now that I only manage to give her expressed milk in a bottle in combination with cow's milk, I really feel great that weaning happened this way. It would have been worse if I had to take the initiative to stop breastfeeding. My daughter at least pushed me away and made the decision herself. Of course, I am much more relaxed now, telling the story, but more than three months back, I had a hard time, just keeping the bonding. Soon enough, I realized that all along I had not been listening very well to my child's needs. Her caretaker is actually better with this than I am. She knows how to play with my child and can make her chuckle. So after this, I began to learn to interact more with my child.

In order not to create any discomfort while decreasing the amount of milk I expressed, I reduced the quantity gradually. I expressed three times for the first month after she stopped nursing, then two times for the second month, and finally once a day for the third month. This is the fourth month and the last that I intend to express milk to leave for Padma. For me it has been a very good and gradual way to reduce the chance of engorgement.



Another reason I did this is that I always have a lump on each side of my breasts. My lactation consultant always emphasized that I should massage it and hopefully, before weaning, I might get rid of those lumps. One more reason why I wanted to lengthen my breastfeeding experience is that I had always wanted to continue until Padma was two.

If she had not discontinued herself, I think I could have continued until she was two and a half years old or before she started school. That way, the breast milk could help to further strengthen her immune system. By continuing to express as I have done, I have been able to provide this protection for her.

One of the lessons I have discovered during her weaning is that parenting involves so many aspects, ones that I neglected while I was concentrating on nursing and expressing. Now, I try to focus my energy on parenting my child. When I look at her now, I see a child who is eager to learn and can understand our requests. It makes it even more important for me to teach her and to provide her with a solid emotional and spiritual background.

Just as breastfeeding provides the foundation for the physical health of a child, teaching and nurturing are important because they are the foundation for mental growth.

Weaning should be a happy process. With every chapter that ends, another one begins. And there will always be challenges ahead as long as we are parents.

My Baby Has Weaned before I Was Ready!

Help!

from the LLLI web site
<http://www.lalecheleague.org/FAQ/unexpected.html>

Were you planning on breastfeeding for a while longer, but your baby has other ideas? Are you feeling rejected? First, make sure it isn't just a nursing strike. See the question: "*My Baby Is Suddenly Refusing To Nurse. Does That Mean It's Time to Wean?*" (on the LLL website, see references below) and our *New Beginnings* article "*Sudden Weaning*" for ideas and support.

Maybe you have heard the saying: you can lead a horse to water, but you can't make him drink. But I'll give you some tips to get your child back to the breast. When a child weans before the mother has planned, it can lead to feelings of rejection and grief in the mother, even when the baby seems fine with it.

Some of the most common reasons for an early weaning are: a baby who is getting bottles, using a pacifier heavily, or really chowing down on solids. Naturally, you can try cutting down on any of these activities. If your baby is getting bottles at daycare while you are at work, and is over six months old (approximately), it's probably time to go to the cup for the child's feeds. Cut way down on pacifier use too. That way, your baby won't be meeting his sucking needs all day, and will be more eager to suck on your breast, when you are together. If you started solids early (before six months), you can always cut back on the size of these meals, gradually, of course. Your milk supply will build back up, as the baby spends more time at the breast. Remember, your milk is by far the most nutritious food for your baby, for the first year, not to mention the immunological benefits.

Another common behavior to watch out for is the busy baby who is too distracted by everything around him, and won't take time to breastfeed. This usually occurs between ages six to nine months. Try going into a quiet, dark room to breastfeed. Your baby may start waking more at night to feed, when nothing interesting is going on. You may not like having your sleep disturbed, but at least your baby is getting the perfect nourishment his body requires. This is less of a problem if your baby sleeps in your bed. Night waking is also common during teething, anyway. A baby will often pick up on breastfeeding during the day at about one year, when he starts standing, walking and falling down and hurting himself a lot. Plus he's able to keep an eye on what's going on around him, and still get his time at the breast in--smart baby!

Perhaps you have a very busy baby who sucks his thumb, has always preferred sleeping alone, has adopted a blankie or teddy bear. We call these babies self-soothers. It's less common among breastfeeding babies, but they do exist. Perhaps you are pregnant, and your baby is reacting to the change in the taste or quantity of your milk. In these cases, it can be difficult, or impossible, to turn back the clock to those blissful breastfeeding days. You've experienced one of the most pleasurable, even spiritual, times of your life, cuddling with your soft, warm, fragrant baby. It's natural to miss it! Friends who haven't been there won't understand. They'll think you'd be glad to tuck your shirt back in, and move on to the next stage. But your feelings are valid! Call your local La Leche League Leader. She will listen, and sympathize.

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My Baby Is Suddenly Refusing To Nurse. Does That Mean It's Time to Wean?
<http://www.lalecheleague.org/FAQ/strike.html>

Sudden Weaning
<http://www.lalecheleague.org/NB/NBJulAug98p118.html>

Postcard from

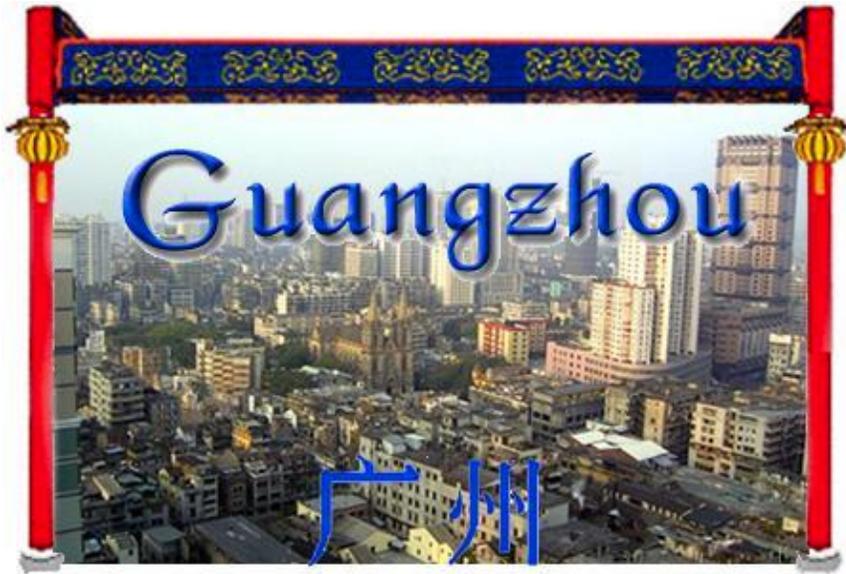
Greetings from the Condrell family living in Guangzhou (Canton) China. Though we are all American citizens, our children Eber, three and a half, and Abraham, one year, were both born in this booming commercial center in Southern China.

China is full of people and full of babies, but my husband Paul and I get lots of engaging smiles and positive comments from people when we walk down the street

with our TWO boys. As you may know, the Chinese government restricts most of its citizens to only one child.

Everyone here seems to have a moment to comment on our boys and to try to engage them in conversation; the Chinese culture is a very child friendly one. In many ways though, the fact that each family only has one child colors a lot of their decisions about how to raise their children. Many women take just a few weeks off for the delivery of their one child (often maternity leave is just three months); and many women are quick to give up on breastfeeding since they are almost certainly going to hand the care of their child over to someone else quite soon anyway.

Not having a 'season' of their lives devoted to their family, many find family members to care for their child while they rush back to maintain their competitive advantage in the workplace.



Unfortunately for the majority, breastfeeding just doesn't fit in with this sort of mindset. Children are put into school at two and a half years old to give family caregivers, often grandparents, a break. In fact, it is my

understanding that C-section rates are quite high; women opt for the 'pain-free' option and some even select an 'auspicious' day for the birth.

We live in the center of the city on the 28th floor of an apartment building, but the

boys and I love to spend our mornings out in the beautiful parks of our city, which have wonderful natural and man-made play areas. I assumed that I would breastfeed, but I didn't really get prepared for it in any way. In the Chinese hospital where my first child was born, the nurses encouraged me to supplement with glucose water and milk powder. Every time the baby cried and they heard him, they would suggest that he was hungry and needed something more than my milk. Though most Chinese women enjoy the nursing staff caring for them and their baby for a full week, I was glad to get back home as quickly as possible, and Eber and I quickly settled into a comfortable and exclusive on demand breastfeeding relationship.

Eber weaned himself at two years and seven months when I was pregnant with Abraham; we were on vacation at the beach in Thailand, and

Eber just gradually stopped needing to nurse even to go to sleep. Just lying down with him was enough closeness for him. I do regret though that while pregnant, I was unable to hide from Eber that his breastfeeding was very painful for me. This might have influenced him to wean himself, and I regret that he didn't wean himself totally on his own terms.

After the new baby arrived, Eber didn't ask to nurse then either, which I thought was a good indication that he had indeed been ready to wean when he did.

Even knowing my breastfeeding history, the nursing staff at the hospital where Abraham was born was always wondering if the breastfeeding was going well and offering supplements. I was, of course, confident enough to not let this bother me, but I made sure that they knew I felt that their behavior could undermine other mothers' efforts to successfully breastfeed.

With Eber I was careful to use a cover-up when I fed him; it was a white lacy thing that probably drew more attention to my breastfeeding than necessary (I remember one occasion at church when an elderly man actually lifted it up to see what was going on underneath!), but it was important for me to be sure I was being discreet.

With Abraham, I have been confident enough to breastfeed discreetly without any cover-up; in fact,

I want people to know (though not to see) that I am breastfeeding him. It seems that when I am out in public most every Chinese woman whom I run into will ask me if Abraham is breastfed or not; they all comment that breastfeeding is certainly best for the child. They also comment on the health and beauty of my children, which I am quick to attribute to nature's best baby food.

Nevertheless, women here associate breastfeeding in public with peasants from the countryside who will plop down on the street corner and feed their baby without bothering to be discreet. A city woman would probably rather wean than have to feed her child outside of her home.

Only one of my Chinese friends exclusively breastfed for six months, in line with the current WHO recommendations. It seems that the stereotypes about breastfeeding and the rush to get back to work have won the day currently in China even though everyone here knows that breast milk is best. This only makes me want to proudly feed my Abraham his breast milk as long as he wants!

*Stacy Condrell
Guangzhou*



Breastfeeding Pioneer

by Tanja Knutson
Leader with the Singapore Group

Cicely Williams

I first read about Cicely Williams a few years ago in a magazine article in Singapore. It caught my attention, not just because of its breastfeeding focus, but also because of its historical content. I have always been fascinated by history, and we had recently moved to Singapore, so I was thrilled to get an insight into Singapore's past.

Since reading that article, I have wanted to share the story of this amazing woman with others who can appreciate her contribution to maternal and child health. It is my hope that you will find this woman's life inspiring, and that her work serves as a reminder of the health you are giving your children through breastfeeding.

Cicely Williams was born in Jamaica in 1893. She studied medicine at Oxford and upon graduation went to work in Africa for The British Colonial Health Services. It was in Ghana that she became aware of the shocking death rate among older babies and toddlers, but not newborns. She discovered the local term for the cause of death was *kwashiorkor*, which, loosely translated, meant the sickness the older child gets when the new baby is born. She quickly realized that the newly weaned children were dying of malnutrition when their mother's milk was going to the newborn. The remedy lay in education of children's nutritional needs. She set up maternal health clinics and trained the staff in nutrition, hygiene and breastfeeding promotion.

In 1939, Cicely was transferred to what was then called Malaya, to lecture at the University of Singapore. Here she found a different trend than in Africa. In the hospitals where she worked, there was a very high mortality rate amongst the infants. They were dying of malnutrition and rickets. The newborns here were being fed sweetened condensed milk. Nestle was exporting it to Singapore and Malaysia as 'ideal for delicate infants', though it was banned in Britain as it was suspected of causing rickets and blindness.

Cicely was horrified, not just by the high infant death rates, but by the appalling conditions in which poor women lived and worked, which apparently seemed to make artificial feeding an attractive option. She saw the direct link between the marketing of condensed milk and the undermining of breastfeeding. When invited to speak at the Singapore Rotary Club, she titled her speech *Milk and Murder*, and with what can only be described as nerves of steel, Dr Cicely Williams said, in words that have since become famous, "*misguided propaganda on infant feeding should be punished as the most miserable form of sedition; these deaths should be regarded as murder.*" The chairman of that meeting was the President of Nestle.

Thus began a worldwide campaign against the use of unsuitable sweetened condensed milk as a substitute for breast milk, spearheaded by Dr. Williams. Many groups were formed as a direct result of her words, and today, IBFAN, WABA, UNICEF and WHO are all actively involved in monitoring infant feeding practices that violate the code of ethics laid out by WHO.

When Japan invaded Singapore in 1941, Dr. Williams was interned in the Sime Road camp for prisoners of war. She came down with a terrible case of dysentery and nearly died. Not too long after she recovered she was moved to another prison, Changi. She became the camp's doctor and worked with the prisoners during the remainder of Singapore's occupation. After two years of near starvation at Changi, Cicely was taken to the headquarters of the Kempe Tai, the equivalent of the Nazi Gestapo. She was tortured, starved, questioned to exhaustion and placed in a series of cages she was forced to share with dying men for over four months. Cicely survived and was released and returned to Changi. One of the remarkable things she wrote in her diary during her

four years helping a group of mothers was that “20 babies were born, 20 babies were breastfed and 20 babies survived”.

During her life, as doctor, researcher, lecturer and WHO adviser, Dr. Williams worked in 58 countries and her methods of maternal and child care were practiced widely around the world. Dr. Cicely Williams died in England in 1992 at the age of 98.

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Magic Ingredients!

by Maggie Holmes
Leader with the Hong Kong Group

About Colostrum

The more I read about breast milk the more amazed I am by its properties. It's a living fluid - which gives a lifetime of benefits for both baby and mother. It really is magical stuff. So in a new column, “Magic Ingredients”, we are going to look at some of the fabulous and interesting properties associated with breast milk.

Let's start at the very beginning. Colostrum is the first milk - that sticky, yellowish substance which is low in volume but high in antibodies and protein. It's all your baby needs for the very best possible start in life. Here's why:



Colostrum starts being produced midway through pregnancy. The breasts may feel larger and veins are sometime visible through the surface of the skin. At around the same time, the breasts begin the secretory phase, filling the alveoli, small grape-like clusters of glands, with colostrum. Whether the baby is born full term or a few weeks early - the colostrum is always ready and waiting.

Here are a few interesting facts:

- Colostrum is a living fluid. It contains many live cells and resembles blood in its composition. It contains over 60 components, 30 of which are only found in human milk.
- Colostrum is high in protein. It contains about three times more protein than mature milk. This ensures adequate nutrition for the baby and helps defend against infection.
- Colostrum is yellow-ish because it contains high levels of beta-carotene. This is one of many antioxidants present in human milk. Antioxidants act as cell protectors and enhance the baby's immune system.
- Colostrum is a great laxative. It encourages the passage of meconium, baby's first stool. Bilirubin is expelled in the early stools, which helps reduce problems with jaundice.
- Colostrum has a high concentration of immunological factors, which protect against virus and infections.
- The antibodies found in colostrum are specific to the mother's environment and are targeted against the pathogens in the baby's surroundings.
- Colostrum helps protect against allergies. A newborn's intestines are very permeable. Colostrum seals the holes in the intestine by painting the gastro-intestinal tract with a barrier. This prevents foreign bodies from penetrating the mucous membranes, which can cause an allergic response.
- Colostrum is usually most visible in the first few days after birth. The mother starts to produce mature milk within three to five days. The milk continues to be a mixture of colostrum and mature milk for up to two weeks.

New Arrivals

by Brooke Schumacher
Leader with the Dhahran Group

We are delighted to welcome the mothers of the Middle East to our readership. Currently LLL has Leaders and Groups in Manama in the Kingdom of Bahrain, Dhahran, Hail and Jeddah in Saudi Arabia and Damascus in Syria.

The Spice of Life in Dhahran

Greetings from Dhahran, Saudi Arabia! I am Brooke Schumacher, and I live here with my husband and three children. We moved here from Houston, Texas, USA when my oldest, Lily, was 10 months old. My twin boys, Karl and Peter, were born here. We have lived here five years, so now my daughter is six and the boys are three and a half

We enjoy living here for lots of reasons. The main reason we came is that we get lots of family time. My husband, Bernd, is home for dinner every night at 4:30 PM! We have sunshine and blue skies about 350 days of the year, so we can count on good weather whenever we make plans to be outdoors.

We feel lucky to live in a place where children and the family are welcomed and valued. You see children of all ages everywhere here. Arab women have a wonderful custom of blessing the children they see. They touch them (or sometimes kiss them), and say "Mashah-Allah" or "God Bless You." How different from some of the big cities in the USA or Europe where dogs are allowed in some places but not children!

About the time we arrived here in 2000, some women were restarting the La Leche League Group. I was delighted to help with that! I had enjoyed attending LLL meetings in Houston. It was fantastic to find some other mothers who were comfortable following their hearts and trusting their children to guide their mothering. As Lily passed her first birthday, I found other mothers who had nursed a toddler and were glad to talk with me about it.

Our Group Library is a real treasure over here. Many of the books cannot be found in local bookstores. I really appreciated finding information on nursing twins, pregnancy, and siblings right at our LLL meetings. Of course the mothers at the meetings who were one step ahead of me in their mothering experience were happy to share their stories. They helped me nurse my twins, settle my two-year-old when the babies arrived, feed my family, and they are still helping as she faces starting school!



In Dhahran, we are from all over the world. There are Americans (like myself) and Canadians. There are many Europeans, South Africans, Australians and New Zealanders. And there are many, many arabs. Arabs come here from Jordan, Syria, Lebanon, UAE, Palestine and Egypt (to name only a few). I know a few Indian, African and Iranian women, too. At any gathering of women here, whether it is a child's birthday party, a school function, or a LLL meeting, chances are

great that I will be talking to someone from a completely different culture and country than my own. I love to learn about our differences, but I am even more intrigued by how much our mothering is the same. Most of us are at-home moms. Many of the "non-westerners" nursed their children into toddlerhood, and are surprised to meet an American who did the same. We all struggle with getting our children to eat healthy foods. I have learned some great recipes for hummus, rice and pasta dishes in this way!

When I think how homogenous life would be if I lived anywhere else, I am glad we live here. We really enjoy the spice of life in Dhahran, Saudi Arabia.