

Close to the Heart



La Leche League Asia
Early-Year 2007
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"Breastfeeding
is mothering
close to the heart"

50 Years of LLL

Treating
Thrush

Breastfeeding
and Pumping



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

Contributions received by
1st Nov. 2007 will be included in
the Late-Year 2007 issue.

Contributions received by
1st March 2008 will be included in
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**Article and stories for
Close to the Heart
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breastfeeding mothers in Asia.

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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,

I am often pleasantly surprised these days when speaking to young parents, that they feel that their child will be breastfed, "naturally." That attitude goes a long way towards ensuring both a good start and the eventual success of any breastfeeding experience. Often that is all that is necessary, and the baby goes on to be happily breastfed and weaned. But not all breastfeeding experiences are easy. Some do not start well and others come up against a variety of obstacles because of technical problems or attitudes. Simply seeing that other mothers and fathers have the same worries may help to ease many of these problems. Having a competent person on hand who can evaluate the baby's latch or position and suggest alternatives can be a great help. If the problem is more complex it may be necessary to know where to find a qualified health care professional. La Leche League offers mothers all this and more. Breastfeeding is indeed natural, but so is meeting groups of women who are experiencing the same situations. And this is something that can be useful in many situations that we come up against in our lives.

This will be my last issue of *Close to the Heart*. It has been a pleasure and a privilege to share in your lives and experiences. Although I, like many of the readers of this newsletter, have been far away, your letters have been given me and many other mothers the support we needed to live our lives with joy.

With gratitude,

Sheri

Farewell to the Breast-pump – Reflections on Nursing and Expressing

Yesterday, I returned my hospital-grade breast pump for the last time. My third baby turned one last week, so I had achieved my aim of supplying him expressed breast milk until he could go onto regular full-cream milk, something I did for his brothers, too. As much as I disliked being tied to the pump three or more times in the day at work, my trip to the shop was tinged with sadness as I knew that was another thing that would never be repeated in my life, like toothless smiles when he cut his first tooth at four months and the relatively inoffensive nappies when he started solids at six months.

When I mentioned this to a friend, she agreed – we rightly record and celebrate the first time something happens, but rarely remember the last.

So I thought I would record my feelings as this era moves into another.

I always intended to breastfeed my babies.

I didn't have to be persuaded; it just never occurred to me not to. Three sons later my older two see breastfeeding a baby as normal and have even played "daddies and babies" where one 'nurses' the other. Who cares that they haven't worked out that daddies can't? When the time comes for them to become fathers, hopefully they'll be as supportive of their partners as their Dad has been.

Each of them has been a very different nurser. My eldest, Ben, refused the breast for five days after birth, until we discovered his plastic fetish. My lifesaver of a community midwife tried a nipple shield as a last resort and he started nursing right away. I think he latched on once in 17 months without it.

Number Two, Matthew, seemed to have been born without an innate sense of how to suck and we had to teach him in the hospital, tickling the roof of his mouth with a finger that had a feeding tube attached. It was my La Leche League Leader who

saved my life that time when he finally learned to suck, but kept sliding off my full breast and didn't seem able to latch. He finally weaned himself at 16 months when I was pregnant with my third. I was secretly pleased, as I was terrified of the prospect of tandem nursing him and the newborn.



Ben, Matthew and Joshua

I was surprised when the hospital agreed to allow me to nurse Joshua, Number Three, in the recovery room after my c-section (Hong Kong's public hospitals are not known for their flexibility or their support of breastfeeding). But agree they did, and he sucked voraciously for 40 minutes or so. And for the first time I discovered what Lansinoh was for. At ten months old his first word was 'mama' and it meant 'milk.'

Each time I returned to work after my statutory maternity leave, leaving a tiny 10-week-old at home, the wrench was heartbreaking and the 10 months or so to age one seemed interminable, the goal unattainable. But days slipped into weeks, weeks slipped into months, and each baby eventually turned into a toddler; their tummies able to cope with regular milk.

With my eldest I tried to save money and used a mini battery-powered pump. I blew up the motor on two of them; they were never intended for use day-in, day-out. My job took me out of the office frequently and I scheduled meetings around pumping sessions in hotel bathrooms. I blush to think what other bathroom users thought was going on in the cubicle with that little electric buzz. I was so tired I even pumped under a blanket on a ferry commute home after working late one evening. It was either that or staying up for another 30 minutes when I got home at midnight. Fortunately, it was the silent hand pump that time.

So second time round, an older and wiser mother, I hired the hospital pump. I was based in the office so it stayed in the meeting room, my trusty companion three times a day for over nine months. It felt odd handing it back, but I knew I'd be back again.

And so I was. This time, I won't, or I don't plan to be. I pumped for the last time yesterday at lunchtime and am liberated from the role of cow. No more having to drag myself away from office gossip to keep to the pumping schedule; no more realizing I've missed my schedule because I was too engrossed in the task I was doing; no more sacrificing lunch dates with colleagues or lunch trips to the gym because I need to use my lunch

hour for pumping; no more searches for Mothers' Milk tea at health food shops to keep my supply up. But no more stolen extra moments with my baby either, because I forgot to bring his milk home last night and he and his nanny have come in to work to collect it; no more knowing that there is something only I can supply for him while I'm at work.

Yes, this is only the end of pumping – he will still nurse when I am around. And he'll have the benefit of there not being another pregnancy to persuade him to quit, so he may still nurse for some while yet. But it is the end of an era. My body is almost my own again. I take a moment to mourn the breast pump's passing, and move on to a new era, no longer the mother of a tiny baby.



Josh and Jane

La Leche League Group Web-sites in Asia and the Middle-East:

Beijing <http://www.llli.org/Beijing.html>

北京 <http://www.muruhui.org/>

Hong Kong (香港) <http://www.lllhk.org/>

台灣 <http://www.llli.org/TaiwanChinese.html>

India <http://www.llli.org/India.html>

日本 <http://www.llljapan.com/>

Japan <http://www.llli.org/Japan.html>

Korea <http://www.llli.org/Korea.html>

Mongolia <http://www.llli.org/Mongolia.html>

Philippines <http://www.llli.org/Philippines.html>

Singapore <http://llsg.tripod.com/>

Saudi Arabia <http://www.llli.org/SaudiArabia.html>

Syria <http://www.llli.org/Syria.html>

United Arab Emirates <http://www.llli.org/UAE.html>

Good-bye Hong Kong, Hello Singapore!

After four and a half years in Hong Kong, we now have an opportunity to return home to Singapore.

I remember I was so determined to breastfeed Zoë that when I was pregnant, I took the ferry to Discovery Bay Island to attend La Leche League meetings. I refused to buy any formula or bottles and when I had nipple soreness in the first week, possibly due to latch-on difficulties, the only two things I bought were nipple shields, which I used sparingly, and a feeding syringe, so I could feed her a few drops of breast milk without her getting nipple confusion from using a bottle.

Today, Zoë is two and a half years old and partially weaned. She feeds a little before bedtime, but doesn't need to breastfeed herself to sleep anymore. She feeds on and off throughout the night, until I get tired and thirsty and pull her away from the nipple. I disagree with books that say it's normal for babies to sleep through the night. As far as I am concerned, it's normal for babies not to sleep through the night. As a parent, please expect that and you'll be a lot happier!

We would love to try for another baby. I recall those public breastfeeding experiences I had with Zoë in HK and I know it'll be easier with the next.

When she was eight days old, I had to take her to the Registry of Births (our first real public breastfeeding experience!). At that time, I hadn't figured out how to use a piece of cloth to cover the baby while feeding her (which we usually do away with when we get more confident). I ended up covering both Zoë and myself and in retrospect, I thought it seemed strange to the crowd because an adult and a baby were struggling under that piece of not so huge cloth.

In her first four-months I found it easy to carry and breastfeed her in a sarong, a piece of cloth used by many mothers in Indonesia. Her tiny body and head would sink into the batik cloth and

she would be all snuggled up for a cozy nap. Being a new mother, I was badly shaken when an old lady came up to me and said in an accusatory tone that I was suffocating her to death by placing her in that position. I remember another incident in Stanley when she was 2 to 3 months old, where I was feeding her in a quiet corner. A four-year-old boy approached me to tell me that feeding my girl in



Zoë and Jeanne

public was something the police would not like. I tried to educate the boy by saying that the baby's hungry, to which his reply was: take her home to feed, even if you live as far away as the moon!

I found that in Hong Kong people share their ideas about childcare very freely - especially with other Asian mothers. Sometimes it really felt like criticism and I wished they would keep these opinions to themselves. Some of these comments came from very good friends. One said that to breastfeed a five-year-old was 'twisted.' That hurt me deeply. Another opinion I heard from pediatricians and friends who breastfed their babies, which caused me great confusion initially, was that breast milk had no nutritional value or was detrimental to the child when the baby reaches one year of age. [Editor's note: Recent research has shown that the fat content of breast milk is higher in the second year than in the first. Breast milk remains a source of many easily digested, highly bioavailable nutritional elements and immunological protection as long as baby breastfeeds, however long this may be.]

But there were good comments too. I made friends with a family of asylum seekers, because I was able to empathise instantly with the mother when she said she would get hungry and had to eat when she breastfed her baby. When Zoë was one and a half I took her to the Union Church English-speaking

playgroup. I felt a little awkward that no other children in the playgroup were breastfeeding and I felt I should feed her very discreetly, so I was most relieved and made another new friend when I realized that the volunteer of the playgroup was also feeding her three-year-old.

I know many individual mothers who were able to breastfeed without support groups. I am grateful that I had a support group. My wish for all breastfeeding mothers and babies is that they do not have to strive so hard to prove that it is politically and socially correct because it is natural and is one of the quickest and easiest ways to calm and soothe a child.



Zoë

Mothers' Stories

by **Marshella Mayee**
Hong Kong Group

The Challenge of Nursing and Working

"Only women with large breasts can produce enough milk for their babies.", "Don't nurse your baby if the pupil of your eyes look bluish - otherwise your baby will get colic." These examples are just a few of the numerous myths that I have heard about breastfeeding. Yet I am happy to say that despite having an average bust size and with occasionally blue-coloured pupils, I am still nursing my girls, seven year old Megan and two year old Magenta.

The one myth that struck me most, though, is the notion that full-time working mothers absolutely have to formula feed their babies.

Many women in Hong Kong don't realize there are certain measures that they can undertake to enjoy the unique nursing relationship with their newborn even during long hours of physical separation from their child.

Although I am no longer working with my firm, I remember vividly being a breastfeeding mother clocking an average of 52 working hours a week. However, I have never bought a tin of highly processed powdery formula milk. That stuff does not bear any resemblance to the milk that my girls happily guzzle down at my breasts.

In order to establish an adequate milk supply, I extended my maternity leave for an additional month, and three weeks before returning to work I started expressing my milk with an electric double pump.

I poured the milk into disposable plastic bottle liners made for milk storage. These were sealed tightly and dated accordingly before being stored in the freezer. Knowing that I had a reserve of breast milk in the freezer gave me some assurance that I had something to fall back on if Magenta drank more during the day than I'd been able to express at work.

Unfortunately, I was unable to take my electric pump to work as I couldn't find myself a room with electric sockets to express my milk in privacy. Expressing milk in the open area in front of my predominantly male office setting wasn't an option. The only place where I could lock myself up and pump away quietly, was the common bathroom located on the same floor and shared by two other firms. Without any electric sockets in the toilet cubicles, I had to learn to use a manual pump instead.

There were "good days" and "bad days" for me. On "good days" I expressed more milk than usual. On "bad days" I could be seen with one hand clutching Magenta's clothes to remind me of her, while the other hand was desperately trying to squeeze out every precious drop. Whenever I was experiencing one of these "droughts," I would begin to wonder what had happened to the milk in my breasts. Fortunately, things always got back to normal after a few days.

Quantity wise, my yield could vary greatly (from two ounces to 15 ounces) but the number of times I expressed during a workday was always the same. I expressed before lunch, during the lunch break and before I left to go home. When I got home I would express again at nighttime while breastfeeding Magenta. I did this so that I could store extra milk in the fridge to compensate for the days when I was too tired, ill or stressed to express enough milk at work.

Unfortunately, my colleagues frowned upon my decision to breastfeed Magenta. They believed that breastfeeding was only appropriate for

newborns, that extended breastfeeding was nutritionally deficient and even psychologically damaging. They couldn't understand why I had to go through the inconvenience of pumping when there were an abundant number of choices of infant formula in the market for my child. If most of the babies in Hong Kong survive well on infant formula, why wouldn't my baby thrive on milk powder as well?

As much as I argued with my colleagues that bottle feeding wasn't exactly hassle-free when one takes into consideration of the preparation required, most of them were not convinced. Work productivity and efficiency were two common issues that I was often confronted with regarding to my choice of nutrition for Magenta.

Eventually my colleagues and I decided that it was best for us to "agree to disagree" rather than engaging in a never ending round of exhausting debates on breastfeeding. It was obvious that just as I could not possibly convince them about the benefits of breastfeeding, I wasn't going to stop pumping either.

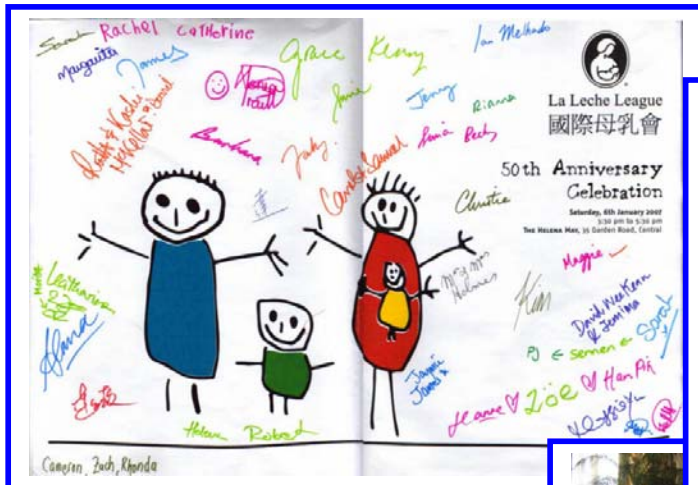
What I could do, though, was to seek the support of the Hong Kong La Leche League by attending the monthly evening meetings. Talking to La Leche League Leaders, as well as other breastfeeding working mothers, provided me with a great many ideas about how I could make breastfeeding work for Magenta; especially when I was experiencing my occasional breastfeeding problems of plugged ducts, mastitis and low milk supply.

My pumping days came to an end after I left my company to spend more quality family time with my girls. Magenta was 18 months old then. I probably won't have to express milk as Magenta is taking solids and is less dependent on breast milk compared to the early days when I first returned to work. I don't have to obsess over how many ounces of breast milk I have in the fridge. As much as I am relieved to give myself a rest from expressing, I wouldn't think twice about taking the pumps out again should I face a similar set of circumstances with a third baby. I can't think of anything more enjoyable than gazing fondly at the smile of a sleepy baby after she's had a satisfying meal at my breasts.

50th Anniversary Celebration

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

On January 6th La Leche League - Hong Kong held an afternoon tea party to mark the 50th anniversary of La Leche League International. It was a beautiful sunny afternoon and we had a great time. The party was held at the Helena May club which has a pleasant outdoor area where mothers could chat and the children enjoyed hunting for paper lollipop stick dollies hidden around the garden. Indoors we had singing and storytime for the children and held a silent auction to raise funds. Many thanks to Katharina von Herff for designing such a great logo for the event, Jenny Buck for organizing all the food, Julia Cox for making the decorations and to everyone else who helped to make the event such a success.



Postcard from AYASE-SHI, Japan

My name is Melanie Weller. I live in Ayase-shi in Japan, with my husband, David and our two children; Philip (three) and Evan (two), on a U.S. military base at Atsugi, which is about one and a half hours by train from Tokyo.

We live south of Tokyo, in Kanagawa prefecture - this region is called the Kanto Plains, but sometimes it's affectionately called 'The Concrete Plain' as the area is very built up and there's not much greenery. In Japan, there's not a lot of zoning into different areas of land use, so we get residential homes close to factories, businesses and occasional patches of agricultural land. It's quite a mish-mash.

Both my children were born in the United States. I got good information about breastfeeding when I was still pregnant through antenatal classes in the Bradley Childbirth Method. I hired a midwife to be my doula and that was helpful, too. I also did a series of eight-week courses with a fabulous organisation in California called 'Parent's Place.' They were very pro-breastfeeding, yet

at the same time respectful and validating of a variety of parenting styles and choices.

In the early days, the most important thing I learnt about breastfeeding was that you can't spoil a baby. There's a famous quote: "If you baby a baby when it's a baby, you won't have



to do it when it's older." I found that it was OK to be attentive and respond to my baby's needs. I learnt that what a baby 'wants' and what a baby 'needs' are actually the same thing. That was very reassuring.

With Philip, my first baby, the first few days were difficult. Philip was a constant breastfeeder. I suspect he wasn't latched on properly at the beginning, so breastfeeding was very painful and I got plugged ducts. The pain of breastfeeding was far worse than anything that happened during labour! But I

persevered. I consulted the Womanly Art of Breastfeeding and double checked the positioning. It was easy to tell if he was latched properly, so if he wasn't doing it right, I stopped and started again.

I wasn't easily frustrated because I had some problem solving strategies to work with - information that I had taken from La Leche League and from the Bradley Method. So giving up wasn't an option. I had prepared for this job and I felt my preparation paid off.

Attending a La Leche League Meeting was helpful because I heard mothers talking in a positive way about how they managed to do things with a breastfeeding baby. How to take a shower, for instance. I felt I'd found people with a similar parenting style.

Breastfeeding has honestly been a huge convenience in my life. Philip was such an intense feeder. He was only sixteen months old when Evan was born. People asked me when I was going to wean Philip. I said: "Are you kidding?" Weaning sounded like much too hard work, so I tandem nursed.

Breastfeeding was such a great source of comfort for Philip. In the later stages of pregnancy, when I couldn't express any drops of milk, he would still nurse for 45 minutes at a time. After Evan was born, he was still allowed to nurse and I think by doing this, he knew instinctively that even with a new baby in the family, he was still just as important to his mother. I thinking it's been a bonding experience for the two boys and they still get on well.

Another huge benefit is that my kids have hardly been sick. Obviously, that's so important! Also, because my husband is away

from home a lot, breastfeeding is one way that I can help them handle the insecurities of Daddy's schedule.

The majority of Japanese mothers breastfeed. It is not unusual to see a mother breastfeeding in public, but what stands out here are the good baby friendly facilities in public places; the 5th floor of most department stores will have a nappy change and a breastfeeding cubicle. There are also some great breastfeeding shirts, which are very well designed and discreet. I find people here very supportive and respectful of breastfeeding. When a mother has her baby in hospital she's required to stay for five days. My understanding is that a primary reason for this is to get the breastfeeding well established. I have seen many mothers breastfeed for around one year - or longer. It's fabulous!



*Melanie Weller
Atsugi Group, Japan*

Treating Thrush

Many thanks to
Katherine Koch, BSEd, IBCLC, LLL Leader and
Rebecca Butler, MA, IBCLC, LLL Leader

Thrush (candidiasis or yeast) is a fungal infection caused by an overgrowth of the candida organism. Candida normally inhabits the mouth, gastrointestinal tract, and vagina, but can overrun almost any part of the body under the right conditions. For breastfeeding mothers this includes the breasts and nipples because thrush thrives in warm, moist conditions.

Symptoms

- The first symptom of thrush is usually pain. Many mothers describe the pain of thrush as a burning or stabbing pain in the nipple, the breast, or both. The pain may begin during a feeding and continue between feedings. Pumping is usually painful as well.
- Thrush may cause nipple itching or flaking, redness or shininess, or, rarely, white spots on the nipple or areola. Sometimes there is a red or pink rash with small blisters on the nipple or areola.
- The mother may have a vaginal yeast infection or have had one recently.
- The baby may have signs of oral thrush: a “mother of pearl” look to the saliva or white patches in the mouth which look like left-over milk but will bleed if scraped.
- The baby may also have a bright red diaper rash which doesn’t respond to usual treatments.
- The baby may be fussy or gassy or find nursing uncomfortable or painful. The baby may become fussy at the breast, refuse the breast, or come “off and on” the breast frequently.
- It is important to note, however, that there may be no visible symptoms in either the mother or the baby. Pain may be the only symptom.

Treatment

An appointment should be made with a health care provider to confirm the diagnosis. Possible treatments fall into three basic categories:

medications requiring a physician’s prescription, over-the-counter and herbal remedies, and home management techniques which work in conjunction with other forms of treatment. It is wise to treat both the mother and child even if only one appears to be experiencing any symptoms.

Medications

If only the nipples appear to be involved, your health care provider may prescribe a topical antifungal (ointment or cream) to be used on the nipples. A liquid version also needs to be prescribed for treatment of the baby’s mouth even if the baby is not exhibiting any symptoms. Systemic antifungals may be prescribed if the milk ducts also appear to be involved or topical treatment has been unsuccessful. Many mothers find that a single dose is not effective. Sometimes treatment needs to continue for as long as two weeks. Gentian violet is an antifungal that does not require a prescription but it should not be used without consulting your health care provider as it can be dangerous if used improperly or for too long.

Herbs/Alternative Treatments

A vinegar and water solution (1 tablespoon vinegar to 1 cup water) is an easy and effective treatment for nipples, especially when used in conjunction with other treatments. Apply to the nipples and areolae with a clean cotton ball after each feeding. Allow the nipples to air dry. Oral supplements of acidophilus contain beneficial bacteria that can help to limit the candida in the digestive tract. Acidophilus is available at health food stores in the refrigerator section. For best results, acidophilus should be taken for two weeks beyond the end of the symptoms.

Other herbal or natural remedies are highly effective for some people. A naturopathic doctor (N.D.) or a qualified herbalist can help.

Home Care Measures: All toys, pacifiers, bottle nipples, pump kit parts, breast shells, nipple shields, etc. should be boiled daily for twenty minutes. Pacifiers and other rubber nipples need to be replaced weekly. Any items that are damp or come into contact with the baby's saliva or your breast milk may harbor yeast. Wash breast pads, bras, and cloth diapers in hot, soapy water. Bleach (one cup) in the wash water or vinegar (one cup) in the rinse water can be effective. Items should be dried in a hot dryer or line dried in the sun.

The heat of an iron can kill yeast on clothing. Paper towels can be used for hand washing and bath towels should be used only once before washing.

Change toothbrushes frequently.

All family members should be treated for yeast infections of any kind including vaginal yeast, jock itch, finger/toe nail yeast infections, and

diaper rash. Even pets can harbor yeast. Dietary changes can help minimize yeast growth. Decreasing the sugars on which yeast thrives is very helpful. Reducing consumption of dairy products or yeast-containing foods, including alcohol, can also be helpful. The addition of garlic to the diet may boost the immune system and help to keep yeast in check.

Other Causes of Nipple/Breast Pain

Positioning and latch-on problems should always be ruled out when considering sources of pain. Other conditions can cause breast or nipple pain which may look like thrush. The conditions include but are not limited to: contact dermatitis, herpes, mastitis, eczema, psoriasis, poison ivy, ringworm, improper use of a breast pump, allergies, or nipple injury. Each of these should be considered, especially when treatment for thrush has been unsuccessful.

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For more information on breastfeeding check out our web site: <http://www.lalecheleague.org>

B reastfeeding News

The Hong Kong branch of the Baby Friendly Hospital Initiative has just launched a new website. The website contains information about the implementation of the International Code of Marketing of Breastmilk Substitutes and UNICEF'S 10 Steps to Successful Breastfeeding. There is and also has an interactive forum for mothers. You can view the site at: <http://www.babyfriendly.org.hk>

La Leche League - Hong Kong has just received funding of HK\$33,000 to print 60,000 copies of the bilingual pamphlet: *When You Breastfeed Your Baby*. The funding comes from the Matilda Sedan Chair Race Charity Fund. This will enable La Leche League - Hong Kong to give a copy of this informative pamphlet to every mother who gives birth in Hong Kong during the coming year.

Breastfed babies get boost up social ladder

Babies who are breastfed are more likely to go up the social ladder than those who are artificially fed. This is according to new research published in February.

The University of Bristol team looked at 1,400 babies born from 1937 - 1939. The team gathered data on breastfeeding measured in childhood and occupational social class in both childhood and adulthood. This was part of a 60 year follow up study. The researchers found that those children who had been breastfed were 41% more likely to move up in social class than those who were bottle fed.

In the 1930 in the UK working class families were almost just as likely to breastfeed as middle class ones. This is interesting as it suggests that the baby's chances of scaling the social ladder were due to something other than the mother's social status.

The study, which was published in the Archives of Disease in Childhood suggests that one possible reason for the findings is that breastfeeding improves health, stature and IQ - meaning breastfed babies are better equipped to climb the social ladder.

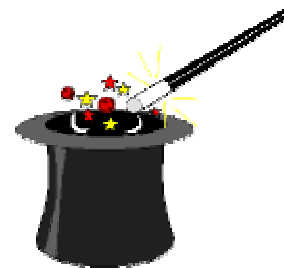
The researchers state: "Our original hypothesis was that if breast feeding really does improve health, and increase stature and IQ (as reported in many epidemiological studies 3-10), then

breastfed infants might be more likely to show upward social mobility than those who were bottle fed."

The researchers write: "One of the most consistent findings in the published literature on the long-term impact of infant-feeding is that breastfeeding is associated with improved neuro-cognitive development, which could influence future educational and occupational success and hence social mobility."

The longer a child was breastfed, the greater were their chances of upward mobility, the results showed.

And in families where one child was breastfed while a sibling was bottle-fed, there was still a difference in their chances of social mobility, with the breastfed child 16% more likely to move up in class.



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