

Close to the Heart



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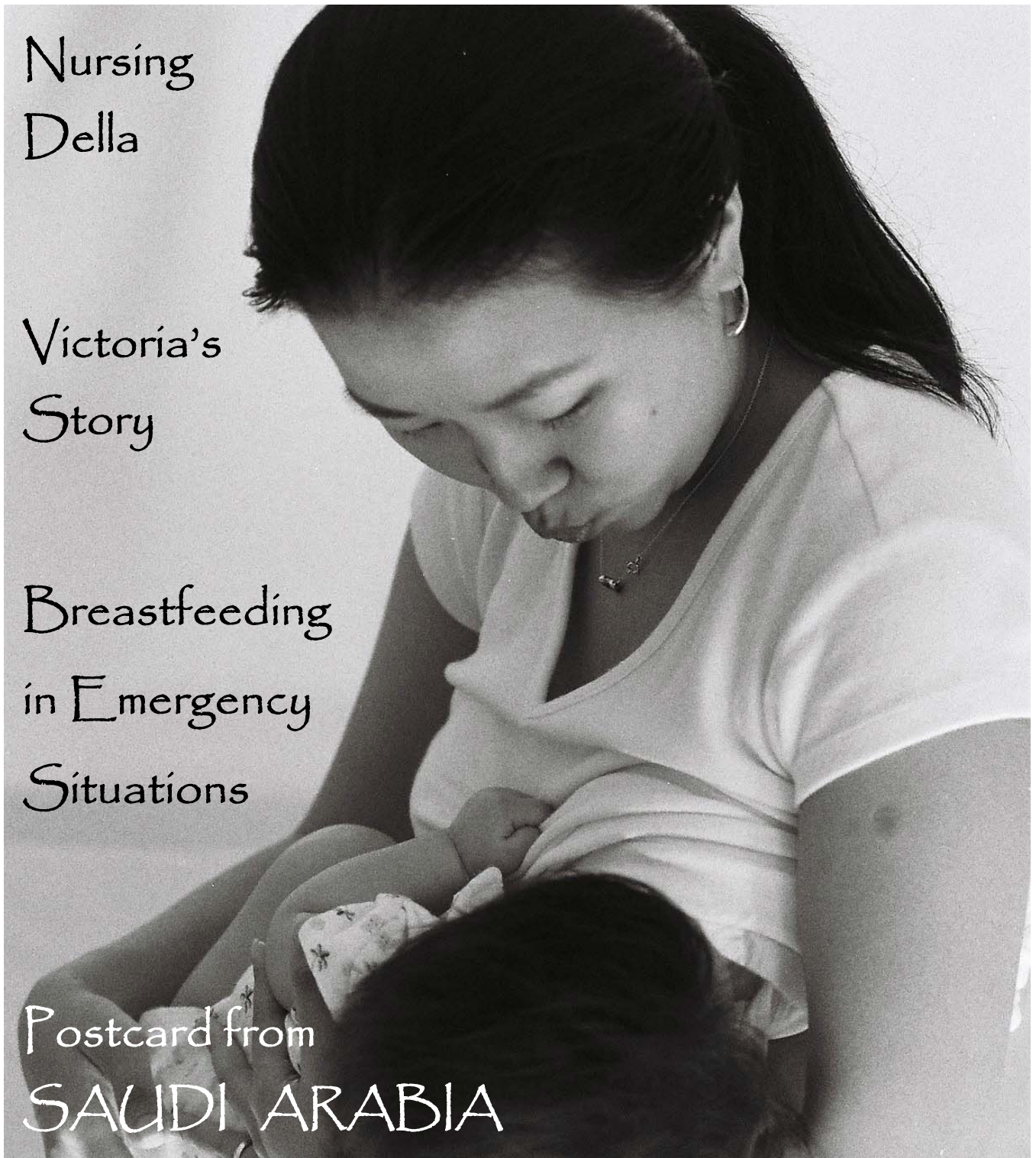
"Breastfeeding
is mothering
close to the heart"

Nursing
Della

Victoria's
Story

Breastfeeding
in Emergency
Situations

Postcard from
SAUDI ARABIA



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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 March 2006 will be included
in the Early-Year 2006 issue.**

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

Contributions received by
1st Nov. 2006 will be included in
the Late-Year 2006 issue.

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

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(English and Chinese) for
breastfeeding mothers in Asia.

Contributions in English can be
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Contributions in Chinese can
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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 of *Close to the Heart* is the last in 2005, and concludes a year that has been full of events for all of us, all over the world. On a personal level this year has seen many events in my personal life: children moving on, family gatherings, changes at work. I am sure that many of you can name significant changes in your lives this year. For LLL International, this has been an important year, with the International Conference in July and in LLL Future Areas in Asia we have welcomed new Leaders and groups in countries where there was no presence. We have a "postcard" from a mother from Saudi Arabia in this issue and look forward to hearing from mothers in other countries.

World wide this has also been a year of natural disasters on a vast scale. The tsunami just a year ago was followed by hurricane Katrina and then a terrible earthquake in Pakistan. Breastfeeding can save lives in situations such as these! In this issue there is an article on Breastfeeding in Emergencies which explains how and why breastfeeding can make a difference even here. Although the information given here may no longer be useful for these recent events, it is important that this information is widely available and that mothers everywhere know that with the right help, all mothers, even those who have stopped breastfeeding, can use it to nourish their babies, providing them with nature's best food and protecting their children.

One article in this issue speaks of relactation and ties in neatly with the topic above. Many people do not know that relactation is possible. Simply knowing that a woman can breastfeed a child who she has not given birth to, by stimulating and increasing her milk supply, can provide the encouragement necessary for a woman who is having trouble breastfeeding a child she has given birth to. "If she can, then I can too" is the message that a story like gives us.

We also have a story that tells us how breastfeeding can make a difference when a baby has health problems. Even here, the unique qualities of breast milk mean that a baby who would otherwise be very sick is stronger than she would otherwise be.

Thank you all for contributing to make this another inspiring issue.

Sheri

Nursing Della

I'd known I wanted to adopt a baby since the birth of my first child, Audrey, in May of 1997.

On Feb. 5, 2004 we finally adopted our little girl Della, who is now two years old.



Lucy with Della

Della was four months old when she came to us. I was very excited because my third biological child, Campbell, was 23 months old and still nursing. I was very optimistic that I could nurse Della with little difficulty.

During the adoption process I had already started to search online for information on adoptive nursing, but not much is written about this subject

and everyone's story is unique. It was hard for me to prepare because so much seemed to depend upon the child's age and disposition and the adoptive mom's personality or physical make-up. I just prayed that we would receive a young baby who would be really receptive.

Overall, I was confident. I knew I still had some milk in the breast from feeding Campbell and I figured it would be just a matter of building up the supply to be successful.

But it wasn't so easy. In fact it was a challenge that almost exceeded my will power.

Della was very attached to the bottle - it was her main source of comfort, so it was hard for me to take the bottle away and get her to latch on. She wasn't used to having to work to get the milk. Usually she would arch her back and refuse the breast. Because she was so new to us, I felt that I didn't yet know her temperament, and I didn't know how much I could push her. I was frightened of stressing her.

A lactation consultant suggested I get rid of the bottle and pacifier totally and try cup feeding. This was a labour intensive and tedious process. Each feeding took so long and I was worried that Della wasn't getting enough formula. Also, I couldn't even have a bottle in the room or she would become hysterical reaching and screaming for the bottle. Although she was only four months old she was very active, her hands waving erratically with milk streaming everywhere!! She was quite fretful and I was an exhausted nervous wreck!

On one of the first nights when Della was asleep she unconsciously and independently latched on, and this gave me tremendous hope. But it turned out to be a one-off. Although I tried every

possible way to interest Della in latching on again, she refused. During that time we followed a strict regime involving lots of skin to skin contact, holding her in a nursing position with my shirt unbuttoned, massaging her etc. Those early weeks with Della were very exhausting - the one task of breastfeeding exceeded all the work we had experienced with our three biological children who were breastfed from birth. Progress was at a snail's pace.

I remember that a La Leche League Leader once told me that even one ml. of breast milk is better than nothing. I thought about this, and that helped me to change my expectations. I was disappointed that I would probably not be able to exclusively breastfeed Della, but I realised I had to shift my goals - perhaps I could just partially breastfeed her....

I was having all kinds of problems building my milk supply. While I was pumping four times a day (20 mins/time), I could only express tiny amounts. I was so discouraged. I had hoped that if breastfeeding didn't work out, I could at least give Della my breast milk through a bottle.

I took Mother's Milk tea and fenugreek to help boost my milk supply. One Chinese friend brought me fish and papaya soup, too, which is traditionally given to new mothers to help them produce milk. Nothing I did seemed to bring my milk up to a full supply. I didn't take drugs as I just wasn't comfortable with the idea.

One day, when I was trying very hard to latch her on, my husband Bryant dripped formula milk onto the breast and Della latched on immediately. He continued to pour the milk while she was latched on and she continued sucking!!

This was a turning point. My husband made a nursing supplementer system which enabled Della to stay at the breast. He hung a bottle high on the wall then ran a thin piece of medical tubing from the bottle down onto my body where it was laid on the breast and inserted into the corner of Della's mouth. After a while I was able to take the supplementer off the wall and move around with it. It wasn't easy to go out in Hong Kong with the supplementer, but we managed. I even fed Della with the supplementer system whilst on a long haul flight to the United States!

By systematically reducing the amount of time Della nursed with the supplementer, I was able to move her exclusively to the breast to nurse by August 2004!!

As Della got the hang of breastfeeding I could see more "normal" bonding behaviours occur, just as I'd experienced with my other babies. She would reach for my face and hold the other breast. Her eye contact increased and she seemed to take joy in the nursing process. She called nursing 'yum yum' and began asking for it, and sometimes she'd crawl over and latch on just for comfort if we were playing on the floor together. If she fell over and hurt herself I could comfort her by offering the breast - that was beautiful.

The process of persuading Della to latch on, struggling with my milk supply and using the supplementer system was all consuming. Some people thought I was being fanatical. They would say: "You can bottle feed and still be a good mother." Of course that's true, but I wanted to have the same closeness I'd had with my other three children.

Fortunately, my husband, Bryant, was very supportive. He was constantly researching online about supplementer systems or ways to increase milk supply. He took unpaid leave from work so he could go all over HK finding the necessary supplements and medical supplies we needed for the supplementer. He also spent extra time with our other children (then aged six, four and 23 months) so I could get extra rest. There were so many days when I just wanted to give up, but Bryant encouraged me to try to latch her on just one more time! I was so emotionally involved that I really depended on the objectivity he offered. He really gave me the confidence I needed to overcome the difficulties.

Breastfeeding Della was, by far, the hardest thing I've ever done in my life. The worst part was the emotional fatigue and the uncertainty of wondering if Della would ever be able to breastfeed and if I was going about it in the right way. I am so thankful that Della was able to experience the benefits of human milk, not just nutritionally but at the emotional level where maternal bonding takes place.



Lucy, Della and their supplementer system

I am so thankful. The road was long and tedious and so frustrating. Yet when I look back on those months, I realize what a small price it was to pay for the lasting benefits of nursing my daughter. I fear that the process sounds like a nightmare, but you as the reader cannot experience firsthand the benefits that we are convinced were borne of this struggle. As insurmountable as it appears, I would do the same again. And I am convinced that for anyone who should find themselves in similar

adoptive circumstances that the investment of time and energy is well worth it.

Lucy Mcentire is originally from North Carolina in the United States. She has lived in Hong Kong for five years with her husband Bryant and her four children: Audrey (8), Brenna (6), Campbell (3), Della (2).

Mothers' Stories

*by Julia Heyes
Singapore Group*

VICTORIA'S STORY – Part 1

Victoria was born in Singapore in October 2004. The pregnancy was straightforward, the delivery was normal and she was a healthy, happy baby sister to Beatrice, aged two and a half.

Breastfeeding got off to a great start, but after a short period of time I thought we had some latching problems as Victoria's ability to stay on the breast was poor. She would suck several times and then break the latch. Other than making attempts to try and correct the latch, I thought nothing more of it and got on with things.

It was only when we visited the paediatrician for Victoria's three-month check that the first signs of some health problems arose. The appointment was progressing as normal until the Paediatrician checked her heart. She thought she could detect a strong murmur but needed Victoria to be as still and as quiet as possible to listen closer. I suggested I feed her thus enabling the doctor to complete her check.

She referred us to a Paediatric Cardiologist, whom we saw the following day. As I waited I witnessed another small baby being sedated in preparation

for tests. I was glad to see this as it pre-warned me of what might follow, and shortly afterwards I too was syringing medicine into Victoria. I had been warned that it was very unpleasant tasting and Victoria clearly agreed with this, so it was nice to be able to immediately offer her the breast, to help wash the taste away. Within 10 minutes she was sound asleep.

The electrocardiogram (ECG) and the ultrasound scan took approximately an hour to complete. It showed that Victoria was suffering from Patent Ductus Arteriosus (PDA). The ductus arteriosus is a blood vessel, which exists to enable the foetus to breathe when it is in the womb. The ductus is meant to close soon after birth, but in Victoria's case this did not happen. Because her opening is quite large, she has too much blood going to her lungs and her lungs have become congested with fluid. This is a form of congenital heart disease (CHD) which is common in severely premature babies. However, as Victoria was born a few days past her due date, it was surprising that she should have this form of CHD.

What now came to light was that Victoria's early feeding problems had nothing to do with a poor latch; she had been out of breath and between sucks she had to pause to recover. It also explained why she broke out into a sweat each time she fed – her body had to work overtime.

When the consultant asked about Victoria's feeding practices, I was so relieved not to be told to stop breastfeeding. In fact when I researched into the link between her condition and breastfeeding the advice was that breastfeeding was still the best thing for the baby. A baby that is

established with breastfeeding requires less oxygen to take her milk from the breast than from a bottle. Thumbs up for breastfeeding yet again!

A common side effect of PDA in babies is an inability to gain weight. Because they tire so easily when feeding, they do not receive adequate nutrition. I like to think that because I always fed

Victoria on demand, she was receiving as much milk as she wanted. There has never once been any concern that she is not thriving – I feel very proud that despite her illness and the odds being against us my milk alone has been able to sustain her and keep her not just at an average weight but way above this for the first six months of her life. Her paediatrician has commented that she has never



Julia and Victoria

seen a PDA baby thrive so well.

To date we have had one two-night stay in hospital as any infection or virus that she may come down with does have to be monitored more closely. Time in hospital is never a pleasant experience, but our stay was definitely made all the more easy because of breastfeeding. I was so relieved that I hadn't already introduced solids, as this would have complicated matters, and when Victoria had to receive huge injections of antibiotics, I was there to comfort her with skin-to-skin contact and suckling at the breast.

So life continues pretty much as normal for now. She has to take two types of diuretic medication both morning and night. Every month or so we visit the consultant for a check-up. Now and again

she has another ECG and ultrasound scan. At 12 months of age she will undergo a two-hour procedure to close up the PDA and, hopefully, after that our lives and her little body will return to normal. I already know that our stay in hospital and her emotional and physical needs will be made all the easier due to our breastfeeding relationship.

I am so happy that between the medical profession, my breast milk and my belief we have allowed Victoria to thrive so well and be such a content and gorgeous little girl.

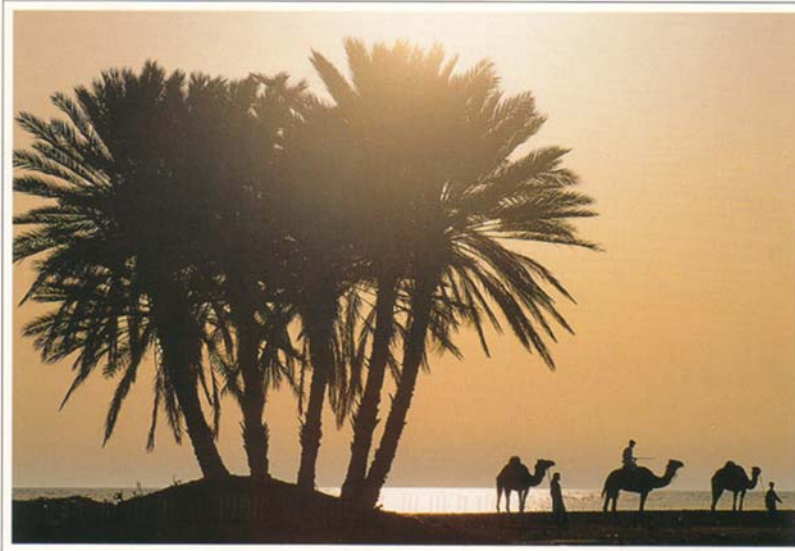
... to be continued.

Postcard from

My name is Hala Alturki. I live with my beloved husband Basim Al-Kadi and we have a one year old, deliciously cute son, Faisal. I also have a loving nine year old daughter Rosanna from my previous marriage who now lives in Jeddah, the western part of Saudi Arabia. She comes to stay with us during the holidays. As you can see from my name, here in Saudi we do not change our surnames to that of our husband's, as in much of the Western World. We keep our original surnames, and only the children take their father's surnames. That's why my son's last name is that of his father, and my daughter is known by her father's surname.

I currently live in the Kingdom of Bahrain because my husband was transferred here a little more than a year ago. Bahrain is just an hour's drive from Al-Khobar in the Eastern Province of Saudi Arabia. With my parents, brothers, sister and sister-in-law all living in Al-Khobar as well as my husband's

family and friends, we drive over to Saudi Arabia almost every weekend to visit them. In Bahrain we live on the sixth floor of a 10-story apartment building with a great view, overlooking the city of Juffair in Bahrain with a glimpse of the sea.



SAUDI ARABIA

From the time my second pregnancy was confirmed, I made a commitment to educate myself about pregnancy, childcare, delivery and all other related subjects. I was fortunate to join a Lamaze pre-

natal class at the Saad Hospital in Al-Khobar, offered on a trial basis for the first time. The eight-week class prepared me for everything from my pregnancy to labour to post-partum diet, exercise, childcare and breastfeeding. I complemented the classes with more personal reading in areas I wanted to learn more about, like breastfeeding. Through books I had read and Internet sites I had browsed on the topic, I realized the importance of

breastfeeding both for me and my son.

On top of that, the importance of breastfeeding is emphasized by our religion, Islam, which advises mothers to breastfeed for two years. During my pregnancy I had some fears about not being able to do it. I read about engorgement and cracked and sore nipples and was afraid I wouldn't be able to overcome these. The Lamaze instructor said that the best healing method for all the problems that accompany breastfeeding is to continue breastfeeding.

When the time came and I gave birth I realized that the nursery caregivers were bottle-feeding my baby, despite my explicit instructions and wish to breastfeed exclusively. I had to call the nursery every two hours to remind them not to bottle-feed and to bring me the baby for breastfeeding.

When the time came for me to leave the hospital, I was provided with a bag full of free formula milk that was packaged in ready-to-feed bottles. They only required fitting the teat which came with it. I decided that if I did experience engorgement and/or cracked and sore nipples, I might decide to use these, which would then make me vulnerable. Then I might think I had to rely on these and the baby might prefer them over my breast. So I decided, on the spot, to leave these at the hospital, giving myself no choice but to continue breastfeeding, despite anything that might happen. I am happy to say this was one of the best decisions I've ever taken, as a year has passed and I am still breastfeeding!

Another thing that worried me at the time was the fact that I was working full-time and was also studying at the University of Phoenix Online. Both required a great deal of time and effort, which alongside caring for a baby and breastfeeding, became quite a challenge.

However, as they say, "Where there is a will, there is a way." I was fortunate enough to be allowed to work out of my home for the first two years after I

had my baby. With the great responsibilities accompanying my position, this was a real blessing.

However, there was still a challenge! My job also required me to attend weekly meetings and international conferences and seminars. Since my meetings were mostly in Al-Khobar, Saudi Arabia, I was able to leave my son with my mother during these occasions.

A real challenge was attending the first conference after I had my baby, which was in Dubai, an hour's flight from Bahrain. The Conference took place over a three-day period and kept me busy daily from 8am to 6pm. I decided the best way was to take both my mother and son with me and have them stay at the same hotel where the conference was held. I went up to the room during the breaks between each session to breastfeed my son. Now looking back at the conference agenda and seeing my notes of the time I spent breastfeeding brings me great joy and pride. It shows how persistent and committed I was to breastfeeding my son.

To me, breastfeeding is one of the greatest experiences a mother can share with her child: It provides attachment, warmth and closeness, in addition to the great convenience! I never had to wash, warm or buy a bottle; it was always there, available all mixed and at the right temperature with the best and healthiest ingredients. Of course it had its difficulties, too, at times, such as having to isolate yourself to breastfeed. However, these were all short-term challenges that can easily be faced and resolved with a bit of ingenuity.

As I mentioned, our religion, Islam, strongly recommends breastfeeding. Although Islam does not oblige mothers to breastfeed, it does advise mothers to do so for two years. Cross nursing is also allowed: in other words, a child can be breastfed by a woman other than his mother, if the father permits. This can be useful in many cases where mothers have difficulties breastfeeding.

According to Islamic tradition, a cross-nursed baby becomes the “milk child” of the woman who nurses him, she becomes his “milk mother” and her husband becomes the breastfed child’s “milk father.” The baby also becomes the “milk brother/sister” of the milk mother’s other children and later on he becomes the “milk uncle/aunt” of their children. In Islam, a woman is required to cover her hair and body, except for her face and hands, when she is in front of marriageable men, which excludes fathers, grandfathers, brothers, uncles, husband and sons. The same rules apply to “milk” relations. A milk brother is not allowed to marry his milk sister; in return she is not obliged to be covered in front of him. A bond equal to a biological relationship is created through cross-nursing. Although this is an old cultural ritual it is still quite common in Saudi Arabia, and families still take advantage of this, to maintain a stronger bond between members.

For example, my sister-in-law breastfed my son, and I breastfed her daughter, so now when they grow up, neither she nor her daughter need to cover themselves in front of my son, and her daughter no longer needs to be covered in front of my husband. This provides great advantages, for it means they can freely visit each other, travel with each other and always consider themselves bound by a close brother/sister relationship.

Families and friends still strongly support breastfeeding. Even though some of them may not have breastfed their children, it is not perceived negatively; on the contrary, it is highly regarded. Of course, here in Saudi Arabia breastfeeding in public, in front of men, even without anything showing, is still not acceptable. However, breastfeeding in public in women-only areas, such as prayer areas in malls, is acceptable and is commonly practised.

I am a great supporter of breastfeeding, and I strongly recommend that every woman dedicate this short time to her child. I believe that the milk produced by mothers belongs to their babies and it is their right to receive it. So let us not deprive them of what is theirs and what is best for them.



Hala Alturki

Member of Saudi Arabia Aramco LLL Group

This is an account which touches upon the theme of cross nursing. It takes place in a closed traditional context with well established rules, and with all members of the society conversant and comfortable with the practice.

La Leche League does not encourage or suggest wet nursing or cross nursing of infants, for several reasons, including the hazard of potential infection for mother and baby, especially in the light of "new" viruses and diseases, as the possibility of transmitting infections is heightened.

For more information on this historical practise, see: Wet Nursing and Cross Nursing by Judy Minami from *Leaven*, Vol. 31 No. 4, July-August 1995, pp. 53-5

<http://www.lalecheleague.org/llleaderweb/LV/LVJulAug95p53.html>

Breastfeeding in Emergency Situations

*edited by Maggie Holmes
Leader with the Hong Kong Group*

In October, a terrible earthquake struck Pakistan leaving tens of thousands dead. Many more people will struggle to survive with their homes destroyed and supplies of food and clean water severely disrupted.

This is the latest in a string of disasters to hit the headlines. Only months before, Hurricane Katrina ravaged New Orleans. Elsewhere families have had to deal with tsunamis, floods as well as man made problems, most notably, war.

In emergency situations like these, breastfeeding can make the difference between life and death. With fresh water supplies compromised and access to shops impossible, breastfeeding may be the only option - whether the mother had intended to breastfeed or not.

During times of crises, La Leche League International plays an important role in helping aid agencies educate aid workers, hospital staff and mothers about the importance and practicalities of breastfeeding. La Leche Leaders in the communities affected continue to support mothers through the difficulties.

In an emergency situation, breastfeeding mothers may worry that stress will affect their milk supply. Fortunately, stress will rarely prevent a mother from producing milk. However, if a stressful situation prevents a mother from putting her baby to the breast often enough, then her milk supply will be affected.

In acute situations the reflex to release milk from the breast may become interrupted temporarily. In these cases mothers must be encouraged to find ways to relax before nursing. Breast massage and warm compresses may help. Focusing on the baby, stroking his hair, enjoying the feel of his skin also helps a mother relax and respond to her baby.

Otherwise there is no reason why a mother would be unable to breastfeed her baby, even when suffering great stress. In fact at such times breastfeeding can be therapeutic for the mother.

In emergencies, fresh water supplies are often interrupted and polluted. So, it's good to know that breastfed babies do not need any extra water. Human milk is 87 percent water and will satisfy all their needs for hydration. Nursing mothers do of course need to drink to thirst, plus take a little more.

If a mother is giving birth in an emergency situation, she needs to nurse immediately after birth to prevent haemorrhage. In order to achieve a rich milk supply she needs to nurse at least every two to three hours.

If the mother just gave birth within five days or so, and finds herself in an emergency situation, she needs to learn the importance of breastfeeding frequently - every two to three hours. This will ensure she builds up a good milk supply, which will allow her baby to enjoy all the health advantages of human milk.

Mothers who have already started giving their babies formula milk may be unable to find a safe water supply to make up the milk powder. In fact, the milk powder may be hard to buy if the normal food supply systems have broken down.

In these cases it may be possible for the mother to relactate and either teach her baby to breastfeed directly, or to express the milk. After a mother has given birth, her hormonal situation makes it possible in the first few months to relactate with relative ease.

If the mother didn't breastfeed or express milk after the baby's birth the milk supply will dwindle to just a few drops per day. But even with such a small amount of milk retained in the breast, the mother may be able to relactate.

In order to relactate the mother must remove milk from the breast frequently - either by breastfeeding directly or by expressing milk. This causes the body to produce more milk.

Generally, if the mother breastfeeds or expresses every two hours, the breasts will start to produce milk, increasing by about 30 ml per day.

By the end of a week, a mother will be producing 200 ml, and by the end of a month most mothers are up to a full supply, unless a medical situation affects their milk production.

In emergency situations, mothers need to know that it is fine to put the baby to an almost empty breast for comfort nursing, and to understand that relactation is possible. During relactation, mothers decrease the formula, or donated human milk that they are using by about an ounce a day, as their own milk increases by about an ounce a day. They need to make sure baby is urinating enough each day. They may not be able to count wet diapers, as diapers may not be available.

In stressful situations, breastfeeding babies and toddlers may ask to nurse more often than usual. The increased nursing may be partly for milk and partly for comfort. This is normal.

In an uncertain and dangerous situation breastfeeding is a free, safe, and constant source of food for a baby.

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LLLI Media Release: When an Emergency Strikes Breastfeeding Can Save Lives

<http://www.lalecheleague.org/Release/emergency.html>

LLLI Media Release: When an Emergency Strikes Breastfeeding Can Save Lives, Part 2

<http://www.lalecheleague.org/Release/emergency2.html>

Further reading:

WHO manual on relactation that may be the source of further reading

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/WHO_CHS_CAH_98_14.pdf

Breast milk's protection against cancer

One of the most compelling health benefits of breastfeeding is the protection it provides against some forms of cancer. Some of the benefits to both babies and mothers are listed below.

Research carried out at the University of Minnesota Cancer Center, USA, showed infants that breastfed for at least one month had a 21 percent lower risk of developing leukaemia. For infants who breastfed for six months or longer, the leukaemia risk was reduced by up to 30 percent. (1)

An increased risk of cancer was linked with a decreased duration of breastfeeding in a case-controlled study of 593 cancer cases in Moscow children. This positive trend was for all cancers combined. (2)

One study showed an increased risk of developing cancer below the age of 15 for children who were either artificially fed or breastfed for 6 months or less. The risk for artificially fed children was 1-8 times that of long-term breastfed children. The risk for those who were breastfed for a short term was 1-9 times that of long-term breastfeeders. (3)

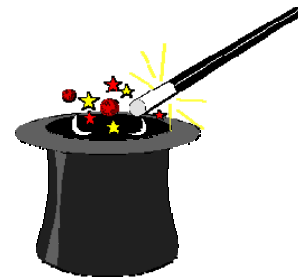
A steadily accumulating body of research shows that breastfeeding offers mothers protection against breast cancer. This protection is related to duration of breastfeeding. The greatest risk reduction is seen in women whose cumulative

amount of time breastfeeding her child(ren) equals several years. (4)

Breastfeeding is known to suppress ovulation, which is thought to reduce the body's estrogen levels. This may be the reason why breastfeeding mothers have a lower risk of endometrial cancer. (5)

Nursing your daughter gives her some protection against breast cancer when she grows up. A 1994 study showed that women who were breastfed themselves had significantly less risk of developing breast cancer. (6)

Breast milk's protective qualities in relation to cancer may stem from the effect it has on the baby's DNA in the early months of life. One study compared DNA damage in baby's fed human milk and those fed formula milk. The results suggested some level of DNA damage in the lymphocytes of infants not breast-fed which could lead to malignancy in childhood or later in life. (7)



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- (2) Smulevich VB, Solionova LG, Belyakova SV. "Parental occupation and other factors and cancer risk in children: I. Study methodology and non-occupational factors." *Int J Cancer* 1999 Dec 10;83(6):712-7.
- (3) Davis, M.K. "Infant Feeding and Childhood Cancer." *Lancet* 1988 13;2(8607):365-8.
- (4) *The Womanly Art of Breastfeeding*. Seventh Revised Edition. Jan. 2004 Page 382
- (5) Petterson B, et al. "Menstruation span- a time limited risk factor for endometrial carcinoma". *Acta Obstet Gyneocol Scand* 1986;65:247-55
- (6) *The Womanly Art of Breastfeeding*. Seventh Revised Edition. Jan. 2004 Page 382
- (7) Dundaroz R et al. "Analysis of DNA damage using the comet assay in infants fed cow's milk." *Biology of the Neonate*. 2003; 84 (2) 135-141.