

Close
to
the
Heart



La Leche League Asia
Mid-Year 2011
Volume 12, Number 2

"Breastfeeding
is mothering
close to the heart"



Thanking a
Supportive
Spouse

Milk
Supply
Myths

Credits

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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 Nov. 2011 will be included in
the Late-Year 2011 issue.**

Contributions received by
1st March. 2012 will be included
in the Early-Year 2011 issue.

Contributions received by
1st July. 2012 will be included in
the Mid-Year 2012 issue.

**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

At a recent La Leche League Hong Kong meeting a little girl arrived with her mother and sat on the floor in the centre of our group. She took a toy panda out of a miniature sling and carefully wiped imaginary sweat from his face. She put the sling on the floor, wrapped him carefully in a blanket and put him to her breast. How adorable! I couldn't take my eyes off her!

Watching her mum breastfeeding her brother, this little girl had subconsciously absorbed the basic principles of loving baby care.

This made me reflect on what La Leche League provides. On the one hand – yes, it's about giving correct information to mothers. But equally important is the fact that LLL provides a space where breastfeeding is the norm. The subliminal messages we pick up in the presence of other breastfeeding mothers are profoundly important. This, after all, is the way that mothers have learnt to breastfeed for thousands of years.

I have to admit though that breastfeeding a baby can be tougher than dealing with a toy panda! In this issue of *Close to the Heart*, Debbi Hansen-Lange describes how the loving support of her husband helped her overcome some initial difficulties in the breastfeeding relationship. Liu Yuen, in Tianjin, also had a few hurdles in the early days, but came through and remains convinced that breastfeeding is nature's unique way to feed our babies. Jean Chuah in Malaysia also highlights the role of natural responses in birth and breastfeeding.

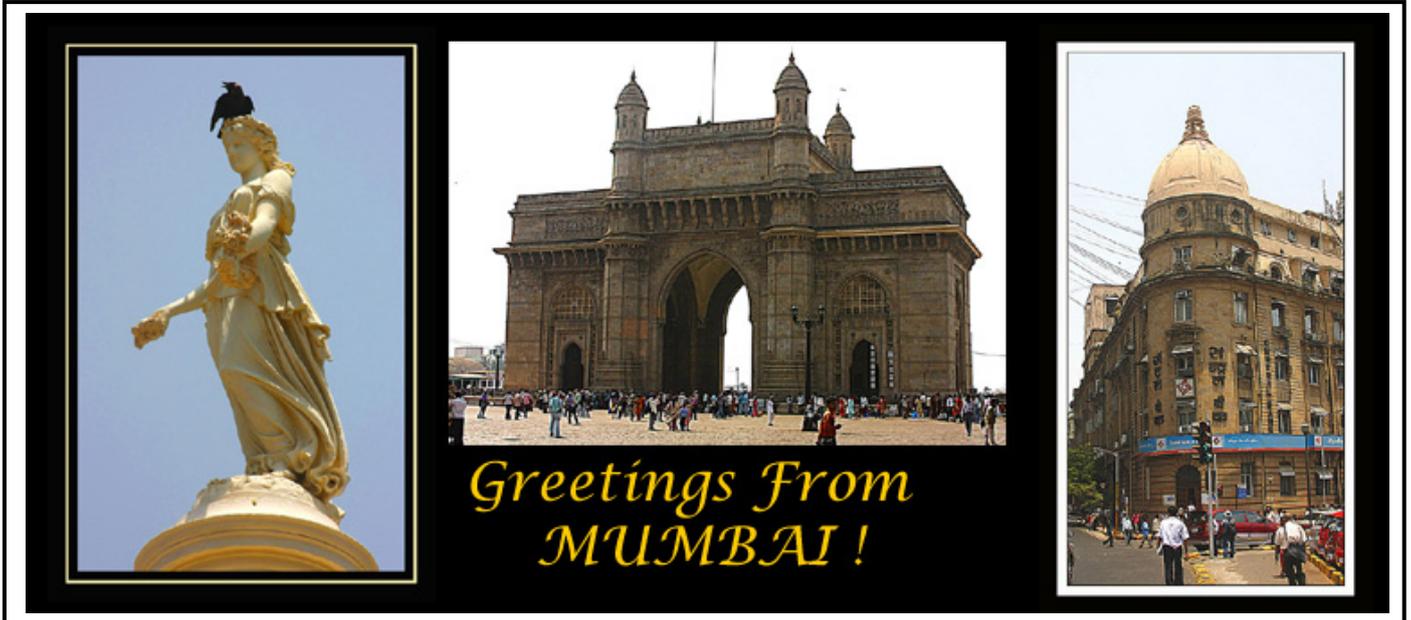
I hope you enjoy reading about the myths associated with milk supply. I guess all of us have come across some of these opinions whilst breastfeeding. I like to see the myths listed out so clearly – and dismissed so authoritatively!

Best wishes for a beautiful summer – and if the summer holidays give you a little extra time to write your breastfeeding story, please send it over!

Maggie

Postcard from

MUMBAI, India



Mumbai is the commercial and creative capital of India, a rapidly changing, fast-paced, vibrant, teeming island-city, with an unimaginably diverse population and vast inequalities in living standards. Unofficial estimates peg Mumbai's population at close to 20 million people, making it one of the most densely populated urban agglomerations anywhere in the world. Much like the rest of India, it's hard to make any generalizations about Mumbai.

That said, motherhood is an experience that around one half the city's population is almost certain to go through at one point or another! Of course individual experiences of motherhood differ wildly based on a variety of factors in a city where people often live in cramped accommodation ranging from slums to ultra-modern apartments. Houses are very rare in Mumbai! Too many people, and way too little land, means an abundance of high-rise buildings, where family arrangements range from small nuclear families, to large joint families, and nuclear families with dependent elders. The cost of living in Mumbai is so high that many families need two incomes, so working mothers are the rule, not the exception.

As a result, long-term breastfeeding is an option that is extremely difficult for most mothers to pursue, given long working hours and longer commutes. Doctors and pediatricians, aware of the hectic pace of life in the city, rarely recommend more than six months to a year of breastfeeding.

Therefore, I would like to concentrate more on nursing beyond the one-year mark, because most mothers in Mumbai tend to be at the receiving end of some form of social/family pressure and either underestimate, or are unaware of, the emotional as well as nutritional benefits of nursing beyond infancy.

Nursing my daughter Saira into toddlerhood came to me naturally. I did not see the point of ending a mutually happy nursing relationship just because she had hit a certain age. While I am often told things like, "You are making her over-dependent", I've slowly come to believe that independence too early in life may be over-rated and, if forced upon the child too soon, can be a source of longer-term anxieties. I have found long-term breastfeeding to be mutually beneficial: my daughter is calm and content at the breast, and often asks for short feeds when she is feeling overwhelmed or stressed. In turn,

I have found nursing has helped me overcome my anxieties as a new mother!

Nursing has proved to be a wonderfully effective way to connect with my daughter. I find myself in sync with her smallest needs – at times almost predicting what might come next. I think it has created a bond between us that is closer than any I could have ever imagined. The best thing about nursing is that I don't have to do anything special – it's simple, primal, and natural.

When a toddler is allowed to self-wean she is getting the opportunity to make an important decision really early on in life. As a mother, I hope that she finds this empowering. I hope it makes her feel confident as she comes to the end of one chapter of her life and ventures into the world outside with self-assurance.

Now, as Saira approaches her 3rd birthday, it is still very comforting for me to know that my nursing toddler feels free to come to the breast to soothe her way through whatever concerns she might be having, such as an insecurity or separation anxiety or over-stimulation of some sort. Now, when she latches off, she has "recharged her batteries" (her words!) and is full of energy and vitality all over again.

In these toddler years negotiating Saira through meals has been easier for me, because I've always known in the back of my mind that she will have access to breast milk later. I am confident of the unambiguous superiority of breast milk as an infant food and as a result, her eating habits have never led to a power struggle between mother and daughter! Additionally, when Saira falls sick and does not want to eat anything, I feel reassured in the knowledge that she can nurse as many times as she wants and that this will be enough to fulfill all her food needs for the entire period that she is unwell. As soon as she feels better she will be back to her regular meals.

I believe that long-term breastfeeding is needed in our era more than any preceding generation. The unprecedented levels of stress in modern urban lifestyles, compounded by the breakdown of large families and pressures on double-income nuclear homes, all serve to exacerbate the loneliness and insecurity of an unsuspecting toddler. By continuing the breastfeeding process to the age of two and beyond we give our toddlers the potential to reap huge emotional benefits. They can rejuvenate as they nurse, combat feelings of fear, stress, loneliness or tiredness, and compensate for the lack of nutrition when they are unwell and do not feel like eating regular food. Additionally, the security of nursing gives them a "home

base" that they can always return to after a day of exploring the intimidating and wonderful world outside! Long-term breastfeeding allows toddlers to gain independence - each at their own pace. By weaning themselves off, slowly and steadily, one feed at a time, they get the chance to become more self-assured and confident - and inner confidence is the key to self weaning.

I believe that unconditional love and support are the backbones of every relationship, and for children it forms the very basis of their outlook towards life. It possibly makes them look at life in a positive manner and reinforces their belief in themselves, directly enhancing their sense of self-worth.

Finally, I have been very pleasantly surprised to see my relationship with my nursing toddler blossom through the last three years! Today, I can talk candidly to her about what I am comfortable doing and what makes me feel awkward, while she can tell me when she needs to nurse to comfort herself and when she'd rather be talked to sleep instead.

The older our little babies get the more independent they become – that is the law of nature. My daughter was more dependent on me in her first six months, when she could barely crawl, than she is now that she runs circles around me. Over time she will be more focused on the world outside than the four walls of her home. I feel fortunate to have been able to nurse her through such an intense phase of her life and hope that it gives her the strength and security to face the inevitable challenges as she navigates her way through life.



*Aaraty Mehta
Mumbai, India*

Myths about Milk Supply

by *Jenny Buck*
Lantau Group, Hong Kong

If I had a dollar for every time I've heard a mother say, "I tried to breastfeed but didn't have enough milk", I would be a rich woman by now!

But why should "not enough milk" be such a leading cause of women giving up breastfeeding? In Hong Kong, the mothers we meet are mostly well-fed, healthy young women – why should they not make enough milk for their babies?

We know that only a very small minority of women are physically unable to produce a full milk supply for their babies – due to rare medical conditions, or perhaps previous breast surgery. Even those mothers are usually able to partially breastfeed their babies.

Low milk supply due to temporary or reversible circumstances – such as separation of mother and baby in the hospital – is common, and often

causes early weaning if mothers do not receive good advice about how to correct the situation.

But it is also a sad fact that myths about breastfeeding cause many parents – and health professionals – to conclude the mother does not have enough milk, when in fact her milk supply, and the baby's behaviour, are perfectly normal.

The myths start early, when mother and baby are still in hospital. On the first day of the baby's life, the mother may already be told she doesn't have enough milk, by nurses or doctors who do not understand the importance of colostrum.

Colostrum is the sticky, yellow/orange-coloured milk which the breasts produce during late pregnancy and in the first few days after birth. It has a high concentration of nutrients and antibodies, so is the ideal first food for newborn babies. It also has a laxative effect, which helps to pass the first stools, expel bilirubin and prevent jaundice. A newborn baby's stomach is tiny at birth – it can only hold around 5ml on day 1 – so frequent drops of colostrum are all that the baby needs. But hospital staff may compare its quantity to what they are accustomed to giving bottle-fed babies, and conclude that breastfed babies need supplementing until the milk "comes in". In fact, because colostrum is concentrated, it contains even more nutrition than a much larger quantity of artificial milk.

So let's dispel that myth straight away. It's normal that you won't have very much milk in the first few days, and this is not a problem. But what about after those first few days? Your milk should "come in", that is increase in quantity and become whiter, sometime between 1 and 5 days after the birth. Then you may feel like your breasts are full to bursting and you have more milk than your baby could possibly drink. Yet it is still the nature of mothers (and onlookers) to worry about whether the baby is getting enough milk.

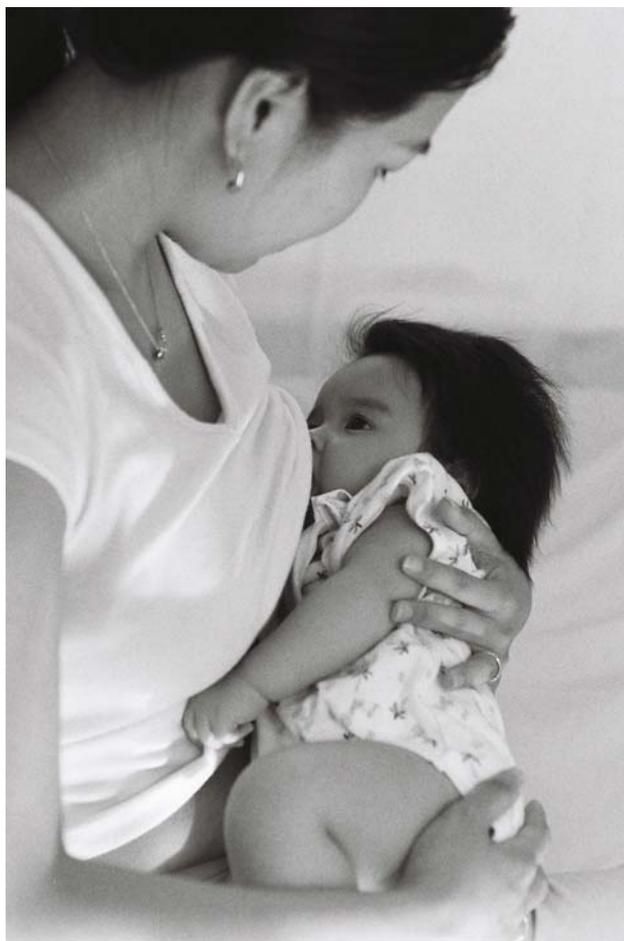


Photo taken by Radhika Rao

Myths and Misgivings about Milk Supply

“My baby has frequent, short feedings; she must be still hungry after breastfeeding.” In fact, this is normal behaviour for newborns. “Cluster feeding” is still common for older babies.

“My baby has been feeding ‘all the time’ in the past two days.” This is often just a temporary increase in demand. Your breasts may take one or two days to increase supply accordingly.

“My baby’s feedings are getting shorter.” This is normal, as babies get more efficient at feeding.

“My baby gulps down a bottle after breastfeeding.” Unless they are bottle refusers, most babies will take a bottle after breastfeeding! They don’t need to be overstuffed every time they are fed.

“My baby cries after breastfeeding.” Crying after feeds can indicate lots of things: e.g. overtiredness, gas, reflux, or perhaps the flow is too fast or too slow for their liking.

“My baby chokes, splutters and/or arches at the breast.” These are common indicators of TOO MUCH milk!

“My baby is always fussy in the late afternoon/early evening.” This is normal. You may need to feed more frequently during this period.

“My baby is still waking at night.” This is normal and not always related to feeding.

“I cannot pump much milk.” Pumping is NOT an accurate guide of how much milk you have. Some mothers’ breasts just don’t respond well to a pump. If you pump ‘in addition to’ breastfeeding, as opposed to ‘instead of’ breastfeeding, you are asking your body to produce more milk than your baby needs. Pumping can be the quickest way to destroy a mother’s confidence in her milk supply.

“My breasts are feeling softer than they did a few weeks ago; my milk supply must be declining.” This is normal after about 6 weeks, when milk supply becomes more in harmony with baby’s needs. This adjustment happens earlier with second-born and later babies.

“My breasts do not leak milk whereas my friend’s do.” Leaking is linked to tension of muscles in the nipples, not milk production. Although leaking may increase as your milk supply increases, some mothers never leak, and most leak less as baby gets older and breasts become softer.

“I don’t feel a letdown/milk ejection sensation.” Only 70% of mothers feel this sensation. It can also be more intense with very full breasts, so this feeling may get less intense over time, as engorgement subsides and breasts become softer.

“My expressed milk is blueish or too thin.” This is normal: it may be affected by what you eat, what time of day you are pumping, and the local climate. In hot climates babies need more fluids, and the mothers’ breasts automatically produce more watery milk. Babies will get what they need over a 24-hour period.

This is when the myths about milk supply really kick in. Inaccurate information from family, friends and even healthcare providers can lead mothers to mistakenly believe they have low milk supply. Here are some common baby behaviours which can lead people to believe a baby is not getting enough milk:

In reality, the only reliable indicators of actual low milk supply are lack of weight gain and diaper output:

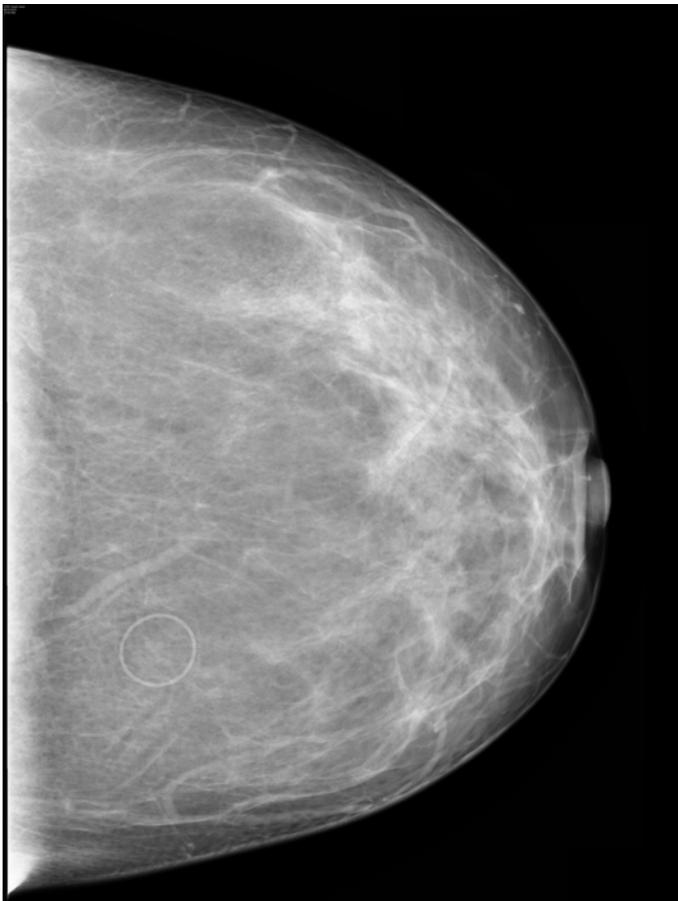
If the baby is not growing well, all is not lost. In the early days, the mother may have plenty of milk but the baby has not learned yet how to extract it effectively. All that may be needed is a little help to latch on better. But if this situation is not corrected quickly, the mother's breasts will learn to produce less milk, causing a true milk

supply problem. Still the situation can be reversed, but skilled help may be needed.

Unfortunately, again, myths can impede the correction of low milk supply. Make sure you look out for the next issue of *Close to the Heart*, which will contain some scientifically proven guidelines for increasing your milk supply! And if you have any concerns about milk supply in the meantime, do consult a La Leche League Leader or Lactation Consultant as soon as possible.

In reality, the only reliable indicators of actual low milk supply are lack of weight gain and diaper output. Some useful tables giving the quantities we expect to see can be found at <http://www.llli.org/nb/nbsep0ct08p44.html>

Time to Get a Mammogram?



If you are due for a regular mammogram, there's no need to delay on account of breastfeeding.

X-rays do not affect mother's milk, so you can safely resume breastfeeding immediately after the mammogram. Mammograms, x-rays and ultrasound tests will not interfere with breastfeeding.

It is possible to read a mammogram of a lactating breast. Due to milk production, there is more dense tissue present in the lactating breast than in a non-lactating one. This normal density may make it harder to read the results. The amount of tissue in your breast depends on the frequency that your baby is breastfeeding. If breastfeeding occurs infrequently, there will be less milk and tissue so the mammogram would be easier to read. To help reduce the amount of milk prior to a mammogram, you could bring your baby and breastfeed immediately prior to the procedure. Finding a radiologist experienced in reading mammograms of lactating breasts would produce more reliable results.



Breastfeeding Brainwaves

The brain of a breastfeeding mother responds differently to that of a formula-feeding mother when her baby cries.
This is the finding of a new study published in April 2011.

It's the first time research has shown a difference in the brain activity of breastfeeding and formula feeding mothers in response to the baby's cries.

A small study of 17 mothers of healthy infants investigated the association between breastfeeding, maternal brain response to the stimuli of their own infant, and maternal sensitivity in the early postpartum period. Researchers did brain scans on exclusively breastfeeding and exclusively formula-feeding mothers during the first month after the birth of the baby. The scientists looked at brain activation patterns in the mother's brain in response to her own baby's cry versus control baby-cry. Dyadic interactions between mothers and infants at 3-4 months postpartum were videotaped in the home and blindly coded for maternal sensitivity.

The breastfeeding mothers surveyed showed greater responses to their infant's cry in brain regions related to caregiving behavior and empathy than mothers who relied upon formula as the baby's main food source.

The authors conclude that the results suggest links between breastfeeding and greater response to infant cues in brain regions implicated in maternal-infant bonding and empathy during the early postpartum period. Such brain activations may facilitate greater maternal sensitivity as infants enter their social world.

This is the first paper to examine the underlying neurobiological mechanisms as a function of breastfeeding, and to connect brain activity with maternal behaviors among human mothers.

This was a small study - just 17 mothers - but it is an important first step towards understanding the neurological mechanisms involved in breastfeeding.

References

P Kim, R Feldman, LC Mayes, V Eicher, N Thompson, JF Leckman, and JE Swain (2011). Breastfeeding, brain activation to own infant cry, and maternal sensitivity. *J Child Psychol Psychiatry*, April 18, 2011

Breastfeeding: Nature's Way

I have a deep appreciation and admiration for nature. Therefore, I firmly believed I could give my baby two natural and precious gifts: spontaneous natural delivery and breastmilk. During my pregnancy, this confidence gave me unlimited enthusiasm and wisdom and I fully enjoyed the rich and meaningful life of pregnancy. My heart was linked to the heart of my baby, we lived together for every minute of the day, and we tried hard working towards the same goal. These unforgettable days are an important memory of my life and have melted into the spiritual nourishment in the blood of my baby and me.

My son was delivered smoothly and stopped crying when I hummed to him gently. Watching this complete and independent new life, my heart was filled with joy and curiosity. I could not wait to start breastfeeding. However, for the first day my son slept soundly and did not feel the need for "a meal". I had to be patient and whilst waiting I expressed some colostrum. The nurse also brought a small bottle of

prepared formula milk once every two hours. From morning till dusk, these disposable milk bottles lined up on the table like an army of soldiers. Finally my son woke and wanted to feed. He sucked very hard. With my son in my arms, I watched the "army of soldiers" on the table proudly, knowing they would not be needed.

On the second day I asked the nurse to stop supplying the bottles of milk. Sensing her skepticism, I told her happily and somewhat triumphantly that my milk was sufficient for my baby. I still remember one moment clearly. It was about ten in the morning and I was sitting in front of the maternity ward window. My son was in my arms and was about to feed. The bright sun shone on us. My son looked up at me earnestly, and then his face suddenly broadened into a big smile! This smile touched me and remains unforgettable. I felt as if my son had got to know his mother and was expressing his gratitude towards me.

Some relatives visited us at the hospital. They didn't understand the rhythm of a baby's life: seeing that I needed to breastfeed every 1.5 to 2 hours, asked whether my milk was sufficient. I smiled and told them this was the way it should be.

This is how our breastfeeding relationship began. It was a smooth start, but during the early days we did come across two difficulties.



The first problem started soon after birth when my son began to have jaundice. It didn't get better and by two months had actually worsened. I became worried, and consulted many sources – all of whom advised me to stop breastfeeding.

For five days I had to squeeze out my milk and throw it away while my baby drank formula milk. My son became constipated and often cried until two o'clock at night. At last, the five painful days came to an end, but still the jaundice showed no sign of alleviation. I went back to the neonatal department of the General Hospital. After examining the skin of my son, the doctor told me to suspend breastfeeding for another week. I was outraged and decided to start breastfeeding again.

Fortunately, my decision to resume breastfeeding, regardless of the doctor's advice, was supported by my family. My son rescued my milk supply, which had shown signs of decreasing, with his happy and greedy sucking. With my baby in my arms, I felt again happiness surging through my body. The jaundice gradually receded when my son was three months old. I wrote an article titled *Jaundice on Newborn Baby, It's Alright!* and posted it on my blog. I hoped other mothers would not experience "the five long painful days".

I also had some problems with spitting up. He spat up so many times and there was so much milk! One of my friends advised me to try breastfeeding him lying down and to my relief this worked. I said jokingly that my son was worried I might get tired feeding him in my arms and wanted his mother to lie down. In this way, I could have a rest while feeding.

After that, we no longer experienced any difficulties. We enjoyed many privileges of breastfeeding. My son would smile sweetly upon seeing me, which filled my heart with gratification. It was very convenient for me to take my son to the park since the milk bottle was part of my body. When he was ill, I did not have to

worry what meal to cook for him. My son could say a lot of things at the age of fourteen months and could express almost all his daily needs.

Due to work-related reasons, we decided to wean our baby when he was nearly 18 months old. I told him he was grown up now and no longer needed my milk. My son was a little reluctant. I asked him how many days he wished to have my milk. He replied "eight days", although I don't know how he came up with this idea. On the eighth night he looked at me sadly, stroked my breasts and went to sleep. As for me, my eyes filled up with tears. I felt moved, painful and reluctant to stop.

If I had known that WHO recommends babies to quit breastfeeding naturally at two years or later, I believe I would have continued breastfeeding under any circumstances. I wish I had found La Leche League sooner; I think we would have had a happier life breastfeeding.

Since then I have regularly travelled from Tianjin to Beijing to take part in La Leche League meetings. Ivy gave me a warm-hearted welcome and a lot of help. I have experienced immense pleasure in attending the gatherings of La Leche League.

The activities organized by La Leche League International are like a big family. During these activities, many brothers and sisters come together to chat about feeding and raising children. I hope I can spread more information to breastfeeding mothers in Tianjin, just as people like Ivy and Xiao Wu do in Beijing.

Editor's Note

Healthy, thriving babies may have a harmless "suntan" for weeks or even a couple of months. When treatment for jaundice is necessary, breastfeeding should be continued, if at all possible. For more information see www.nbc.ca "Breastfeeding and Jaundice".

Thanks to my Supportive Spouse...

I knew I was going to breastfeed, even before my baby was born. I had our breastfeeding future planned for us. I asked my mother how breastfeeding had gone for her and found out that she had given up after six weeks because she had mastitis. The doctor told her that she needed to wean to cure her mastitis. I was horrified at this misinformation and vowed that I would breastfeed my child until he was at least two years old and then I would do child-led weaning. I studied and prepared myself to breastfeed. I attended La Leche League meetings. I read many books. I searched website after website to make sure I had the most up-to-date and correct information.

After waiting for what seemed like a lifetime, on 1 June 2010 my darling Jasper was born. There was meconium in the water, so they took him away, but he was in my arms within five minutes of being born. I immediately put him to my breast and he opened his mouth so wide and we began our breastfeeding journey. It was amazing.

That first night, it was just Jasper and I cuddled up together in the hospital bed. I tried all the different positions I had read about. He cried a little, sucked a little and slept a little. The next morning, the woman in the bed across from me suggested that my son was crying too much and it was because he wasn't getting enough milk. I was indignant and haughtily replied that I had enough milk, thank you very much. And I did. Around the third day, my milk came in and I had more than enough.

However, my nipples began to get sore and red. A few days later, I had a crack on one nipple. A month later, I would figure out that I actually had nasty case of thrush that had very few symptoms. The day after I got home I had a midwife come over to my house and take a look. She said that the latch was great. A few days later, a different midwife said the same thing. But my nipples were very sore. I applied lanolin. I walked around topless. I continued to feed Jasper but I started to dread feedings. I found that I needed to 'psych' myself up to feed him. I'd turn on loud music and dance around a bit until my husband would pass him to me and I'd latch the baby onto my breast. The first few seconds were the worst and I was miserable.



One night, I decided I couldn't do it. It hurt too much. No amount of dancing and happy thoughts were going to be able to help me tonight. I broke down sobbing. I tearfully asked my husband, Dave, to please go and buy some formula. He refused. I asked him again to please go buy some formula. And again he refused. Dave then gave me an amazing pep talk where he reminded me of why I wanted to breastfeed. He knew how disappointed I would be in myself if I gave up. He opened up the Womanly Art of Breastfeeding and looked for a way to help me get through this feed. He read out the benefits of breastfeeding. He encouraged me. He told me that I could do it. He turned on some loud, happy music and danced around with our son. "You can do it honey!" he said. He passed me our son and Jasper latched on.

It wasn't long after that evening, I found out that I had thrush, and after both Jasper and I received treatment for the thrush, our breastfeeding relationship became much easier.

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Mastitis! Antibiotics?

by Diane Wiessinger, MS, IBCLC
www.normalfed.com

Mastitis is one of the most common problems connected with breastfeeding in our culture; about a third of mothers will experience it at some point, usually within the first few months. That's the bad news. The good news is that mastitis can mean infection... or just temporary inflammation. Some mothers go from feeling flu-like to feeling fine in just a few hours.

Both infection and inflammation can cause a red, warm area on your breast and can make you feel achy or even give you a low-grade fever. And after a few days of antibiotics you'll almost certainly feel much better. But if all you had was an inflammation, you would probably get better either way. So how can you avoid *unnecessary* antibiotics for mastitis?

First of all, if at any point you feel that you want to call your doctor, do!

Consider asking your doctor about having a prescription called in, but filling it only if you feel the need. You can also fill a prescription but not start taking it.

Focus on keeping that breast nice and soft. Encourage your baby to nurse as often as possible, and to use mostly that side. (It may be more effective if you position him so that his chin points toward the "hot spot".)

Do gentle breast massage while your baby nurses, to help move milk through the problem area.

Between feedings, massage your breast gently with both hands, as if you were kneading a bagful of marbles.

Rest! Consider yourself sick and take it easy. You'll get better faster if you stay off your feet as much as possible. And take care of your general health.

Consider taking ibuprofen. It's an anti-inflammatory drug, and what you're fighting is at least partly inflammation. If your health care provider hasn't already approved its use for you, you may want to call to double-check. The American Academy of Pediatrics gives ibuprofen its safest rating for breastfeeding mothers.

Fold a blanket to several thicknesses, and lay your baby on it, face up, with the back of his head falling off the blanket. The blanket raises his body slightly and keeps that fat back of his head from forcing his head to the side. Loom over him on your elbows and knees, and nurse in that position. Gravity will totally change the shape and "dangle angle" of your breast, which can improve milk flow through any obstructions.

As long as your condition doesn't worsen, you can probably continue these measures for several days without antibiotics. Even if you get slightly worse at first, you can probably give yourself about 24 hours to look for improvement. BUT...

If at any point you feel that you want to call your doctor, do!

Thanks to my Supportive Spouse...

We are still on our breastfeeding journey as Jasper nears his first birthday in a few short months. I can say with certainty that if my husband wasn't supportive and encouraging, I would have given up that terrible night.

My husband's support is not restricted to just the night where I asked him to buy formula, but throughout my pregnancy and our son's life my husband has lightened my load and freed me up to feed and care for our son. An excellent example of how he makes breastfeeding easier is that we have a rule about who does which childcare task: I do input (breastfeeding) and he does output (diapers). I attend to our son during the night and feed him, but when Jasper wakes up for the day at five in the morning, Dave will go with him to the

Continued from page 10

living room and so I can sleep a little bit longer. He helps me get ready for work by packing up my lunch as I eat breakfast and pump breast milk before I head out the door in the morning. The above examples are just a few of the ways my husband has made it easier and even possible for me to breastfeed my son.

My husband isn't a perfect man, but he is there working alongside me in the mud-slinging or rather the mashed potato-slinging world of parenting. Although I had read numerous studies and books and considered myself very knowledgeable on the subject of breastfeeding, I could not have and would not have had the easy breastfeeding relationship that I have now with my son if it was not for my husband, Dave. Thanks, honey.

Breastfeeding: a beautiful journey!



During pregnancy, family and friends asked me how I planned to feed my baby. I answered immediately “breastfeeding”. In my mind, alternative feeding should only come into the picture when all else fails. However, when I heard my baby was in breech position I knew I may have to have a Caesarean section and my heart sank.

So I did all I could to find out everything about C-sections and I was happy to learn that breastfeeding after surgery is highly possible, as long as we constantly stimulate our breasts with baby’s direct latch. Armed with this information and knowledge, I went ahead to plan for a Caesarean birth.

We only have one chance to make this birth a most wonderful experience. I reminded myself that this birth was baby’s birthday. Caesarean or not, I would make sure mummy and baby got the best we could out of a surgical birth.

Firstly I knew I must allow the birth to trigger naturally. This would ensure my baby was really “full term” and ready to come out. It also allows the body to release a beautiful hormone called oxytocin, which makes the mother feel loving towards her new baby.

My doctor advised me to do an elective C-section at 37 weeks, but I insisted on 39 weeks to allow the baby more time to develop. As it turned out my baby decided he was ready to come out at 38 weeks. I was happy that I could experience contractions and labour sensations before undergoing the C-section.

After our baby son, Javern, was born I made sure my husband went to the nursery and stayed with him while I was in the recovery room. I felt okay lying alone in the recovery room. I am an adult who knows how to comfort myself but my baby is new to everything, so I wanted my husband to accompany him.

I asked to breastfeed as soon as possible after the birth. My thoughts were focused only on the baby. Some nurses asked me to rest but I understand my body well, I knew I was still strong and I would only be happy whilst attending to my baby’s needs. I was still shivering when my baby was put to my breast. The nurse suggested waiting, but I knew the shivering was just a side effect of the epidural and I could still nurse. Soon my baby was sucking like a pro. He took to my breast immediately, latching on as if he had weeks of practice. We felt blessed that our baby was not drowsy or too tired to nurse. Instead he was keen to latch on and suck.

Javern stayed in our room at all times. When he had jaundice, I requested the machine be put beside my bed. I felt this was important so that our breastfeeding relationship was not interrupted. If my son had been placed in a nursery, it would have been hard to feed on demand and troublesome to ask for the nurse to bring my baby in.

On day 3, our baby did a breast crawl. This was so exciting! I was asking a Lactation Consultant for tips on how to latch correctly, as my breasts were starting to turn sore. The LC propped my baby on the middle of my upper chest and asked us to watch baby do the breast crawl. I still remember vividly every moment of

the breast crawl... how my baby was perched precariously at first but managed to snuggle into a comfortable position, how he wriggled slowly but surely to my breast. I remember the way his head turned, his tiny fingers touching my skin, and his mouth latching perfectly onto my breast. It was a very empowering and emotional moment for me. I feel very blessed that even with a Caesarean I managed to experience the breast crawl. All these experiences helped to create a warm, loving and secure environment for my baby.

During our hospital stay, I kept a breastfeeding journal, to record each nursing session. This was very helpful for us to gauge whether baby was feeding frequently enough. I was feeding every hour, and it was starting to make me feel exhausted. But I persevered, because I knew that my tiredness is only a tiny sacrifice in exchange for my baby's health and the chance to give him the best possible food. In the first few days I couldn't see if I had any colostrum, but I kept putting Javern to my breast, reassuring myself that I did have colostrum but it was just not visible yet.

During pregnancy I read about the benefits of colostrum, so I was convinced that this was a precious golden liquid. I was in no hurry for my milk to 'come in'. I enjoyed feeding my baby colostrum because I knew that he only had a limited time to enjoy the goodness of this special liquid.

Breastfeeding has taught me that if we surrender ourselves to natural processes, other natural human behaviours will unfold naturally too.

I discovered that nursing on demand led to my baby

regulating his own sleeping time. Feeding Javern every hour was very tiring but I had faith that feeding on demand would reap its own rewards. Sure enough, Javern began to regulate his sleeping pattern and started sleeping in longer intervals, from 2 hours to 3 hours to 4 hours, and so on. I was amazed at this natural sleeping process. I realised that if we allowed things to go according to nature, things will fall into place and of course I did not need to sleep-train my baby.

My son, Javern, is now 9 months old and still breastfeeding. After a few bumps in the early weeks I was able to nurse comfortably, and breastfeeding has been a beautiful, amazing and meaningful journey.



Pause for Thought

“There is almost nothing you can do for your child in his whole life that will affect him both emotionally and physically as profoundly as breastfeeding.”

The Womanly Art of Breastfeeding
Published by La Leche League International, 8th Edition

Questions Mothers Ask

Q: In the early evening it feels like I don't have enough milk. My baby is crying and crying and even after feeding, she just wants to feed again – I don't know what to do.

A: It's quite normal for babies to have a cranky period towards the end of the day. Babies often feed much more frequently at this time and sometimes for only a few minutes. They might be pulling and tugging at the breast, turning away and rejecting the breast – then seconds later frantically seeking the breast. This sort of behaviour can be very frustrating and tiring for mothers. Mothers feel as if nothing they do will satisfy their babies. Sadly, some mothers feel so pressurized by the comments of other family members at these times that they may end up giving a bottle of formula. It's really important to know that this period of fussiness does not mean you don't have enough milk. It's absolutely fine to go on breastfeeding as many times as your baby wants. Giving a bottle of formula is not the answer. In fact, supplementation would potentially lower your milk supply.



Photo taken by Radhika Rao

It's interesting to note that the American Academy of Breastfeeding Medicine recognizes the phenomenon of cranky babies:

“There are common clinical situations where evaluation and breastfeeding management may be necessary, but supplementation is NOT INDICATED... For example an infant who is fussy at night or constantly feeding for several hours.”

You may also have heard that the reason for this evening period of fussiness is that milk volume tends to be lower in the evening. But Dr Peter Hartmann, a breastfeeding researcher, studied the fat content in breast milk and concluded that milk volume is not low at this time of the day.

Nobody knows for sure what causes these periods of fussiness. Sometimes the frequent feeding sessions are followed by a longer period of sleep, so perhaps the baby is filling up on milk beforehand. Some doctors speculate that the behaviour is caused by the baby's immature nervous system. Some mothers say their babies are more cranky if they get overstimulated during the day and/or are overtired. Whatever the cause, most mothers say that by the time their babies are three or four months old, the situation gets better.

So how do you deal with a difficult evening with a fussy baby? For some mothers, simply understanding that this is common, normal behaviour is enough to restore their confidence in their mothering skills and gives them the patience to deal with their fussy babies.

Try to keep calm and patient and continue to soothe your baby by offering the breast, rocking him, cuddling him and kissing him. If you are quite sure that your baby has had enough milk, you can also ask the baby's father or other caregiver to hold the baby while you take a rest or get on with a household job. Sometimes babies get over-stimulated by the smell of your milk and may be calmer with what we can call a 'non-lactating caregiver'. Some babies respond well to being popped in a sling and taken for a walk - although of course for many mothers this evening period is a busy time of day, with meals to prepare and other children to attend to. Singing, rocking, walking and breastfeeding are all the old tricks of mothering a restless baby and we can try them all and see if any work. Some babies respond best if mothers sit still and camp out on the sofa, others prefer the rocking sensation as mother walks to and fro. It's all a question of the baby's individual personality which, even at this very young age, is starting to shine through.

Spotlight on LLL Totsuka

LLL Totsuka mothers explained why they find La Leche League meetings help them feel good about breastfeeding.

At La Leche League meetings I can talk with mothers whose children are close to the age of mine and find answers to my concerns. As I seldom get opportunities to talk with other breastfeeding mothers, I am really glad I was able to attend today and hope to come again.

Miyuki Nishimura

I like LLL Meetings because I can share breastfeeding and parenting concerns with other mothers and learn how to overcome them. I also feel revitalized.

Mariko Yamazaki.

Totsuka, Yokohama is just a short train ride away from Tokyo

Even though there may be things I don't understand about breastfeeding or make me feel trapped at times, at La Leche League Meetings I receive accurate breastfeeding information and confidence, which reassures me that I can breastfeed.

Kayoko Sugimoto

Now that my child is getting older, La Leche League Meetings provide a place for me to remember the feeling of freshness when I had a baby around. They also provide a warm place where I can be reenergized.

Sachiho Sakabe

New Leader in Hong Kong

La Leche League Hong Kong is delighted to welcome a new LLL Leader, Brooke Dempsey. Brooke is originally from Canada and has 2 children: Natalie, 3 years old and Silas, 16 months. Brooke is also a trained childbirth educator and doula.



New Peer Counselling Course

La Leche League Beijing is holding the first LLL Breastfeeding Peer Counselling Training course in Beijing, August 26th to August 29th. The course will be taught in Putonghua and will be led by Janedy Chen from La Leche League Taiwan and Maggie Yu from La Leche League Hong Kong.

Facebook Friends

Many La Leche League groups in Asia now use Facebook to communicate with their members, mothers and mothers to-be. Check out the Facebook pages for these groups:



La Leche League Hong Kong
La Leche League Mulund, Mumbai and the
Pan India Breastfeeding Resource, Mumbai
LLL Manila, Philippines
LLL Seoul
LLL Suzhou

Congratulations to Krista

Krista Grey from La Leche League Egypt has won the Trudi Szallasi Memorial Scholarship for students of lactation. This will subsidize Krista as she works towards the qualifying examinations for the International Board of Lactation Consultants. Krista hopes to use her skills as a Lactation Consultant to work with mothers in Egypt.



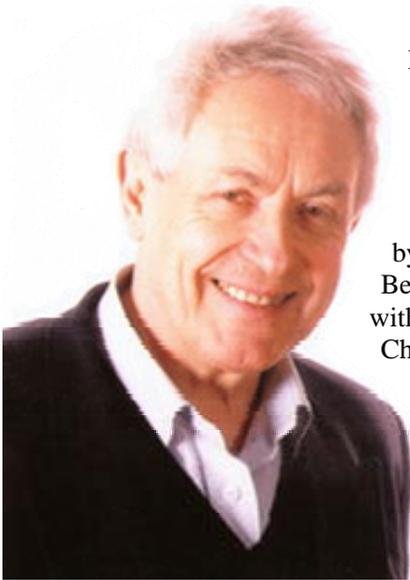
Watch Out For World Breastfeeding Week (WBW)

WBW runs from 1st August to 7th August. This year's theme focuses on engaging and mobilising youth intergenerational work, with the catchy slogan of, "Talk to me! Breastfeeding - a 3D Experience". For WBW events in your area, see: <http://worldbreastfeedingweek.org/>

Dr Michel Odent visits China

by Ivy Makelin

Leader with the Beijing Group, China



Pioneering birth educator Dr Michel Odent was the keynote speaker at two seminars in April 2011 organised by La Leche League Beijing in conjunction with the China Soong Ching Ling Foundation.

Dr Odent's first talk was entitled "Birth and Breastfeeding - Laying the Foundation for

Lifelong Health". This focused on how medicalized births challenge the hormonal responses in the mother during the birth process. Dr Odent believes this may result in longer, more difficult births and more difficulty in getting started with breastfeeding.

Dr Odent looked specifically at the role of synthetic oxytocin in many hospital births and expressed concern that this may negatively affect the initiation of breastfeeding.

Naturally released oxytocin is often called the 'hormone of love' because it helps us feel good and triggers nurturing behaviours. During childbirth, oxytocin stimulates contractions of the uterus, which speeds the birth of the baby and delivery of the placenta.

Synthetic oxytocin is commonly used during hospital births either to augment labour or just after delivery to prevent haemorrhage. The synthetic oxytocin is given in much larger amounts than a woman's body naturally releases. Dr Odent questioned the impact this could have on breastfeeding when the synthetic oxytocin overwhelms the oxytocin receptors in the breasts at such a critical stage. Could it dull the response of the receptors to mother's natural oxytocin release when the baby suckles?

The use of synthetic oxytocin during the birthing process is probably the most common intervention used by hospitals around the world today – and yet no medical study has considered its impact on breastfeeding outcomes.

Dr Odent explained that oxytocin is a "shy" hormone, which means when a labouring woman feels observed during the birth process, her oxytocin levels may remain

low and be inhibited by the release of the stress hormone adrenaline. This may result in a slower or stalled labour, which increases the need for medical interventions. Similarly, when a breastfeeding mother feels observed, this can also create anxiety, which releases adrenaline and blocks the release of oxytocin. Even if a mother was not predisposed to have milk supply issues, the reduction of the effect of oxytocin results in a reduced or suppressed milk ejection reflex, which can result in lower milk production over time.

Dr Odent discussed the importance of birth and breastfeeding practices and their impact on the genesis of the capacity to love. He refers to oxytocin as the hormone of love, as it is the key hormone in the processes of sexual intercourse, birth and breastfeeding. When a nursing mother releases oxytocin, her milk lets down and she is filled with relaxation and a warm feeling of love for her baby. Yet in this age where natural maternal oxytocin can be so easily suppressed by an environment of observation and intervention, and where synthetic oxytocin can so easily replace the need for the mother to release the hormone, how does this affect the relationship between the mother and the baby? Indeed, in this age of technology, a couple can have a baby bypassing every juncture where the role of natural oxytocin used to be essential. A woman can become pregnant via IVF or AI, she can give birth by surgery, and she can feed formula to her baby.

Dr Odent discussed the importance of data he has collected in the Primal Health Research Data Bank and how events during the primal period impact the life-long health and personality traits of the individual. The primal period is the time from conception to age 1. An accumulation of data suggests that the perinatal period is critical for the development of the capacity to love, yet human ingenuity has made "love hormones" useless in this important period of reproductive life. This occurs at the very time when humanity must invent radical new strategies for survival, including the development of a harmonious society and respect for nature and the world, which are all based on the development of all facets of love.

Dr Odent's speeches were widely reported by Chinese media. The video interview can be viewed at: <http://baby.sina.com.cn/tv/jiangtang119.html>

Dr Michel Odent is the founder of the Primal Health Research Centre. His most recent book, *Childbirth in the Age of Plastics*, is published by Pinter and Martin Ltd.



La Leche League
國際母乳會

La Leche League Hong Kong

BREASTFEEDING ***The Biological Norm***

Featured Guest Speaker:
Diane Wiessinger , MS, IBCLC
Co-author of LLLI's book
The Womanly Art of Breastfeeding

Thursday 10th November 2011
Regal Riverside Hotel
34-36 Tai Chung Kiu Road
Shatin, Hong Kong

Registration details
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