

Close
to
the
Heart



La Leche League Asia
Early-Year 2010
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"Breastfeeding
is mothering
close to the heart"

Breastfeed a Toddler?

Bedtime Weaning



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Contents

Cover Photo:	Therese Tee with Brianna (Photograph taken by DavidWongPhotos.com)	
Editor's Corner		1
Bye Bye Bedtime Nursing		2
Two at a Time - Getting to Grips with Breastfeeding Twins		4
A Rocky Start - But We Got There!		6
Pause for Thought		7
In the News		8
LLLI and WABA celebrate World Health Day		9
Postcard from DUBAI, United Arab Emirates		10
Magic Ingredients		12
Questions Mothers Ask		13
Breastfeed a Toddler - Why on Earth?		14

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 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.

Contributions received by
1st March. 2011 will be included
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**Article and stories for
Close to the Heart
are accepted at all times.**

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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!

One of the hardest questions I have had to answer as La Leche League Leader is one of the simplest: "My child wakes up every hour during the night – what can I do?" Until recently I felt the only advice I could offer was a rather tame, "Don't worry, he will grow out of it". Not very helpful! So I was very relieved by the publication of Elizabeth Pantley's book 'The No Cry Sleep Solution', which contains practical tips on how to deal with this problem – in the framework of a loving breastfeeding relationship. Likewise, in this issue of *Close to the Heart*, I was delighted to read Pauline Walker's account of how she gently night weaned her daughter Emily. In the future, if a mother asks me about night weaning, I will be sure to send her a copy of Pauline's article.

And then there are twins...La Leche League Leaders are obliged to give mothers information about the basic principles of breastfeeding. This includes the importance of exclusive breastfeeding, especially in the early weeks and 'demand' feeding. But I always feel very humbled when talking to a mother of twins. I found feeding on demand quite an intense experience during the first month, and I only had one baby to deal with. How do you manage with two? Well, many mothers do manage of course and Tracy Crowther tells us how in her article, *Two at a Time – Getting to Grips with Breastfeeding Twins*.

This issue of *Close to the Heart* also features stories from mothers in South Korea and Dubai. Geographically these mothers are so far apart! I do love the way this newsletter connects mothers in Asia and the Middle East – what a great region and such fascinating stories. If you would like to write for *Close to the Heart*, please get in touch. We would love to hear from you.

Best wishes,

Maggie

Bye Bye Bedtime Nursing



I began to wean Emily at seven and a half months old when I started to introduce solids. In hindsight, she probably wasn't quite ready and it was a slow start. But by about 10 months we had dropped the mid-morning and mid-afternoon breastfeeds in favour of snacks. It was easy to drop these feeds by pre-empting them with the offer of a yummy snack of grapes or other fruit and generally she would forget all about her usual breastfeed.

I didn't have Emily on a breastfeeding schedule but by 10 months she had fallen into a fairly predictable breastfeeding routine. This included her 'breast meals', which were clearly about satisfying hunger, as well as other comfort feeds and nursing before she went to sleep.

When Emily was around 18 months old and asked to nurse when it wasn't convenient I would distract her with snacks or activities; gently putting her off until later. Whenever Emily took a tumble or got upset, however, nursing her was her best comfort. Eventually, Emily was pretty much only breastfeeding when she woke up in the morning, at bedtime to go to sleep and any time that she woke in the night.

I introduced cow's milk at around 12 months and at first she didn't like it so I would mix it half/half with water and gradually reduced the water content until she was drinking it undiluted. I started offering her cow's milk as soon as she got up in the mornings and so the morning breastfeed soon became a thing of the past.

The only problem I faced when Emily stopped her daytime feeds was that even when she was upset she began to refuse to nurse for comfort. This did make my job of mothering her more difficult but I figured I couldn't have it all ways.

Emily was nearing two years of age when I decided I wanted to stop feeding her during the night. On average she was only waking me once or twice a night but I longed for a full night's sleep. So around this time, I decided that I would begin the process of dropping the night feeds.

The first step I took was to work out the duration of an average breastfeeding session. Then I decreased the time by one minute every night. For example, when I realized she was usually feeding for 15 minutes, I only allowed her to feed for 14 minutes, and then I took her off the breast. Sometimes she would immediately search for my breast again and I would let her go back to it. But after another 10 seconds I would try to break the seal again. Eventually, she was only feeding for a couple of minutes each time she woke.

At bedtime I started to talk to her about not nursing at night and about how when we wake during the night, all we have to do is lie back down, close our eyes and go back to sleep. We had the same conversation every bedtime for many weeks.

At the same time I started to wean Emily from going to sleep on the breast at bedtime. I did this by literally not keeping still whilst she was having her feed; I moved, changed position and jiggled about so much that she simply couldn't fall asleep whilst feeding. But she was so tired; she would practically beg me to take her to her cot so she could finally fall asleep.

The first couple of nights of being put in her cot awake most definitely felt alien for Emily and she didn't like the change. We did have some tears but I stayed with her and cuddled her. I explained that the way we go to sleep is by lying down, keeping still and closing our eyes. Either Daddy or I always lay by the side of her cot whilst she fell asleep every night for a few months, stroking her hair or tickling her arm. We eventually realised she was ready to be left to go to sleep by herself when one evening I needed to pop out of her

room before she fell asleep to do something with dinner. I told her I would come back and she waited ever so patiently and happily until I came back. Then we moved on to explaining that we needed to go and do something and could only stay a few minutes before saying goodnight and she made this transition happily.

When Emily woke in the night, she naturally wanted to nurse so I would talk to her and tell her that Mummy's boobies were sleeping and that she could feed as soon as the sun came up in the morning. She was just a couple of months short of her second birthday by this time, so she could understand this concept. I held her and cuddled her through the tears, whilst she struggled with this adjustment and we talked and talked about the moon being up and everyone being asleep. Night after night we went through her whole list of friends who were asleep, how the cars and the buses were all asleep and that we needed to lie down to go back to sleep. I would cuddle her until she was calm and then cuddle her some more.

I always told Emily what was going to happen next before I did it. So I would tell her when it was nearly time to lie back down in the cot. Sometimes I would do a countdown from ten to one as a sort of warning system. She could usually accept this method but if she didn't, then it was more cuddles until she would let me put her down. Often she would want to get in her cot before I reached 'one' on my countdown; I imagine this was because she wanted to feel *she* was making the decision to get back in.

My husband supported my decision to stop nursing during the night and we often took shifts in cuddling her, talking to her and lying next to her cot for hours until she went back to sleep. I remember one night when Emily woke at 03:00am and by 06:00am I gave up and we started our day.

The hardest part of our journey took about a month to complete. This was mostly because once Emily woke during the night it would take hours before any of us got back to sleep. After about a month, however, Emily started to drop back to sleep more quickly, with one of us lying next to her cot; stroking her hair, tickling her arm, whispering a story or quietly singing a lullaby. In the end she would go back to sleep lying on top of my arm and later I was able to just hold her hand.

After the first month, we were rewarded with a full night's sleep about once in every few nights, which grew to her only waking once a week and then not even that. She soon started to sleep a solid 11 to 12 hours every night and still does a year on.

As parents, we feel happy that we helped Emily make the transition to not nursing at night and learning how to go back to sleep by herself as gently as we could. We never broke her trust, and I believe that's why she continues to be a wonderful little sleeper.

Emily fully weaned at 26 months when I was four months pregnant with my second child. I decided that I would be happy to breastfeed my new baby and Emily, too. I felt this would be the perfect way to show Emily that she was still as precious to me as before the new baby's arrival. It was not to be, however, as she lost interest in a dwindling supply because of my pregnancy.

One bedtime Daddy asked whether Emily would like Mummy milk or milk in a cup and to my surprise she chose milk in a cup. I was honoured on a few more occasions when she chose Mummy milk for her bedtime drink. But she chose milk in a cup more often than not until our breastfeeding relationship became a smaller and smaller speck on the horizon and then quietly disappeared.



Two at a Time – Getting to Grips with Breastfeeding Twins

From the moment I started telling people that I was pregnant with twins everyone told me that 'twins are always smaller' and 'twins always come early'. Well, none of these was true for me. During a very hot British summer I was induced at 39 weeks. After 16 hours of painful but unproductive labor I was rushed for an emergency caesarean due to the second twin showing signs of distress. Very quickly Jack was born weighing a hefty 8lb 6oz followed a minute later by his dainty sister, Marysa, at 7lb 7oz (the average weight of a British full term singleton).

I was quickly stitched up and returned to the labor room where my midwife managed to attach both babies to me for a small feed. This was put on my notes and seemed to mean that I was now an established breaster! The reality was that on the next day my babies were quite happily sleeping and not interested in milk at all. It seemed that all the health professionals could get the babies latched on, but I just couldn't do it myself.

I was soon up and about after the C- section, but I struggled constantly to latch my babies on. Busy midwives and nurses would respond to my call bell, grab a handful of my breast and get a baby latched on with just one or two attempts, but this was a skill which both babies and I had to learn over time! Luckily, my wonderful husband John learnt how to do it and with his help we were able to return to the familiarity of our home.

John continued to get the babies latched on for me for the first few weeks of their life. Each feed I would try for myself and then ultimately seek his help. But I am proud and pleased to say that with practice it got easier and gradually I was able to latch them myself.

At first I would feed each baby individually, but very soon I tried tandem feeding – breastfeeding them at the same time. It took a few attempts until I found the right position. In those early days John was my savior, and by the time he returned to work I could attach both babies and tandem feed by myself.



Positioning was a case of trial and error. The rugby hold is usually very successful, but it didn't work for us. I haven't really seen our hold illustrated anywhere – it is very simple and has both babies in a very upright position with their legs slightly angled to each side of the body. I was careful to support my own back and found it

easier in a semi-reclined position. I would latch one baby on and then scoop the other up with one hand and in a fluid movement bring them to my chest. This sounds more complicated than it is, as a parent of twins you very quickly learn to pick two babies up at once.

During the day I fed on demand, but at nighttime for the sake of my sanity I would wake the other twin when one woke for a feed. The low point for me was at four or five weeks when I fed on 24 occasions during one 24 hour period!!!!

Frustratingly, the availability of twin specific advice in the UK was nonexistent in my area but I was lucky enough to be able to get support from a twins organization. They had a chat board where I was able to 'talk' to people online who had and were breastfeeding twins. After that magical six-week mark things did start to improve. The twins found their own routine and started to sleep for longer periods during the night.

Breastfeeding got easier and easier. I can't imagine how much effort would have gone into trying to sterilise that volume of bottles and make up formula for two babies. We didn't have to venture downstairs in the middle of the night to heat bottles. And if one of the babies was a bit sick I had an extra feed ready and waiting! Looking back now I'm sure that breastfeeding actually saved me hours of sleepless nights. It also saved me a huge amount of cash! Bringing babies into the world is never cheap, but two at the same time... it would have cost us a fortune in formula!

Each twin had its own breastfeeding style. As I have since had another son I am tempted to relate this to the baby's sex, as both my boys were very relaxed, calm feeders who would happily have breastfed for the better part of the day. My daughter, however, was very much a 'business only, get what I need, and then I'm off' type feeder! This could also be related to their physical build with the boys being much more butch than their dainty little sister - which is just as I would have wished.

Breastfeeding in public was not to be attempted lightly, Jack and Marysa very quickly had a routine and that meant they wanted to be fed at the same time. In the nine months that I breastfed them I never managed to find a discreet way to tandem feed. With a shortage of public feeding rooms this meant that I would have to feed each baby individually, which would leave one baby needing to be pacified! It also meant that anyone visiting me at home with the babies was treated to the sight of more of me than expected!

Too many people do not expect mothers to breastfeed twins. There is very little support available and I found it very hard to find anyone in real life that had experience of feeding twins. Instead of helping me overcome problems many health professionals just offered formula as the solution. Even 'baby experts' with bestselling books seem to advocate topping up with formula, intimating that it is not possible to fully breastfeed twins. Of course it is possible to exclusively breastfeed twins! I even met a remarkable lady who breastfed triplets! I believe that if twin mothers were given more support to feed in the way that works for

their situation - be that exclusive breastfeeding or mixed feeding with formula - then more twins and triplets would be able to receive the benefits of some breast milk to an older age.

Here in Abu Dhabi there are several women who have successfully breastfed twins and are available to pass on hints and tip and offer their support to expectant twin parents.

I am very proud that I was stubborn enough to continue breastfeeding for nine months. I loved the bond that feeding the twins gave me, I loved gazing down at them whilst they were feeding and the knowledge that they were growing big and strong because of me. I loved the fact that my milk was making them the healthy babies and children that they now are.

Feeding the twins has given me the confidence to successfully breastfeed their younger brother Alex beyond a year old, and the knowledge that I would overcome my latching problem with this baby, too!

I hope that reading this article might give expectant twin mothers the knowledge that whilst challenging, breastfeeding twins can be done and that there is help and support out there.

Tracy's Top Tips for Breastfeeding Twins

- 1 Get a good support network ready.
- 2 Have a good breastfeeding consultant.
- 3 Have a great supporter, a husband or friend to cheer you on and encourage.
- 4 Ensure that someone has a constant stream of food and drink coming out to you – feeding two babies is exhausting and you need to keep your strength up.
- 5 If cash is available invest in a good feeding cushion and/or chair (I managed with lots of pillows and big sofa cushions).
- 6 Remember that in time it does get easier and think about how simple it is to offer a quick breastfeed at just a moment's notice.

A Rocky Start – But We Got There!



When I was pregnant with my daughter, Drina, I never made a conscious decision to breastfeed – I just didn't consider any other option. I am originally from Serbia and had never heard of La Leche League at the time of my daughter's birth. But I had heard plenty about breastfeeding problems so I decided to stay longer in the hospital and enjoy the support of the hospital staff. I am grateful to my husband who initiated this idea, and to the Korean hospitals, which provide hotel-like rooms with nurses and doctors always ready to help you, even in the middle of the night. They looked after me and helped me learn what I needed to know as a first time mother, especially about breastfeeding.

Drina was put on my breast within seconds after the birth and she seemed to latch on well. However, I did get sore and cracked nipples, so maybe the latch wasn't perfect. A visiting breastfeeding consultant came to see me ; she

didn't speak any English but was able to help adjust Drina on the breast and she gave me a massage. She gave me Lansinoh cream to treat the sore nipples, that really helped and the cracked nipples got better after a few days.

By the time we were ready to go home I had established a good milk supply. Then our doctor came and said that Drina had a mild fever and we would have to stay in the hospital. By the evening her fever had gotten more serious and the doctor told me that Drina must be transferred to a general hospital. I was waiting for my husband and, needless to say, having the worst day of my life! I felt so helpless.

My husband came looking more scared than I had ever seen him. We were transferred to the hospital where the doctor waiting for us didn't speak much English. He was able to tell us that he thought the worst scenario could be sepsis or meningitis – but he reassured us that even in these cases babies were expected to recover completely.

Drina was admitted to the hospital and we were told we could return to see her the next day. I nursed her before we left and the next morning and evening. However, when we came back the following day, she was in the incubator, and I could not breastfeed her at all for the next couple of days.

I started pumping as soon as I got home that first day but at the time I was not very well informed about the types of pumps necessary to keep milk supply up in case of early separation, so I only had a hand pump. Hospital-grade electric pumps are, as I was to find out much later, the best option in a situation like this.

I stored the breast milk in small zip-lock bags, froze it at home and carried it to the hospital in an ice-box.

It felt like I was pumping all the time, but now I think it wasn't often enough. I took my milk to the hospital for Drina. In the meantime she was given bottles of formula.

While she was in the hospital I was allowed to enter and talk to her while my husband had to look inside through the glass window. The nurse's English was almost as good as my Korean, which meant I could not learn much about the condition of my baby.

I have to stop here and briefly express my enormous gratitude to the lovely Dr. Cho, who had come to work on her day off to deliver our baby and who called the hospital every morning to ask about our baby's health and then called me with the information.

Dr Cho also helped me by prescribing me some medication, which helped boost my milk supply. This was very effective, and I was able to increase my milk supply quite noticeably.

Drina was in hospital for five days and until the last day the doctors could not determine what

caused the fever, but most importantly they did determine that there was no meningitis or any other scary disease. Finally we were discharged on 31st December – my original due date.

I was very fortunate that when I got home Drina was still able to take the breast, even though she had been given bottles in the hospital.

I still faced some challenges even when she was home. My doctor told me that Drina wasn't putting on enough weight and prescribed Domperidone – another medication, which helps mothers increase their milk supply. Looking back at her weight gain, I now realize that actually she didn't really have a problem and the Domperidone was not really necessary. I ended having a low milk supply and having to take Domperidone on and off until Drina was 11 months old.

Drina is two years old now and still nursing. I am truly grateful for the life full of wonders; the wonder I see every time I look at her big eyes and hear her little voice saying: "Jos siska," Serbian for 'more nursing'.

Pause for Thought

**"Breastfeeding is far more than food.
It is also a way of giving and receiving love."**

Nancy Mohrbacher, author of
Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers.

Farewell to La Leche League Founding Member: Viola Lennon



Viola Lennon was a co-founder of La Leche League International and co-author of *The Womanly Art of Breastfeeding*. She passed away peacefully on 22nd January 2010. Viola Lennon was born in 1923. She credits her mother with having the strongest influence on her philosophy of breastfeeding and mothering, saying, “My mother portrayed breastfeeding as an enjoyable experience that brings you close to your baby.”

Family Day Celebrations



LLL of Suzhou will be represented at Suzhou Singapore International School (www.ssis-suzhou.net) during International Family Day on 29th May 2010. Besides showcasing some breastfeeding literature and informational pamphlets from the LLL catalogue, the LLL stand will also provide a nursing area. Leaders from Suzhou and Shanghai will be present to answer questions.

New Group in Kunming

LLL in China is happy to announce the arrival of a new Putonghua speaking Group in Kunming. The Group meets on the third Saturday morning of each month from 10.30 - 12.00 at the Kunming Richland International Hospital. For details please contact Jin at: davidjinkunming@hotmail.com



New Leader in Hong Kong



Hong Kong has a new Cantonese-speaking Leader! Cecilia Wong will be leading a group and helping answer the many queries from Cantonese speaking mothers in Hong Kong. Cecilia has two children: Long Long (aged three and a half) and Yung Yung (five months). Cecilia says, “Being a LLL Leader is the best way to tell other mothers why breastfeeding is so important for our precious babies. Learning to become a Leader has helped me bring out the best of myself as a mother, too.”

LLLI and World Alliance for Breastfeeding Action (WABA) celebrate World Health Day!

World Health Day was held on 7th April 2010. The theme this year is “**1000 Cities, 1000 Lives**”, and addresses the challenges of a growing urban population.

Virtually all population growth over the next 30 years will be in urban areas. The urban poor suffer disproportionately from a wide range of diseases and other health problems.



What role might breastfeeding play in addressing the challenges of this changing demographic?

- **By providing a natural slowing of population growth.** Breastfeeding – exclusive and frequent throughout the day and night in the early months – acts as a natural child spacer, typically resulting in a two-year interval between babies. Not only does this allow for focused attention on the baby, it also allows the mother to fully recover from pregnancy and delivery before getting pregnant again. Cities benefit from slower population growth.
- **By transcending poverty.** Breastfeeding is the great equalizer. The baby born into poverty that is nourished and nurtured at his mother’s breast receives the same start as the baby born into wealth and similarly nourished

and nurtured. The biological benefits of the simple act are independent of wealth and power.

- **By providing a vehicle to ‘drive’ health in urban settings.** Breastfeeding is at once *outside* the health sector and at the same time a cornerstone for this primary health care. Babies who are not breastfed are at greater risk from a host of health issues from minor to life-threatening, short-term to long-term. Similarly, the mother who does not breastfeed her infant is at an increased risk for health issues of her own.
- **Preserves precious resources - both material and human.** Breastfeeding saves on money and materials that might otherwise be used in the manufacture, transportation, purchase and preparation of infant formula. Having a healthy breastfed baby means that the mother has more time to do other things, such as care of the baby, herself her family and engage in other work or social activities. In this way she can contribute to the household economy and the effects of poverty can be lessened.
- **By providing a time-honoured action that contributes significantly to solving urban health challenges.** Breastfeeding - and its potential for impacting community-wide health – is firmly based on scientific evidence. Women have breastfed their children for millennia, and humanity’s continued existence on the planet is a testament to its effectiveness.
- **Organisations such as LLLI and WABA are active partners in the quest for healthy cities.** By working in the communities to ensure adequate support for breastfeeding mothers, breastfeeding is re-established as a global cultural norm.

Postcard from

DUBAI, United Arab Emirates

So there I was, pregnant with my second baby and suddenly we were moving to Dubai. My dreams of a home birth were no more and I was anxious that I would be all on my own stuck at home with two children under three years old. But that didn't happen. I've found many mothers in Dubai are stay-at-home mothers or work part-time so they have time available to do both fun and mundane stuff.

Our family home is set in a lovely area that is very popular with expatriates and locals alike. Our street is quiet enough for our son to cycle up and down with supervision and our villa is more than adequate to house our family of four.

I live with my husband Kofi, our two children, Alexander (three and a half years old) and Coralie (one year old), and our maid Marta in a single-storey, three-bedroom villa. We have a lovely amount of outside space set inside the perimeter wall. We have a small strip of grass in the garden – but in Dubai grass is expensive to maintain because it consumes such a lot of water. Instead we have some beautiful fuchsia flowered bougainvillea.

Coping with the heat is something you get accustomed to. In summer the temperature can peak at about 50 degrees Celsius! In this sort of weather we find ourselves moving from one air-conditioned bubble to another. Otherwise we just break out into an immediate puce-red-faced sweat. There tends to be a mass exodus from Dubai over the worst couple of months that thankfully coincide with school summer holidays!



After having my son in the UK I never found the breastfeeding support I needed, although, admittedly, I didn't look particularly hard. I struggled through terrible pain

and resisted the advice to supplement with formula and succeeded in breastfeeding my son until just before his second birthday.

Faced with a hospital birth in Dubai, I armed myself with a fabulous doula and was determined to learn from my previous experiences. I had a wonderful VBAC (Vaginal Birth After Cesarean) and I still feel tremendously proud of this. Virtually all my wishes from my birth plan were adhered to, and I managed to breastfeed right from the start.

After the birth of my daughter I breastfed her on demand and found my confidence growing. I was

delighted that it was completely accepted that I would room-in with my baby during my hospital stay. When my daughter had that magical first breastfeed I remember grinning like a Cheshire cat!

I did still encounter some breast pain and discomfort after my daughter was born, and thankfully, my Doula was on hand to put me in touch with a lovely lactation consultant from a local healthcare clinic. Despite knowing that the pain would likely sort itself out, it made me feel much more at ease when the lactation consultant told me I was "doing great."

I think the sense of comfort and nurturing that women can impart upon each other is often undervalued. So I think that's the great thing about La Leche League. When you are bleary eyed and finding the demands of this hungry baby hard to bear, the knowledge that there is a gathering where mothers can come together and learn, chat, share and support is welcome - in fact - exhilarating.

Meeting together with other La Leche League mothers helps me remember why I'm doing things this way - and I find myself talking about those unique, blissful moments that breastfeeding provides.

One of my fondest memories is when my babies brushed my skin with their hand for the first time and I gently caressed them back. That beautiful warmth and sense of loving really makes all those snuggles worth their weight in gold. Of course there are irritations, but I know that I would not be without them if I chose to bottle feed instead, and for me breast is best.

My daughter recently turned one year old in February and is now night weaned. I am happy

to carry on breastfeeding and would ideally like to reach at least 20 months or so as I did with my son. My son night weaned at about 18 months, but my daughter is so different and for both of us it seemed the right time.

In Dubai breastfeeding is an accepted part of the culture. In fact, breastfeeding until two years of age is emphasized in the Quran, Islam's holy book, although many mothers do choose to bottle feed instead. The proliferation of shopping malls means that facilities for breastfeeding are easily accessible, however for convenience I tend to feed my child in public ensuring that I don't flash too much skin. Many mothers use breastfeeding covers but I've never really got on with them - strategic seat choice and sensible outfits work best for me and many of my friends!



Caroline Aduku - Dubai Group

Magic Ingredients!

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



We all know that breast milk is a great food. But it's more than just food. We can think of it as nature's first vaccination and the world's best tonic all rolled into one.

Breast milk has been shown to be protective against many illnesses, including painful ear infections, upper and lower respiratory ailments, allergies, intestinal disorders, colds, viruses, staph, strep and e coli infections, diabetes, juvenile rheumatoid arthritis, many childhood cancers, meningitis, pneumonia, urinary tract infections, salmonella, Sudden Infant Death Syndrome (SIDS) as well as protection from Crohn's Disease, ulcerative colitis, some lymphomas, insulin dependent diabetes, and for girls, breast and ovarian cancer.

So how does this work? One way breastfeeding protects your newborn from illnesses is the immune molecules, called antibodies that are present in breast milk. Antibodies are made by your body's immune system and are very specific molecules that help you fight each illness. When babies are born, their immune systems are very immature and they have less ability to fight illness-causing germs. Through your breast milk, you give your baby immunities to illnesses to which you are immune and also those to which you have been exposed. Nursing also allows your baby to give germs to you so that your immune system can respond and can synthesize antibodies! This means that if your baby has come in contact with something which you have not, the baby will pass these germs to you at the next nursing; during that feeding, your body will start to manufacture antibodies for that particular germ. By the time the next feeding arrives, your entire immune system will be working to provide immunities for you and your baby. If you are exposed to any bacteria or viruses, your body will be making antibodies against them and these will be in your milk. Breast milk also contains a host of other immune molecules that also help protect your baby from germs. It's an awesome system!

Research shows your child's immune system will not be fully mature for many years. While it is developing, your baby will be protected by being breastfed. The child's own immune system also develops more rapidly than does a baby's who is fed formula.

Does this mean breastfed babies never get sick? No, they can and do. However, the illness is generally less severe and lengthy than if the baby were not receiving his mother's milk.

Breast milk is liquid gold, and it's yours to give!

Questions Mothers Ask

Q: Is it OK for me to have alcoholic drinks while I'm breastfeeding?

A: Many mothers stop drinking alcohol when pregnant because studies have shown that the alcohol can pass to the baby and be harmful. The effects of consuming alcohol while breastfeeding however are less alarming. If a mother only drinks occasionally or has just one drink per day, the amount of alcohol the baby receives has not been proven to be harmful.

Alcohol passes freely into the mother's milk and has been found to peak at 30 to 90 minutes after consumption of one alcoholic drink. Once the mother's body metabolizes the alcohol, a process that takes two to three hours, the alcohol is eliminated from her system and from her milk. However, the more alcohol that is consumed, the greater the amounts in her milk and the longer it takes to be eliminated.

A number of factors effect how much alcohol gets into your breast milk, including the strength and amount of alcohol in your drink, how much you've eaten, how much you weigh and how quickly you are drinking. Basically the amount of alcohol in your blood is the same amount that will get into the milk.

It might be best to avoid alcohol in the first month until breastfeeding is going well and there is some pattern to the baby's feeding. When your baby is very young, life can be busy; you may not be able to tell when the next feed will be, so you need to be aware that your baby could want to breastfeed while there is still alcohol in your milk. As baby gets older, he will most likely fall into a more regular feeding pattern and you can often tell when his next feed will be. This makes it easier to

enjoy a drink, knowing that you can time the next feed so that it will contain little, or no, alcohol.

If you have one or two standard drinks a day then you could time the drinks to have the least effect on your baby, for example by breastfeeding the baby before you drink.

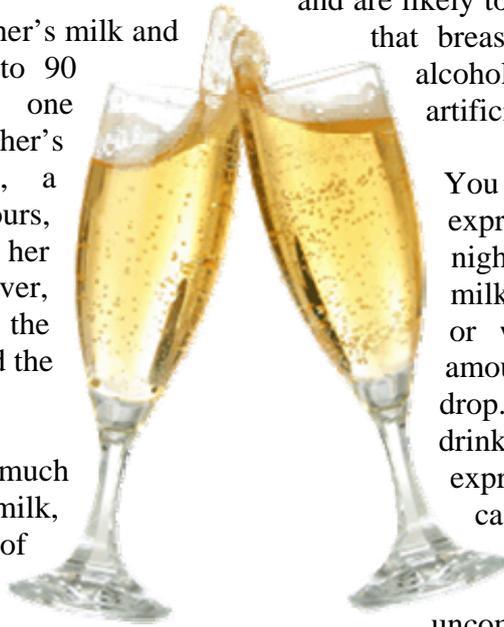
If you know you've got a big night out coming up and are likely to drink more than usual, remember that breast milk with a small amount of alcohol is still better for baby than artificial baby milk.

You could prepare in advance by expressing some milk ahead of your night out. The baby can have this milk if you miss a feed while drinking or while you are waiting for the amount of alcohol in your milk to drop. If you know that sometime you drink more than you plan to, you can express and freeze some milk just in case. If you miss a feed while you are drinking alcohol, and your breasts are feeling uncomfortable, express just enough milk to alleviate the discomfort and discard the milk.

Regular heavy drinking by a breastfeeding mother could result in slow weight gain and anyhow would interfere with the mother's ability to look after and enjoy her baby. But a small tittle every now and then has not been shown to do mother or baby any harm.

Some Chinese mothers are encouraged to eat chicken stew and other dishes prepared with rice wine while breastfeeding. In this case however, the alcohol evaporates during the cooking process, so this is of no concern whatsoever. Enjoy!

With reference to the Australian Breastfeeding Association leaflet: *"Alcohol and Breastfeeding: A Guide For Mothers"*.



Breastfeed a Toddler - Why on Earth?

by Dr Jack Newman MD, FRCPC

Now that more and more women are breastfeeding their babies, more and more are also finding that they enjoy breastfeeding enough to want to continue longer than the usual few months they initially thought they would. UNICEF has long encouraged breastfeeding for two years and longer, and the American Academy of Pediatrics is now on record as encouraging mothers to breastfeed at least one year and then for as long after as the mother and baby desire. Even the Canadian Paediatric Society, in its latest feeding statement acknowledges that women may want to breastfeed for two years or longer and Health Canada has put out a statement similar to UNICEF's. Breastfeeding to 3 and 4 years of age has been common in much of the world until recently in human history, and it is still common in many societies for toddlers to breastfeed.

Why should breastfeeding continue past six months?

Because mothers and babies often enjoy breastfeeding a lot. Why stop an enjoyable relationship? And continued breastfeeding is good for the health and welfare of both the mother and child.

But it is said that breast milk has no value after six months.

Perhaps this is said, but it is patently wrong. That anyone (including paediatricians) can say such a thing only shows how ill-informed so many people in our society are about breastfeeding. Breast milk is, after all, milk. Even after six months, it still contains protein, fat, and other nutritionally important and appropriate elements which babies and children need. Breast milk still contains immunologic factors that help protect the child even if he is 2 or older. In fact, some

immune factors in breast milk that protect the baby against infection are present in greater amounts in the second year of life than in the first. This is, of course as it should be, since children older than a year are generally exposed to more infections than young babies. Breast milk still contains special growth factors that help the immune system to mature, and which help the brain, gut, and other organs to develop and mature.

It has been well shown that children in daycare who are still breastfeeding have far fewer and less severe infections than the children who are not breastfeeding. The mother thus loses less work time if she continues breastfeeding her baby once she is back at her paid work.

It is interesting that formula company marketing pushes the use of formula (a very poor copy of breast milk) for a year, yet implies that breast milk (which formula tries unsuccessfully to copy) is only worthwhile for 6 months or even less ("the best nutrition for newborns"). Too many health professionals have taken up the refrain.

I have heard that the immunologic factors in breast milk prevent the baby from developing his own immunity if I breastfeed past six months.

This is untrue; in fact, this is absurd. It is unbelievable how so many people in our society twist around the advantages of breastfeeding and turn them into disadvantages. We give babies immunizations so that they are able to defend themselves against the real infection. Breast milk also helps the baby to fight off infections. When the baby fights off these infections, he becomes immune. Naturally.



Photograph taken by VisionVenue-LifeStory.com

But I want my baby to become independent

And breastfeeding makes the toddler dependent? Don't believe it. The child who breastfeeds until he weans himself (usually from 2 to 4 years), is usually more independent, and, perhaps, more importantly, more secure in his independence. He has received comfort and security from the breast, until he is ready to make the step himself to stop. And when a child makes that step himself, he knows he has achieved something, he knows he has moved ahead. It is a milestone in his life of which he is proud.

Often we push children to become 'independent' too quickly. To sleep alone too soon, to wean from the breast too soon, to do without their parents too soon, to do everything too soon. Don't push and the child will become independent soon enough. What's the rush? Soon they will be leaving home. You want them to leave home at 14? If a need is met, it goes away. If a need is unmet

(such as the need to breastfeed and be close to his mother), it remains a need well into childhood and even the teenage years.

Of course, breastfeeding can, in some situations, be used to foster an over-dependent relationship. But so can food or toilet training. The problem is not the breastfeeding. This is another issue.

What else?

Possibly the most important aspect of breastfeeding a toddler is not the nutritional or immunologic benefits, important as they are. I believe the most important aspect of breastfeeding a toddler is the special relationship between child and his mother. Breastfeeding is a life-affirming act of love that repeats itself every time the child goes to the breast. This continues when the baby becomes a toddler. Anyone without prejudices, who has ever observed an older baby or toddler breastfeeding can testify that there is something special, something far beyond food, going on. A toddler will sometimes spontaneously, for no obvious reason, break into laughter while he is breastfeeding. His delight in the breast goes far beyond a source of food. And if the mother allows herself, breastfeeding becomes a source of delight for her as well, far beyond the pleasure of providing food. Of course, it's not always great, but what is? And when it is, it makes it all so worthwhile.

And if the child does become ill or gets hurt (and they do as they meet other children and become more daring), what easier way to comfort the child than breastfeeding? I remember nights in the emergency department when mothers would walk their ill, non-breastfeeding babies or toddlers up and down the halls trying, often unsuccessfully, to console them, while the breastfeeding mothers were sitting quietly with their comforted, if not necessarily happy, babies at the breast. The mother comforts the sick child with breastfeeding and the child comforts the mother by breastfeeding.



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