

Close to the Heart



La Leche League Asia
Early-Year 2009
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"Breastfeeding
is mothering
close to the heart"

Conference Comments



Breastfeeding & Swine Flu

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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 2009 will be included in
the Mid-Year 2009 issue.**

Contributions received by
1st Nov. 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

The big highlight this year for me this year was the La Leche League conference held in Hong Kong in February. There were so many interesting sessions that I had a hard time choosing which ones to attend!

The conference gave us an opportunity to hear from some of the top experts in the field of lactation; some of the information was very technical, some was much more practical. There was a diverse mix of participants, too. I very much enjoyed meeting healthcare professionals, La Leche League Leaders and mothers from all around Asia and beyond. Queuing up for coffee at the break times was so great – I met some really interesting people. I can't think of any other conference that would bring together medical professionals and mothers. I do think this is one of the things that make La Leche League so special.

Of course not everyone could make it to Hong Kong to attend the conference, so for this issue of *Close to the Heart* I've written up a brief account of the main gist of the Conference opening session. The new work that is being done into the instinctive behaviours of babies and how this helps them breastfeed is so important; I want everyone to hear about it.

We have an article from Valerie in Mumbai who demonstrates beautifully how the baby's instinctive behaviour played out during the birth of her son, Sam. We also hear from Fennie, who had a tough time with postnatal depression – she won't be the only one. Around 1 in every 10 mothers suffers some degree of postnatal depression, so I'm guessing Fennie's story will resonate with quite a few of our readers. Sometimes, knowing that you are not alone can help.

Now in Hong Kong it's flu season - and at the time of writing there is much concern about Swine Flu. Face masks are disappearing from the shops and everyone's talking about Tamiflu. I think when we have small babies we may feel particularly vulnerable and worried by this sort of news. I hope mothers will feel some reassurance that major world health organizations advise mothers to continue breastfeeding during a flu outbreak and even when taking antiviral medications. We have more details about this from the U.S. government's Centers for Disease Control and Prevention on page 11.

I remember when my babies got sick it really helped me to breastfeed them. I knew they were still getting some excellent food and I felt they were comforted by our closeness. So... wishing you all a happy and HEALTHY springtime.

Maggie

Breastfeeding and a Touch of the Baby Blues

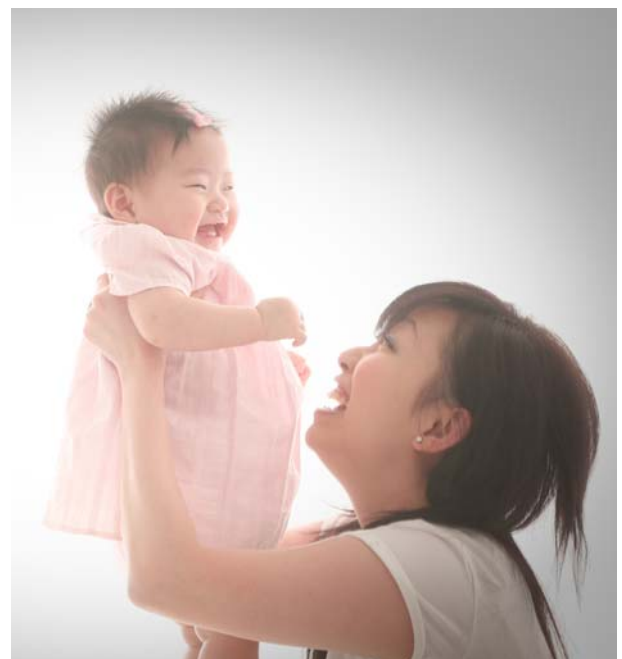
When I found out that I was pregnant last year, I was on top of the world. You see, I'm 33 (not exactly young) and my husband and I have been married for seven years. We weren't exactly trying to conceive so the pregnancy was a miracle to us. Right after I found out that I was going to have a baby, I was giddy with excitement. I signed up for antenatal classes, booked appointments with my gynaecologist, and yes, went shopping for all things pink as soon as I found out that it was to be a girl! I'd see pictures in the magazines of mothers breastfeeding their babies and I knew that I'd do the same. What I didn't know was how trying breastfeeding could be.

My father passed away when I was approaching my last trimester. Naturally, I was devastated. We were also due to relocate from Singapore to Hong Kong. There were a thousand and one things going on. The funeral, the packing, relocating, and also taking care of my mother. We arrived in Hong Kong in October 2007, but I went to and from Singapore for my check-ups. I missed the breastfeeding and childcare session of my antenatal classes and thought nothing of it. I was immersed in my sadness and cried all day long. The last thing on my mind was to read up on breastfeeding.

When I approached my 32nd week, I flew back to Singapore to give birth. I was informed that my baby was in breech position and that I would have to have a caesarean section for the birth. It was another blow to me as I was so looking forward to the labour of my baby. On 3rd January 2008, my little princess was born. Right from the start, when the nurses in the hospital asked about my feeding preference, I opted for total breastfeeding. Baby Rylee nursed beautifully. Right from the start, the lactation nurse that helped me commented that she had a natural flair for suckling. It was fairly surprising given that I didn't get to put her to my breast immediately to nurse right after, as only mothers who went through natural delivery had

this option. I was instructed to feed 20 minutes on each breast. I panicked when I didn't see any milk at all. I don't think I even saw any colostrum. I was told to pump my breasts after I'd finished nursing to increase the supply as breastfeeding is all about demand and supply. So I pumped and pumped, even though nothing was coming out.

On Day 2, the same lactation nurse came to tell me I should supplement my baby with formula or at least glucose water. She told me my baby was dehydrated. I was quite adamant and was even furious at her for suggesting that. She told me I just wasn't producing enough milk and that I was being selfish and stubborn to insist on breastfeeding instead of caring for the well-being of my baby. And to make matters worse, she said this right in front of my in-laws who are not exactly avid supporters of breastfeeding. Formula is King in their generation. That put a lot of doubt inside me. I lay awake in the hospital crying so hard and wondering if I should persist. Returning home, I suddenly had an anxiety attack. I realized I knew nothing about babies. My mom



Fennie with daughter Rylee

had a fainting episode right before I gave birth so I didn't want to burden her too much. Initially, Baby Rylee was an angel. She slept most of the time. But after two or three days, the nightmare began. She cried a lot and nursed frequently. I realized I knew NOTHING about breastfeeding at all. When the baby napped, I would be up checking the Internet forums and support groups, emailing my friends, and reading books on breastfeeding.

Postnatal blues hit me big time. My husband who has been my pillar of support was due to return to Hong Kong after two weeks at my side. I remember hugging him and begging him not to go. I was irrational and extremely tired. No one had ever told me that it would be this hard, caring for a newborn. But amidst all these thoughts, I just kept telling myself to persevere. I read that if the baby is gaining weight well with sufficient dirty and wet diapers a day, it should be fine. No matter what others said to me, I told myself I was going to make it. My in-laws kept hinting to me to drop this breastfeeding as they thought I was ignoring my baby's hunger for my own selfish agenda. Even my mom, my sisters, all tried to talk me out of it. I guess my family were doing it for my own sake as they saw how tired I was and how I was crying all the time. But I didn't give up, I told myself unless the doctor himself told me my baby was not growing well, I would not give up.

The turning point came when I brought Baby Rylee to her very first check-up. I broke down and confided in the paediatrician about my difficulties. I thank God that he's very pro-breastfeeding and he told me I was doing a wonderful job. Baby Rylee was growing very well and she was in the 95th percentile! He told me, some women do not react well to pumps and that I should just continue to let my baby breastfeed directly and nurse on demand.

We moved to Hong Kong when Rylee was around two months old. She was a fussy baby. She was colicky and, on top of that, was diagnosed with reflux. I would nurse her only to have her vomit out everything shortly afterward. By now, my

postnatal blues had escalated to depression. I was crying all the time. I thought of my late father and how I had failed as a daughter to him in times of need. I thought of how I felt robbed of the experience of natural labour. I was constantly worrying about Baby Rylee, her colic cries, her reflux, Hong Kong pollution, and how I was doing as a mom. Everything. But surprisingly, I still persevered with the breastfeeding. I did suspect that I had postnatal depression but I did nothing with it. I was fearful of getting any medication or worse, being asked to stop breastfeeding.

I was starting to feel so suffocated and having dark thoughts about my life ending. I wasn't really thinking about suicide, but more like wishing I'd just go to sleep and not wake up. The Sichuan earthquake was a great wake-up call to me. I read about the two babies whose mothers died protecting them and I suddenly realized how lucky I was to be able to hold my baby in my arms.

I also discovered the La Leche League meetings in Hong Kong. Thankfully, an LLL Leader told me that she suspected I might have depression. And she told me to treasure and cherish the times I have with my baby now because before you know it, she will grow up and not be a baby anymore. That was like a light bulb moment. I started to nap when my baby napped, relaxing in the thought that my milk supply was fully established. I bought books on postnatal depression, reading up on how other mothers overcame it on their own. Reading their experiences was very touching; it was like reading my own story.

Recently, we made a trip back to Singapore for a quick visit. When my in-laws saw their chubby granddaughter with rosy cheeks, my father-in-law asked if I'd switched to feeding her formula. My best moment was to answer him that the only milk his granddaughter had had since birth was mine. I'm proud to also say, they're now "converts" and my mother-in-law has even proudly told her colleagues that her granddaughter is on total breastfeeding and that breast is indeed best!

Feeding Nemo!

My husband and I had planned on exclusive breastfeeding for our child, then continuing the breastfeeding until he felt time to wean (using the "don't offer - don't refuse" technique once he was a toddler). I started attending the Mulund, Mumbai La Leche League meetings in my fifth month of pregnancy because I had known so many women who were not able to continue with breastfeeding due to lack of support / information / conviction, etc. I wanted to give us and our child the best shot possible, and I learned SO much at the monthly meetings. This effort more than paid for itself when Sam's immediate breastfeeding contributed towards stopping my blood flow after his delivery.

First, it's important to know that we did a home water birth. The birth was guided by two very experienced midwives, and all necessary equipment was in place in case of an emergency (i.e., oxygen tank, oxytocin injections, other medications that might be required, etc.).

After Sam was born and placed on my chest, we shifted to the bed for the placenta delivery. The contractions moved with ease, and it wasn't long before the placenta began to emerge. My placenta was exceptionally large (the largest either of the midwives had ever seen, and they have done over 5,000 births between them). Because of its size, the relative blood flow was also significant and eventually reached a somewhat concerning volume. Lina and Elai (the midwives) gave me an oxytocin injection to help contract the uterus to

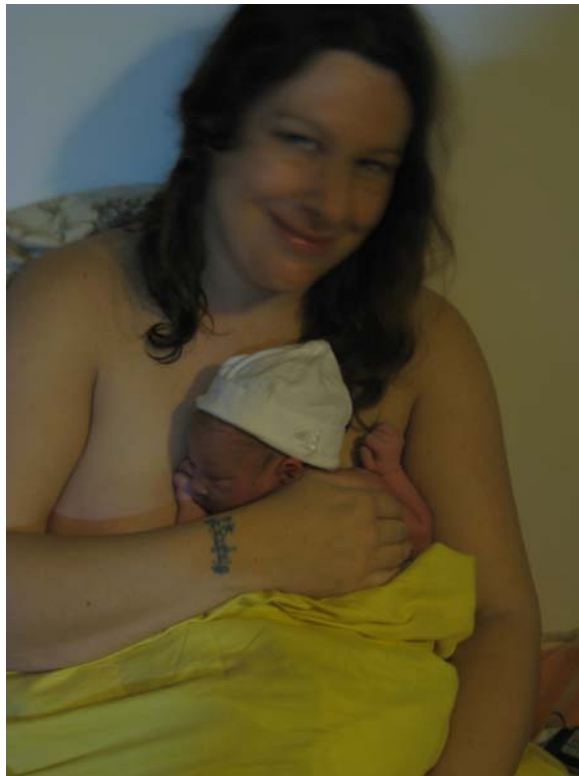
stop the bleeding, and meanwhile we encouraged Sam to breastfeed while laying fully on my chest, recognizing that the suckling and the kneading of his feet on my abdomen would help the uterus to contract and stop the bleeding. He obliged and took to the latch right away. So I like to think that in a moment that could have become a point of significant concern, Sam helped in his first few

moments of life to keep everything in check and his mom protected. This also led to his first nickname, Nemo, because he immediately perfected the fish-lips latch after being born in the water!

In fact it turns out Sam likes breastfeeding so much that he wants to do it almost constantly! This got my mother-in-law concerned that he was nursing so often because he wasn't getting enough milk. I assured her it was fine. Then she asked the massage-wali that the family had hired for Sam and me to double check. (The massage-wali is a woman who provides massages to both mother and baby after

the baby's birth.) On the fourth day, when my milk had fully come in, the masseuse checked for engorgement, found it limited (because Sam had just nursed!), and declared that I had "very less milk" and should start supplementing. Between my mother-in-law and this supposed "expert", I may have started getting concerned. Fortunately, however, I'd already learned from LLL how to count diapers as a marker for enough milk, and we were meeting every milestone.

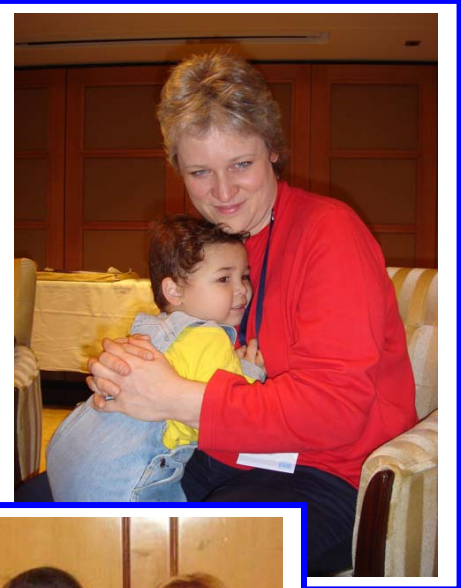
Continued on page 8



Valerie with newborn Sam

LLL Asia & Middle East's First Conference

The La Leche League Conference: Traditional Food the Natural Way was held in Hong Kong on 5th and 6th February 2009. Mothers, doctors and midwives came from Hong Kong, all around Asia and the USA to hear talks from world renowned lactation specialists. There was also plenty of time to catch up with old friends, make some new ones and meet some beautiful babies.



I loved both the talks by Nancy Mohrbacher and loved meeting people from all around the world. I'm a new Leader and now I know the challenges we face in Mumbai are shared by many other mothers all around the world.

Dr. Manisha Gogri
Mumbai

I liked to see the mothers and babies attending a conference together. In fact the people who were organizing the conference had their babies with them too – we thought it was amazing how much they could do with their babies still in their arms!

Candy Tso
Nurse, Hong Kong

Commenting on the Conference

I found the module of working mothers was very practical and hands-on. I can certainly use these tips in my own life.

June Isis Evasco
Manila

The conference reassured us that we can raise our children in the way that goes with our instinct. For us, the Thai people, this reconfirms that our culture has been doing the right thing and we feel that we can keep on track. Also the happiness of breastfeeding is not just a one way process – it is something that benefits the whole family.

Laura Sasitorn
Thailand

I thought the sharing between mothers and professionals was very special - usually at these conferences we do not hear the experience of the mothers. So it was a chance to gain an insight into their feelings.

Esther Siu
Nurse, Hong Kong

I like to be able to put faces to names. I've spoken to so many people from La Leche League on email and I enjoy meeting them in real life. It was so great to have a baby room too, so I could stay with my toddler and still listen to the sessions in the main hall.

Melanie Ham
Shanghai

B reastfeeding Made Simple: Seven Natural Laws for Nursing Mothers



Two images come to mind when I remember Nancy Mohrbacher's session, "The Seven Natural Laws for Nursing Mothers," at the La Leche League Conference in Hong Kong. The first is of myself teaching my

daughter Catherine to ride her bike. The second is a panda nestled in a green clump of bamboo.

Neither image apparently has anything to do with breastfeeding, so I should explain.

Nancy's talk outlined seven natural laws of breastfeeding, which mothers can use to help their babies breastfeed. Law Number One states: Babies are hardwired to breastfeed. If a baby is put on the mother's body immediately after birth, he will rest for a while and then start moving, crawling purposefully upwards. His feet push against her tummy; his head bobs against her chest. As he nears the breast his tongue drops and his mouth opens as he gets ready to feed. Finally, he finds the breast, latches on and begins to suckle. It's a beautiful series of motions, which in scientific terms could be called a 'feeding sequence'. Unfortunately not many of us get to see this scene as too often the baby is whisked away from the new mother for washing, weighing and other check-ups.

The mother, meanwhile, is not exactly hardwired to breastfeed, but she also has some instinctive responses, which make her want to be close to the baby and to touch him. This skin to skin contact prompts the release of the hormone oxytocin, which makes the mother feel relaxed and causes her breasts to release milk.

The Seven Natural Laws for Nursing Mothers demonstrate that both mother and baby have nature on their side when it comes to initiating breastfeeding. But even with these biological triggers, for mothers, breastfeeding is not instinctive.

Breastfeeding is natural - but it is also a learned process. In the past, mothers would learn to breastfeed by watching other mothers in their community breastfeed. For modern day mothers however, we tend to turn to books, the Internet, videos and 'experts'. You could call this sort of learning 'left-brained behaviour'. Left brained learning relies on logic, facts and instructions.

So to get back to the image of the biking lesson. Could I ever have taught my daughter to ride a bike using the left-brained way of teaching? Looking at diagrams of a bike and thinking about at what angle the pedal should be positioned before she pushed off? I don't think so. Instead, she got on, wiggled about a bit, fell off, then wiggled about a bit more. I supported her and encouraged her, and she basically felt her way and used her intuition to understand how to balance. You could say this was an example of right-brained learning.

Today, more breastfeeding experts are convinced that the right-brained approach is a more effective way of helping mothers learn to breastfeed their babies.

The right-brained approach to breastfeeding encourages the mother to think about breastfeeding as a relationship rather than a skill. This means holding the baby a lot. Trying to keep the baby calm. Watching for the early feeding cues and feeding at the first signs of hunger. Using skin-to-skin contact to calm the baby - placing the baby vertically between the breasts allows the baby to hear your voice and heartbeat. The baby can smell and feel the mother's skin. When the baby starts to move towards the breast the mother can gently encourage him, talking gently and supporting his head and shoulders.

The right-brained approach to breastfeeding shows that breastfeeding will happen naturally when mother and baby are kept close - no need to worry about what angle to position the baby, how far up, how far down. The baby can wriggle down and find his own perfect position.

Many mothers, of course, do not get off to an ideal start in hospital. They may be separated from their babies for medical reasons or because of hospital routines. However, the truly inspiring thing I learnt from Nancy Mohrbacher's talk is that baby's instinctive breast-seeking behaviours don't disappear immediately after birth. Some studies have shown that these instinctive behaviours remain intact weeks or even months after birth. We can even take advantage of this pattern of behaviour to help mothers who wish to breastfeed their adopted babies.

About the panda in the bamboo. Nancy Mohrbacher's Law Number Two states that 'Mother's body is the baby's natural habitat'.

For biologists the word 'habitat' means 'the place where behaviour occurs'. All mammals have behaviours that are programmed into their hardwiring and vary depending on habitat and location. For an adult panda, his habitat would be a green clump of bamboo bushes. For the human newborn baby his natural habitat is his mother's body. Studies have shown that putting a baby onto his mother's chest calms and normalises his nervous system, making him more receptive to growth-promoting behaviours such as feeding and digestion. When the mother has skin-to-skin contact with her

baby she experiences a release of the hormone oxytocin, which helps her feel calm and happy.

Nancy Mohrbacher states: "For human infants, breastfeeding and being close to mother are critical to survival. The behaviour, in this case breastfeeding, is determined by the habitat - baby's closeness to his mother's body."

Nancy Mohrbacher has written a book, which follows the same subject matter as her talk at the Hong Kong conference. I strongly recommend this book to anyone who is pregnant, breastfeeding or wanting to help other mothers breastfeed. It gives us some methods to help mothers and babies work together in an intuitive, natural and loving way.



Breastfeeding Made Simple - Seven Natural Laws for Nursing Mothers by Nancy Mohrbacher, IBCLC and Kathleen Kendall-Tackett, IBCLC is available from Harbinger publications.

Feeding Nemo continued from page 4

So I kept plodding along. Next day, I was again told by the massage-wali that I had "very less milk". I assured her that wasn't the case and went on to enjoy an excellent back rub. Two days later, at Sam's one-week mark, Lina (the midwife) brought her scale and weighed him. He hadn't lost weight at all –so all the family concerns about not enough weight gain were invalid. In fact, he'd gained 200 grams!

My mother-in-law became a believer, and the massage-wali finally stopped trying to convince me that our baby wasn't getting enough to eat. We kept on nursing (some days more, some days less and for different durations depending on if it was a 'thirsty nurse' in because of the heat or a full on meal, which he's particularly keen on at 3:30am...).

Yesterday was his two-week mark, and he's again gained. 150 grams. Our 3.9kg baby now weighs

4.25kg. We go through enough diapers to be exceptionally happy that we opted for cloth over disposable or else we would have single handedly boosted the stock price of Huggies by now...

My point in all this is: get informed, build up a support network, and build your confidence. I've come to believe that nothing undermines breastfeeding so much as the good intentions of those around us who are working from old or impartial knowledge. Pick up books, read the web, or better yet, get to your local La Leche League group (I learned more there, than in seven pregnancy and childbirth books that I had purchased). Sore nipples and a cranky baby are surmountable. Being convinced that you're slowly starving your child is much tougher. Know that your body and your baby are communicating at a much deeper level than you, your mother, or your mother-in-law can comprehend. And trust the process - once you know how to support it!

Questions Mothers Ask

Q: What Should I Do If My Baby Bites Me?

A: A bite from your baby can be truly painful, and worse, it keeps you tense in the fear that it will happen again. It's hard to relax and enjoy breastfeeding when your baby has bitten you. When biting happens you might hear some people say 'Ah the baby has teeth and is biting - you'd better stop breastfeeding'. But this is not true. Biting is not an indication that the baby wants to wean!

The most common cause of a baby's biting is teething. Sometimes babies bite before their first teeth come in, but usually it's after the front teeth are in and the others are working their way down through those hot, sore gums. Other reasons could be a cold or an ear infection (it's hard for your baby to swallow while breastfeeding if his nose is blocked), stress, or even a way of getting mother's undivided attention.



Here are some ideas to help reduce and eliminate biting. Remember: this may take persistence on your part. Your baby may not stop biting immediately but 'this too shall pass'.

When your baby is latched on correctly and nursing actively, getting milk from your breast and swallowing, it's physically impossible to bite. This is because your baby needs to stop sucking in order to bite. When latched on properly and nursing, your nipple is far back in your baby's mouth. In order to bite your baby has to adjust his tongue and allow your nipple to slide forward towards his teeth.

So, as a first hint of when your baby is about to bite, try and watch for a moment - usually after the initial hunger has been satisfied - when your nipple slips forward in your baby's mouth. Often the tension in your baby's jaw will change just before this happens. As soon as you notice this change, slip your finger into the corner of your baby's mouth, between his teeth, and let the nipple come out all the while keeping your finger in your baby's mouth to protect your nipple. Pulling your baby straight off is a very natural and almost automatic response, but it may cause soreness of your nipple.

When the cause of the problem is a cold, a more upright position can help your baby to breathe easier. Check with your baby's health care provider for suggestions to relieve stuffiness. Your baby may breastfeed better if you offer the breast while walking, perhaps with baby in a sling for example.

Sometimes older babies with teeth leave a "ring" of teeth marks after breastfeeding. Generally this is not painful and is caused by the teeth resting on the breast during breastfeeding. However, your baby may be clenching or sliding to the end of the nipple. If this is uncomfortable, use some of the same techniques listed above to encourage your baby to gently latch on and breastfeed.

Maybe your baby is too young to understand exactly what you say, but your tone and attitude do convey meaning. It's worth trying to tell your baby, even repeatedly, that biting hurts and that he cannot bite you. It's also best to try not to yell loudly if baby does bite as this could cause the baby to be frightened and reluctant to nurse. Or it could have the opposite effect - baby might think 'that's an interesting noise from my Mum' - and promptly do it again!

In the News

New Leaders in Shanghai



La Leche League Shanghai is delighted to welcome two new Leaders. **Caitlin Hainley** is originally from Iowa, USA and lived in several cities in China. She is the mother to 14-month-old Juliet. Caitlin will be leading meetings in Pudong. **Michelle Sabet** is from Manitoba, Canada and mother to two-year-old Ahmad. She looks forward to co-leading the Hongqiao Puxi meetings.

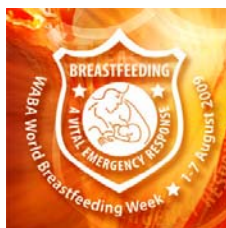
Toddler Treats

La Leche League Hong Kong has begun a series of meetings for mothers and their breastfeeding toddlers. "Many mothers are choosing to breastfeed for a little bit longer and we've found they enjoy having a special meeting devoted to their needs," says LLLHK Leader Therese Tee.

Meetings are held at a Community Centre in Happy Valley, Hong Kong. For details check: www.lllhk.org



World Breastfeeding Week



World Breastfeeding Week runs from August 1st - 7th. This year the theme is: **'Breastfeeding: A Vital Emergency Response.'** Groups participating in the event can sign an online pledge at: www.worldbreastfeedingweek.org

Enriching Experiences in Dhahran

La Leche League Dhahran, Saudi Arabia has begun a series of enrichment meetings for breastfeeding mothers. "Enrichment Meetings are LLL meetings that focus on a special topic of interest to breastfeeding mothers, for example, baby massage, cooking demonstrations and book reviews. So far the mothers have enjoyed trying their hand at homemade peanut butter, yogurt and baby foods. There was also a lively discussion based around *The Five Love Languages of Children* by Gary Chapman and Ross Campbell. To find out more about upcoming enrichment meetings please contact Brooke.

Email: bschumachermd@yahoo.com



NEW Cantonese Speaking Group in Hong Kong



La Leche League Hong Kong is very happy to announce that we now have a new Chinese Speaking Leader, **Heidi Lam**. Heidi Lam will run a new Cantonese group with monthly meetings at Discovery Bay, Lantau Island. "I hope that I can serve more Chinese-speaking mothers as I can see a huge need here," says Heidi. "Even though many Hong Kong Chinese mothers can speak English, connecting with each other in our own language is a more intimate experience and leads to a deeper understanding." New Cantonese meetings begin May 2009. Call Heidi at 852-6184 3224 for details.

Novel H1N1 Flu (Swine Flu) and

Feeding your Baby

What Parents Should Know

What is this new flu virus?

This novel H1N1 flu virus (sometimes called “swine flu”) was first detected in people in early 2009 in Mexico. This virus is spreading from person to person, probably in much the same way that regular seasonal influenza viruses spread.

What can I do to protect my baby?

Take extra care to wash your hands often with soap and not to cough or sneeze in the baby’s face while feeding your baby, or any other time you and your baby are close. If you are ill, or coughing and sneezing, consider wearing a mask.

Does breastfeeding protect babies from this new flu virus?

There are many ways that breastfeeding and breast milk protect babies’ health. Since this is a new virus, we don’t know yet about protection specific against it. We do know that mothers pass on protective antibodies to their babies during breastfeeding. Antibodies are a type of protein made by the immune system in the body. Antibodies help fight off infection.

Flu can be very serious in young babies. Babies who are not breastfed get sick from infections like the flu more often and more severely than babies who are breastfed.

Should I stop breastfeeding my baby if I think I have come in contact with the flu?

No. Because mothers make antibodies to fight diseases they come in contact with, their milk is custom-made to fight the diseases their babies are exposed to as well. This is really important in young babies when their immune system is still developing. Breastfeeding also helps the baby to develop his own ability to fight off diseases.

Is it OK to breastfeed my baby if I am sick?

Yes. This is really important.

- Do not stop breastfeeding if you are ill. Ideally, babies less than about six months of age should get their feedings from breast milk. Breastfeed early and often. For those mothers not exclusively breastfeeding, limit formula feeds as much as possible. This will help protect your baby from infection.

- If you are too sick to breastfeed, pump and have someone give the expressed milk to your baby.

If my baby is sick, is it OK to breastfeed?

Yes. One of the best things you can do for your sick baby is keep breastfeeding.

- Do not stop breastfeeding if your baby is ill. Give your baby many chances to breastfeed throughout the illness. Babies who are sick need more fluids than when they are well. The fluid babies get from breast milk is better than anything else, even better than water, juice, or Pedialyte® because it also helps protect your baby’s immune system.

- If your baby is too sick to breastfeed, he or she can drink your milk from a cup, bottle, syringe, or eye-dropper.

- If no expressed milk is available you can give your baby milk donated by other mothers to a reputable milk bank. Mothers will have to check with the facilities in their own country to see if a milk bank is available.

Is it OK to take medicine to treat or prevent novel H1N1 flu while breastfeeding?

Yes. Mothers who are breastfeeding should continue to nurse their babies while being treated for the flu.

Source: USA Government’s Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/h1n1flu/breastfeeding.htm>

Postcard from YUZHNO-SAKHALINSK, Russia

I live with my husband, Steven, my son Stephen (6 years old), and my daughter Elizabeth (17 months) in an expatriate community located just outside the city limits of Yuzhno-Sakhalinsk, Russia. Yuzhno-Sakhalinsk is located on the southern part of the island of Sakhalin which is just north of Japan. Our camp has a total of 37 duplexes that house 74 families. The demographics range from singles and married couples to families with up to three children. The community is located on a hill and at the top of that you can see the mountains. The mountains are especially beautiful in winter time. We have a small store on site that carries a good variety of food and toiletries. We also have a community center that has a fitness center, sports hall, and restaurant that will soon open (we hope!). Our camp is secure with a fence around the perimeter and a security stop at the front gate, but that did not stop a black bear from entering our camp last summer!

The city of Yuzhno-Sakhalinsk has approximately 200,000 citizens. Seven-story apartment "block-style" buildings are the most common residences. Recently, elaborate two-story houses have been built on the outskirts of town. In our three years residing here, we have seen the opening of many new shopping centers, restaurants and apartments partly due to the increase in the expatriate population. Similarly, traffic on the three main roads that run north-south has increased. The citizens mainly speak Russian, but there is an increase of people in retail who speak English to help with shopping.

As you can see from my picture, we enjoy a lot of snow during the winter months! We usually get



around four meters of snow, and last year it even snowed in May! The temperatures in the winter range from -25C to +4C.

*My first child, Stephen, was born in New Orleans, Louisiana. His birth was typical "American style" with an obstetrician helping with the delivery. After three epidurals, eight hours of labor, forceps, and a large episiotomy my beautiful son was born! He latched on immediately, but incorrectly which led to cracked, bleeding nipples. With the help of the lactation consultant at the hospital, a book called *The Nursing Mother's Companion*, and my neighbor, I was able to get a better latch-on and my nipples healed. I guess like most moms, at about six weeks everything was coming together - my body was almost healed, breastfeeding was going well and I could not have more love for Stephen!*

When Stephen was four months old we relocated to Houston, Texas, and I called La Leche League to see if I could get recommendations for an obstetrician and pediatrician who supported breastfeeding. That

is when I met LLL West U. Leader Anne Hutton! She was very nice and said that she could not recommend a doctor, but that I could ask the moms at the next meeting. That was when I started attending La Leche League meetings. Anne also was the Leader of the Houston chapter of Attachment Parenting International and informed me of their monthly meetings and their Yahoo email group. I had been so isolated except for my dear neighbor in New Orleans who breastfed her two children. I finally found my "tribe." We started attending the infant LLL meetings and when Stephen became a toddler, we also attended monthly toddler group meetings. From La Leche League and API we joined like-minded moms for playgroups, trips to the zoo, children's museum, etc. Also, LLL moms recommended a local organic co-op to join and we started to enjoy fresh local organic vegetables. As Stephen got older I started cooking more and even baking my own bread! Our horizons had really changed!

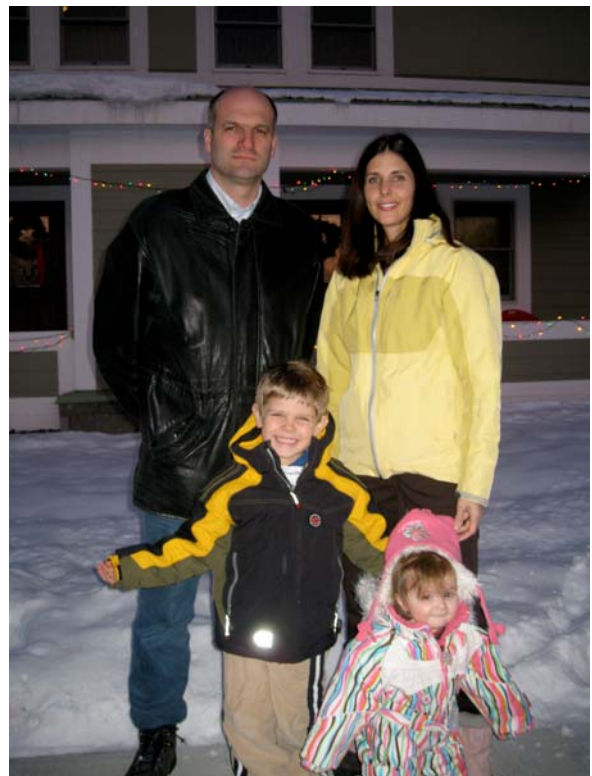
Fast forward almost four years later, and I find out I am pregnant and living in Yuzhno-Sakhalinsk, Russia! We are thrilled! Stephen is comfort nursing during the day and to go to sleep. We decide to gently wean and Stephen is weaned by his fourth birthday. The following September, Elizabeth Anne is born in Houston, Texas at dusk with my most amazing midwife and husband at my side after eight hours of labor with Pitocin and no epidural, no episiotomy, and no forceps!

When leaving the hospital Elizabeth had elevated bilirubin levels and the pediatrician required that she use a "bili-blanket" which is an amazing product that allows the baby to be home with the family by wrapping the blanket around her with the therapeutic lights rather than having to stay in the neonatal unit in an incubator with the therapeutic lights. The pediatrician wanted me to stop breastfeeding and start formula to try to lower the bilirubin levels, but all the literature I had in the Breastfeeding Answer Book, published by La Leche League International stated to continue to breastfeed to try to lower the bilirubin levels. And that is what we did! Nursing Elizabeth around the clock and using the "bili-blanket" got Elizabeth's bilirubin levels back to normal within a few weeks. I

thank La Leche League for the proper education or I would have stopped breastfeeding on the third day of her life! Elizabeth now enjoys trying all sorts of solids while eating with the family, but is still nursing strong at 17 months!

I have learned from my friends that women in Russia are encouraged to breastfeed right after delivery. Most women start with breastfeeding from birth and continue for a few months and normally start to wean from six months to a year. Mother's jobs are protected for a total of three years after the birth. The first one and a half years they are given a small subsidy to help towards living expenses. This is normally not enough to live on. After three years they have to decide if they are going back to work. Russian moms carry their babies in front carriers in the summer and use prams with large wheels to maneuver over the snow in the winter to shop about town.

We have enjoyed our experiences in Yuzhno-Sakhalinsk mostly due to our Russian friends who have welcomed us into their homes. We are very thankful for their friendship.



Jackie Dornic and her family.



Breastfeeding for a Healthy Heart

Breastfeeding has now been shown to reduce cardiovascular problems in breastfeeding mothers. According to new research from the University of Pittsburgh the longer women breastfed, the lower their risk of heart attacks, strokes and cardiovascular disease. The findings were announced in the journal *Obstetrics and Gynecology* on 22nd April 2009.

“Any breastfeeding was good,” says team leader Eleanor Bimla Schwarz, of the University of Pittsburgh. “But more was better.”

Women who breastfeed their babies for more than a year in their lifetime, actually end up lowering their own risk of a heart attack or stroke. Scientists found that women who breastfed for more than a year are 10% less likely to develop heart conditions than those who did not. Breastfeeding was also found to reduce the risk of high blood pressure by 12% and diabetes and high cholesterol by around 20%.

“Heart disease is the leading cause of death for women, so it's vitally important for us to know what we can do to protect ourselves. We have known for years that breastfeeding is important for the baby's health. We now know that it is important for the mother's health as well,” said Ms Schwarz.

Childbearing increases belly fat, regardless of pre-pregnancy weight, and this is a key risk factor in a group of health issues known as metabolic syndrome. The study suggests that breastfeeding may reduce cardiovascular risk by reducing fat stores in the body. However, the researchers believe the release of hormones stimulated by breastfeeding also play a role.

Reference:

Schwarz et al Lactation and Maternal Cardiovascular Disease. Publ. *Journal of Obstetrics and Gynecology*. 22/4/09

Pause for Thought

"Breastfeeding's worst enemy is separation"

Dr. Nils Bergman.