

Close
to
the
Heart



La Leche League Asia
Late-Year 2009
Volume 10, Number 3

"Breastfeeding
is mothering
close to the heart"



Baby's Comfort Food
Special Moments

No Cry Sleep Solution

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<http://www.lalecheleague.org>

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Mission Statement

La Leche League International is a non-profit, non-sectarian, organization. Our mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. All breastfeeding mothers, as well as future breastfeeding mothers, are welcome to come to our meetings or to call our Leaders for breastfeeding help.

Contribution Deadlines

**Contributions received by
1st March 2010 will be included
in the Early-Year 2010 issue.**

Contributions received by
1st July 2010 will be included in
the Mid-Year 2010 issue.

Contributions received by
1st Nov. 2010 will be included in
the Late-Year 2010 issue.

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

Close to the Heart
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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

During summer I spent a week with my family in Sydney and visited the famous Taronga Zoo. At the Koala enclosure, a notice explained how the joey (the baby koala) is only the size of a jellybean at birth. It crawls across its mother's fur and into the pouch. Here it attaches itself to her teat and stays there, feeding happily for about six months. "Aha – that's just like you, Catherine!" I teased my daughter, who, as a baby, had spent a huge amount of time attached to my breast.

I couldn't help but wonder why our society finds animal feeding habits so fascinating but neglect the wonders of human breastfeeding. If we had notice boards around towns stating interesting facts about breastfeeding human babies, it might be easier for mothers to know what is normal behaviour. "The Newborn Human Baby Needs To Feed Frequently"... "Babies Like To Be Held." That would be a good start – and help normalize the sometimes puzzling behaviour of our little ones.

Seeing as we don't have the budget to erect neon lit advertising boards proclaiming the marvels of breastfeeding, here comes *Close To The Heart!*

Elizabeth Pantley has been doing her best to remind mothers of what are considered normal sleeping patterns for a small baby. I was interested to learn from one of her books that sleeping through the night is when a baby sleeps for a 5-hour stretch. (Human babies clearly do not share the sleeping habits of the joey!) Her books are a unique source of practical tips for breastfeeding mothers who want to adjust their babies' sleep patterns but cannot tolerate letting them 'cry it out.' I can't think of any other books on the market that contain this sort of information.

In this issue we also hear from Jenny about the comforting properties of breastfeeding for mother and child when her daughter was hospitalized. Clea Barenburg in Korea and Rajalakshmi R. remind us how good breastfeeding feels, once you are over those intense early days, mother and baby have settled down, and breastfeeding becomes part of normal daily life.

Best wishes for a happy 2010!

Maggie

Breastfeeding – My Special Moments

As I celebrate 21 months of being a mother, I cannot stop myself from reminiscing about each moment of my little daughter Ananya's life since her birth. Amongst the many beautiful moments that I hold close to my heart, there is one that strongly connects me and Ananya. Yes, you are right - breastfeeding.



Rajalakshmi and Ananya

Life is made of many “first time” moments. I had attended all my childbirth preparatory / prenatal classes under the loving guidance of the practitioner, Dr. Manisha Gogri. I had a C-section and remember asking my doctor for the first baby contact minutes after the baby was born, and she fulfilled my wish.

I remember frantically calling her for “help” as I was unaware of “what to do now” with the baby in my arms. She came down and guided me into positioning the baby. Thus began the beautiful process of nursing. Initially, I would feed Ananya more than 8 – 10 times a day (feeding on demand). Many sleepless nights followed. It tired me. I started getting angry and irritable. However, we slowly fell into a routine. Sometimes she would sleep while feeding or would be just latched but not feeding and when I would put her down she would cry. I would hum a tune that I created for her and I do that every time I breastfed. When she was spoken to or stroked, she fed.

Ananya was exclusively breastfed for six months - no questions asked. My husband and parents supported my decision wholeheartedly. Slowly, we introduced juices (tomato, carrot) and a healthy mixture of grains and millets. This resulted in lesser feeds. The breast was her source of comfort. There was a pattern; if she hurt herself while crawling or while trying to walk she would bawl till she was picked up and nursed. It made her feel so much better. She continues doing that even now.

My breasts would engorge if she did not feed at her scheduled time and that would cause me a lot of discomfort. I learnt to express the milk and keep it in a bottle so if I had to be away my mother would use a spoon to feed her. We never touched the bottle. When she began teething she would chew and bite me. My nipples were chapped and the area reddened. That was the first time I learnt to negotiate with her. I would tell her “If you bite/chew, no dudhu (milk).” She would still bite me. I did not give up though. She stopped biting me after many negotiations.

Continued on page 4

Breast Milk: The First Comfort Food

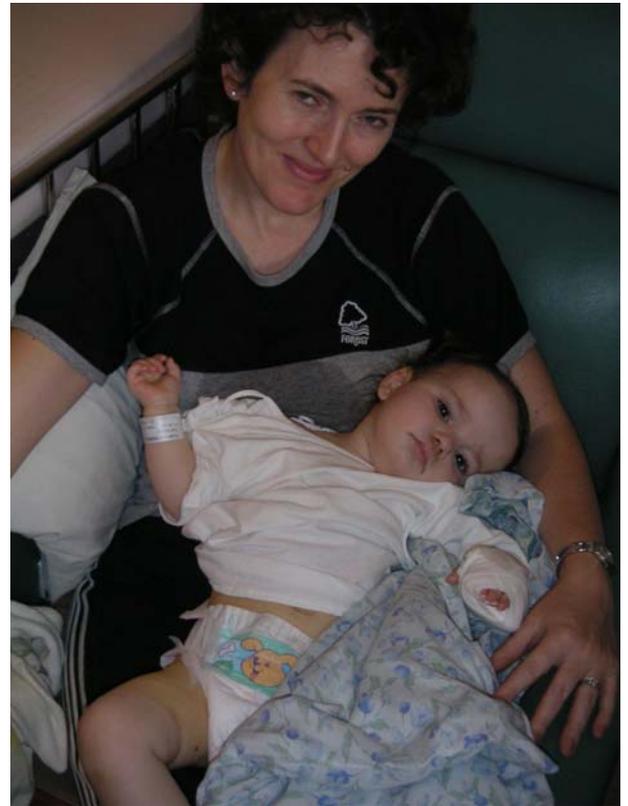
I have learned through experience that one huge benefit of breastfeeding, which doesn't diminish at all over time, is its unique comforting and healing properties when babies are severely ill or require surgery.

I have been unlucky enough to experience two surgeries plus one serious illness with my babies. I wouldn't wish anyone to go through the experience of their baby having surgery. My husband and I experienced severe anxiety whilst our baby was under anaesthetic, particularly when the surgery was taking longer than expected and nobody was keeping us informed.

My eldest daughter, Rebecca, was diagnosed with an inguinal hernia at age 16 months, which required urgent surgery due to the risk of intestinal rupture. I didn't fully appreciate at the time how much breastfeeding helped her recovery. Breast milk was the first food or drink she was allowed to ingest afterwards, and this first nursing not only made her dramatically happier but also helped soothe her tender intestines. She was her usual happy self within a few hours.

If your child has surgery you may be told to give them "nil by mouth" (no food or drink) for six or eight hours beforehand. This can be quite difficult for breastfeeding pairs, but I have since discovered that it is worth debating this issue with your anaesthetist. The American Association of Anestheologists recommends only a four-hour restriction for human milk, because it is so easily digestible. Recent studies have indicated that a more reasonable fasting time for children is four hours for formula, three hours for human milk and two hours for clear liquids. You can also discuss the timing of the surgery to suit the time when your child will be least upset about not being able to breastfeed for a few hours beforehand.

However, it never occurred to me at the time to



Jenny and Rebecca

debate this issue, so we followed the "nil by mouth after midnight" rule. Rebecca was already night-weaned, so we had no problem in the night, but we had to work VERY hard to keep her fully entertained in the morning before the surgery. We had some special new toys to hand, and luckily she was very excited about the early morning trip to the hospital.

The contribution of breastfeeding to Rebecca's easy recovery was underlined to me a few months later when she was no longer breastfeeding. At the age of 20 months, she was diagnosed with another hernia, on the opposite side of her body. Unfortunately, the second surgery was more complex and left her feeling sore both inside and out. She was in pain for several days, which was worsened by chronic constipation. Because she had already weaned from the breast, we missed

out on the natural laxative properties of human milk and, perhaps even more importantly, breastfeeding's mood-enhancing properties. Every breastfeeding mother knows that nursing is by far the fastest way to soothe an upset child - even more so when the child really has something to be upset about!

Perhaps not surprisingly, I was in less of a hurry to wean my second baby, Rianna. It wasn't "just in case" she needed surgery. It was because I deeply understood the gifts of breastfeeding and didn't want to give them up lightly.

Therefore Rianna was still breastfeeding at the age of 18 months, but she is a very active child and would only breastfeed if she was sleepy, so she was only having two feeds a day, at naptime and bedtime. I was very pleased I had kept her interested in breastfeeding for so long, because since a very young age she had been an impatient feeder who would not stay on the breast once the "fast milk" had finished (she took to solids in much the same style: anything not in her mouth within the first five minutes would end up on the floor!) so I had been concerned that she would self-wean a lot earlier.

I was even more pleased that she was still breastfeeding when she caught the rotavirus bug. This is a type of severe gastroenteritis that kills half a million children under five years old worldwide every year. It started with sudden and copious vomiting, followed by fever, lethargy and

diarrhoea. Rianna refused all food and drink except my milk for about 36 hours, apart from sipping a little water from 24hrs onwards. She wanted to breastfeed every hour when she was awake, and it felt like she was sucking on totally empty breasts at the end of the first day, but the second day they felt much fuller; I was amazed by my body's ability to respond to the increase in demand.

Rianna had two friends, the same age, who caught the same virus at the same time. One of them was no longer breastfeeding and ended up hospitalised for a week due to dehydration. The other friend was breastfeeding and was seriously ill like Rianna but also managed to avoid hospitalisation. Anyone who has ever suffered a stay in hospital with a small child on an IV drip will know what a bonus this was.

After Rianna recovered from her illness, I decided it would be a good idea to continue breastfeeding until two years old because children's immune systems are better developed by then.

Before these experiences with my two daughters, I already knew about the significant health benefits of continuing to breastfeed after one year of age. I didn't fully appreciate how much breastfeeding can comfort sick children and help them recover much faster...and what a big comfort that is for parents!

Breastfeeding - My Special Moments Continued from page 2

I began working a month after celebrating her first birthday. I worried how she would manage, but she did well. She comes running to me when I return from work. She isn't yet talking, but says, "Mumma, num num"! (Num num is our word for food!) I still feed her during the night, though the length of the feed has come down considerably.

A couple of months ago, I felt like stopping breastfeeding, especially when I had had a very long tiring day at work. There were also family members who cared for me and asked me to stop. Then I spoke to my La Leche League Leader and she said, "Explore your own feelings - is it what you really want at this

point of time? Does your baby seem ready? Is it more because of pressure from other people?"

I reflected and realized that I wanted to continue having many more feeding sessions with Ananya. I have altered my thoughts and will continue to do so until she's two and then, maybe, negotiate with her!

Someone rightly said, "A child gives birth to a mother." As new/expectant mothers everyone has doubts about breastfeeding. This is normal. Live the experience. Hold your little one in your arms. Put him/her on your breast. Help them latch correctly and there you go! You too, like me, will begin enjoying the most enriching experience of your life.

India has virtual LLL Group – Asia’s First!

LLL Pan-India has set up a virtual Group to access mothers all around India. Members simply dial a local phone number from their city and the calls are bridged by a conference call from Mumbai. This enables many mothers who would not normally have access to a La Leche League meeting to talk to other breastfeeding mothers, from the comfort of their own homes. LLL Leader Yasmin Effath also helps keep virtual Group members in touch with regular emails on topics such as infant feeding patterns, basics of breastfeeding, and confidence building. Any mother can join by clicking on the following link. <http://groups.to/llpanindia>

New LLL Group in Dubai!!

Dubai has a new Group in Mirdif, Dubai! Meetings are led by LLL Leader Bonnie Cooper and follow a rolling four-session series, covering topics such as preparing for the new arrival, extended breastfeeding, and tandem feeding and weaning. The Group started off rather low key as it is being run from Bonnie's villa. However, now the Group is quickly growing, and by early next year the Group may move to a new venue at a Dubai Hotel. “We are working on publicity and promotion now to make sure as many mothers as possible know about our meetings,” says Group member Caroline Aduku. The Group attracts expatriate mothers who can find the extra support and companionship that in many circumstances family would have provided back home. La Leche League is also able to fill the gap for support organisations that some mothers would have received in their home country. Bonnie is now pregnant with her third child and due to give birth very soon. We wish her all the best for a smooth birth!

If you are interested in attending the Group, please contact: lalldubai@yahoo.com

Lunch with La Leche League in South Korea

A new LLL Group has opened at the USAG Humphreys military base. Meetings are held on the third Tuesday of each month from 11.00 till 13.00. Please bring your lunch and your children! Pregnant mothers are welcome, too. For more details, please contact: cleabarenburg@gmail.com

Abu Dhabi Group has new LLL Leader

The Abu Dhabi Group are sad to say farewell to LLL Leader Eve and wish her all the best as she and her family move to Texas. Meetings will continue with Leader Tracy Crowther – and they are looking forward to meetings with lots of mothers in 2010. For meeting times please email: jtcrowther@googlemail.com

La Leche League at Sri Lankan Conference



Maggie Yu, a Leader of the Cantonese-speaking group in Hong Kong, represented Hong Kong at the One Asia Breastfeeding Partners Forum held in Colombo, Sri Lanka. The conference discussed “Breastfeeding in Emergencies: Challenges & Solutions.” Maggie gave a presentation on the state of breastfeeding in Hong Kong.

Maggie Yu (centre) with delegates from Mongolia and South Korea

Elizabeth Pantley visits Hong Kong

The No-Cry Sleep Solution



Sleepless nights are part and parcel of being a new mother, especially with a very young baby. But by the time those babies turn into young infants, most mothers are looking forward to a bit more sleep. However, in some cases it doesn't work out that way and baby continues to wake frequently during the night. Bookshops are piled high with advice on how to get baby to sleep through the night, but these methods usually involve some degree of 'crying it out.' At La Leche League we do not believe in letting babies 'cry it out,' as it's not a loving way to respond to our babies, and goes against a mother's instinct. So we were all very keen to hear a talk by Elizabeth Pantley, author of the "No-Cry"

series of books earlier this year at the La Leche League Conference in Hong Kong.

The large conference room was packed full as Ms. Pantley briefly ran through some of the basic principles of sleep: what is normal and what's not, what is a problem and what's not. If the baby is waking a few times a night and mother doesn't mind, then there's no problem. However, if mother is sleep-deprived and irritable, there is a problem that's worth fixing.

Ms. Pantley's talk – like her books – was based around practical tips on how to get babies and young children to sleep better through the night – but without any suggestion of 'crying it out.' In fact, she talks about a 'No Cry Rule' and her techniques are based on gentle, gradual and loving ways to help the whole family get a better night's sleep.

Ms. Pantley started by reminding us to put baby to bed when he is tired! It sounds obvious, but it's so easy to get caught up in daily tasks and delay bedtime. If the baby is over tired he won't sleep so well. Ms. Pantley suggested watching for the early signs of tiredness when the baby is likely to quiet down, lose interest in his toys and perhaps starts rubbing his eyes. This is the time to head for the bedroom. She also stressed that daytime naps have a significant effect on nighttime behaviour, and she strongly recommends mothers establish a nap schedule. The naptimes will vary according to baby's age - from 3 times a day (midmorning, early afternoon, early evening) to just one afternoon nap by the time baby is a young child - but it's important that baby sleeps well during these times.

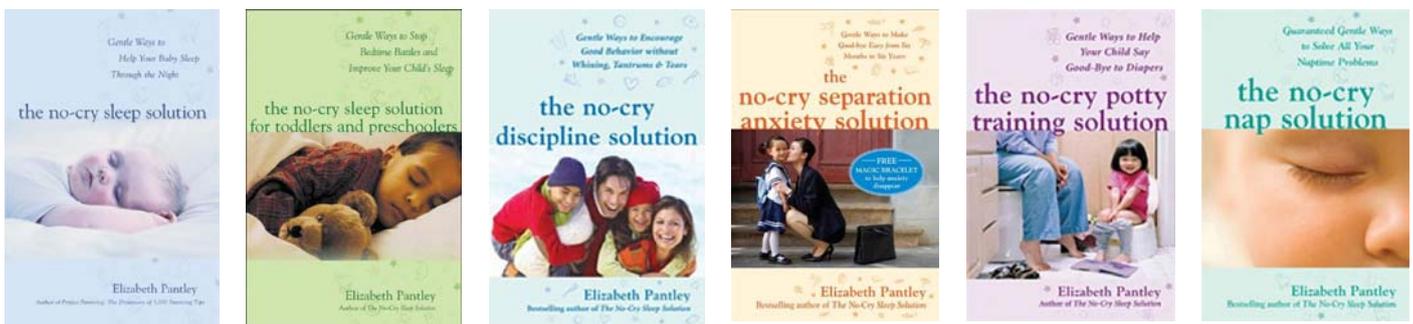
Infants will all eventually learn to drop off to sleep by themselves, but if you want to give nature a nudge, Ms. Pantley has a range of suggestions, which include giving baby a sound cue, or key word, which you repeat at bedtime. The same music can be played at bedtime so the child begins to associate a particular tune with sleep. A bedtime routine, which includes reading, a light snack and some music, can be helpful. She also talked about the effectiveness of ‘white noise.’ This is a toneless background sound such as the whirr of a dehumidifier or fan. Some child psychologists have suggested the presence of ‘white noise’ reminds baby of the noises inside the womb and this gives a feeling comfort. A friend of mine even bought a commercial CD of ‘white noise.’ It’s worth checking out!

For those babies that wake frequently during the night, Ms. Pantley recommends always attending to your baby – no nighttime screaming required. However, she suggests that mothers be ‘less helpful’ in the middle of the night. This is not the time to be singing and doing lots of cuddling. Some breastfeeding mothers are so attentive to their babies’ needs that they expect to breastfeed at every waking, but this may not be necessary. She recommends ‘Stop, Listen, Wait and

Peek.’ With a bit of time mothers will understand when the baby truly needs to feed or when he’s just in a light sleep and can go back to sleep on his own.

If baby is hungry, then feed baby, but when his sucking slows down, take him off the breast and use your finger to apply pressure to his chin. This may act as a substitute for the nipple, and with a bit of time and patience, baby can learn this means the feed has finished and it’s time to sleep. She calls this the Pantley Gentle Removal Plan. If you are really interested in this method, I suggest buying the No-Cry Sleep Solution by Elizabeth Pantley for more details on how to make this work. You could also find out if your Group library has a copy in stock.

For mothers that co-sleep, the tendency is for babies to wake up and seek the breast before settling back to sleep. If this is causing frequent night waking, one suggestion Ms. Pantley has is to put a soft toy or slim cushion in between mother and baby. Obviously, don’t put the toy close to the baby’s face, but instead press it into his back or legs, so that when baby is in a light sleep and wakes up, he feels secure, but doesn’t immediately think of mother and smell the milk.



Ms. Pantley has a series of “No-Cry” books based around the principle of creating happy sleeping environments for children at different stages of their development. You can find more tips, sleep logs and book excerpts at www.pantley.com.

Postcard from SOUTH KOREA

My name is Clea Barenburg, and I live on the US base at Camp Humphreys in South Korea. I have been married to my husband, Michael for 11 years. We have two children Adam (nine) and Owen (six). My husband recently started a job as a civilian working for the military in the environmental department. We have been busy trying to learn about the two new cultures we have entered - Korean and military. I have learned that Camp Humphreys is one of the oldest American military installations in the Republic of Korea. It is located in a fertile river valley near the west coast of Korea, and about 50 miles South of Seoul. We arrived here in the summer and it has been a huge adjustment for

that occur every five days. We are also taking classes on base to learn more about Korean culture and language.

I am enjoying how child-friendly Korea is. It is great to see so many mothers wearing babies and the fact that many facilities accommodate young children and babies. I love all of the different style wraps they have here. Wearing my babies has been an important parenting tool. When my daughter was only a few weeks old she became very colicky and unhappy. I started reading everything I could to try and find answers. I kept seeing a common thread in some of the books, that wearing your baby is more relaxing to them



our bodies. We come from the Northwest coast of Washington State where you never need an air conditioner. Here, however, it is very hot and humid and we are surrounded by productive agriculture with small family farms and rice paddies. We live off base in a community of mostly military families. We have some Korean neighbors and love to go to the markets in town

and they are often less fussy. I soon started wearing my daughter all day, all the time. I had about three slings that I rotated using, depending on what kind of activities I was doing. She was so much happier and content being in close contact to me all the time. As she grew we tried different packs but found the basic sling still worked best for us.

When she was born I knew I wanted to breastfeed, but wasn't sure how long that would last. I graduated from college as a biologist, and everything my scientific mind processed about breastfeeding made sense, and it seemed like the only real option for feeding my baby. I was thinking that I would go back to work after six months or a year. Breastfeeding was never difficult for us, and I soon realized that I had no desire to go back to work. I found some ways to earn a little money from home so I could be with Adah all the time. I think what makes our experience stand out from others, was that she never had pacifiers, bottles, or other American standard baby things, and the impact that they have. With her ability to nurse on demand, my hormone cycle changed and I only had one period between children. Adah was not ready to wean when I became pregnant, so she nursed through the pregnancy and about six months tandem with her brother. At first I was worried about the baby nursing first, and setting restrictions on Adah. I found the more rules in place, the more Adah wanted to nurse. After talking to other mothers at LLL meetings I realized my milk supply would be enough for both. I even found that it was helpful to have Adah nurse when I was feeling engorged. As soon as I relaxed about nursing both children, Adah started to lose interest. She enjoyed being able to do things with me, Dad, and Grandma, that the baby couldn't do. We read lots of books about being a big sister, too. She especially liked the one about how babies didn't get to eat popcorn, but big sisters do. I

don't even remember when she weaned as it was so gradual and never a priority. It was beautiful to watch Adah and Owen nursing together, often holding hands. I did have to sit still, a lot more than I was used to, but I focused on remembering what a short time it was. I found a lot of the things I worried about went away when I relaxed and focused on the moment at hand. I think it is nice to know that there are people who have simple breastfeeding experiences, with no pain, no problems, no need for bottle or pacifiers, and no stress related to weaning. I worry that people hear of so many bad experiences that they forget that it is possible to have a simple, natural experience. I found the best advice during this time was just to remember that those first three years are so important to development, and in the whole scheme of things, it is just a short period out of your life. When you are in it sometimes you think it will never end, but when it is over you remember what a wonderful time it was.



Clea Barenburg and her family

Pause for Thought

" In societies where children are allowed to nurse "as long as they want", they usually self-wean, with no arguments or emotional trauma, between three and four years of age."

Katherine Dettwyler, Anthropologist.

Your Baby - The Mammal



Pick a mammal, any mammal. Now picture that mammal as a newborn. Imagine it immediately after it's born. What's the first thing it does after it starts breathing and maybe after a short rest? Try another mammal, and another. Do you really think we're the only mammal in the world that can't find its food source after it's born? Now go back to that first mammal newborn, and mentally flip it over on its back. What does it do? Try your second mammal, and your third. *All* newborn mammals are uncomfortable on their backs. They feel totally secure only when they're "hugging" the ground or, in the case of vertical mammals that are built to be carried, vertically "hugging" an adult. That's why you see babies quiet down when they're picked up out of the crib or stroller. Their *natural habitat* is an adult body; when they're taken out of their habitat they lose competence and confidence. Picking them up and holding them vertically with their fronts against us to soothe them is one of *our* instincts.

For generations, we thought human babies were helpless little lumps, but that's because we fought our instincts and kept our babies almost entirely out of their natural habitat. Even when they were held, they weren't necessarily held with their front securely against an adult, and even when they were held that way, there was always clothing in the way. No wonder we thought they were helpless. Put pajamas on a lamb, flip it on its back, keep it away from its mother, and you'd think it was helpless too!

But your newborn is really a very, very competent little mammal. Take off both your shirts, hold him upright between your breasts, lean back at a comfortable angle to let gravity hold him against you, rest his cheek near your nipple, and if he's hungry (and isn't impaired by birth drugs) he'll probably straighten his head and bob it on and off your breast, his mouth and chin reaching forward and his mouth opening wide as the search for lunch begins in earnest. He may or may not latch on once he gets there; that can depend on his earlier experiences and yours. But he will absolutely make the trip. Follow his lead in whatever way feels right to you, and odds are you'll soon have a comfortably nursing baby.

You may have been warned to hang on to the baby when you hold him "because babies can fall off your shoulder really fast." It turns out they haven't been falling. They've been heading to the restaurant and we've been blocking the door!

Baby care is much, much easier when you remember that this isn't some alien that needs an instruction book. Your baby is just a baby mammal, and a very competent one at that. In fact, your baby *is* an instruction book. As long as he has his natural habitat – you.



Questions Mothers Ask

Q: My son is five months old and my husband wants him to try some rice cereal. How do I know if this is the right time? Will starting solids interfere with breastfeeding?

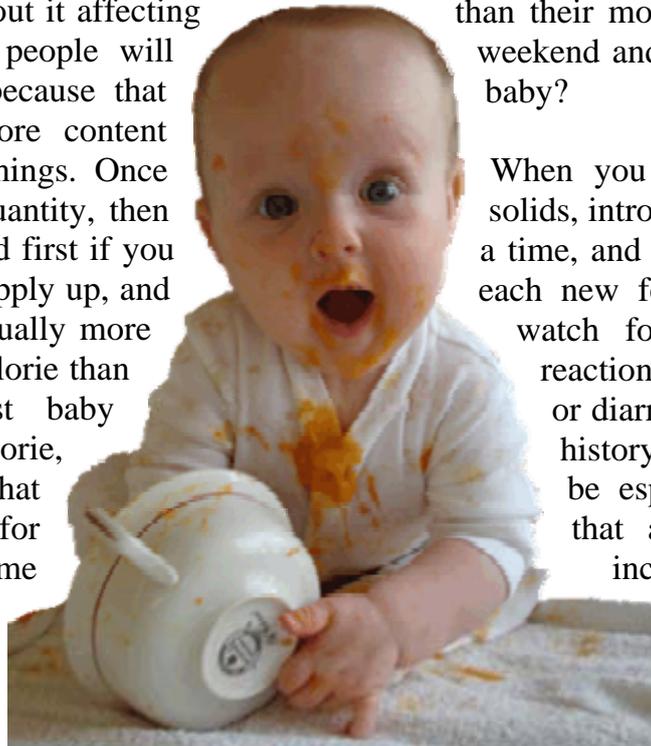
A: What we normally regard as signs of readiness for solids includes the ability to sit upright unaided, showing interest in grabbing food off our plates, not having a tongue-thrust reflex anymore (i.e. the baby doesn't try to push the food out with his tongue). Some experts also believe that it's best to wait until the baby has a good pincer grip so is able to pick up food with his thumb and forefinger. This enables the baby to be an active participant in the feeding process rather than just a passive recipient.

For the first two or three months after you start, most babies will not eat a big quantity, more like a tablespoon or so. They can explore different flavours and gradually get used to more lumpy textures without it affecting your milk supply. Most people will breastfeed first anyway because that usually makes babies more content and willing to try new things. Once baby is eating a bigger quantity, then you will need to breastfeed first if you want to keep your milk supply up, and because breast milk is actually more nutritious and higher in calorie than most baby foods. Most baby purees are low calorie, especially the first foods that are usually recommended for babies. There are some nutritious soft foods such as banana and avocado, which can easily be

mashed with a fork, without any cooking, and they are of higher nutritional value than watery purees. The American Academy of Pediatrics states that for the first year of life, "breast milk should be the primary source of nutrition." So try not to get too stressed out about how much solid food your baby is taking; instead, think of it as a time to explore new foods and have fun.

Trying to juggle mealtimes and breastfeeding times can be tricky. Babies are sometimes not in a great mood for trying new things in the evening, so many baby food books recommend giving the first meal somewhere near the middle of the day. Some babies also eat more when given food by somebody other than their mothers. Why not start on a weekend and see what time suits your baby?

When you start feeding your baby solids, introduce only one new food at a time, and wait a week before trying each new food. This way you can watch for any signs of allergic reaction (such as rashes, wheezing or diarrhea). If you have a family history of allergies, you need to be especially cautious. Foods that are commonly allergenic include cow's milk, eggs (especially the whites), citrus fruits, peanuts, wheat, soy and corn.





Breastfeeding for a Slimmer Mother

A recent study in the UK showed breastfeeding reduces the risk of obesity in middle-aged mothers. This was a big piece of research, with 1 million women taking part. The study showed that a woman's body mass index (BMI) tends to increase each time she has a baby. On average, a woman who'd not given birth had a BMI of 25.8, but when a mother had five or more births, the BMI increased to an average of 28.1. This increase was offset by breastfeeding, however. The BMI of women who breastfed was significantly lower. The authors of the report concluded these findings suggesting that child bearing and breastfeeding have long-term effects on the health of women.

The calorie consuming aspect of breastfeeding is a big bonus for many mothers. Fortunately, the UK study was not an isolated case. There is plenty of research which shows a connection between breastfeeding and weight loss. One study showed that breastfeeding mothers tend to lose more weight when their babies are three to six months old than mothers who consume fewer calories but are not breastfeeding. Another study of mothers at one month after giving birth found that mothers who breastfed (either exclusively or partially) had slimmer hips and weighed less than women whose babies received only formula.

The extra weight piled on during pregnancy is, after all, intended to store energy for milk production. Once the mother starts breastfeeding she uses somewhere between 200 to 500 calories per day. That's the equivalent of swimming at least 30 laps in a pool – yet all a breastfeeding mother has to do is sit in a chair with her feet up. Seems like a good deal!

Of course every woman is different. Some gain weight easily; others eat huge amounts and stay thin as a rake. If a mother wishes to lose extra weight after giving birth, it's advisable to wait at least two months after birth before starting on a diet. This gives your body enough time to establish a healthy milk supply, which is less likely to be adversely affected by a restriction of calorie intake. It's also a good idea to consider breastfeeding for a longer period of time as research tells us that both more frequent breastfeeding and breastfeeding longer than six months increase maternal weight loss.

So as you tuck into your favourite foods during the festive season, you can take some comfort knowing that each time you breastfeed, your baby will be helping you work off any extra weight.

Source

[Bobrow K, Quigley M, Green J et al \(2009\) The Long Term Effects of Childbearing and Breastfeeding on Body Mass Index in Middle Aged Women: Results from the Million Women Study. J Epidemiol Community Health; 63 \(Suppl 2\): 56](#)