

Close to the Heart



La Leche League Asia
Late-Year 2006
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"Breastfeeding
is mothering
close to the heart"

Breastfeeding Premature Babies



LLL Tokyo Conference

Credits

Sheri Khan

Managing Editor

Maggie Holmes

Assistant Editor

Melanie Wilson

Area Publications
Administrator

RuthAnna Mather

Area Coordinator of
Leaders

Sabine Rossnick

Jandey Chen

Area Professional Liaison

Sarah Hung

Layout

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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 2007 will be included
in the Early-Year 2007 issue.**

Contributions received by
1st July 2007 will be included in
the Mid-Year 2007 issue.

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**Article and stories for
Close to the Heart
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Contributions in English can be
directed to:
jqk.slp@iol.it

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

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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,

As always, this issue contains stories written by women who have overcome great obstacles in order to breastfeed their babies. Kaydee's story tells of the struggle to breastfeed a baby who was born prematurely. Jaymie's story tells of numerous problems and obstacles that this mother faced in her determination to breastfeed. Nicole Goodwin's story tells of a mother who was determined that her baby would not be deprived of his mother's milk although she has a job which takes her far away for several days at a time. Wonderful, inspiring reading!

There are so many more mothers out there who overcome daily obstacles to breastfeed. Some of them overcome major challenges, while others overcome less dramatic situations on a daily basis. Some of them "simply breastfeed without any real problems" as a mother put it to me a few days ago. "I have nothing to write about" she told me. "Breastfeeding has never been difficult. I have always found the support and information I needed and it seems like the most natural thing in the world."

I hope that all these stories, and others which have not yet been told, will contribute to making breastfeeding truly something that all of us, in all situations, in all countries, consider "the most natural thing in the world", and that mothers find the support they need when they need it. Your letters are an important part of this support. Please keep sending us your stories and photographs.

Sheri

Breastfeeding Kaydee

My beautiful baby girl, Kaydee, was born at 30 weeks and three days. She weighed only 1.24kg. Her birth happened so fast - it was all a huge surprise!



Stella and Kaydee

I had just come back from a trip to Bangkok and the next day in the early evening I started getting contractions. At 9.15 in the evening I decided I'd better go to hospital. I was given an injection to slow the labour and an internal examination. Then I suddenly started pushing - after five pushes the baby came out! It was all so fast I didn't realize what was happening.

I looked up and saw a pitch black baby - my first thought was 'She's African!' Actually it turned out that premature babies are often bruised at birth, which made her skin look dark all over.

The medical staff whisked her away immediately to the Neonatal Intensive Care Unit where she was placed in an incubator.

It's strange but I felt very calm. I didn't know anything about premature babies and I wasn't at all worried. I was so naive and that really helped.

My husband, Anton, told the nurses not to let me see my baby on that first night. I think he knew I

would freak out! So I touched her for the first time in the morning, about six hours after the birth.

She was covered in tubes. We couldn't see her face at all as her eyes were covered to protect her from the purple lights. She had a feeding tube in her mouth, a heart monitor, and oxygen flow and nasal cannula.

Despite all this - I looked at her and I thought: "You are gorgeous!" I immediately fell in love with her.

My husband and I had already decided not to give formula milk. We knew we had to give her breast milk, but because she had been born early, we had missed the antenatal class on breastfeeding.

The nurse advised us to give her colostrum. She showed me how to massage the breast and gave me a syringe to collect the colostrum. It took about 40 minutes to collect 1 millilitre of colostrum. My husband helped me massage the breasts and we were both very proud to see the trickle of yellow liquid into the syringe.

I tried to get the colostrum out three times a day and the nurses fed it to our baby through a tube into her mouth.

On day three I was able to go home and our baby girl stayed in the hospital. I expressed milk every two hours using a double electric pump. I pumped at 6.00 am then again at 8.00 am when I arrived at the hospital. I pumped every two hours at the hospital and again when I got home.

My home is in Tuen Mun - that's a one-hour journey from the Queen Mary Hospital on Hong Kong Island, so it was hard work.

My in-laws came to Hong Kong and were very helpful. They managed the house for me and gave me packed lunches to take to hospital.

At the hospital, things started to get better. I was able to express about 20 ml in 30 minutes. One day I saw a mother express a huge amount in only 20 minutes. That made me so depressed! She suggested I use a manual pump, and it worked. From then on, I was able to get double the amount.

I insisted that Kaydee would not be given formula milk. Out of 12 babies in the NICU unit she was the only one who was exclusively breastfed.

We stayed with Kaydee every day. We massaged her, stroked her, sang to her, and told her stories.

When she was one week old the nurses said we could hold her for the first time. I had butterflies in my stomach and my husband cried. It was a beautiful moment.

We heard about Kangaroo Care, which is a way of giving the baby maximum skin-to-skin contact in the early days of life. We started doing this on day 16. I took off my shirt and Kaydee was wearing only a nappy. Then I held her against my chest and wrapped a blanket around her. The nurses allowed us to put a chair in the NICU unit and my husband and I took turns to hold her on our chests. She was still wearing the heart monitor, airflow and feeding tubes.

On day 20 Kaydee was moved to the Special Baby Care Unit. The room was smaller and packed with babies and there wasn't even room for an easy chair. I tried to do the Kangaroo Care on an upright plastic chair, but it was very difficult. The nurses were not helpful and one of them got angry with me when I tried to do Kangaroo Care.

At this stage I started to try and get her to suck. On day 22 I put her on the breast and she made three sucking movements. She was still weak and very small so the sucking movement was not developed. Also, she was still being fed milk through a tube into her mouth. The tube was taped into the middle of her mouth so we asked them to move the tube to one side, which made it easier for her to latch on.

On day 25 she sucked about five times - good, strong sucks. But there was no space in the SICU unit for comfortable breastfeeding and the hospital's breastfeeding consultant advised me to give the bottle while the baby was in hospital and try breastfeeding once I took Kaydee home.

We felt that we were not being given good support by the nurses in the Special Baby Care Unit. It was almost impossible to do Kangaroo Care and they were not helping me breastfeed our baby. We made some inquiries and decided to move to a private hospital.

Only one hospital, The Matilda Hospital, would accept such a small baby. They sent a station wagon with a portable incubator and a qualified nurse to come and collect us.

When we got to the hospital they gave her a feeding tube again, but this time they put it through the nose, which made it easier to breastfeed.

At the Matilda it felt like a holiday farm! We had a private room and the atmosphere was very relaxed. I knew there was medical staff available if I needed them, but they weren't intrusive.



Kaydee at one year

Continued on page 5

Expressing at 35,000 Feet!

It's another day at work and I am sitting in the flight deck crossing the Bay of Bengal. I have been in the air for four hours, with another five to go before getting to my destination in the Middle East. It's fairly quiet in the flight deck and I ask my Captain if I can have a break for ten minutes or so. I pick up my backpack and head to the nearest available toilet. Out come two battery powered breast pumps...

I have been in Hong Kong for six years, working as an airline pilot for Cathay Pacific. I met my husband soon after moving to Hong Kong and our first child was born in April 2005.

During my pregnancy I had made my mind up about how I was going to deal with getting back to work after our son was born. It was very simple – breast feed for maximum of two weeks, then put my son straight onto formula so he was completely weaned once I finished maternity leave. Then my son, Brayden, was born and reality struck.

Breast-feeding was a very natural process and I felt as a Mum I was doing my bit to help my son get the best possible start to his life. I realized very quickly that I would be breastfeeding for a lot longer than I initially planned.

For the two months prior to my returning to work I expressed every morning so that we had a good supply in the freezer for when I wasn't at home.

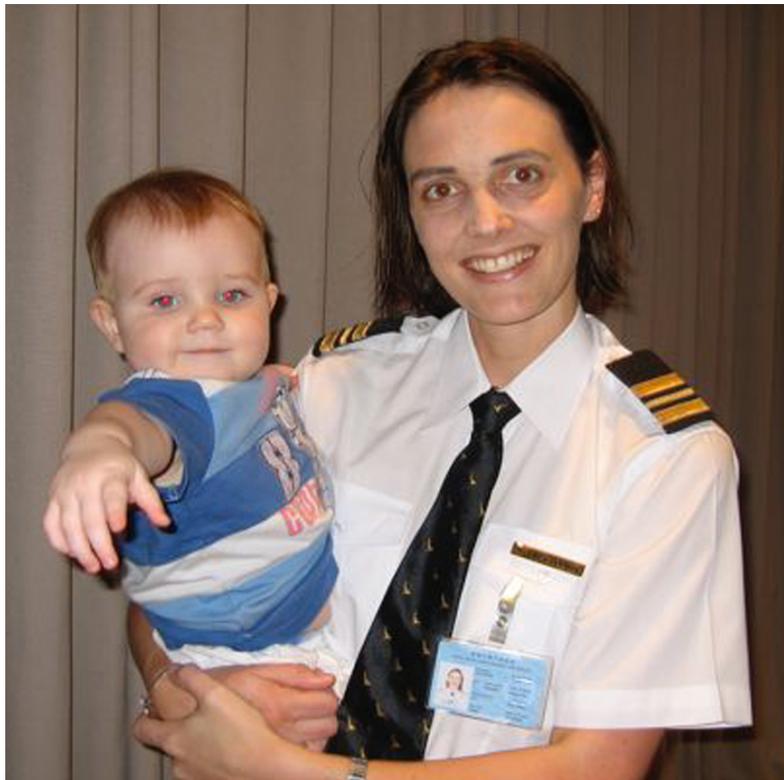
After some initial resistance, we got our son used to taking this from a bottle. I felt a little happier that I could head away for a few days knowing he had a good supply of milk without having to use formula.

Before I knew it my maternity leave was up. Brayden was three months old and it suddenly dawned on me that I was going back to work. It was very easy expressing at home but how on earth was I going to do it in the aircraft, in hotels, at airports plus keep the milk fresh, especially as I could be away for up to five days at a time?

I got my roster and saw that it was very varied. It included everything from day trips to longer trips with a number of nights away. I realized I was going to have to express whilst I was at work, not just in hotels as I had assumed.

Trying to find time to express wasn't easy, especially on day trips. Whilst flying around Asia there usually isn't a "quiet" patch where I could leave the flight deck for 10 – 20 minutes. It soon became obvious that I had to make use of the time on the ground during turnarounds. This generally worked OK but it wasn't without its dramas!

I was on a trip from Hong Kong that went to Singapore, Bangkok then back to Hong Kong. It was a very long day and I used the ground time in Bangkok to express. I was sitting in the aircraft toilet with 2 breast pumps attached thinking to



Nicole and Brayden

myself I looked like a “cow in the milking shed” when before I knew it the toilet door had been unlocked from the outside and a male Thai cleaner was standing there giving me a very strange look and going very red. I don’t think he could figure out what I was doing and he quickly slammed shut the door and I never saw him again!

For the longer trips away I purchased a travel-sized sterilizer and a cooler bag. The mini bars in the hotel rooms became used for milk storage. If for some reason the mini bar wasn’t working, I became a real nuisance to room service as every five hours I was requesting a bucket of ice so my packets of breast milk would stay cool!

In certain countries I would use only mineral water to rinse out the expressing containers. Even though I sterilized these I would never forgive myself if my son got sick from tap water that could have contaminated the milk.

Breastfeeding Kaydee *continued from page 3*

I kept saying: “She doesn’t want to suck.” She was tired all the time and trying to suck made her exhausted. But the doctor was very encouraging. He said: “Don’t worry - one day she will suck.”

I put her on the breast every four hours. She sucked until she was tired and then the nurses topped her up with expressed breast milk fed through the tube in her nose.

Day 40 was a big day - this was the day when she decided ‘YES’ she would suck.

While she was sucking on my breast, the nurse used a syringe to suck the milk out of the stomach via the nasal tube. This way we could see how much milk she was taking. We just knew that finally it was all starting to happen.

(Editor’s note: There are many ways of measuring how much milk a baby is taking. The method spoken about here is not used often, as it is complicated. In this method, the milk that is removed is then returned to the stomach. Usually less invasive methods such as test weighing with an electronic scale are used.)

On leaving the hotel I would pack the milk up into the cooler bag, surround it by a couple of bottles filled with ice. This would keep the milk cool on the trip to the airport, which could take up to one and a half hours. Once on the aircraft I would make use of the refrigerator chillers, normally used for passenger meals, to keep the milk fresh until I returned home.

My son is now 14 months old and I am still actively breast-feeding. I have got into a routine whilst at work and now it’s second nature. I get asked all the time “why do you do it?” but for me it’s not about why - its about why not?

It has helped me bond with my son once I return home and I know that by breast-feeding it has helped keep my little boy healthy. I wouldn’t change anything I have done since my son was born and I am so happy I didn’t stick with my original plan.

The Lactation Consultant gave me a lot of encouragement and suggested I try the football hold. That made it easier for her to latch on.

When our baby was seven weeks old she was ready to come home. We bought an electronic scale and could see that she was gaining 20 to 40 grams per day. She also produced many wet nappies and had regular bowel movements, so we could see that she was getting enough milk.

When she turned seven months we introduced some rice cereal with breast milk. She gobbled it up! She got her first tooth when she was six months old and she has eight teeth now. We have just celebrated her first birthday and she is still breastfeeding. I will continue for as long as possible. She's our angel - she's amazing.

Breastfeeding has meant a lot to us. Although Kaydee was premature and small she was not a sick baby. I believe this is because she was exclusively breastfed. I would like to thank Rochelle from La Leche League Hong Kong and my husband, Anton, for all the support and encouragement they gave me.

Jaymie's Story

Where do I begin to tell the story of how powerful a bonding experience nursing can bring?

November 12th 2005, 11pm ... the blessed moment James came into our lives and changed it completely. Along with his precious innocence and fragility (which shouted for protection and love), he also brought us an overwhelming sense of love and sorrow, joy and pain. Delight and depression, happiness and helplessness, empowerment through giving birth to a new life, yet an inability to control what was to happen thereafter. The first night with him at home was a sweet nightmare. Looking back, we often wondered how we survived! It was like the movie *Groundhog Day*; sleeping (45minutes), fierce crying, nursing (45minutes), carrying... putting him down in his crib. If we were lucky, he slept for 45minutes, otherwise there was fierce crying once he hit the mattress... nursing again (45minutes) ... change diaper... daily bathing routine (which was the most fun, he enjoyed bathing from birth!)... cry cry cry - all of that for three months.

When nights were still for sleeping and days for planned activities

In the months of my pregnancy, I read up a lot on breastfeeding. There is lots of information available at several websites. I was also lucky to be able to arrange a one-on-one session with an LLL Leader

(Editor's note: LLL Leaders are volunteers and are not required to do individual visits. They may choose to do so on an individual basis when compatible with their other priorities).

I also talked with many friends who breastfed their babies and they all encouraged me. Joining LLL and going to meetings where I could learn from the many "real-life" mothers was one of the best things I've done to prepare myself – definitely a must.

First days

I delivered James at a public hospital because I really wanted a natural delivery and I had heard that many private hospitals performed needless caesareans. I wanted a natural birth to help with the bonding and to help the baby to start nursing as soon as possible. We had it the natural way (after a 36 hour labour!), but alas, the doctors suspected he had a lung infection and they took him away from me and put him into an incubator. His bruised little hands were strapped to drips, and his little body was stuck with electrocardiogram pads etc. for the first five days of his life... not to mention a shot of antibiotics within an hour of birth and the endless pricks for blood samples. It was at that moment I knew I had to protect him and do whatever I could to give him the best – BREAST MILK. I felt that my baby deserved my breast



Jaymie and James

milk, engineered especially for him, rather than milk that was made for calves.

And so began the journey of exclusive breastfeeding. At a two-hourly interval, (timed from beginning of the feeds), I went to a different floor to visit and nurse James; each session lasted forty-five minutes to an hour. Since he was housed in the Special Baby Care Unit, I was restricted on some of those times and had to sit by the side of his incubator with a blind and a creaking chair. I was also advised by the very kind Lactation Specialist, Iris Leung, to use warm compress on my breasts and massage them before each session; and to pump after each session. So you can imagine that after each session there was little time left to rest before the whole process started again. Despite this, after two or three days the nurses and doctors told me that I had "no milk" and the poor boy was crying all the time and did not sleep well. I started to get worried and depressed, although Maggie, at the LLL helpline kept advising me to continue breastfeeding exclusively. There was a lot of

pressure from the hospital personnel who said that James needed food, as he was also heavily jaundiced and not weighing in well etc. I gave in and thus James was given supplements for three days until he was discharged on home leave basis (which meant we could bring him home for the night but had to be at the clinic during the day for blood tests etc. Looking back, I really regretted it! Now I realize that it was not really necessary, because despite the supplements, he still cried and was still jaundiced and not sleeping well! (His weight did stabilize though). What I needed to ensure was that he wasn't dehydrated. And who said I had no milk? It was just ON ITS WAY... Once back home, we reverted to exclusive breastfeeding.

First month:

My whole world revolved around nursing and expressing, and I was totally obsessed with how much I could pump, as it was to be James' only lifeline. The only times he wasn't crying was when he was nursing or sleeping. He was sleeping only 10 hrs on a cumulative basis, much less than I expected for a newborn. I thought something was wrong with my baby. Well-meaning and concerned grandparents kept telling us that he was hungry, that I had not enough milk. I was a new mother and totally helpless and depressed. Even though I had read so many books and was supported by daily calls with Maggie, I still didn't know what to do with a crying baby. And so, we supplemented with formula after two weeks of full nursing. On a few occasions, he slept serenely after supplementing, and that made me feel guilty because it "proved" that I wasn't producing enough, that I was starving my little precious babe and that was why he cried endlessly.

(Editor's note: Babies can cry for many reasons, and breastfeeding, even when there seems to be very little milk in the breasts, is often the answer. Sometimes babies simply need to suck, or they need contact and comfort. The fact that a healthy and adequately growing baby takes a supplement from a bottle is not proof that mother doesn't have enough milk, and may be an obstacle to adequate milk production.)

On the other hand, my nipples were so sore. At a certain point I started to dread nursing. I was afraid of holding the baby at all because he'd want to suck on the sore nipples. Thankfully my husband was really supportive which helped prevent a full-blown depression. I passed my afternoons calling Maggie, Iris the Lactation Specialist and my friends who had breastfeeding experience, in turn. If it hadn't been for these dedicated ladies who so willingly shared their experiences and lent their support, life would have been different for James. Given all that help I was still on the verge of going crazy and giving up, but my husband and I prayed for strength to bear with it.

2nd month:

In the first two months, I had two bouts of blocked ducts and one breast infection. I still shudder at the thought... yet I still received encouragement to nurse. The quantity of milk seemed inadequate, but the special connection I

had with my baby kept me going. When will the milk come, what'll happen next, will the jaundice ever go away? We pressed on and prayed. Then a sister from my church suggested that I try fenugreek - lo and behold, the engorgement came back, milk came like rain, then like a storm... pouring, spraying, leaking! It was so much that James choked at times. It seemed hard to do the right thing. First there was too little milk and James cried; now there was too much and he cried. So if you encounter the same issues as I did - there's always hope. I tried everything from fish soup; fish stomach, bird's nest, papaya, tofu to rice wine and pork bones and marrow... but fenugreek topped the chart. Although it had a strong smell, it worked so I didn't mind!

(Editor's note: There are many ways of increasing milk supply and the simplest and most reliable one is simply putting baby to the breast more often. Theories about foods and supplements abound in every culture but these are usually not necessary, may not be effective and complicate life unnecessarily. We hope to address this issue in a future issue of CttH)

3rd Month:

Suddenly when he turned two months old, James calmed down and stopped crying so much, I remembered it was exactly at the beginning of his third month and it was also Chinese New Year's Day. He still cried, but less - we could cope with a bit of crying by then. He was sleeping for two spells of three to four hours every day, in addition to his 45-minute naps. He was also becoming sociable and seemed to enjoy our presence. The sore nipples also started to go away, and nursing became enjoyable... the worst was over.

By now, my pumping exercises were giving some results. For three months, I adhered to a rigorous pumping routine - round the clock, whenever I had time, whenever I was free, whenever I remembered. I even set the alarm to wake up to pump in the wee hours of the morning... and soon I built a reserve of 60 packs of 180 ml of milk by the time I went back to work! From a total of 5-10 ml from both breasts, I built my production up to a whopping 260 ml per session, by the time I went back to work. And I even had problems trying to contain the leaking because I couldn't pump as often as I needed to. It was quite funny.

4 months and up:

Nursing was my favourite activity after a hard day's work. Just holding the little warm body and playing with his little hands and feet while he sucks away contentedly gives me so much pleasure... and I usually doze off to sleep from the comfort. I'm also very proud that I'm the only one who can satisfy his needs... not grandma or "Kaka" (the helper). Of course Grandma still tries to put pressure on me to wean him earlier, but I'm not convinced of her reasons so I pay no attention.

Continued on page 11

Postcard from GUANGZHOU

I'm Kirsty, married to Tommy and we have a daughter Saffron who is 9 months old. Saffron was born in Hong Kong but we live in Guangzhou, China. Guangzhou is a big industrial city about 200 miles from Hong Kong. It has a colonial past but is a rapidly developing centre of manufacturing and business. We feel as if we live in the middle of a construction site and from our 17th floor balcony can see 15 cranes!!! We live in a high-rise development where we're the only novelty – "lao wai's" – or foreigners.

Our breastfeeding relationship got off to a rather rocky start. When Saffron was born she was in the Special Baby Care Unit and I wasn't able to try and feed her for seven hours. By that time she was so hungry that she just couldn't latch on, so I expressed some colostrum for her. The first time I actually breastfed I got a blood blister, the second time it bled and by the third time I was in tears. That was when I sent my Mum out to buy an electric breast pump!! I was

determined that Saffron was going to have breast milk so I tried to feed her a few times a day and pumped the rest of the time. I was still in pain though, which wasn't helped by the fact that we made the journey from Hong Kong to our home in Guangzhou on her 4th day, just as my milk was coming in – great planning!!



My Mum and husband kept encouraging me but I was still having problems so I got in touch with LLL where I had great email support from Maggie and when Saffron was 2 and a half weeks old I met up with Ruth, the Guangzhou LLL leader. Ruth suggested changing position and I could not believe it when I tried the football hold; not only did Saffron manage to latch on but I no longer felt as if I she was "razoring" my nipples! It was such a relief... I

could finally start learning how to do this!!!

Even though I managed to breastfeed successfully I felt terribly self-conscious breastfeeding in public, as it's not something

often seen in China; especially not from a foreigner. Friends tell me that there is great support for it but for me, again, my breast pump was my saviour and allowed me to take expressed milk everywhere with me rather than being tied to staying at home.

There is definitely breastfeeding awareness here in China and many women do it, but my own understanding is that continued breastfeeding only happens if mothers stay home. The one-child policy here seems to create pressure for mothers to return to work soon after having a child so they can provide the best of everything for them, and this often stops breastfeeding from continuing more than a couple of months. However, a spate of baby milk scares and scandals has reportedly pushed the needle the other way in rural areas.

My own breastfeeding relationship has also been affected by my return to work. At first I was expressing milk but I work in engineering and Chinese construction sites are neither hygienic nor comfortable – just imagine trying to hand express (no electricity!!) milk in mixed, squat style toilets and you'll work out why! Somehow I managed for Saffron to exclusively have breast milk for the first 6 months until she started solids but she now has one bottle of formula when I go to work. This means we can still breastfeed in the morning and evening, thus she is still very much a "booby baby"! How long we'll continue like this I don't know... there's no time limit, we'll see how we both get on.

My biggest piece of advice would be that if you believe you can breastfeed your child you can – I struggled and at times really didn't enjoy

breastfeeding but I used the tools, advice and support available to me and believed that I could do it and I did, and I have a healthy, happy child to show for it. Other than that my breastpump was a godsend – I'm sure that in those early days if I hadn't had that I just couldn't have kept going – and given my personal shyness about breastfeeding in public it enabled me to get out of the flat whilst maintaining a breastfeeding relationship. It is also fair to say that without the support, advice and encouragement of LLL I would perhaps not be writing this today!



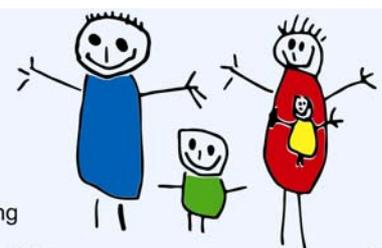
*Kirsty Brewis
Guangzhou Group*



La Leche League
國際母乳會

50th Anniversary Celebration

Saturday, 6th January 2007 3:30 pm to 5:30 pm
THE HELENA MAY, 35 Garden Road, Central, Hong Kong



LLL Tokyo Conference

by **Iona Macnab**
Leader with the Tokyo Central Group

At the end of August 2006 in hot, steamy and wet Tokyo, LLL Japan held our first LLL conference, which also included a joint workshop with the LLL Leaders of Asia. The theme of the conference was "Breastfeeding: a Gift for the future passed on from Mother to Mother". The conference was attended by doctors, midwives and mothers, fathers and children from Japan, and LLL Leaders from not only Japan but also Hong Kong, Taiwan and South Africa. We also had two special guests from the US, Marion Tompson, one of the seven Founders of LLL, and Marcia Lutostanski who currently serves on the LLL Board of Directors.

The conference was held in the former Tokyo Olympic Village in Yoyogi, which is an enormous complex with many lecture halls and restaurants, and also gymnasiums and a pool for the older kids to use while we attended the conference and workshops. Sometimes the children preferred to be with their mothers, which was fine, as we had special areas set aside for them during each of the

presentations, where they could play or do art and craft and so on. It made for a lively and very family-supportive atmosphere.

Mealtimes were great fun as people sampled Japanese obento lunchboxes and tried out foods they had never had before. The caterer was especially generous to us because his wife attends one of the Japanese LLL groups with their baby. We also had some special kids-only events that were enthusiastically run by some fathers and/or the teenage kids.

At the conference we had presentations about the history of LLL, because this year is our 50th anniversary. It is a wonderful opportunity to look back and see how a meeting of seven women evolved into this global organisation of volunteer mothers who support other mothers breastfeeding their children in so many countries of the world. Other presentations were on breastfeeding and HIV, baby friendly hospitals, milk supply concerns, weaning, and mothering teens using the same gentle approaches we learned while



Mothers and Leaders from around Asia

breastfeeding.

Highlights were many: of course meeting one of the Founders of LLL is a very rare chance for those of us who live outside the US. Marion Tompson's endless passion and commitment to helping mothers and babies breastfeed is very inspiring. She also talked about her work with "Another Look" the organisation she established to encourage more research into breastfeeding and its relationship to HIV. On a personal level, having the opportunity to sit and discuss the visions for LLL's future with Marcia Lutostanski, who used to be my co-Leader for 3 years in Tokyo, was very special. I also enjoyed Dr

Segawa's entertaining evening presentation with slides and anecdotes about the history of breastfeeding in Japan. My husband was particularly impressed with all the old photos and slides of breastfeeding and child care practices that he hadn't heard much about (even though it was in his own country!) The connections made between LLL Leaders from different countries are very valuable for us all as we continue our volunteer work, enriched by this opportunity to learn and share, and be inspired by the work of others. The husband of one of the mothers from my group was particularly impressed, as he didn't know there was so much to know about breastfeeding!

Jaymie's Story continued from page 7

6 months:

Now the time has come... a hard moment for me. Little James has grown. He is no longer dependent on only me, but is gaining independence as he starts to feed on solids. No worry, the bond has been established and he still reaches out for me when he is stressed or when he needs comfort.

I fully understand that not all new mothers are as fortunate as I - that I'm blessed with a trustworthy helper, that I can get off to work on time, that I have access to a conference room for pumping, or could even take two-hour lunches to run home to nurse in the initial days back at work (James wouldn't take the bottle then). I'm not saying it's easy to fully breastfeed while working (or even not working). But I'm saying that it's POSSIBLE, given a certain level of support, motivation and education.

Those of us who have breastfed, know how important it is to support other mothers who are breastfeeding. They are already bombarded by constant pollution, education, stress, etc., so let's do what we can for the little babies who will soon grow to take over from us.

Seeing how fast the baby grows sometimes make me fear growing old, but the thought of having these memories to keep me company when the nest is empty and when my hair has turned white and my breasts give in to gravity makes me smile again.

Praise the Lord for the milkie!



James' first birthday

I'd like to share a few things about my experiences with expressing at work:

- 1) Discrimination: smoking breaks and coffee breaks are fine, but not milk breaks - why? My peers found delight in poking fun at my milkie sessions when I was missing from my desk or when they saw me carrying the little black ice bag. Some even joked that I did it for big boobs and others said I went to "squeeze milk". I realized that their comments affected me even though my husband told me to ignore them. Once I asked why they would discriminate against such a natural thing. Since then, they have stopped.
- 2) Invest in a good pump. I understand that not everyone can afford an expensive pump, but I also believe that the right pump was very important for me. I inherited several types of manual and electric/battery pumps. Some were totally useless for me. One type of manual pump worked but it was slow and tiring. As I have a very short time to pump at the office, I decided to buy a good electric pump and that has made a difference.
- 3) As compared to most of his peers on formula, James hasn't fallen sick even once in six months (not even after his vaccinations). And he had no trouble with skin allergies, ear infection etc. He put on weight well, and weighed 17 lbs at six months.
- 4) Buying stuff online is also a great way of saving money! I bought my breast pump and nursing outfits that way. I also designed a few pieces (with discreet zips) and got them tailored in Shenzhen. I earned a lot of praise for them. None of them looked a bit like nursing wear, in fact they were pretty sexy!

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Breastfeeding and Premature Babies

Breast milk helps premature babies grow. Mothers of preemies produce milk that is higher in many nutrients that aid growth, especially fats, proteins and calories. Studies show that breastfed preemies enjoy stronger bones, greater weight gain, and faster catch-up growth.

The milk produced by a mother of a preemie baby is high in immunoglobulins. Immunoglobulin A (IgA) coats the lining of a baby's immature intestines, helping prevent germs getting through. Remarkably, preterm milk is twice as rich in IgA as full term milk.

A breastfed preemie is less likely to develop infections that are common to babies fed breast milk substitutes. He will be protected by the immunities in the breast milk while his own immature immune system is developing.

Preterm milk contains epidermal growth factor (EGF), which stimulates the growth of the cells lining baby's intestines, making them better able to digest food. Preterm milk is higher in EGF than full term milk.

Breast milk prevents necrotizing enterocolitis (NEC). This is a severe inflammatory condition, which can be fatal. One study showed that among preemies over 30 weeks of age, formula-fed infants were 20 times more likely to develop NEC than human milk infants.

Breastfeeding preemies enjoy higher blood oxygen levels - studies show that preemies have better breathing coordination and higher blood oxygen levels
References:

Is Breastfeeding Important for My Premature Baby? www.la lecheleague.org/FAQ/premimportant.html

The Premature Baby Book. First Edition. 2004. Chapter Six. by William Sears M.D., Robert Sears. M.D., James Sears, M.D. & Martha Sears, R.N. Published by Little, Brown and Co.

during breastfeeding compared with bottle-feeding preemies.

Breast milk fed preemies grow up smarter! A study in the UK found that preemies who were fed expressed human milk showed an IQ that was an average of 8.3 points higher than a comparable group of formula fed babies. The more breast milk babies received, the better their scores.

Giving breast milk is best for the mother of a preemie too. When breastfeeding directly, the mother gets a rush of oxytocin, which creates feelings of love and nurture for her small baby. Even during pumping, the mother secretes hormones that enhance the bonding process.

The intimacy of the breastfeeding partnership helps the mother think of her baby as a person first, her very own beloved child, and not just the doctor's medical case. This bond can help sustain the mother - and other family members - through any difficulties that lie ahead.



La Leche League - Hong Kong has just launched its new website.
For details of LLL meetings and other events in Hong Kong as well as
Chinese language materials go to:

www.llhk.org