

Close to the Heart



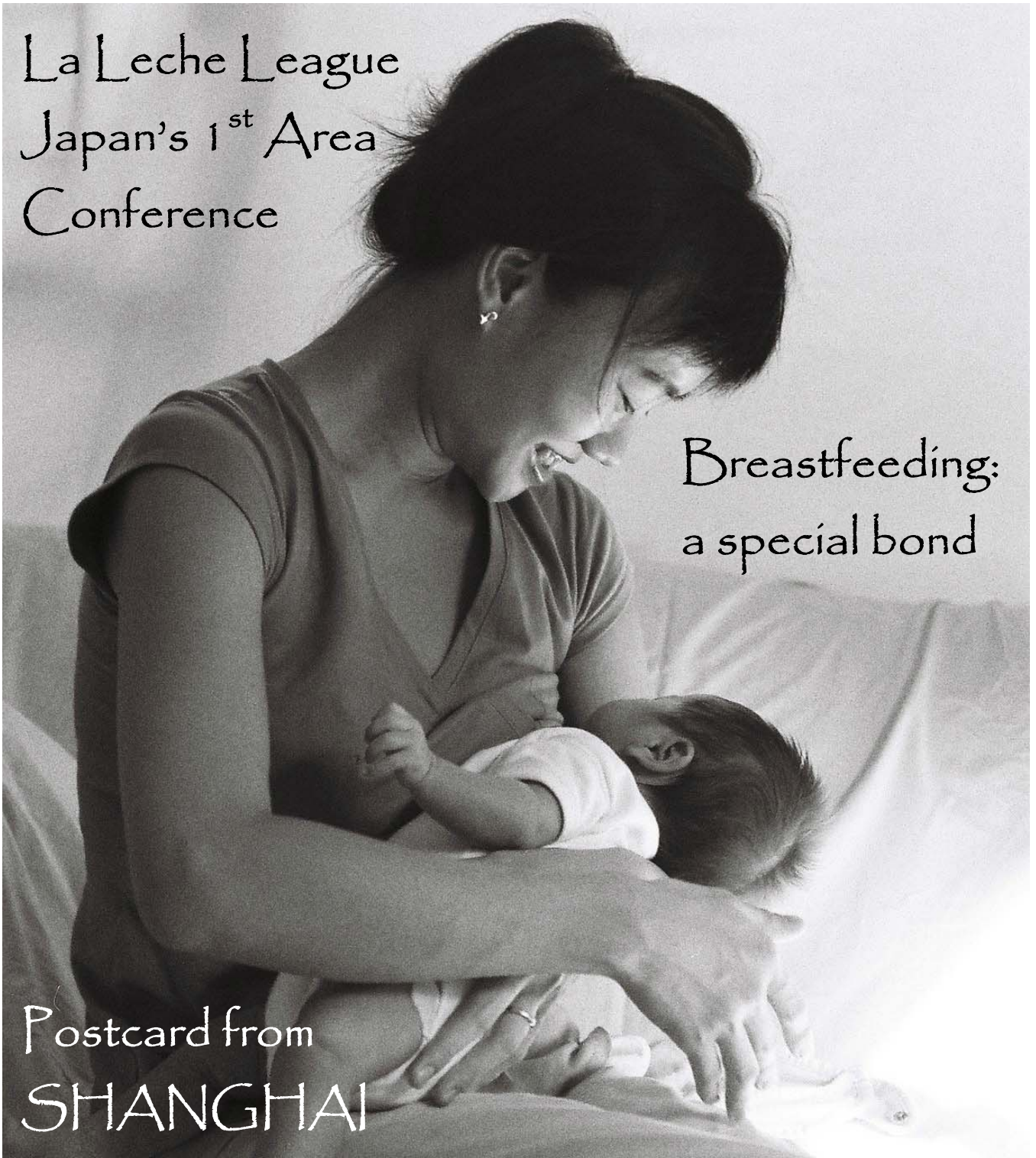
La Leche League Asia
Early-Year 2006
Volume 7, Number 1

"Breastfeeding
is mothering
close to the heart"

La Leche League
Japan's 1st Area
Conference

Breastfeeding:
a special bond

Postcard from
SHANGHAI



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Mission Statement

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

Contribution Deadlines

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

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**Article and stories for
Close to the Heart
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share, please let me know! Even if
you're not a writer, you can tell your
story and have it written by someone
else. Contributions may be edited
for clarity and in order to fit into the
space available. They may also be
published in other LLL
publications

Editor's Corner

Dear friends,

Soon after my first son was born and breastfeeding was going (almost) smoothly, I started to talk to people about what a wonderful experience it was to have a baby and breastfeed. Irfan is now 23, I have had other children and... I am still talking to people about breastfeeding. I do so want everyone to have information. At first the questions were, "Is he a good baby?" and "How's everything going?". Then it became "Still nursing?" and "When do you plan to stop?". I no longer have a nursing baby, so there are no more questions about my children, but there are still many opportunities every day to speak about breastfeeding. Friends still turn to me and send me their friends. That probably also happens to many of you. There are many opportunities to speak about breastfeeding, to pass on the message: Breastfeeding is a great way to start life with your baby, it's normal, it's simple, it's the way all babies should start. Babies who are nurtured at their mother's breasts receive all that nature planned them to have: the perfect food, protection from disease, contact, and so many other things. Mothers who nurse their babies also receive what nature planned. In "Close to the Heart" we have been running a series of articles on the properties of breast milk. In this issue the topic is how breast milk influences brain development, something that until a few years ago was unknown. If there are other topics which interest you, other questions which you would like answered, please do let us know and we will be happy to look for information. And when you have a chance ... tell your friends how wonderful breast milk and breastfeeding are. Who knows what that will lead to!

Sheri

Finding support

My husband, Hiro, and I were so excited about having a baby. He would talk to her and read to her every night when I was pregnant. He said he wanted her to get used to his voice. Being first time parents though, we didn't realize what or how this baby was going to change our lives.

The hospital had an American nurse working there,

which is rare in Japan. She translated everything at my check ups, which was also very helpful for my husband who is Japanese and didn't know the female words in English. I could talk to him and he learned

new English words. On the night before Lena was born, we went to our new condominium that we had just bought. The old owners who still lived there had invited us to watch the fireworks, which could be seen from their windows. The contractions had been coming and going all day, but I really wanted to go see our new place and the fireworks. Once we were there, the contractions seemed to be coming more often, so I had Hiro start timing them. They were about five minutes apart, so we decided to leave early and

take a cab home and then take a cab to the hospital.

The American nurse helped us tremendously during the birthing process. She had me doing squats and moving around, and I was able to have a natural birth without an epidural. When Lena was born she was put on my chest and my

husband and I cried. Just the other day, I asked my husband what he remembers most when she was smaller, and he said his clearest memory is when she was born. I think I was tired because it was a little fuzzy until I watched the video. I think I was a little scared, too.

In Japan many hospitals believe that your breasts need to get used

to breastfeeding, so they say to only put the baby at your breasts for one to three minutes each time the first day and five minutes each time the next day to build up the time. I really didn't know since this was the first time and I thought they were the experts. The hospital had a schedule and the babies were supposed to be kept in the nursery. We wanted a private room but it wasn't available when Lena was born, so I couldn't have Lena in with me, which I didn't know until afterwards. Lena and I had a really rocky beginning. The



Nancy, Hiro and Lena

nurse tried to help me get Lena to latch on properly, but it wasn't working. We tried and tried and by the second day at the hospital I was getting worried.

Another nurse suggested that I try nipple shields and I was willing to try anything at that point because I was getting so worried (later I found out that I should not have used them). Lena hadn't latched on well yet and she seemed really sleepy. Whenever we were called for the baby's scheduled feeding, Lena seemed to be fast asleep. By the third day the nurse would try to rub Lena's back to wake her up while I tried desperately to get her to latch on. I had asked the hospital not to supplement because I knew that would cause a vicious cycle and not help us get going. They would have us breastfeed for a certain amount of time and then have us weigh our babies and we had to write it down in a chart every time. They would then encourage everyone to supplement afterwards. But by the fourth day another nurse suggested that I should give her a supplement because she is not looking "GENKI" meaning energetic and healthy in Japanese. To every other nurse after the feeding session, I would just refuse politely, but she kept on insisting. She kept saying that when she is doing better, I could try it again. I held my ground, but felt so frazzled after that and more worried about what I was going to do.

The next day the American nurse came back and I told her what had happened. She told me not to worry and that Lena hadn't lost that much weight. She taught me how to express my milk and I became very good at that and would feed Lena with a bottle. She had a couple of good latches after that with the breast shields and I just let her go as long as she wanted and sometimes I was the last one out of the room even though I was usually one of the first ones to arrive. Everyone breastfed in the same room, with the nurses or midwives helping out and giving suggestions. I felt like my breasts were being poked and prodded by women I barely knew, but I wanted so badly to be successful at this. The next day was the day we were leaving the hospital and I was scared to death! Most of the time in the hospital, she was being taken care of by the staff and when I took her home, I was on my own. I called my sister who was leaving the next day from the U.S. and had her pick up a breast pump at the last minute.

The next day we purchased the nipple shields from the hospital and headed home. I was so nervous and worried that Lena would cry on the way home, but she was fine. She was asleep when we got home, so we put her in her crib, which was set up right next to our bed. I remember my husband and me laughing because she was so small and the crib seemed so large. When she woke up my husband wanted to show her around the house and took her on a tour to show her new home. My sister arrived later that night; she could only stay for a week.

The hospital had given me a chart to keep track of when Lena slept, breastfed, etc. My other sister had also given me a chart, which she had used. I tried these, but I was very tired and too lazy to keep up with any of them. I would forget to check the time when I started feeding Lena because it would take so long to get her latched on. I would sometimes go longer than 10 minutes when I was supposed to switch because I didn't want to go through the whole hassle of getting Lena latched on again. My sister was a big help and cooked, changed diapers, and provided a lot of emotional support. I was tired and my nipples were so sore, and I wanted to try it without the nipple shields. So my husband, the smart man that he is, said just do it. So I tried without and it went fine on the left side, but on the right it was too hard, so I would go back and forth. Later I learned at a La Leche meeting that this probably caused nipple confusion, but at the time I had no idea. I just knew she preferred my left side and even does to this day. I felt lopsided and I remember looking in the mirror and thinking one breast was bigger than the other one.

Anyway my sister had to leave after a week, and I remember crying at the train station and again being so scared because I would be on my own. My husband had gone back to work the day after Lena was born. He worked shorter hours, but I don't think very many men in Japan can or do take off for paternity leave. The week after my sister left I remember trying to get something done, but it seemed very hard. I remember my husband came home, and I said I didn't get anything done, and he said you took care of Lena all day and that is a lot. I remember feeling so supported in that one moment. Lena and I were still having our difficulties. I had finally stopped using the nipple shields. Thank goodness! But my

nipples were so sore that sometimes I would cry or scream or both. I was determined to make it for a year of breastfeeding, but at those times a year seemed like an eternity.

At the hospital they had given me some information about La Leche League, so I decided to try it. I was a little reluctant because my husband had read in a Japanese library book before Lena was born that the group encouraged mothers to let the children do anything they wanted. Lena was six weeks old when I did go to a meeting. When I got there no one was there yet, so I asked the Leader, Becky, if she could help me. She asked me to show her what I had been doing. Well, right away she was a big help! She watched me use my opposite hand to hold Lena's head in position. So, if Lena was going to breastfeed on my left I used my right hand to hold her head and put it in position so she would eat. Right away, Becky told me to get comfortable and the way to hold Lena was to have us put our tummies together. This seemed to work really well.

At the meeting, Becky said that people might talk about things that they do, but that I could just take the information away and use what I wanted and what I felt comfortable with. This helped to relieve some of my anxieties. At the meeting someone talked about breastfeeding lying down. I thought, "I am going to try that." That became our favourite position over the next few weeks. I found I was more relaxed and got more sleep.

We were getting ready to move to our new place, which is much bigger. I remember trying to pack boxes as much as I could when Lena was sleeping. I also remember being engorged and expressing milk and freezing it. I might need it later, or so I thought. We moved ourselves, which means my husband moved us with the help of some friends because I was breastfeeding and busy with Lena. I remember sitting in my old apartment when everything had been taken out and breastfeeding Lena. Dust balls were flying all around, and I was thinking that it was a good thing I breastfeeding because if I had to sterilize a bottle or something, I just couldn't do it. When we moved into our new place we remodelled the kitchen and this took a couple of weeks. Again, I

was so grateful that I didn't have to wash bottles or mix anything when it was hard to even find things for myself to eat. We had take-out food or ate out every day during those weeks. I remember being sick of it and wanting to cook. I remember not having anything unpacked but still being able to feed Lena.

My sister came again at American Thanksgiving week and helped me unpack the whole kitchen and put it back together. Lena and I were a happy nursing couple by this time, and to my surprise, I was enjoying it. I was getting over the worries of whether she was getting enough because she was a healthy, chubby little baby. When Lena was seven months, we went to see my father and my family in Minnesota. I breastfeed her on the plane and people said what a quiet baby she was. My niece said, "She seems so happy after you breastfeed her." My niece was very clever to observe that.

Nursing a toddler can be a bit of a wrestling match and not always comfortable. Two or three times I had plugged ducts, which were very painful and I would remind myself to slow down and take care of myself and Lena. Hand expressing while I was in a hot bath seemed to really help, too. Lena started using the word "nenne" for nursing at nine or ten months and when she asked, I couldn't refuse. So, she continues to keep nursing and she is now almost two and a half. We haven't missed a La Leche League meeting for the last two and a half years unless we were sick or in the USA. In fact, two months ago the meeting moved to our home. We are so happy we can provide a space and give back to LLL a small part of what it has given us. It has been a safe place to bring all my concerns and a place where I felt validated and supported for the things I choose to do with my daughter. Nursing for me has helped me become a better mother because it teaches me to listen to my mothering instincts. For nursing a toddler and beyond, it has been one of the fastest ways to calm Lena and get her to a place where the world seems right again as my new LLL Leader, Rebecca, says. To be able to do this is incredible. I just hope whoever is seeking support, finds it. I know I have. Thanks La Leche League!

Breastfeeding: a special bond

When I was pregnant, I had several friends who breastfed and some who formula fed. I read quite a bit about pregnancy and decided that breastfeeding was what I wanted to give to my baby. However, I knew through relatives and friends that not all people are able to breastfeed without problems. So when Anais Margaret Smart was born on August 26, 2006, it was a hurdle I vowed to tackle and overcome. Little did I know that it would be a task that would require continued dedication, perseverance and strength of mind and body.

I went into labour in the morning and although it was painful, I dilated fairly quickly. I had arrived at the hospital with my husband Steve before 7:00 am, and by the time the doctor saw me at around 9:30 I was three to four cm dilated, and by noon I was eight cm dilated. I was really happy things were progressing like this, because my doctor had told me that due to the size of the baby, I would most likely have to have a c-section as my pelvic bones were quite petite. But we decided that we would try to have the baby by natural birth and see how I did. Unfortunately by 4:00 pm, I

was running a fever and the doctor decided then that I would have to have an emergency c-section - and when he did, my daughter was running a fever of 39°C. I remember shivering and



Wanda with Anais

trembling so badly from the epidural and the medications, that when they wanted to hand me my baby, I told Steve that I didn't want to hold her as I was scared I would drop her.

Anais needed to be taken up to the nursery for a bath in the hopes of lowering her fever, so I told my husband to go with our baby, as there was nothing much he could really do for me, and I was in the hands of the medical staff.

By the time they wheeled me back into my room, my blood pressure had dropped alarmingly and my heartbeat was extremely slow. In the

end, it turned out that I had lost almost 3000cc of blood, which was five times the amount that a woman would normally lose after delivery. I had four pints of blood transfused into me, and I had become very anaemic. I remember having written in my birth plan that I wanted my baby to be latched on right away and that no water or formula was to be fed to my baby unless really needed

during our stay in the hospital. But because of what I had gone through, my baby wasn't latched on until hours later when my condition was stable.

I was in so much pain after the c-section and so tired from losing so much blood. The wound from the c-section was painful, but I was able to use the feeding pillow and the cradle hold to breastfeed my daughter. The nurses also taught me how to feed lying down; this was useful when they brought Anais to me in the middle of the night. I was mostly able to breastfeed Anais directly, but the nurses also helped me express some colostrum with their hands, then they used a syringe to suck up the colostrum and feed it to her.

I have to commend Matilda Hospital in Hong Kong, as the support that I got for my needs and also for breastfeeding was amazing. When I wanted to cry they would comfort me and talk to me - they encouraged me to see the good side of things and to relax.

I felt so close to Anais - this little being whom I was just getting to know. Just having her so near to me, feeling her warmth and her dependence on me, gave me such a warm feeling. Sometimes I want to cry with emotion when I think back to it. It was such a special thing that only she and I shared.

Anais was so smart - she learned to latch on very quickly. I didn't have much pain, only a few small blisters. When I awoke on the third morning, and I remember the front of my gown was wet from my milk. The nurses and midwives told me how lucky I was to have milk, after losing so much blood. When I left the hospital, I was so nervous to be at home with my new baby. Breastfeeding really tired me out and I was feeding every three to four hours. I was always worried that my baby wasn't getting enough, but I tried continuously to build up my supply.¹

I had many people telling me that formula was so much easier. My mother was in town and she also worried that Anais wasn't getting enough to eat.

¹ Editor's note: The simplest and most efficient way to build up an adequate milk supply is to stimulate the breasts by nursing baby frequently, ensuring that the baby is latched on correctly. In the first weeks this means putting baby to the breast at least 8 – 12 times per 24 hours.

My asthma was getting worse and worse, I was getting more and more tired and I felt like I was going to collapse from exhaustion. The last thing I wanted was to be sent to the hospital and have to stay, as I used to always have to do for three to four nights while they would try to control my asthmatic condition. At the time, I had promised myself that if my baby wasn't getting enough, then I would have to feed her formula. But when it came down to it, I just couldn't accept it. I'm not sure why, but I always felt that breast is best.

Days turned to weeks, weeks to months and Anais is now five months old

Some days are hard, some days are easier... but one thing I have to say is that breastfeeding, even though it has been at times so stressful for me, is so convenient. I remember in the first month when I wanted to go out, I didn't even know how to dress so I could breastfeed in public. I learned from attending a La Leche League meeting and watched another lady casually feed her baby, and I learned from then the position I could do it in public without being obvious. It got easier and easier each time I went out. Now I go for 'Dim Sum,' feed Anais on one side and eat with my other arm. It makes for strong arms... and tired ones! I go out with my baby almost every day with old friends and new. We go for coffee, lunches, dinners and shopping. I feed wherever I can sit comfortably. I don't usually have to worry about bringing bottles out (unless I bring some expressed milk, which my husband calls liquid gold!).

No need to carry formula powder or worry about whether the milk is too hot or too cold. I just feed my baby wherever I am, and it is such a wonderful bond that I alone share with my baby girl. I love the way her hand rubs my arm, and her eyes roll back in sheer pleasure. That I can provide comfort to her when she needs a cuddle and a nurse on the breast just makes me feel serene.

I know this is the best choice I can make for my baby until she is ready to try something else. I have found it so worth all the stress I have had to go through, all the sleepless nights of waking myself up to pump this "liquid gold" to either store or build/maintain my supply. I hope one day she will realise how much I love her to do this and she too can share this with her children.

Postcard from SHANGHAI

We are a three-member family: Jerry Lee, my husband, who was born in Taiwan and raised in the United States; Kane Lee, our son, who is now 18 months old and happily enjoying his toddler years; and me, Japanese born and raised in Colombia, South America.

Our family lives in one of the many residential complexes in Shanghai. Our complex is located in the Western corner of the French Concession Area of the city. This area was leased to the French government in pre-revolutionary China, and many beautiful French-style buildings are still standing.



SHANGHAI

上海

Although we have moved to three cities within three years, we now reside in Shanghai, China. People say Shanghai is the place to be. I agree. You can feel that the city itself has so much movement and energy... the people, the traffic, the roads, the tourists and especially the large number of business and residential buildings popping up every day. Among the hustle and bustle, it's a very fun city.

Our home is in a modern building in a complex of 20 buildings, and we live on the 10th floor. We have a three-bedroom apartment and a wide living room adjacent to the balcony. Growing up in Colombia, balconies are meant for teatime, or for a siesta in a hammock, but not in Shanghai. Here, balconies are for hanging clothes. Anyway, it is quite dusty and noisy, so putting a table and chair

out there wouldn't make any sense. Plus it is also quite cold half of the year. Our balcony faces the noisy intersection of two busy streets. One of the streets, Xin Hua Road, is quite famous and has its own history. In the olden days this was the road where all people including VIP's, local and foreign, had to pass by. Why? Because it was the only road that took you to the only airport in Shanghai, the Hong Qiao Airport (before the Pudong International Airport was built). Also, until quite recently a large number of Consulates resided in the gorgeous homes with French architecture. Now the Consulates have all scattered to different locations. What I love the most, though, are its ginkgo trees that are all lined up and seem to hug the cars as they pass by. These trees also provide lots of shade, so strolling around with Kane on Xin Hua Road is very pleasant.

Before Kane was born I was determined to breastfeed. My mother breastfed all three of us, so to me breastfeeding has always been the most natural way to feed a baby. Being seven months pregnant and new in Shanghai, I was desperate for some help that would prepare me for childbirth and care. Having LLL in Shanghai was just perfect. With all the information I got through the LLL Leaders and experienced mothers I felt very prepared.

Kane was born in the hot summer of Taipei city. I told the Hospital personnel that I was determined to breastfeed only and this was respected. They did try to convince me that Kane needed to drink water with sugar, but I strongly refused. The first four days were quite tough as my nipples were bleeding, but by day five, I had no problem. My milk supply was excellent, and I was always massaging my breasts and pumping to prevent mastitis.² Kane was an enthusiastic eater, so it was all great.

² Editor's note: Massaging and pumping are not usually necessary to prevent mastitis; in general the mechanism of supply and demand ensure that the right quantity of milk is produced for a baby's needs. More information can be found in the article "Taming the Fire Hose" in this issue.

Kane is still a big fan of breast milk. He doesn't drink as much anymore, but he does request it when he is about to sleep, when he is in pain or wants to sleep on the plane. I use breastfeeding in emergency cases, like on the plane when I need him to be quiet. So far Kane seems to be happy with breastfeeding, so I am planning to continue for another couple of months.

Being in Taipei, Tokyo and Shanghai, I realize that Shanghai is where I feel the most comfortable breastfeeding. In Shanghai I always get compliments for breastfeeding from middle-aged and older women. Although it has only been two years living in Shanghai, I notice there is a difference in breastfeeding practices among those of different socio-economic status. I realize that the upper class is not as in favour of breastfeeding. I have felt that Shanghainese women are becoming more concerned about breastfeeding in public. On the other hand, when I walk around the streets of Shanghai, I see vendors of little street shops openly breastfeeding their babies or toddlers. The first time I saw public breastfeeding was in the traditional open market where a mother was sitting on a cardboard box breastfeeding her little baby girl. It made me so happy I smiled at her.

As an expat living in Shanghai I have never felt shy about breastfeeding in public. I've breastfed at restaurants, in taxis, airports, shopping malls, you name it. I feel that it's more of a hassle finding places to change diapers than having to breastfeed in public.



Emy Machida from the Shanghai Group

Taming The Fire Hose!

How to deal with an oversupply of milk

*by Maggie Holmes
Leader with the Hong Kong Group*

Painful breasts and a cranky baby are just some of the symptoms associated with an oversupply of milk. Fortunately this condition is quite easy to treat and mother and baby can usually go on to enjoy a normal breastfeeding relationship.

What are the symptoms of oversupply?

If a mother has engorgement which lasts beyond the first week or two it could be a sign that she has an oversupply of milk. Other symptoms include leaking between feedings, milk spraying out during a let-down and sore nipples. When the baby pulls off the breast the mother may find that the nipple has gone white - as if the blood has rushed away, or there may be visible ridges on the nipples. Sometimes a mother who has repeat cases of plugged ducts or mastitis may also consider whether the root cause could be an oversupply of milk.

Mothers with an oversupply of milk often talk about having a strong let-down - are these linked?

Mothers who have an overabundant supply of milk often find that the milk comes down very quickly. Sometimes the flow can be so fast that it can be hard for a small baby to manage. A mother with a forceful let-down does not always have an oversupply of milk, but these conditions are commonly seen together.

How is the baby affected by an oversupply of milk?

Babies may find it very hard to deal with such a huge supply of milk. They may choke and splutter at the breast, spit up large quantities of milk and even reject the breast. They may also be uncomfortable in between feedings. Mothers with an oversupply often talk about their babies being 'fussy' and 'gassy'. Babies who are facing an oversupply of milk may do little or no comfort nursing - the whole feeding process is just too difficult for them.

Why are green stools sometimes an indicator of oversupply?

Green in the diaper is generally an indicator of the presence of undigested lactose. The milk that comes down at the beginning of a feed is called 'foremilk' - this milk is high in lactose and low in fat. Foremilk leaves the stomach quickly and heads straight for the intestine. The large quantity of lactose overwhelms the small intestine's ability to break it down. So the lactose leaves the small intestine partially undigested and enters the baby's colon, where it ferments. This can make the baby uncomfortable and also results in a greenish stool.

Is a baby's weight gain affected by oversupply?

The baby may gain weight very rapidly - perhaps gaining more than two pounds or 900 grams per month. Rapid weight gain on its own is not a problem and is not a sign of future obesity. But there may be other problems connected to the oversupply problem that make nursing unpleasant for mother and baby and these need to be addressed. In rarer cases an oversupply of milk could lead to slow weight gain and failure to thrive. This may happen if the baby finds nursing so difficult he simply stops taking the breast.

Some mothers with an oversupply problem say their babies always want to nurse - why is that?

Babies facing an oversupply of milk will often be taking a lot foremilk. Foremilk has plenty of nutrition and calories, but it doesn't have the extra fats that help a baby stay calm and satisfied longer, so they may ask to nurse more frequently.

What can a mother do if she thinks she has an oversupply problem?

It's important to make sure that the baby's positioning at the breast and the latch are good throughout the feed. Some babies may slide down the breast as the feed progresses because they are almost choking on the milk and are trying to get away. This can cause sore nipples and be a source of further discomfort for the mother.

Single side nursing for a period of two to four hours will help control an oversupply problem. For example, a mother might breastfeed her baby on the left hand side at 9.00 am, 10.00 am and 10.30 am. When the baby asks to feed after 11.00 am she feeds on the right hand side. This process discourages the over stimulation of the breasts, which can occur if a mother frequently switches sides. However, this technique is only necessary if the mother has an oversupply problem.

How can the mother deal with her baby fussing at the breast?

Mothers can try nursing when the baby is sleepy. He is less likely to have such a strong reaction at this time. Lots of skin-to-skin contact may also help a baby enjoy the sensation of being close to the breast, without having the pressure to feed. The mother can do this by removing the baby's clothes and carrying the baby close against her chest, inside her own clothing.

It's important to avoid pacifiers and supplements because the baby needs to be as breast-focused as possible. Sucking on artificial nipples is a common cause of sore nipples.

What can a mother do if she has a forceful let-down?

Mothers can try to breastfeed before the baby is too hungry. When the baby is very hungry he may suck very forcefully and this can provoke a strong let-down.

Finding a nursing position where gravity is working against the flow of milk is also useful. This is sometimes called 'nursing uphill'. In these positions the baby's head and throat are higher than the mother's nipple.

One idea is to have baby straddle the mother's lap and breastfeed facing the breast. Some mothers put the baby in the cradle hold and then lean back in an easy chair. In both these positions any extra milk can flow easily out of the baby's mouth - instead of shooting to the back of his mouth and causing a choking sensation.

It may also help to simply take the baby off the breast when the first let-down occurs and allow the extra milk to spray out. Let the milk spray for around 20 seconds and then put the baby back on the breast.

Expressing off a small amount of milk with a pump may also help the baby get over the hurdle of a first strong let-down.

How can a mother deal with persistent engorgement?

Chilled cabbage leaves provide effective relief from engorgement. The leaves can be kept in the refrigerator then crunched up a little and inserted inside the bra. The leaves can be worn this way for a few hours until they wilt.

Will it help to express milk with a pump?

Mothers need to be wary about pumping. It's fine to express a small amount of milk - just enough to relieve discomfort. However, if a mother pumps too much at each feed there is a danger that the breasts will become further stimulated, producing more milk and exacerbating the problem of oversupply.

What if a mother and baby feel so uncomfortable they just want to stop breastfeeding?

A mother can seek help and support from a La Leche League Leader or an International Board Certified Lactation Consultant before making a decision to stop breastfeeding. With correct information and support this problem can be resolved.

It's important to remember that this stage will pass. These are temporary phases that our bodies go through where the balance of supply and demand isn't quite in perfect alignment. It doesn't last forever and most mothers go on to enjoy a happy breastfeeding relationship.

This article was adapted from information in an LLLI Podcast. "Oversupply of Breast milk" presented by Karen Smith and Elisabeth Lewin. To listen to the original podcast go to:

http://www.lalecheleague.org/mp3/LLL_podcast_OversupplyForcefulLetdown.mp3

For more LLLI Podcasts please visit:

<http://www.lalecheleague.org/podcasts.html>



La Leche League Japan's 1st Area Conference

August 26 and 27, 2006

The dream of an Area Conference sponsored by La Leche League Japan has finally been realized. We await the participation of many mothers, fathers, supporters of breastfeeding, and health professionals from both home and abroad.

★ Theme:

Breastfeeding: a Gift for the Future Passed on from Mother to Mother

Creating a world where any mother can obtain appropriate breastfeeding information and encouragement:

Visualizing the future through the past half-century of support La Leche League has provided.

With close to a half century of history as an organization, La Leche League is an internationally recognized authority on breastfeeding that offers breastfeeding information along with mother-to-mother support.

★ **Date:** August 26 and 27, 2006

★ **Location:** National Olympics Memorial Youth Center
(Shibuya-ku, Tokyo, Japan) <http://www.nyc.go.jp/e/>

★ **Capacity:** 700

Children are welcome. A play space will be available.

★ Registration Fees:

| | 2-Day Registration (Saturday and Sunday) | 1-Day Registration (Saturday) | 1-Day Registration (Sunday) |
|---------------------------------|---|--|---|
| Member | 7,000 yen or US\$60 (Sunday lunch included) | 4,000 yen or US\$34 | 5,000 yen or US\$43 (lunch included) |
| Non-member | 10,000 yen or US\$85 (Sunday lunch included) | 6,000 yen or US\$51 | 7,000 yen or US\$60 (lunch included) |
| Adult Family Members | 1,000 yen or US\$9 | 1,000 yen or US\$9 | 1,000 yen or US\$9 |

- Member refers to an LLLI Member or Medical Associate.
- Adult Family Member registration fee is required for spouses or other adult family members who will be using the Conference facilities to care for children, but are not attending sessions.
- There are no registration fees for children.

Optional Registration Choices

- Saturday, August 26, 2006 -- 7:00 pm Buffet-style Dinner Party
Adults 3,000 yen or US\$26 (soft drinks included)
- An additional fee of 1000 yen or US\$9 allows the participant to receive continuing education credits.
Continuing Education Recognition Points (CERPs) are available from the International Board of Lactation Consultant Examiners.

☆ Schedule at a Glance:

Saturday, August 26

- 11:30 am Registration Opens
- 12:30 pm Opening
- 1:00 pm Fifty Years of La Leche League
Marian Tompson, LLLI Co-Founder
- 2:50 pm Mothering Through Breastfeeding: from Babies to Teens
LLLI Leaders: Hiroko Hongo, Izumi Mitsuoka, and others
- 7:00 pm Dinner Party
An Entertaining Talk on Breastfeeding in Japan
Masashi Segawa, MD, IBCLC
Breastfeeding Around the World
LLLI Leaders sharing

Sunday, August 27

- 8:00 am Registration Opens
- 9:00 am Do I Have Enough Breast milk? What Should I Do? [CE]
Mayumi Nakayama, MD
- 10:10 am Breastfeeding and HIV [CE]
Masashi Segawa, MD, IBCLC
Marian Tompson, LLLI Co-Founder
- 12:45 pm What Do I Need to Do to Become an LLLI Leader?
Toshiko Jolliffe, LLLI Leader
- 1:40 pm Baby Friendly Care [CE]
Yoshitada Yamauchi, MD
- 3:00 pm Thoughts About Weaning
LLLI Leaders
- 4:30 pm Closing

English translations will be available for all sessions.

☆ **Special Guests:**

Marian Tompson, LLLI Co-Founder
Marcia Lutostanski, Chairman of the LLLI Board of Directors
Takeo Hashimoto, MD, Former President of the Japan Breastfeeding Association

☆ **Speakers:**

Yoshitada Yamauchi, MD, President of the Japan Breastfeeding Association
Masashi Segawa, MD, IBCLC
Mayumi Nakayama, MD

☆ **Payment Method:**

Conference registration payments can be made in Japanese yen or in US dollars.

If you live in Japan and wish to pay in Japanese yen, there are two options available. Please specify which option when you send your conference registration form.

1. Payment can be made through your local La Leche League Group as done with memberships.
2. Payment can be made via postal transfer.

If you wish to pay in US dollars, payment should be made through your local La Leche League Group as done with membership fees.

Cancellations will not be refunded.

Note: The exchange was calculated at a rate of 117 Japanese yen per US\$1.

☆ **Registration Information:**

A Conference Registration Form is attached. If you would like an editable form please contact RuthAnna Mather (contact details below).

☆ **Contact Information:**

Please contact RuthAnna Mather for a Conference Registration Form and she will send you one by e-mail or fax. Send the completed Conference Registration Form to RuthAnna by e-mail or fax and she will pass the information on to the appropriate committee.

If you have any other questions, please feel free to ask.

The following is her contact information:

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| <p>RuthAnna Mather e-mail: ramather@s7.dion.ne.jp tel: +81 162-33-5734 fax: +81 162-33-5735</p> |
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Breast Milk - the Brain Boosting Food

Over the past decade researchers have accumulated increasing evidence that breastfeeding makes babies smarter. Studies comparing breastfed and formula fed children at different ages and stages of development find that those who receive human milk score higher on various measures of intellectual ability. Some studies have shown these differences persist into later childhood and adolescence

Some of these advantages are believed to stem from the milk itself, while others are a result of the special relationship that develops between a breastfeeding baby and his mother.

A review of 20 published studies on the effects of breastfeeding on infant IQ found that breastfed babies' IQs may be 3 to 5 points higher than those of formula-fed babies. The longer a baby is breastfed, the greater the benefits to his or her IQ. These benefits were seen from age 6 months through 15 years. (1)

Studies have shown that human milk enhances brain development in premature babies. One study showed that premature infants who had been given human milk scored significantly higher on IQ tests at age 7 1/2 and 8 years of age than children who had not been fed human milk.(2)

Human milk contains a significant amount of DHA, an omega-3 fatty acid. DHA is a vital nutrient for developing and maintaining brain tissue. Studies show that breastfed infants have higher concentrations of DHA in the blood than formula-fed infants.

Cholesterol is another fat needed for optimal brain development. Breast milk contains a lot of cholesterol, but infant formulas currently contain none. While low cholesterol may be good news for adult diets, babies need cholesterol to build brain tissue.

Lactose, the main sugar in breast milk, may be another reason why breastfed babies are smarter. The body breaks down lactose into two simpler sugars - glucose and

galactose. Galactose in particular is a valuable nutrient for brain-tissue development.

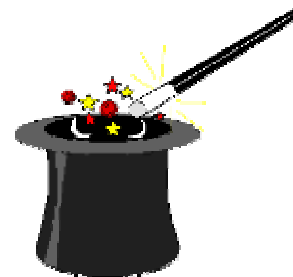
In general, the bigger the brain of a species, the higher the percentage of lactose in the milk. Human milk contains one and a half times as much lactose as is found in cow's milk

Breastfed babies enjoy close, frequent interaction with mother, which may also explain enhanced intellectual development in breastfed children. Because breastmilk is easy to digest, breastfed babies feed - and interact - with their caregivers more often. This increased social contact is thought to stimulate the brain.

Breastfed mothers are very attentive to their baby's needs as they are learning to watch for hunger cues. The more responsive the mother is to her baby's needs, the easier it is for him to make sense of his environment, and this may encourage a baby to initiate more interactions

Breastfed babies are touched a lot and many sleep in the bed with mother for all, or part of, the night. Infant development specialists believe that touch - or the lack of it - has a powerful influence on a child's physical and intellectual development. "14,000 nerve endings are formed in the first two years. Stroking and touching fosters the growth of these nerve fibers."(3)

Breastfeeding does not automatically mean your baby will graduate with a first class degree from a top university. Many factors in addition to breastfeeding will influence his development. But by breastfeeding your baby - you are giving your baby's brain the best start in life and laying the foundation for future development.



References:

(1) Anderson JW et al. American Journal of Clinical Nutrition, Oct 1999, 70.

(2) Lucas, A., "Breast Milk and Subsequent Intelligence Quotient in Children Born Preterm". Lancet 1992;339:261-62

Information adapted from the Womanly Art of Breastfeeding, Seventh Revised Edition, published by La Leche League International and The Successful Child by William Sears, MD and Martha Sears RN.

(3) Smith, Linda J., Coach's Notebook: Games and Strategies for Lactation Education, 2002, p. 36.