

# Close to the Heart



La Leche League Asia  
Mid-Year 2007  
Volume 8, Number 2

"Breastfeeding  
is mothering  
close to the heart"



Breastfeeding  
Makes  
Us  
Happy

The 1<sup>st</sup>  
Hour

Proud to  
Breastfeed

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<http://www.lalecheleague.org>

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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  
1<sup>st</sup> Nov. 2007 will be included in  
the Late-Year 2007 issue.**

Contributions received by  
1<sup>st</sup> March 2008 will be included in  
the Early-Year 2008 issue.

Contributions received by  
1<sup>st</sup> July 2008 will be included in  
the Mid-Year 2008 issue.

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

Close to the Heart  
Is a bilingual newsletter  
(English and Chinese) for  
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 hope you are all enjoying summer! I'm writing this in Hong Kong, which of course is very hot and humid, and breastfeeding becomes a very sticky experience!

In this issue of *Close to the Heart* we have a real mixture representing the trials and tribulations of breastfeeding. Xiao Yue tells us how she endured repeated bouts of mastitis, but persevered with breastfeeding. And mothers from all around our region tell us why breastfeeding makes them feel good.

Summer is the time where breastfeeding advocates all around the world celebrate World Breastfeeding Week. Officially this is celebrated from 1 - 7th August, but some places do things a bit differently so if you want to find out about any events happening near you, it's best to check on their website: <http://www.waba.org.my/>.

This year the theme of their campaign is to get more babies latching on within the first hour of life. You can find out more about the reasons behind this campaign on page 8. There are also some recommendations on how to achieve this. These guidelines were written with hospital staff in mind, but I think it's still useful for us mothers to be aware of the factors that aid in self latching. However, it's also important to remember, that if your baby does not latch on within the first hour, all is not lost! There are a number of factors which can make a baby unable to latch on immediately, but with time s/he can learn.

While I was reading about the early initiation of breastfeeding I was surprised to come across a quote, on this subject - from the Dalai Lama! The Dalai Lama has said lots of wise things in his time, but I didn't realize he'd had anything to say about breastfeeding. So here it is...

"It begins at birth. Our very first act after birth is to suck our mother's milk. This is an act of affection, of compassion. Without that act, we cannot survive. That's clear... That's the way of life. That's reality." The Dalai Lama quoted in Howard C. Cutler's *The Art of Happiness: A Handbook for Living* (1998)

Wishing you all a very happy summer,

# Maggie

## Proud to Breastfeed

If anyone were to ask me, "What's the most valuable thing you've ever done?" I would reply without hesitation, "I breastfed my son." I've given him the best birth present he could have. Thanks to my breast milk, my son is intelligent, strong and healthy. (He does have eczema, but that is not connected to the breast milk). My neighbours ask me, "What do you give him to eat?" I reply, "Only my breast milk." My reply sounds casual, but inside I feel so proud!

My son is now 20 months old and I'm still breastfeeding. Thinking of this journey we've taken together, I want to say that breastfeeding really has not been easy! I've put up with all the opposition from outsiders and quietly endured hardship. But it was all worthwhile. Because I am a mother and I devoted myself willingly.

However, it hasn't all been smooth sailing.

In fact, I have experienced mastitis four times. The first time I think it was because I was not positioning the baby correctly. I had given birth by caesarean section, so from the beginning I was breastfeeding lying down, and for a long time I

didn't know how to breastfeed in the cradle position. Also, I didn't have any guidance. But I did have lots of milk. I had a very strong let-down reflex. After a few gulps of milk my son would have to pull away because he didn't have time to swallow the milk, and my milk would spray on his face.

By the time he was one month old, he was already very chubby, so I didn't take the difficulties of his positioning very seriously. That was a big mistake - but I didn't realize it.

My son was growing well on my breast milk, but my breasts were often painful, itchy and red, and I couldn't wear a bra - it was too uncomfortable. If the breast even touched against clothing it hurt. I had plenty of milk. It got all over the place - on my clothes, on the bed, on the floor - but I didn't feel so happy about that anymore. It

started to irritate me, and I was bothered by it.

One evening at dinner, I had a bowl of traditional Chinese meat soup which my family members told me could help the milk supply. In the middle of the night, I found my left breast was swollen and hard. I immediately got my son and put him to the left breast. I tried a few times but this hard



Xiao Yue and son Fu Te

lump would not move. I was afraid and very nervous. I knew I had to make the breast soft or I could have problems. I put an ice pack on first of all and then later expressed with a pump. I pumped and at the same time massaged with my fingers. I was using a hand pump and it was probably the first time I'd ever used it. I don't think I did it properly. Fortunately, the breast did eventually feel softer and I thought it was all OK.

However in the days that followed, my left breast was painful each time I breastfed and the pain was getting worse. Breastfeeding was no longer a happy time; instead it was like torture. I was in pain and had no support. I didn't know who could help me.

I browsed on the Internet and suddenly saw the words: "La Leche League - for information in Chinese please call." I had heard about La Leche League from the books by Dr. William Sears and knew that it is a non-profit, non-governmental organisation. So I picked up the phone and called the number.

The Leader was very helpful. She asked me in detail about how I was breastfeeding. We went through each stage, looking for a cause of my pain. I called her many times (she was in Beijing and I am in Shanghai) and I was deeply moved by the help she gave me. Her kindness warmed my heart. However, each time I breastfed my left breast continued to be painful. Later I developed a fever and the medicine I took to lower the fever had no effect.

I didn't know what to do and I called the Leader again. She encouraged me to go to see a doctor at the. The doctor took one look and diagnosed mastitis, and what's more, she told me that the left and right sides were both affected. In fact she said the right side was worse than the left. She said that I did not have a candida infection. She gave me one week's dose of antibiotics and encouraged me to continue breastfeeding.

When I got back home my left breast still hurt faintly each time I breastfed. I began to think that this problem could not be solved. I thought I would just have to continue to suffer the pain. But I did not think about weaning.

A few days later I received a phone call from another LLL Leader.

She emphasized the importance of good positioning and said that lying down to breastfeed is the hardest position to master. After the phone call I thought about how she emphasized positioning because until that point I was always lying down to breastfeed. I picked up my son in my arms and practiced getting him to latch on correctly, getting him to open his mouth wide before he started to suck.

During one of these experiments, my son's chin happened to press down on a part of the breast that had always been painful. He started to breastfeed. His chin kept pressing down. I felt my milk gushing out. I felt a sensation of relief and happiness that I'd not felt before. It felt relaxed and comfortable. This time when the baby was feeding I didn't feel any pain at all. It was great! I suddenly realized after all this that I had made the most basic mistake - the breastfeeding position had not been correct.

Since I had begun breastfeeding lying down, my son's mouth had not been taking in enough of the areola, but because I had so much milk, this had not affected my son's ability to get milk. Because the positioning had not been correct, my son had not been able to drain all the milk ducts.

I was so happy I called the Leader and told her I was better. After all, breastfeeding could be a comfortable and beautiful experience. Holding your child to your breast, watching him drink the milk, seeing him using so much strength and seeing him so happy gives a feeling of great satisfaction and makes mother feel proud.

I have had more attacks of mastitis since. But overall, I can see that my son is getting healthier because of drinking my breast milk, and my family members also learned about the advantages of breastfeeding. Now, when they see a small baby they say, "Breast milk is the best!" And I am still breastfeeding. I feel good about it. I'm very happy.

# Postcard from HONG KONG

*I originally come from England but have lived in Hong Kong for over 12 years. I won't go into the changes in Hong Kong since the change of sovereignty 10 years ago, because that's an essay in itself. And living in the quiet suburb of Discovery Bay, with its high concentration of expatriates, my family is even more isolated from the impact of political change.*

*Discovery Bay is a green, clean and orderly place, where the only private*

*motor vehicles permitted are golf carts, which can make the town look like a holiday camp or toy town to outsiders! I live with my husband and two daughters in an apartment on top of a hill overlooking the sea. At the time of writing in the height of summer, when the prevailing winds blow from the ocean rather than the factories of mainland China, there are superlative views over the sea towards HK Island and other islands. I work as a court reporter (stenographer) in Central Hong Kong on a freelance basis, usually two or three days a week, which gives me my "fix" of the hustle and bustle of city life, after which it is relief to retreat to our tranquil suburb. We travel by high-speed ferry to the downtown area, which I call the best commute in the world because of the often stunning views, where everybody gets a seat and there are very rarely any delays.*



*Our two daughters Rebecca and Rianna are now three and a half years and one year old. My breastfeeding experiences with the two of them have been quite different. My biggest breastfeeding problem with Rebecca was painful cracked nipples during the first few weeks, to the extent that several times both*

*my baby and I were in tears. This was gradually solved, through perseverance supported by our local LLL Leader, who encouraged me that even improving the*

*latch by one millimetre could make a big difference – and it did. Once we had a better latch, Rebecca was very attached to breastfeeding, such that she refused all attempts to give her a bottle when I went back to work part-time when she was six months old. She refused to accept much solid food until she was about ten months old. She weaned very gradually until her last breastfeed at about 18 months old.*

*Rianna's breastfeeding got off to a much better start than Rebecca's, with very little nipple soreness, until the next challenge was thrown in my path: thrush in the milk ducts. That's maybe one of the hazards of giving birth in the humid Hong Kong summer! It caused pain shooting through to my upper back, such that I didn't want to breastfeed in public because I was worried that my contorted facial expressions would give people a negative impression of breastfeeding! I was*

frustrated by lack of medical knowledge about breastfeeding on the part of my doctor, who diagnosed mastitis when I had only very mild engorgement and no fever. After overcoming that hurdle, Rianna's weight gain has been very slow, which I have attributed to her impatient nature. From a young age, she has never wanted to breastfeed more than a few minutes, and since about six months old she has only wanted to breastfeed when she is sleepy. When I went back to work, I decided not to even offer her a bottle because I was convinced she would soon prefer it to breastfeeding. Since I was determined to breastfeed her for at least a year, I decided to encourage cup feeding, which has been very successful. I am not entirely happy with her current breast-sleep association but I am sure it has helped prevent premature weaning.

In Hong Kong, breastfeeding rates among expatriates probably reflect those in their countries of origin, but formula feeding is much more popular amongst the indigenous population. The government is often pushing initiatives to promote breastfeeding, but these are hamstrung by lack of medical professionals with the right training. For instance, at the public hospital where I gave birth, with my first baby none of the staff were able to offer any help for my nipple pain except painkillers; the nurses all said my latch was fine when it can't have been. With both babies I was also advised to supplement with formula at an early stage because my babies had not been producing urine, even though they had no other signs of dehydration, nor jaundice. There were also those annoying curtains around my hospital bed: whenever a nurse saw me breastfeeding, they would whisk the curtains closed, as if I had something to be ashamed of, when I didn't want to feel isolated and I wanted other

breastfeeding mothers to know they weren't alone. I was lucky enough to have gone to hospital the first time armed with information from LLL, having attended my first meeting when I was pregnant, but others are not so fortunate.

In public, the local culture is squeamish about nudity of any sort so breastfeeding in public is frowned upon. I think this must severely discourage breastfeeding among local women who don't want to be tied to the home. But I have never had any problem with other people objecting to my breastfeeding in public. A different problem I have had is that many people are very interested in babies - as I am sure is the case in many parts of Asia - so it can be difficult to be discreet and blend in with the background. I have often found an unwanted audience of baby admirers who do not realise I am trying to latch the baby on! I also find the weather too hot and sweaty to breastfeed outdoors for most of the year, so I have had to plan air-conditioned pit stops when out and about. But these issues have been irrelevant to me recently because my baby is normally much too distractible to breastfeed in public!



*Jenny Buck  
Discovery Bay Group, Hong Kong*

# Breastfeeding makes us happy

Many mothers start breastfeeding simply because they've heard about the health benefits it gives their babies. However, after a while many mothers start to enjoy breastfeeding more than they expected. Some LLL Asia mothers tell us why breastfeeding puts a smile on Mummy's face.

*"I feel happiest when I watch my daughter search desperately for my breast and when she finds it latches on, drinks, and is satisfied. Also when my oldest at two years of age would pull my shirt up and help himself at night to a drink at my breast."*

**Satomi Suzuki**

LLL Wakkanai, Japan

*"Looking down at my baby and seeing her eyes roll in ecstasy when she takes that first drink is something only a breastfeeding mother can see. Also, when my in-laws came to stay I had the perfect escape. Erin and I would head upstairs and climb into bed together; while she would feed I would read my book. It was bliss and no one could accuse me of being antisocial - I was just feeding my baby."*

**Nanno Stokes**

LLL Singapore

*"Being able to nurse Yosuke right after birth was a very special moment for me since I was unable to do this with my first child. Seeing my son grow on just my milk gives me a very happy feeling."*

**Yuriko Saito**

LLL Wakkanai, Japan

*"Witnessing the miracle of two healthy babies grown solely on my breast milk was a powerful confirmation of my womanhood and importance as a mother. I gained new respect for my body and reveled in the fact that I could provide something so important to the health and happiness of my children."*

**Melanie Wilson**

LLL Mongolia

*"I think the happiest thing about breastfeeding for me is how enthusiastic Aurelia is when she is nursing, often grabbing onto my breast with both hands and gulping down the milk. She always looks so content afterwards and it still amazes me that after two years of breastfeeding, something that is so simple and natural can make her so extremely happy!"*

**Diana Marsh**

LLL Singapore



Photo by Melanie Aldridge

*"The happiest thing about breastfeeding for me was watching the unblemished joy and pleasure it gave to my two boys. "*

**Allison Croft**

LLL Mongolia

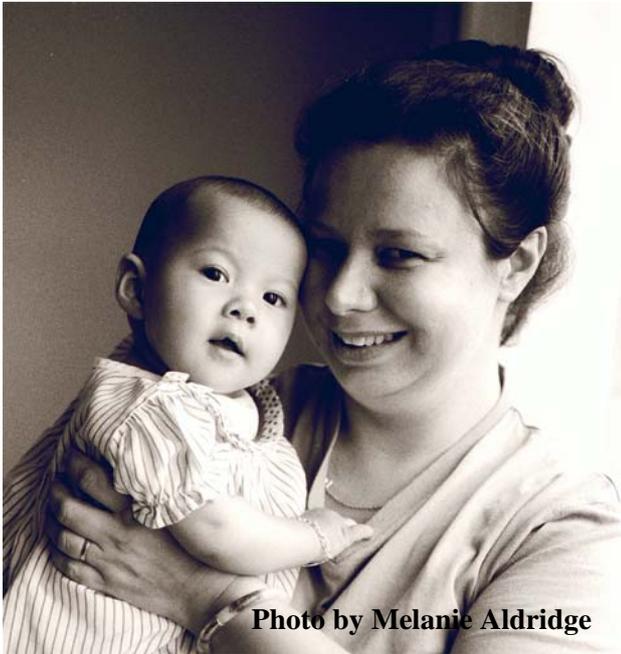


Photo by Melanie Aldridge

*“When my daughter Emily was first born she was unable to breastfeed. She was desperate to latch on but just could not manage it. The doctors were worried she was losing too much weight and were pushing me to give her formula; I was devastated. With the encouragement of my LLL Group Leader I refused the formula, expressed my milk and bottle fed it to her. When I came home from hospital I continued to have support from my LLL Group Leader who kept telling me to persevere with trying and that one day Emily would manage to latch on. To be honest, I really didn't believe her! However, after three weeks it eventually happened. Emily latched on and breastfed normally – it was the best feeling. My daughter is now a very healthy and happy six-month-old, and I feel a huge sense of achievement. That for me is the nicest thing about breastfeeding.”*

**Caroline Shuttleworth**

LLL Taipei, Taiwan

*“Watching my daughter smile while she nurses and knowing that she needs me are when I feel the happiest.”*

**Sachiko Tanaka**

LLL Wakkanai, Japan

*“I feel happy and reassured that all is well when my daughter nurses and quietly falls asleep.”*

**Kouko Iwaya**

LLL Wakkanai, Japan

*“That both my daughters at six months of age were chubby and podgy with legs like fat English sausages! And that was solely due to the breast milk.”*

**Julia Heyes**

LLL Singapore

*“I love the way my daughter asks to nurse with her special word “pai” and how she contentedly falls back to sleep or goes back to play after nursing.”*

**Makiko Iwamoto**

LLL Wakkanai, Japan

*“I am happy just being able to breastfeed. When my daughter tells me my milk tastes good, I feel especially happy!”*

**Oomura Hiroko**

LLL Wakkanai, Japan

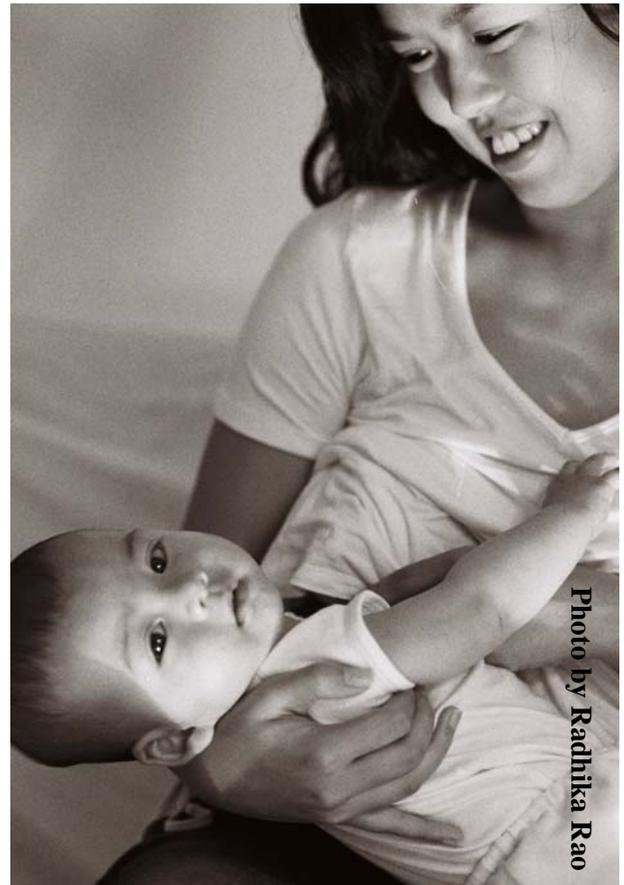


Photo by Radhika Rao

# World Breastfeeding Week

## Breastfeeding: The 1st Hour

The focus of this year's World Breastfeeding Week campaign is entitled "Breastfeeding: The 1st Hour."

The idea is to encourage mothers to breastfeed their babies within the first hour of life and to continue with exclusive breastfeeding for six months. To do this, mothers are encouraged to have skin to skin contact with their babies immediately after birth. According to the campaign organisers, this simple act has the potential to save the lives of one million babies worldwide. In developing countries where mothers may not have access to clean water to mix the formula or sterilizing facilities for the bottles and teats, babies are at huge risk of getting diarrhoea, which can be fatal.

Babies in developed countries are at less risk of death from formula feeding, but their health can be severely compromised by lack of breastfeeding. So the goal to get all babies on the breast within the first hour of life is good practice for mothers everywhere.

### The Remarkable First Hour of Life



When a healthy infant is placed skin-to-skin on mother's abdomen and chest immediately after birth, they exhibit remarkable capabilities. They are alert. They can crawl, stimulated by mother's gentle touch, across her abdomen, reaching her breast. They begin to touch and massage the breast. This first gentle touch of a baby's hand or head at the breast stimulates release

### How to Initiate Breastfeeding in the First Hour of Life (tips for medical facilities)

- Provide appropriate, culturally sensitive and supportive labour companionship to mothers.
- Encourage non-pharmacologic measures to help support women through labour (massage, aromatherapy, water injections, movement).
- Allow delivery to occur in the position preferred by the mother.
- Dry the baby quickly, preserving the natural white cream (vernix) that soothes a baby's new skin.
- Place the baby naked - skin-to-skin - on mother's naked chest, facing her, and cover them together.
- Allow the baby to seek the breast. The mother will stimulate the baby with her touch and may help position the baby closer to the nipple. (Do not force the baby to the nipple).
- Keep the baby skin-to-skin with the mother until the first feeding is accomplished and as long as she desires thereafter.
- Women who have surgical births should also have their infants skin-to-skin after delivery.
- Delay intrusive or stressful procedures. The baby should be weighed, measured, and given preventive medications AFTER the feed.
- No pre-lacteal liquids or feeds should be given unless there is a clear medical indication.

of maternal oxytocin, thus beginning both the flow of milk and enhancing the feelings of love for the baby. Then the baby smells, mouths and licks the mother's nipple. Finally, he or she attaches to the breast and feeds. This sequence of events is important for the survival of human young.

Scientists have been aware of this behaviour for many years, but only recently has the medical community begun to discover the importance of providing the opportunity for a mother and baby to have the experience. For the first time, researchers have assessed the effect of the timing of the first breastfeed on newborn mortality – showing that mortality may be less if infants start to breastfeed in the first hour.

### **Why is skin-to-skin contact after birth and breastfeeding within the first hour of life so important?**

When a mother puts the new baby to her chest, the mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies. And medical studies have shown that in these conditions the baby is less stressed, calmer and has steadier breathing and heart rates.

Putting the baby to the mother's chest is a first chance for baby to be exposed to mother's bacteria, which are mostly harmless, or against which the mother's milk contains protective factors. The mother's bacteria colonise the baby's gut and skin and compete with more harmful bacteria from health providers and the environment, and so prevent them from causing infection.

The skin-to-skin contact encourages baby to find the breast and take his first feeds. The baby receives colostrum for the first feeds – the thick, yellow or orange coloured substance, which is often called 'liquid gold' - it's the gift of life.

Colostrum is rich in immunologically active cells, antibodies and other protective proteins. Thus it serves as the baby's first immunization. It protects against many infections. It helps to regulate the baby's own developing immune system. It contains growth factors, which help the infant's intestine to mature and function effectively. This makes it more difficult for micro-organisms and allergens to get into the baby's body. Colostrum is also rich in vitamin A, which helps protect the eyes and reduce infection. It stimulates the

baby to have bowel movements so that meconium is cleared quickly from the gut. This helps get rid of the substances in the baby's body that produce jaundice and therefore may help reduce it. What's more, colostrum comes in small volumes, just right for the new baby.

All this touching, mouthing and suckling at the breast stimulates **oxytocin** release, which is important for many reasons. Firstly, the oxytocin stimulates the flow of milk from the breast while at the same time causing the uterus to contract. This may help delivery of the placenta and reduce maternal bleeding after the birth.

Oxytocin also stimulates other hormones which cause a mother to feel calm, relaxed, and some would say "in love" with her baby. Women experience incredible joy with this first meeting of their child! And fathers often share this delight. The process of bonding between mother and baby begins.

Overall, skin-to-skin contact and early feeds with colostrum are associated with reduced mortality in the first month of life. They are also associated with increased exclusive breastfeeding and longer duration of breastfeeding in the following months, leading to improved health and reduced mortality later on as well.



Photo from UNICEF India

If you'd like to watch a baby latching on immediately after birth - take a look at <http://breastcrawl.org/video.htm>.

**We think it is truly beautiful!**

World Breastfeeding Week Campaign is organized by the World Breastfeeding Alliance (WABA). WABA'S core partners include La Leche League International, International Lactation Consultant Association and the International Baby Food Action Network

To view the research references associated with this article please view: <http://www.worldbreastfeedingweek.org/downloads.htm>

# Magic Ingredients!

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



Breastfeeding is often called **Baby's First Immunization**. No matter what the manufactures of formula milks may claim, *the resistance to disease that human milk provides to babies cannot be duplicated in any other way.*

Some of these health benefits kick in right at birth. Colostrum, which is the first milk produced, is a concentrated form of nutrition specifically suited to a newborn's needs. It protects against infection with a wide array of immunoglobulins, leukocytes and anti-inflammatory factors. Colostrum contains secretory immunoglobulin A (IgA) which has been shown to significantly reduce the risk of acute gastrointestinal illnesses in breastfed babies. According to a study in the American Journal of Public Health (1), "The risk of acute gastrointestinal illness in infants receiving formula was six times greater than in infants receiving breast milk."

All this means breastfeeding babies enjoy protection against:

- gastrointestinal and respiratory illness and infections, such as otitis media (ear infections). (2)
- nongastrointestinal infections and immunologic disorders.(3)

Later in life, breastfed babies also enjoy less risk of:

- allergies (4)
- breast cancer (5)
- osteoporosis (6)
- diabetes (7)
- ulcerative colitis & Crohn's Disease (8)

Another significant finding in regards to immunization is that breastfed babies showed a better response to vaccines with significantly higher antibody levels than formula-fed babies. (9)

## *Breast is Best!*

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- (1) Koopman JS et al. *Am J Public Health*, 1985
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- (3) Cunningham AS et al. *J Pediatr*. 1991
- (4) Chandra RK et al. *Br Med J*, 1989
- (5) Newcomb P et al. *N Engl J Med*, 1994
- (6) Kritz-Silverstein D et al. *Am J Epidemiol*, 1992
- (7) Gerstein HC. *Diabetes Care*, 1994
- (8) Rigas A et al. *Ann Epidemiol*, 1993
- (9) Zoppi G et al. *Lancet*, 1998

# Questions Mothers Ask

**Q:** I received an email from a Canadian based Baby Centre which said that breast milk doesn't contain enough vitamin D and that breastfeeding mothers should give vitamin D drops starting at two months of age. Is this necessary?

**A:** It is generally agreed that vitamin supplements are unnecessary for almost all healthy, full-term babies. Human milk was designed by nature for the special needs of the human baby. It contains all the nutrients a baby needs in the ideal proportions.

It's quite true that human milk does not contain enough vitamin D in itself to prevent rickets. (Rickets is a potentially life threatening disease caused by insufficient sunlight exposure). However, most exclusively breastfed babies are still not at risk of rickets because they get enough exposure to sunlight resulting in adequate vitamin D synthesis in the body. Just a few minutes of sunshine per day are all that's necessary.

At greatest risk for vitamin D deficiency are those who have one or more of the following risk factors:

- Dark skin
- Consistent coverage of the skin with clothing or sunscreen when outdoors
- Live in areas where there is little sunlight for parts of the year or do not go outdoors
- Live in areas of heavy air pollution, which blocks sunlight
- Mother, if vitamin D deficient

It is believed that more cases of rickets are being seen because dark skinned mothers of African descent have migrated to cold, dark northern climates. These mothers may traditionally cover much of their body, so they get very little exposure to the sun. That wasn't a problem in their home countries where the sunlight was intense, but in the darker climes of North America and North Europe, where winter sunshine is minimal, they may not get enough for their bodies to make the required amounts of vitamin D. Also, in other populations, more people are avoiding sunlight exposure by staying out of the sun and using more sunscreen.

So the question being pondered by health agencies in some countries is whether vitamin D supplements should be universally recommended for exclusively breastfed babies or only for those populations considered at risk. Perhaps in Canada the government decided to err on the safe side and recommend vitamin D for all babies.

So far, however, research shows that exclusively breastfed babies, healthy, full-term infants from birth to six months who have adequate exposure to sunlight, are not at risk for developing vitamin D deficiency or rickets.

Information taken from:

*The Breastfeeding Answer Book* published by La Leche League International, Third Revised Edition

LLLI Media release: [www.lalecheleague.org/Release/vitamind.html](http://www.lalecheleague.org/Release/vitamind.html)

# Breastfeeding: The 1<sup>st</sup> Hour

Early initiation and  
exclusive breastfeeding  
for six months can

# Save

more than



# ONE

million babies!

- The potential for saving **ONE** million babies starts with **ONE** simple action: allowing the baby to initiate breastfeeding in the first hour of life.
- Immediate skin-to-skin contact of the mother and baby and continuing with exclusive breastfeeding for six months could reduce infant and under-five mortality, by reducing the overwhelmingly high neonatal mortality rate.
- Health ministries should include the initiation of breastfeeding in the first hour as a key indicator for preventive health and support the newly revised and revitalised Baby Friendly Hospital Initiative (BFHI).
- Support from health workers, policy makers, families and communities could help mothers and babies breastfeed successfully and save **ONE** million lives.

1 - 7 AUGUST 2007

## WABA World Breastfeeding Week

