

Close
to
the
Heart



La Leche League Asia
Early-Year 2008
Volume 9, Number 1

"Breastfeeding
is mothering
close to the heart"

How Mother's Milk
is Made

Precious Early Days
with my Breastfed
Baby



Postcard from
TOKYO



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

Contributions received by
1st Nov. 2008 will be included in
the Late-Year 2008 issue.

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1st March 2009 will be included in
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**Article and stories for
Close to the Heart
Are accepted at all times.**

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(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

Hello everyone

I have to admit that in this issue of Close to the Heart I have a favourite sentence. It's from the article by Therese Cheng, where she interviews her Grandmother, Cheng Li Shuk Kam. Mrs. Cheng says,

"In those days, mothers would breastfeed children for four to five years. Three and a half years was considered a very short length of time to nurse a child."

Mrs. Cheng is talking about breastfeeding in China about 60 years ago, when extended breastfeeding was considered the norm.

How quickly this has been erased from the memory of our community! Today, many young people in Hong Kong and urban parts of Asia, are unaware that breastfeeding babies could possibly breastfeed for more than one year. In fact, sad to say, some people would be horrified at the thought of a small child breastfeeding in the arms of its mother. And yet, breast milk is the best food the baby will ever have. No matter how old the child, the milk is still a great source of protein, fats, vitamins etc. and of course those disease-fighting antibodies, which protect the baby, or infant, from whatever germs are in the baby's immediate environment. The World Health Organisation's Infant Feeding Recommendation states quite clearly that breastfeeding should continue, with complementary foods "for up to two years of age or beyond."

So, Mrs. Cheng, you are an inspiration to us all, and many thanks to Therese for sharing this story with us.

In this issue we also hear from Michelle Sabet who was lucky to have the support of friends who had breastfed, while Christine Gross-Loh could also rely to some extent on the wisdom of her extended family in the United States. So although our culture has forgotten many of the things mothers used to know about breastfeeding, new networks of support are emerging for breastfeeding mothers. Perhaps in another 60 years time, breastfeeding will be the norm and formula feeding a minority choice.

Meanwhile, we all just keep trying to change the world...one baby at a time!

Maggie

The Precious Early Days with my Breastfeeding Baby

I don't remember making the decision to breastfeed. I never considered the alternative. I am fortunate to have observed my friends who had children before me, lovingly breastfeeding their babies, relishing the closeness it brings. I read the pregnancy and baby books, which all speak to the advantages and benefits of breast milk. My mother breastfed me, and thought it natural that I would do the same. But knowing what is best for you and baby, understanding the reasons why, is not the same as knowing how to do it! That is why I will always be grateful for and supportive of the important work of LLL.

My son was born in Shanghai, China. I knew I may be in for a hard time, when I shared my birth plan with my doctor and she told me right away that maybe I will also have to give the baby formula if he loses too much weight. I am glad she said that though, because it sent me straight to the books to get more information about "normal" weight loss. I had watched too many Chinese friends, eager to breastfeed their babies, knowing the benefits, but being sabotaged by hospital staff and family members all convinced that she does not have enough milk! Seeing this, I knew I was not going to allow anyone to give my baby a bottle!

In the first day, there was no pressure to use formula, and so I thought maybe I had worried for nothing.

However, as the days went on, and my son lost some weight, the nurses began to ask to give him the bottle. The moment of crisis came at 3:00 am on the third night, when the baby was crying, and nothing we did seemed to console him. The nurse came in and said we should give him a bottle. I said no, and she said, "but he's hungry!" I told her he is not, and if he is he can have my milk. She was so angry she just left. I felt very frustrated too, because it's hard to stand up to someone who is supposed to know more about these things than you do. I was lucky that my mother and husband were there too, and that they were supportive. In fact, my husband told me he admired my strength, he was not sure he could have kept telling her no.



Michelle and son, Ahmad Michael

Breastfeeding didn't come very easy, but I was determined to be successful. My nipples were very sore in the beginning, but the uterine contractions that happened each time he fed were worse! The nurses did not teach me how to breastfeed, but if I asked them, they would put him on my breast for me, and I would do my best to watch them and try to do it on my own. It took a few days though, for me to get the knack of it. When the doctor saw I was very serious about this breastfeeding business, they brought in a machine that was supposed to help bring my milk in faster! Essentially, it massaged my breasts and mimicked the suckling of a baby. After a few minutes, however, I found it to be too painful, and turned it off!

After his initial wakeful period when he was born, my son was very sleepy, and not latching on very well. I read in the pamphlet that sometimes taking the baby's clothes off is helpful, and holding him skin to skin. For us, it worked like magic! He woke right up and started to eat straight away!

It was wonderful to finally take our baby home after five days in the hospital. I continued to have very sore nipples and use lanolin after every feeding. At that time, I was not aware that I could have contacted LLL leaders for assistance. I think perhaps my latch was not very good in the beginning.

After I was home for a few weeks, one of my milk ducts became plugged. I rested more, soaked it in warm water and applied pressure to the hard spot. In the shower I was able to squeeze out a hard piece of dried up milk. Then it began to flow again very well. Unfortunately, within a day or two, it became plugged again. This time it developed a milk blister on the tip of the nipple, once the blockage was cleared up. That milk blister was very painful and

lasted about two months. Another issue I had in the first few months of breastfeeding was nipple "blanching". Usually after every feeding, my nipples would turn white and feel very painful. I found out this was due to the blood vessels being constricted. Keeping warm helped with this, but this was difficult in my cold apartment in Shanghai. Once the warm weather came, it was no longer a problem. This winter I never had that problem (My son is now 14 months old and still breastfeeding).

I treasure the early days of breastfeeding with my tiny baby, who was looking up at me, so precious in my arms. I'll always value the time spent singing to him, and saying prayers for him. I also value how breastfeeding "forced" me to become more self-sacrificing, by needing to sit down and feed him whenever he needed, and put aside the things I wanted to do. I continue to value my breastfeeding relationship with my son. The continued health benefits he receives, and the closeness it brings, esp. in his sleepy times, are priceless.

Questions Mothers Ask

Q: I've got flu - is it OK to breastfeed my baby?

A: Not only is it OK to feed your baby when you are sick it actually benefits the baby. Your baby is exposed to any illness you have before you know you are sick, and the germs are not transmitted through the breast milk. One of the beauties of human milk is that when your body makes antibodies to combat an illness, these antibodies are passed directly into your milk, giving protection and disease-fighting abilities to your baby, too. And the antibodies you make are specific to that illness.

The only time that this beautiful protective system breaks down is when mother and baby are separated. In this case the baby is exposed to germs and the mother isn't. This can happen when the baby is in the intensive care unit of a hospital and the parents are not allowed 24 hour visiting rights. In these cases some doctors recommend that the mother lick the baby in order to catch the germs the baby has come across. In this way her milk will have antibodies to those germs and protect the baby.

If you become seriously ill and your doctor suggests weaning the baby, it's worth explaining to the doctor how important breastfeeding is to both of you. If your doctor still insists weaning is necessary, you may consider seeking a second opinion to help you sort out your options and find a way to avoid weaning your baby. Your local La Leche League Leader may know of other doctors who are more supportive of breastfeeding.

Many over the counter medications used to treat flu are safe for breastfeeding mothers. Check with the pharmacist or by reading the information leaflets inside the box. If you are in any doubt La Leche League Leaders can help you check the safety of a products active ingredient in LLL reference books. Acetaminophen (Pacacetamol, Panadol, Tempra, Tytenol, etc.) and Ibuprofen (Advil, Brufen, Motrin, Nuprin, Nurofen, Pediaprofen, etc.) are compatible with breastfeeding.

In the News

NEW FACES AND NEW GROUPS FOR LLL INDIA

La Leche League warmly welcomes a new Leader in India, Anna Coelho who holds meetings in Goa. Anna lives with her husband and five children. Anna was previously a pre-school teacher in Mumbai. She moved to Goa 15 years ago and felt sad that the women in Goa did not breastfeed their children for long. She then decided to do what she could to help mothers breastfeed. It took her more than two years to complete her LLL Leader training as there were no functioning LLL groups in India. She was certified in November 2007 and has lead meetings in Goa, India since January 2008. The meetings are held at Be-Attitudes, Porvorim North Goa. For more information contact Anna 91832-2410565 or mobile phone 9326128259.



A second LLL group has opened in Mumbai, located in the suburb of Mulund. The groups are lead by Averil Harrison -Thuemmel. The new group already has an expanding library, thanks to contributions from members of Averil's previous group in New York.

CHINESE LANGUAGE MEETINGS IN SHANGHAI

LLL Shanghai has just begun to hold monthly Chinese language meetings. Meetings are held on the fourth Saturday morning of every month at the Shanghai East International Hospital's 11th floor Conference room. For more information please email: info@lllshanghai.com.cn or call Yuwen at 139-1748-4030



NEW MEETINGS IN SAI KUNG, HONG KONG



La Leche League Hong Kong now has meetings in Sai Kung, New Territories, Hong Kong. The next meeting is on 9th May, 2008 at 23 Nam Pin Wai Village, for details check the website at www.lllhk.org/Meetings.html If you know mothers in Sai Kung or Shatin/Ma On Shan area - please let them know.

NEW MEETINGS IN TOKYO

LLL Tokyo West has expanded to hold series meetings on Yokota Air Force Base. Meetings are held on the 4th Tuesday of each month. For more details please contact Rebecca, tel./fax 042-529-1330 rebecca@llljapan.com or Quenby, tel: 03-3368-1264 quenby@llljapan.com



LLL CONFERENCE: JAPAN 2008



Don't forget the La Leche League Japan Area Conference is just around the corner. The dates are: August 23 - 24th, 2008 in Tokyo. Speakers include eminent physician Dr Jack Newman and LLLI co-founder Mary Ann Kerwin. Registration begins May 11th. For more details please look at: <http://www.llljapan.com> or email ruthanna@star.bbexcite.jp

RAISE MONEY FOR LA LECHE LEAGUE

Here's a fun way to raise some money for La Leche League. If you register at <http://www.iGive.com/html/refer.cfm?causeid=1493> and download their window, then when you go shopping at online stores connected to iGive, a donation is given to LLL each time you shop. iGive has hundreds of affiliated online stores, including eBay, Expedia, Landsend, Nordstrom and Gap. So your "retail therapy" can raise funds to help breastfeeding mothers worldwide - give it a go!

How Mother's Milk Is Made

by **Linda J. Smith, BSE, FACCE, IBCLC**
Dayton, Ohio, USA

"Not enough milk" is the most common reason for supplementing or discontinuing breastfeeding. Sometimes this is real; other times it is imagined. The progress in understanding milk synthesis comes partly from dairy physiologists (who have a financial interest in knowing exactly how to have cows produce plenty of milk) and partly from those helping women breastfeed.

Before the 1940s, everyone thought most of the milk was made during the let-down reflex, because it flows faster during let-down. (This included dairy scientists as well as breastfeeding advocates.)

In 1944, Peterson showed that milk secretion was continuous but let-down was a different and separate process. Letdown (or MER - milk ejection reflex) squeezes out milk that is already made and stored in the alveolar lumen (small ducts into which milk from the alveoli is ejected). Milk isn't made any faster during MER. It just flows faster.

Since the 1990s, Peter Hartmann's research in Australia with breastfeeding women has found that the rate of milk synthesis - how fast the secretory cells make milk - is related to the degree of emptiness (or fullness) of the breast. This is called autocrine (or local) control. As the alveolar lumen fills, compounds in the retained milk itself (Feedback Inhibitor of Lactation or FIL, peptides, fatty acids, and possibly other components) signal the secretory cells to slow down milk synthesis. The emptier the breast is, the faster it tries to refill - similar to an automatic icemaker. Hartmann says the rate of milk synthesis in women ranges from 11 to 58 ml/hour/breast, or about 1/3 of an ounce to 2 ounces per breast per hour. Emptier breasts make milk faster than fuller ones. When milk is regularly and thoroughly removed from the breast, milk synthesis is unrestricted.

Hartmann's research has documented what we in La Leche League have known for a long time - that milk supply is regulated by baby's needs. A baby rarely empties all of the available milk from his

mother's breasts. In 1993, Hartmann found that babies remove an average of 76 percent of the available milk from their mother's breasts in a 24-hour period. This allows a baby to have short-term control of his mother's milk production.

I explain this using what I call the "80:20 concept." The 80 percent is the usual amount of milk taken by baby each day. The 20 percent is the residual amount of milk that remains in mother's breasts. If more than 80 percent of the milk is removed, supply *increases* to maintain the 80-20 ratio. If less than 80 percent is removed, supply *decreases* to maintain the 80-20 ratio. Even though this is an oversimplification of a very complex process, the core principle has held steady as new research emerges.

Research shows that the mother's diet, her fluid intake, and other factors have little influence on milk production. If the "milk removal" piece of the puzzle is in place, mothers make plenty of good milk regardless of dietary practices. If the "milk removal" part isn't there, nothing else can make up the difference.

The significant inhibiting (risk) factors to a full milk supply appear to be (1) breast surgery; (2) retained placenta; (3) Sheehan's syndrome or pituitary shock; (4) hormonal contraception; and (5) insufficient glandular tissue. If none of those are factors for a mother, it's exceedingly rare that she won't make plenty of milk. Rare situations do exist, however.

In my experience, there are two common reasons for "not enough milk": (1) the baby isn't at breast enough minutes per day, nursing sessions are ended before the baby lets go, or feeding intervals are stretched out too far between, or something else is given to the baby to "tide him over," or (2) the baby is not effectively transferring milk: either because of shallow attachment at the breast or a sucking problem.

Continued on page 7

Wet Nursing the Family

I always knew that I wanted to breastfeed my children even before I got pregnant. My mother and paternal grandmother always told me about the importance of breastfeeding. The bonding, the closeness, and all the nutritional and health benefits from breastfeeding were all told and repeated to me by the women in my family. I had a very strong desire to continue this "tradition" with my own children.

When my pregnancy was confirmed at the end of February 2007, my entire family was thrilled! After all the initial joy of finding out I was pregnant wore off, I immediately started to feel nervous and stressed about all the responsibility that came with motherhood. One of my main concerns was, will I be able to breastfeed my child as my mother and grandmothers have before me? My anxieties were more deeply felt after hearing my paternal grandmother's story of how she was a wet nurse. Wet nursing is when a woman breastfeeds or provides milk for her non-biological offspring.

Little did I know, that her story which initially felt like pressure to succeed at breastfeeding would later become motivation for me to exclusively breastfeed my daughter, Brianna, who is now five months old.



Cheng Li Shuk Kam, Therese and Brianna

This is the inspiring story of my paternal grandmother, Cheng Li Shuk Kam, aged 87, as told to me.

It was 1944 when I had my first son, Lambert. I was 24 years old. The Cheng family lived in a large house in the town of Kit Yeung, located in the Guangdong Province. There were over 20 of us living in the same compound. As soon as my son was born, I immediately breastfed him. But just four months after his birth, my sister-in-law had some trouble breastfeeding her third son. In those days, we believed that she didn't have enough milk. We didn't know about supply and demand. So just four months after the birth of her son, she asked me if I could breastfeed him. I didn't think it was a strange or an unusual request because we were family. I simultaneously breastfed my son and my nephew for two years. My nephew moved from our village to Hong Kong at the age of two, and I continued to nurse my son for another one and a half years til he turned three and a half. In those days, mothers would breastfeed children for four to five years. Three and a half years was considered a very short length of time to nurse a child.

Three years later, I got pregnant and decided to wean my son. It was easy to wean him off the breast because he was already running around. Just two months after the birth of my second son, Allan, another sister-in-law of mine had her fifth daughter. She had a lot of difficulty breastfeeding and asked me if I could also nurse her daughter for her. We all believed that she was unable to breastfeed because of her age. She was over 40 and we all thought that she wasn't able to produce any milk. Again, I agreed to help her nurse her daughter, and I was

also asked to be my niece's godmother. Alice, my niece and god daughter, was nursed until she was two. Allan and Alice were simultaneously breastfed and it was never difficult nor did it ever feel like a burden. I was always proud to be such an integral part of their growth. I had such a steady supply, in fact sometimes I had an oversupply from feeding so many children. Oftentimes, I would express my milk by hand into a cup because I was so frequently engorged.

In those days, if a woman had a low milk supply, mothers would feed their infants water from which rice was boiled in, otherwise known as congee water or rice water. If the family was wealthy, mothers would feed their children canned milk diluted with water. But for most families, breastfeeding was essential to survival. I strongly believe that breast is best because it comes from our own bodies.

We had already moved to Hong Kong by the time my third son, Tony, was born. I only breastfed him and was never asked nor did I ever have to offer to help feed the other children. I had such a large supply of milk that I would hand express the milk into a cup and throw it away. My husband thought it was wasteful to dump it, but I thought it was strange because who would want the milk anyway? So Tony was breastfed only for two years because our doctor said it wasn't good to breastfeed for too long. He said that as my child grew older, the milk that my body was producing had no nutrition left in it. This was probably because there were many new baby formulas being introduced into the market and breastfeeding was no longer the only option. Formula feeding was quickly becoming more widely accepted. I would have continued breastfeeding my son but I believed the doctor's "expertise" and advice and weaned Tony at the age of two.

I was the only one in my family who breastfed my own babies at the same time I breastfed other infants. In total, I breastfed five children, of which three were my own. To me, while they all might not be my offspring, they will all be my children.

How Mother's Milk Is Made

Continued from page 5

The research shows that preventing and treating engorgement quickly is critical. Whenever possible, all feedings should be directly at the breast following baby's cues. Mothers should allow baby to finish the first breast first, watch for baby to signal when he is finished by self-detaching, and then offer the second breast. Babies need to breastfeed 8-12 times per day until the milk supply is established. Most babies will breastfeed a total of at least 140 minutes per day, averaging 10-30 minutes per nursing session. Mothers can be encouraged to use breastfeeding for both nourishment and nurture.

My plea to all: Look at the baby carefully. I don't hesitate to recommend pumps as tools because I see so many young babies with temporary poor suck responses. The poor suck leaves milk in the breast, which compromises milk supply, resulting in a hungry disorganized baby and no milk. With a good pumping routine, the mother has plenty of her own milk to work with while we figure out how to help the baby feed better at the breast. Supply is usually the easiest part to fix. Remember, it's still supply and demand, or "use it or lose it."

Editors note:

A pumping routine is only necessary if the baby has a sucking problem. If your baby is feeding frequently and sucking effectively there is no need to pump. In normal circumstances we recommend that mothers avoid uses a pump until the baby is four to six weeks old.

This article was first published in *Leaven*, Vol. 37 No. 3, June-July 2001, p. 54-55.

References can be found at: www.lli.org/llileaderweb/LV/LVJunJul01p54.html

Postcard from TOKYO

by **Christine Gross-Loh**
Tokyo Central Group

I have three children - Benjamin, seven, Daniel, five, and Mia, 16 months. We moved to Japan from New York two years ago, and are living in a small apartment building in a comfortable neighborhood in Tokyo.. We live near many embassy buildings and the population around

here is quite international. The nearest park, Arisugawa Memorial Park, is a beautiful little gem which provides endless adventures for little children. There are waterfalls, large rocks, streams, and lots of wildlife and plants - surprising bounty in such a small park,

In the summers my children like to fish for crayfish in the pond. Right now it's cherry blossom season and we just had a picnic in the park to view the blossoms - a lovely annual tradition here. We feel fortunate that although we are in the heart of a large city, we have a place to escape to. My older children are in Japanese schools, and on our daily commute we pass through a lovely little temple, another haven of calm in the midst of all this urban hustle-bustle.

My first two children were born in the US, but Mia was born here in Tokyo. I have encountered challenges on my breastfeeding journey over the years, but one of the advantages of having three children is each child provides plenty of learning experiences for me. I've found it especially

interesting to compare having newborns in the States and in Japan.

During my first pregnancy, I armed myself with a lot of information and prepared lots of breastfeeding support for myself, including going to La Leche League meetings and surrounding

myself with other nursing mom-friends.

Nevertheless, things weren't trouble free once Benjamin arrived - we had trouble with latch-on, and I was in pain for a few weeks every time he nursed. After we got over that things were better,

although every time we ran into something slightly irregular I would place a call to my local La Leche League leaders or L.L.L. friends to get moral support on everything from a milk bleb to a bout with mastitis to a nursing strike to considering tandem nursing. Everything was so new and it was great to go to meetings and find people who could assure me that things were going fine and give me a glimpse of what I could expect in the future as well.

*With my second son Daniel, who suffered from reflux, breastfeeding was very difficult. Since Benjamin had been so enthusiastic about nursing, having a newborn who seemed to be in great distress whenever he was at the breast gave *me* distress as well. It was hard to see him arching away or spluttering and crying. I had overactive letdown with Benjamin and was experiencing*



that as well this time; but the combination of a fast letdown and the pain of reflux really exacerbated our difficulties. I cut out some allergens from my diet and experimented with different holds to help Daniel cope with the flow of milk better. By the time he was an older baby, he was blissfully enjoying nursing the same way his brother had.

My last baby, Mia, was born at home and took to nursing like a champ. However, from her earliest days I noticed that she also fussed a lot at the breast and seemed to prefer to be held or rocked to sleep rather than go to sleep while nursing. Since I was so used to nursing my babies to sleep, I had to learn a whole new way to assist her! I also felt forlorn at times that she seemed to nurse so efficiently, never for comfort. I found myself wondering about how to cope on plane trips back home because she was so resistant to nursing to sleep, and I had no idea how I would help her to sleep without being able to rely on this great tool. With time and gentle persistence, all of this improved; one of her first words was "mum mum," our word for nurse, and she comes up to me to nurse many times a day and now clearly loves to nurses for comfort. It's a wonderful feeling. I love that my sons can watch her nurse; it reminds them of their own nursing days, and I feel these all will be great memories for them to look back on when they become fathers someday.

One thing that was really nice was that since Mia was born in Japan, I had a good chance to compare what my experience with a newborn was like. Back home in the States, I'd had lots of support from my extended family, who were born in Korea and were very supportive of breastfeeding. However, to other relatives and the rest of society, it felt like I often had to explain choices which were viewed as unconventional - such as nursing, babywearing, and co-sleeping. Here in Japan, however, most of the other mothers at my sons' schools did babywearing and cosleeping and completely

assumed I would choose nursing. I also like the fact that children's books sometimes feature animals nursing as though it is the most natural thing in the world (which it is!). I think the biggest difference to me is one of attitude - I often met pregnant mothers back in the States who would say, "I am planning to "try" to nurse" and see if it works out" while among my friends here, it wasn't really a question of trying, it was just something that there was more mainstream expectation that I'd be able to and would choose to do. On the other hand, while I am comfortable nursing in public here, I've noticed there are more facilities for nursing babies in private, such as nursing rooms in department stores, which contribute to an overall impression that mothers are expected to retreat to those facilities when they are feeding their babies. I have been approached by older people who make positive comments, however, when I nurse in public, which is nice.

Christine Gross-Loh



Christine and her children

Frees me to do things for myself and meet my own needs

Breastfeeding is everything it was promised to be!!

Cute to watch them looking up at you

I wake up in the night with so much pleasure!

I never thought of any other option

Healthy kids:
no ear infections

Breastfeeding has opened up another world of emotional & physical sensation

Helps me and baby sleep, it's very relaxing

Convenient:
No cleaning and sterilizing

Why I am glad to be breastfeeding!

By the mothers of
LLL Tokyo Central

I can watch a film while breastfeeding

Enjoying my new size breasts!

Whenever anything is upsetting the baby, breastfeeding seems to fix the problem. Breastfeeding has become a way of communication.

It's a lovely way for baby to calm down and a reminder for me not to get worked up about things

Breastfeeding helped me to understand my older kids better and to be more sympathetic to their needs

It helps a family with allergies

I breastfeed everywhere: stations, parks, streets...
breakdown the taboos!

It's our special time... only us together!

Breastfeeding is a peaceful way to end the day

Breastfeeding makes traveling on the plane so easy and I don't need to pack a whole lot of extra stuff

Because breastfeeding helps the jaw develop, maybe my child will not need braces!

My baby's face is so cute when she is sucking



LA LECHE LEAGUE
INTERNATIONAL

*Celebrating 50 years of
mother-to-mother support
for breastfeeding*



PICNIC IN THE PARK FOR FAMILIES IN TOKYO

BIG DAY OUT

SUNDAY MAY 18TH, 2008

YOYOGI PARK 10:00AM - 2:30PM

**Bring your own food, drinks
& mats to sit on**

1000 yen donations appreciated

All benefits will support La Leche League's Tokyo groups
and help us to continue our mission of providing valuable
mother-to-mother support to women who want to
breastfeed their babies

For more details see:

www.blueskytokyo.com/picnic.html

or contact LLL Tokyo Central

lll.groups.tokyo@gmail.com

Sponsors:

* Furla Yoga * Tokyo Clothing Imports

* Happy Clowns * Blue Sky Tokyo

Family Yoga in the Park

(10:30 start)

Silent Auction

Magic Show

Clowns & Balloon Art

& lots more!



Chocolate Cake and Chinese Banquets: Understanding your baby's feeding patterns

by **Sarah Hung**

Leader with the Hong Kong Central Group

In the early weeks of breastfeeding there is little for a mother to do except for feed, feed, feed. Often the feeding pattern of our breastfeeding newborns doesn't live up to our expectations. What about those 3 hourly feeds some baby books led us to believe are the norm? And there may be pressure from other family members to put baby on a more regular schedule.

In fact, it's normal for breastfeeding babies to feed very frequently. If a mother is concerned about this behaviour, perhaps it helps to think of baby's feeding pattern as either 'Chocolate Cake Syndrome' or Chinese Banquet Syndrome".

Chocolate Cake Syndrome

Imagine that my husband and I are eating dinner. I tell him that we have a chocolate cake for dessert. However, when he finishes his main course he tell me that he is full and doesn't want any cake. At this point I suggest watching TV! When the first adverts come on he says, "You know maybe I'll have a piece of that cake after all."

This behaviour is very common in babies (as well as husbands). The 'chocolate cake' feed is usually just 5 to 10 minutes but sometimes the baby doesn't just want one slice of cake but the whole thing and you end up feeding for another hour.

This doesn't mean that you don't have enough milk. Just like I had enough food for my husband (after all I had a whole cake when he said he was full) you also have enough milk. It was the baby who changed his mind.

This analogy is actually very good. Just as chocolate cake is a high fat snack after your meal, any milk that the baby takes after a feed will be higher in fat than the original feed – just like a piece of chocolate cake!



Chinese Banquet Syndrome

Rather than having big feeds with big gaps some babies like to have lots of small feeds. Mothers often worry about this because they seem to be spending all the time feeding and feel they aren't able to do anything during the short breaks between feeds.

I like to think of this as a Chinese banquet. At banquets each dish you are given is quite small but you are given lots and lots of them and at the end of the evening you are fuller than if you'd had a meal at home.

Some babies like to eat like this, often wanting to be at, or near, the breast for two to three hours or more. It is so common it has a name, cluster feeding. But it is a behaviour that I know many new mothers worry about. Again, it doesn't mean you don't have enough milk – rather that your baby wants to feed this way. When the baby eventually stops and goes to sleep he usually sleeps for quite along time, maybe even four or five hours.



Breast milk contains stem cells

The Perth scientist who made the world-first discovery that human breast milk contains stem cells is confident that within five years scientists will be harvesting them to research treatment for conditions as far-reaching as spinal injuries, diabetes and Parkinson's disease.

But what Dr. Mark Cregan is excited about right now is the promise that his discovery could be the start of many more exciting revelations about the potency of breast milk.

He believes that it not only meets all the nutritional needs of a growing infant but contains key markers that guide his or her development into adulthood.

"We already know how breast milk provides for the baby's nutritional needs, but we are only just beginning to understand that it probably performs many other functions," says Dr. Cregan, a molecular biologist at The University of Western Australia.

He says that, in essence, a new mother's mammary glands take over from the placenta to provide the development guidance to ensure a baby's genetic destiny is fulfilled.

"It is setting the baby up for the perfect development," he says. "We already know that babies who are breast fed have an IQ advantage and that there's a raft of other health benefits. Researchers also believe that the protective effects of being breast fed continue well into adult life.

"The point is that many mothers see milks as identical – formula milk and breast milk look the same so they must be the same. But we know now that they are quite different and a lot of the effects of breast milk versus formula don't become apparent for decades. Formula companies have focused on

matching breast milk's nutritional qualities but formula can never provide the developmental guidance."

It was Dr. Cregan's interest in infant health that led him to investigate the complex cellular components of human milk. "I was looking at this vast complexity of cells and I thought, 'No one knows anything about them'."

His hunch was that if breast milk contains all these cells, surely it has their precursors, too?

His team cultured cells from human breast milk and found a population that tested positive for the stem cell marker, nestin. Further analysis showed that a side population of the stem cells were of multiple lineages with the potential to differentiate into multiple cell types. This means the cells could potentially be "reprogrammed" to form many types of human tissue.

He presented his research at the end of January to 200 of the world's leading experts in the field at the International Conference of the Society for Research on Human Milk and Lactation in Perth.

"We have shown these cells have all the physical characteristics of stem cells. What we will do next is to see if they behave like stem cells," he says.

If so, they promise to provide researchers with an entirely ethical means of harvesting stem cells for research without the debate that has dogged the harvesting of cells from embryos.

Further research on immune cells, which have also been found in breast milk and have already been shown to survive the baby's digestive process, could provide a pathway to developing targets to beat certain viruses or bacteria.

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