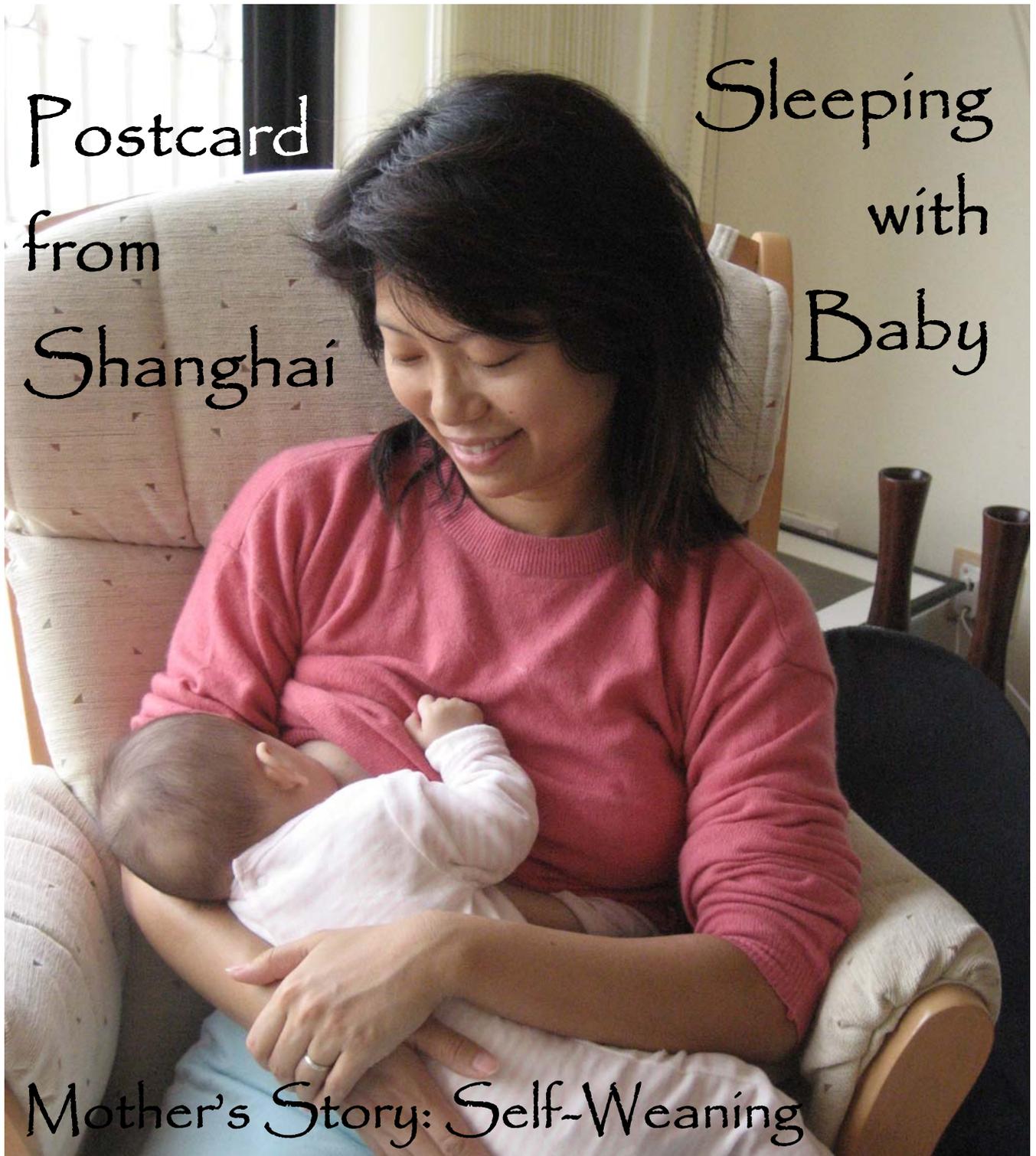


Close to the Heart



La Leche League Asia
Late-Year 2007
Volume 8, Number 3

"Breastfeeding
is mothering
close to the heart"



Postcard
from
Shanghai

Sleeping
with
Baby

Mother's Story: Self-Weaning

Credits

Maggie Holmes

Editor

Melanie Wilson

Area Publications

Administrator

RuthAnna Mather

Area Coordinator of

Leaders

Sabine Rosnick

Jandey Chen

Area Professional Liaison

Sarah Hung

Layout

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Cost of regular membership in the USA is US\$40. Cost of membership varies in other countries.

Visit our web-site:
<http://www.lalecheleague.org>

Contents

Cover Photo:	Heidi Lam with her second daughter.	
Editor's Corner		1
Reflections on Self-Weaning		2
Breastfeeding an Adopted Baby and Relactation		3
My Encounter with La Leche League		4
In the News:		5
Postcard from SHANGHAI		6
Sleeping with Baby		8
Questions Mothers Ask		11
Breastfeeding on Top Ten List of Cancer Preventers		12

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 2008 will be included
in the early-Year 2008 issue.**

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

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**Article and stories for
Close to the Heart
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breastfeeding mothers in Asia.

Contributions in English can be
directed to:
maggieholmes@netvigator.com

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

Hello everyone

While I was in the UK recently I found a book that belonged to my Nana (maternal Grandmother). *Feeding and Care of Baby* by Sir F. Truby King, issued by the Royal New Zealand Society for the Health of Women and Children'. Price: Two Shillings net.

The book was published in 1932. My Mum was born in 1933 and this was the book my Nana had turned to for help - in fact there are hand written notes as she marked down nappy changes and feeding times. At around the time my Mum would have been one month old, my Nana wrote: "Impossible - much patience required!"

The book is a fascinating glimpse into British parenting practices in the 1930s. It warns mothers against wearing a corset "the most serious menace to the health of the female sex", and recommends giving small children cold water baths, "...a most invigorating and health-giving habit which should be continued for life." No Thank You!

I was interested to see that the book was very positive about breastfeeding. Here is the opening paragraph.

"A woman's milk is not her own. It is created for the baby, and the first duty of the mother is to ensure, by foresight, a proper supply of the only perfect food - the baby's birthright."

This early parenting book had its heart in the right place; it emphasizes the superiority of breast milk over any artificial alternative and encourages mothers to breastfeed even if they are sick.

Sadly, however, many of Sir Truby's recommendations would almost certainly bring breastfeeding to a swift end. The book recommends feeding every four hours during the day and advises mothers not to feed during the night - practices which would certainly lead to a low milk supply.

Leafing through the book, reading the notes written by my Nana so many years ago, made me reflect on how little has changed since she was a young mother. I know my Nana wanted to breastfeed - but this book wouldn't have helped much. Not surprisingly she was able to breastfeed for only a few weeks before giving up.

Today's mothers also may be absolutely determined to breastfeed - but unfortunately not all parenting books contain correct information about breastfeeding. Mothers really have to be smart and be careful what advice about breastfeeding they take - and what they turn away.

So I hope you enjoy this edition of *Close to the Heart* where you can be assured of correct information about breastfeeding and the sense of community that comes from belonging to an Asian wide group of breastfeeding mothers.

Maggie

Reflections on Self-Weaning

My daughter Zoë has just weaned off breast milk at the age of two years and seven months. It came as a pleasant surprise because at that time we were dealing with many changes in our lives. Initially, I thought that I would probably have to feed her till she was five, for she loved taking breast milk.

Zoë gradually dropped the day feeds. For a long time, she would still wake up in the middle of the night for a suckle, but it seemed like she was just looking for something to suck to help her go back to sleep, she wasn't really feeding much. After a while, she would only breastfeed once every three days or so. Then once a week. Finally she stopped feeding altogether.

I call it a pleasant surprise because even though I have no qualms about breastfeeding a child beyond her toddler years, I felt the weariness of her weight at my breasts.

We have just returned to Singapore, after having lived in Hong Kong for the past four and a half years. This move, proved to be a huge adjustment for Zoë, and she was always asking for her friends. That was why comforting her longer at the breasts was something I thought would happen naturally in the interim.

When we first got back, there was a period when the grandparents she loves dearly went on holiday.

They promised her lovingly that they would take her on the next trip... if she were no longer taking breast milk.

The other major change was that I became pregnant. I asked Zoë if she had stopped taking breast milk because it tasted different. She

nodded her head but I couldn't be sure of a young child's reply.

Finally, there were the changes of moving from the temporary service apartment to our own home and Zoë getting her very own bed. To this day, she still alternates between co-sleeping with us and sleeping in her own bed.

Ever since I started breastfeeding people

asked: "When do you intend to stop breastfeeding?" That question still baffles me (for I had only just begun breastfeeding when they asked!) and I am sure I will get the questions again with our second baby. I draw an analogy of that of asking a child, "When will you stop studying?" (when the child has just started school).

The benefits of self-weaning to us were: I did not have to give in to pressures of unsolicited advice regarding applying distasteful objects to the breasts in order to "force-wean" my daughter. Some people recommend putting bitter gourd, chilli, and medicated oil on the breast, so that the child will find the breast tastes bad and stop feeding.



Zoë with baby sister Cayla

I did not have to resort to lying to a child that “mummy has no more milk or that mummy’s milk has dried up”. Because the weaning (partial, then complete) took place over a long period of time, I did not suffer any engorgement. I was able to enjoy a toddler’s growth in her time and space.

I didn't exactly miss her breastfeeding because I was pregnant and felt uncomfortable feeding her

during that time. I sometimes feel a little sad when she says she doesn't remember anything about being breastfed. Maybe she does - but I'm never sure.

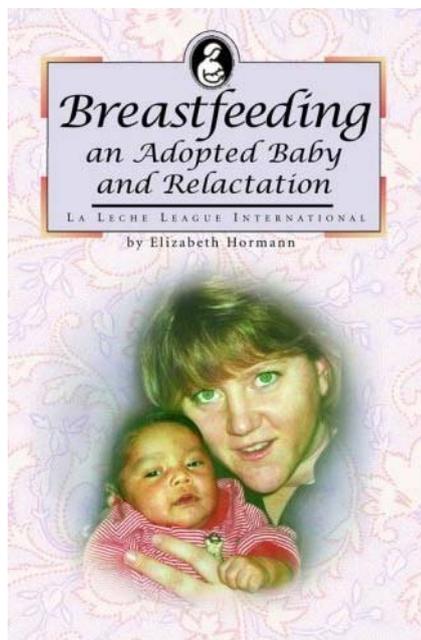
However, I'm grateful that Zoë took her time at letting go and in the process I was able to transit to the next phase of motherhood smoothly.

Congratulations to Jeanne and her family on the arrival of Cayla on 24th November 2007

B ook Review

Reviewed by **Rosemary Gordon**

Breastfeeding an Adopted Baby and Relactation



This would be a good initial book for women to read if they are thinking about breastfeeding an adopted baby, if only to help them decide whether or not induced lactation is for them. The author doesn't pretend that adoptive breastfeeding is easy, nor that there is any guarantee of success. She counsels that it is better to want to do it for the skin-to-skin contact, better hand-eye coordination and good facial and jaw development than for the best nutrition, prevention of allergies, the simplicity of breastfeeding, or as the only way to bond with an adopted baby. While there are reported instances of women in developing countries building up a full supply of breast milk for their adopted babies, this is rarer in developed countries - or maybe in countries where breastfeeding is still not the cultural norm.

The book covers topics such as how lactation works, preparing for adoptive breastfeeding, the effectiveness or otherwise of various galactagogues, supplementing, special situations (such as breastfeeding adopted multiples, tandem nursing and breastfeeding a foster baby), and where to get support for adoptive breastfeeding.

As this is an English edition of a German book, published by LLLI, many of the resources are US ones, in particular the list of milk banks (there are currently no milk banks in Hong Kong and many other parts of Asia), although the other resources do include web pages which are accessible to all.

This book may be available from your LLL group library. Otherwise, you can purchase a copy from: www.lalecheleague.org.

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My Encounter with La Leche League

It would not be exaggerating to say that my encounter with La Leche League greatly changed my outlook on life. Without La Leche League, I would not be able to tell you about my breastfeeding and parenting experiences. I am what I am now because of La Leche League being there for me. The existence of La Leche League has been great in my life.

In July 2005, during the last month of my pregnancy, I went to my first LLL meeting. While I was on complete bed rest at home due to a threatened premature birth, a book I read mentioned the unfamiliar name "La Leche League" several times. This left a deep impression upon me and led to my finding out about the meetings.



Kumiko Echigo and son

On the internet I learned that LLL meetings were held in Sapporo. As the saying goes, "Strike while the iron is hot", so without calling and armed only with the information I had found on the Internet, I opened the door to the room where the LLL meeting was to be held. The Leader gently welcomed me, an expectant mother, who did not know right or left about breastfeeding, and made sure that the questions of this first-time attendee were given precedence during the discussion. After the meeting, mothers eagerly spoke to me saying, "How lucky you are to have come here while pregnant." They also lent me recommended books. These first impressions were strongly imprinted on my heart.

One month later I gave birth to my first son, Kiichi. But the joy of giving birth to a healthy boy was short-lived and the period while we were in the hospital became a very bitter memory. Although I had requested that only breast milk be given, my son was

given formula and sugar water without my knowledge. This caused me to feel depressed and I became afflicted with postpartum depression.

During this difficult time the first thing I could recall was the Leader who spoke to me at my first LLL meeting. Ready to grasp at any hope, I said to myself, "She would be able to help me," and called her from the hospital. The Leader came all the way to the hospital, encouraged me, and passed on information. I am very grateful for the help she gave me.

Since then, I have made it a habit to talk with a Leader whenever I have concerns about breastfeeding. I started taking my infant son to LLL meetings even before he was a month old and continued to attend meetings, even when it required a bit of effort to get going sometimes.

This allowed me a short respite from the unfamiliar demands of childcare during those early days. Listening to mothers in similar circumstances as my own, helped dissolve my concerns and gave me a chance to see past my immediate breastfeeding and parenting difficulties. This is still true now. I hope that sharing some of my breastfeeding experiences will be an encouragement to other mothers.

Sometimes I am ashamed of how little I really knew before becoming a mother and before learning about La Leche League. The more I learn about La Leche League, the more I realize how much I share in common with and sympathize with them and would like to incorporate these principles into my life hereon. Although I have much to learn yet, I am thankful to my son Kiichi who gave me the opportunity to meet LLL and I hope that we can grow together.

Hong Kong group call for breastfeeding facilities



In Hong Kong, the Hong Kong Breastfeeding Mothers' Association launched a campaign for a law requiring proper facilities for breastfeeding in public places. The group is asking that all public venues have a statutory requirement to provide baby care rooms which are independent from the toilet, accessible to both genders and kept clean and tidy and have a separate cubicle for breastfeeding.

The group unveiled a series of posters which show a dirty public toilet laid out with a knife and fork. The caption asks "Do you still have an appetite?"



Filipino president orders stronger breastfeeding strategy

In the wake of the Filipino Supreme Court's decision upholding the country's pro-breastfeeding laws, Filipino President Gloria Arroyo has publicly called for more effective public health strategies to promote breastfeeding. Speaking at a seminar on infant and young child feeding at a Manila hotel, President Arroyo urged the Department of Health to use breastfeeding programs to curb infant malnutrition and mortality.

"We must act and act fast to ensure that the nation builders of the future are provided with proper nourishment," Arroyo said. She urged the DoH to work closely with hospitals to enforce the Filipino law which gives mothers the right to room-in with their newborn babies in hospital, a practice which supports breastfeeding.

"The promotion of breastfeeding for children up to two years old, with emphasis on exclusive breastfeeding for the infant's first six months, is our fundamental approach to reduce if not eliminate hunger among infants and very young children," she said.

New LLL group!



La Leche League International now has meetings in Bandra, Mumbai, India. The meetings are held at the IGI Flamingo Building on Veronica Road, Bandra West. For more details on the venue and dates call Averil at 98214-10464 or Kavita at 98198-52266 (Mumbai numbers).

LLL Conference: JAPAN 2008

Here's a great date for your diary... The La Leche League Japan Area Conference will be held on August 23 - 24th, 2008 in Tokyo, Japan. Speakers include eminent physician **Dr. Jack Newman** and LLLI co-founder **Mary Ann Kerwin**. Registration begins May 11th. For more details please check out: <http://www.llljapan.com> (details in English will be posted soon) or email: ruthanna@star.bbexcite.jp



Postcard from SHANGHAI

Currently I divide my time between my home in Shanghai and my home in Austin, Texas. I'm married - my husband is called Jun Yao, and I have two children Nell is four and Kate is two.

Our home in Shanghai is located in the downtown area which is full of high rise buildings. Our apartment is on the 15th floor of a 36 storey high rise. Our compound has 6 buildings and a very nice park. It's a gated community. So

please don't feel surprised if one of the guards knows me. Those guards probably know everyone! Our area is very convenient, in just a few minutes we can walk to the post office, grocery stores and restaurants. Our compound has a big underground car garage and a small bike garage. You may think China is a bike country. But now, the number of cars is more than that of bikes in our community. Hmmm, Unfortunately Shanghai is no longer safe for either car drivers or cyclists.

My first daughter, Nell, was born in the U.S. When I gave birth I hadn't made a conscious decision to breastfeed, it was something that just happened naturally. After she was born I put her straight on my breast and she was

able to suck immediately. Unfortunately though, my first daughter was badly jaundiced and had to stay in the hospital. The doctors told me I had to give her formula and express breast milk. I didn't have any

breastfeeding support and didn't know that I could say "No" to the doctors. So I went along with the mixed feeding. I tried to breastfeed her when I could and sometimes my husband fed her with a bottle. Fortunately she was able to switch between

breast and bottle without problem.

With my second baby, Kate, things were different. She refused to drink from anything apart from the 'real' nipple so I just kept nursing her. In fact she weaned only recently aged 2 years and 2 months.

The weaning process was quite gradual. By the time she was two years old she would ask for milk when we were together, but if I wasn't there she was fine and apparently didn't think about it. I had to go away on a few business trips around that time and it seemed that when I came home she really wanted my attention but no longer mentioned milk. It was easy to distract her with a toy



rather than breastfeeding. Then, one day she told me, "I'm big enough now - I don't need milk anymore!"

After she stopped I did experience a physical change. It was almost like the menopause. I couldn't sleep well at night and I felt anxious for no reason. I contacted a La Leche League Leader in Beijing who suggested taking Omega 3 and vitamin supplements and I made sure I got plenty of exercise. I started running with my coach three times a week and gradually I felt better again. Now I'm really positive about the whole experience. I have no mixed feelings. Sometimes I hold Kate and ask her if she wants to nurse. She replies, "No, I'm not a baby!"

People in Shanghai were pretty shocked when they found out I was still breastfeeding my two year old. Some people would tease my daughter, some would say she must be spoiled. Sometimes I would tell them that Kate has multiple food allergies and because of this, the Doctor advised me to breastfeed for at least 2 years.

I would also point out that many mothers bottle feed their babies with formula milk until two or three years old. Those babies are taking an artificial nipple and my baby prefers a natural, organic nipple. Some people could accept this argument. These days a lot of mothers in Shanghai are positive about breastfeeding and are aware of the advantages for baby, but many mothers have to return to work when the baby is three to four months old so there is a pressure to introduce bottles quite early. Also, my generation of mothers are usually only children (because of the one child policy in China) who are surrounded by Grandmas,

Aunties and other relatives. I think every new mother will have about five or six people to take care of her and her baby! The problem is all these people have different opinions and usually they are not informed about breastfeeding, so the mother can be under huge pressure to give formula.

The older generation must have been breastfed themselves, but the commercials by the formula milk companies are so powerful that many older people tend to believe that formula milk is better.

In Shanghai I feel comfortable breastfeeding in public. I personally don't pay any attention to the comments that people make. For me the most important thing has always been to meet my baby's needs. So if my baby was hungry, of course I would meet her needs first.



*Ren Yuwen
Shanghai Group, China*

Sleeping with Baby

by **Christine Gross-Loh**
Tokyo Group

I'm an early riser and am always awake a few hours before the rest of my family is. The other day I went back into our bedroom for a moment and paused at the heart-warming scene before me – four members of my family (and the family dog) sleeping peacefully in our bedroom in the early morning light. What an adorable sight! My sons were sleeping cuddled next to their father in a king-sized mattress on the floor, and beside that was a single futon where my baby daughter was snoozing away, next to where I'd been lying with her all night. In the room there is also a bunk bed which has gotten little real use but is always available should anyone wish to stretch out a little bit more. I really realized then (with quite a bit of amusement) that we pack a lot of living creatures into one room!

What began as a way to keep our first baby close for nighttime nursing sessions has grown into a lovely way for our whole family to connect at night. Bedtime has never been a struggle but is a pleasant time we all look forward to. The conversations we have in the moments right before sleep descends are among the most precious memories I have. If we've had a hard day, our cozy nighttime ritual offers redemption. I've been there to hear all of the funny things our children say in their sleep. Children look younger when they are asleep - being able to watch them, cuddle with them, and breathe in their scent is a visceral reminder to parents of how little our children really are and how much they still need us. In fact, one strategy I've heard about for overwhelmed or stressed parents is for them to take some time to watch their little ones sleep. The sight of little ones in slumber is soothing, relaxing, and promotes connection.

Each family must decide what feel right to them about nighttime sleep when they have a new baby. Quite a few nursing mothers find that even if they did not intend to co-sleep, it helps them get a good night's rest - their babies can nurse at night without moms having to get out of bed. Such parents find that their babies thrive when mother is close by throughout the night (and well-rested during the day!). Other families may put their babies to sleep in a crib in another room but bring them in to bed with them when they wake. Still others may sleep on a mattress in their baby's room and share part or all of

the night's sleep with their child. There are many options out there. With some experimentation and flexibility, each family is sure to figure out what works for them and to make adjustments as they go along.

Sometimes, parents may feel concerned that their children will never leave the family bed. But as the LLL web site FAQ on co-sleeping says, "While every baby and child is unique and has different needs, they all eventually become independent" and that in fact, "co-sleeping actually helps babies become independent." Young children thrive from the emotional security of knowing their needs will be met all the time, whether during the day or at night.



Christine's children Benjamin and Mia sleeping together

As children grow, some families may encourage them to sleep on a mattress on the floor, or a bed in the same room, or eventually move to their own bedroom with the assurance that they are welcome back into the family bed when they need an extra little cuddle. If there are siblings, having them share a room or a bed is one way to encourage the sibling bond. When my parents visit, my children love sleeping with them instead of us (children sleeping with their grandparents is quite common in Korea, where my parents grew up). I am in no hurry to rush the children out of this stage before they are ready. One thing that my three children have taught me is that our time with our little ones is heartbreakingly fleeting. I know that before we know it, this special period in our lives will merely be a lovely memory.

I always feel a special connection to other families who know the joys of the family bed. Here are a handful of stories from women around Asia who have shared sleep with their little ones.

Quenby from Tokyo, Japan, writes:

My son moved out of my bed all on his own and decided he wanted to sleep in another room a couple of months before he started school. He has come back to bed with me just a couple of times, when he was sick. I've made it clear to him that he's welcome if he needs me.

More than a year later, I still can't go to sleep without peeking into his room and checking on him at least twice.

Several of the mothers in his (local Japanese public school) first grade class have expressed surprise that he's out of our room. Most of them at least sleep in the same room as their school-aged kids.

My family in the States has a hard time accepting co-sleeping, but they're pretty sensitive to other cultures and cease their negative comments when I tell them that in Japan co-sleeping is normal.

Melanie, in Shanghai, China, says:

I'm an American married to a Shanghainese man I met when living in the USA. I have a huge extended family living nearby. Though my mother-in-law thinks it is a bit odd that I'm still breastfeeding my 2.5 year old, she

tactfully refrains from comments. She is amazingly supportive of our family's choice to co-sleep, though.

My mother-in-law breastfed for a little while, but due to turbulent political times she had to leave her son (my husband) in Shanghai with her mother to return to work in the countryside when he was a few months old. She could see him on occasional weekends and holidays but sadly missed out on a lot of his infancy. As a mother, my heart breaks for her that she didn't have this special time with her son - especially since she has only one child. I can only imagine how much she must have missed him when she was forced to be away from him for months. Now she is so happy to have a granddaughter and loves to co-sleep with her. She will sometimes schedule her visits to arrive for my daughter's afternoon nap-time just to have the chance to cuddle up and sleep together. While my in-laws are not really the hugging and close-contact, affectionate type people, sleeping together is a comfortable way for them to share intimacy. I'm so thankful that they are not only supportive, but fully embracing of our co-sleeping choice.

At this point, my daughter goes to sleep in her little toddler bed (with mama or daddy sitting beside her until she falls asleep) and then comes to the "big bed" in the early morning hours. She had been in our bed all along, but several months ago we started slowly encouraging her to sleep solo. We all have different bedtimes and my daughter is a light sleeper who would wake up to play as her parents got ready to retire for the night. Who knows how things will change, but we are all happy with this current arrangement.

For parents who choose to sleep with their babies in the same bed, sleep expert, Dr. James McKenna suggests these safety guidelines:

- Co-sleep only on beds, not on couches or recliners.
- Bedding should be tight fitting to the mattress.
- The mattress should be tight fitting to the headboard of the bed.
- There should not be any loose pillows or soft blankets near the baby's face.
- There should not be any space between the bed and adjoining wall where the baby could roll and become trapped.
- The baby should not be placed on its stomach.
- Do not co-sleep if you drink alcohol or medications that make you sleepy, take drugs, or smoke.

For more information on this subject, take a look at Dr. James McKenna's website at the Mother- Baby Sleep Laboratory, University of Notre Dame.

<http://www.nd.edu/~jmckenn1/lab/index.html>

RuthAnna of Wakkanai, Japan, says:

Co-sleeping is a very traditional practice in Japan and still quite common. For some, it may mean sleeping in the same futon or bed; for others, sleeping in the same room. In some homes, the whole family sleeps together in the same room, not just the youngest, up through the primary grades. Most if not all the mothers who come to my LLL Group co-sleep with their infants and toddlers.

I grew up in Japan, but was raised by parents who grew up in the USA. As infants my siblings and I slept in the same room as our parents in a bassinet or crib. As we grew out of infancy we were moved to separate rooms. I slept with my two sisters into my early teens and remember being woken often at night by my youngest sister's crying. As she would not calm down easily I'd take her out of her crib and bring her to bed with me and she'd calm down immediately.

Our oldest child, Andrew, slept well in a crib right next to our bed, and after a nursing at night would go back to sleep in the crib. But our second born, Joshua, from day one would not sleep alone for any length of time. So he joined us in bed and stayed there until he was ready to sleep with his big brother. Thereafter the subsequent four children all slept with us in our bed and as they reached toddlerhood would either sleep with an older sibling or in the crib next to our bed. Our youngest sleeps in a bed next to us but will still often climb into bed with us.

Janedey of Taiwan writes:

Two years ago, we remodeled our apartment and gave each child (Alina, then 10, and Ralph, then seven), a room of his or her own. My husband was happy to have his wife back to himself after having slept for 10 years in a family bed.

However, my son kept asking: "When will we remodel the house again? I like the old way better." And: "Could I go back to your bed tonight?"

Finally, my son abandoned his own room to sleep on the floor of his big sister, Alina. She is now 12 and tolerates having her brother sleep on her bedroom floor, like a guard. Alina said almost all her friends don't like to sleep alone, especially in a big house. We are just wondering when she'll ask her brother to leave!

In my LLL group here, most people didn't plan on co-sleeping at the beginning, but found that it was the easiest way to go

Rochelle from Hong Kong says:

My daughter, Cecilia, is almost 10 and started sleeping in her own room more regularly some months ago. Lula is two and is in our bed. I have woken my husband, Russell, on sleepless nights to go and get Cecilia from her room to bring her into our bed. Fast asleep he puts her in the bed with us, then I fall asleep.

Many of my American friends "warned" me about this. I remember a friend saying, "She's going to be in your bed until she's 10." This friend was dumbstruck when Russell said: "What's the problem?"

We are still trying to figure out "what's the problem" many people seem to have with co-sleeping. I find it so strange that kids being close to their parents at night is a problem. The safest place at night while I was a kid was in bed with mom and dad. I was never afraid when I was close to them. I also remember getting my own bedroom at around seven and being scared by shadows on the wall, or a monster under the bed. Safety was just a yell away. I could call my mom or dad and they would be right there to take me into their bed.

I don't ever want my kids to be afraid at night and have to eventually fall asleep with fear. I want them to know that I am available at night in the same way I am available during the day. Being a mom is not determined by where the sun is in the sky. Being a mom is a commitment we make when we choose to have kids, and our children have the same need for our attention at night as they do in the day. It's not always easy but our kids need us to help them feel secure at night.

On other occasions I've been asked, "But what about your privacy?" I think what people really want to ask is, "But what about your sex life?" I generally answer by saying my privacy can extend to the rest of the house, it's not bedroom bound. This privacy is a focus on what we as adults want and need, but in this we forget what our kids need. Yes, we need closeness with our partners, we need time alone with them, and we want to have sex. These needs are all realistic and help us cope as parents, but I don't think they are mutually exclusive with what our children need. We can have both - kids can be close to parents at night and parents can be close to one another at night. One way we have dealt with Lula in our bed is to let her sleep on the side. We put a toddler rail on the side of the bed to prevent her from falling off the bed. This way I can sleep in the middle and my husband and I can still be close at night. Those nights of the week we need "privacy," we have the whole house to ourselves.

La Leche League is not for or against co-sleeping. We encourage mothers and babies to sleep close at night in order to facilitate nighttime breastfeeding. Some mothers enjoy co-sleeping; others may prefer a side-car arrangement or may place a cot close to the parent's bed.

Questions Mothers Ask

Q: Can I drink coffee while breastfeeding?

A: According to research, very little caffeine passes into a mother's milk. One study found that a mother would have to drink more than five cups of coffee per day before her breastfeeding baby would be affected. Caffeine can accumulate in a newborn's system, but this becomes less of an issue as the baby grows. However, caffeine is not only found in coffee, so it's important to look at all the possible sources of caffeine in the daily diet. Iced and hot teas and many soft drinks may also contain caffeine, so if you are concerned about your caffeine intake be sure to check the label on the can or bottle.



Some over the counter drugs also contain caffeine. Examples include:

- stimulants, such as Caffeine, NoDoz and Vivarin
- pain relievers, such as Anacin, Excedrin and Midol
- diuretics, such as Aqua-ban, Pre-Mens Fore, and Permethene H2Off
- cold remedies, such as Coryban-D, Dristan, and Triaminicin
- weight-control aids, Dexatrim, Dietac, and Prolamine

A baby who is being over stimulated by caffeine is a wide eyed, active, alert baby who doesn't sleep for long. He may also be unusually fussy. But of course, many mothers feel their babies don't sleep for long enough and have periods of fussiness. So to find out if your wakey baby is really being kept up by caffeine, you can try going without caffeine for a week or two and see if you notice a difference. If caffeine stimulation was the cause of the baby's fussiness, he should begin settling down within a few days to a week after his mother eliminates caffeine from her diet. If a mother has been consuming large amounts of caffeine, she may experience headaches when she eliminates it from the diet.

Sadly, chocolate contains a substance called theobromine, which is similar to caffeine and can produce the same effect if consumed in large amounts.

Q: And what about Herbal Remedies and Teas?

A: Major brands of herbal teas are considered safe for nursing mothers. However, teas marketed as "private" brands or teas brewed from individual herbs should be used with caution, as poisonous alkaloids may render them toxic. Like drugs, herbs can produce side effects. Some herbs act as stimulants, others as tranquilizers. Certain herbs can also affect breastfeeding. Sage, for example, can reduce a mother's milk supply if taken in large amounts. Herbs can also affect other body processes. Licorice, for example, can increase blood pressure.

Many of today's modern medicines come from the natural herbs that are used for teas and home remedies. Because these herbs may be potent, they should not be used casually. They should be thought of as drugs and recommended only by individuals knowledgeable in their use.

If you are concerned about your herbal tea consumption, remember that the strength of tea depends on its preparation. The longer the tea leaves are steeped, the stronger the tea. By decreasing her steeping time the mother can also decrease the potency of the tea.

When breastfeeding, it is sensible to avoid excesses in any food or drink. Drinking a few cups of herbal tea a day is unlikely to encounter any difficulties. But if you are regularly drinking a quart (about one liter) or more of herbal tea each day or if the tea contains active or potent ingredients, it may produce unexpected reactions in the mother or her breastfeeding baby.

References: *The Breastfeeding Answer Book* published by La Leche League International.

Magic Ingredients!

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

Breastfeeding on Top Ten List of Cancer Preventers



Breastfeeding has been named as one of the Ten Recommendations to Prevent Cancer by the American Institute for Cancer Research (AICR) following analysis of a major new study.

The five-year study, released on October 31st 2007 found a strong correlation between breastfeeding and the prevention of both pre-menopausal and post-menopausal breast cancer.

According to the study, breastfeeding lowers a woman's risk of developing breast cancer throughout her lifetime. Equally important, the evidence shows that infants who are breastfed are likely to have a lower risk of becoming overweight or obese throughout their lives. This also translates into a lower cancer risk.

Because the evidence is so strong that breastfeeding offers cancer protection to both mothers and their children, the AICR has made breastfeeding one of its 'Ten Recommendations to Prevent Cancer.'

The study states, "At the beginning of life, human milk is best. The evidence that lactation protects the mother against breast cancer at all ages is convincing." Furthermore, "The evidence on cancer ... shows that sustained, exclusive breastfeeding is protective for the mother as well as the child." This is the first major report to specifically recommend breastfeeding to prevent breast cancer in mothers, and to prevent overweight and obesity in children.

The study goes on to say that, "Other benefits of breastfeeding for mothers and their children are well known. Breastfeeding protects against infections in infancy, protects the development of the immature immune system, protects against other childhood diseases, and is vital for the development of the bond between mother and child. It has many other benefits."

For a complete copy of the AICR report, visit:
www.dietandcancerreport.org.

Information source:
<http://www.llli.org/Release/breastcancerprevention.html>

Poster available from:
<http://www.lllhk.org/Sales/Posters.html>

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