

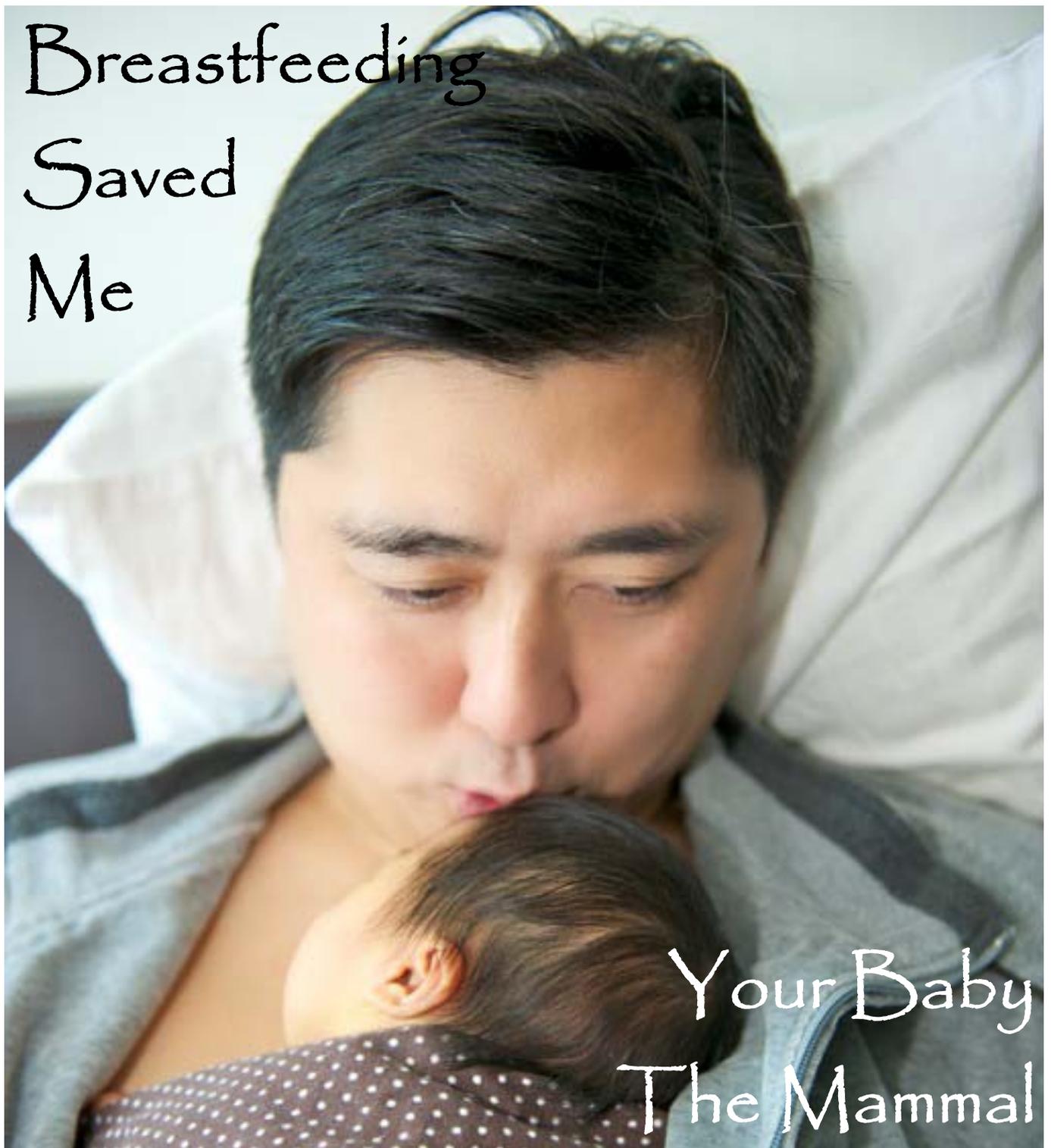
# Close to the Heart



La Leche League Asia  
Late-Year 2011  
Volume 12, Number 3

"Breastfeeding  
is mothering  
close to the heart"

Breastfeeding  
Saved  
Me



Your Baby  
The Mammal

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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  
1<sup>st</sup> March 2012 will be included  
in the Early-Year 2012 issue.**

Contributions received by  
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**Article and stories for  
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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

A new mother is often told to count how many times she breastfeeds in 24 hours and note the number of wet and soiled diapers. This can produce a frenzy of scribbling on scraps of paper, especially if the baby is a good feeder. Nowadays there are iPhone apps to keep track of the numbers, and I once met a mathematically minded mother who had recorded it all on a spreadsheet.

Making a note of input and output is not a bad idea in the early days, especially if there is the slightest doubt about how the baby is faring. Yet sometimes I wonder if we are making the whole 'bringing up baby' thing more difficult than it needs to be. Other animals don't fuss about exactly how many times their offsprings feed – so why should we?

There was a delightful reminder of this when LLL Leader Diane Wiessinger visited Asia in November to talk at seminars in Hong Kong, Taiwan and Beijing. Her keynote speech looked at what happens to infant feeding when mammals are deprived of their chosen place and time of birth. She talked about how the principles of our mammalian heritage affect birth practices and breastfeeding in modern societies. You can read some of the main points from her presentation in her article, *Your Baby The Mammal* (page 14).

In this issue, Emy in Shanghai tells us how she was able to provide breastmilk for her second child Max. This must be the most heart-wrenching article we've ever had in *Close To The Heart* – thank you so much, Emy, for sharing your experiences with us. Your article is an inspiration and reminds us why we do what we do. We also hear how Dr Jeana Dibou persevered to breastfeed her twins and why breastfeeding in India is literally life-saving.

In the last issue of *Close to the Heart* we looked at the myths surrounding low milk supply. In this issue we examine effective ways to increase milk supply. Many mothers worry about milk supply at some point in their breastfeeding journey, so it's always useful to have some strategies at hand which we know definitely work.

It's a great pleasure to read stories from mothers around our wonderfully diverse region. Please keep your contributions coming!

**Maggie**

# Postcard from

## RIZAL, The Philippines

*We live in Rizal, just outside Manila. I share my house with my husband, Christian, and our two children, Jeremy (aged 4) and Justin (aged 1). We also have a dog, called Joey.*

*T is for TAMA, which means “right”; it is right to breastfeed within the first hour upon giving birth.*

*We live in a pleasant neighbourhood. Our house is painted yellow and is surrounded by flowerpots. We dream of having a fence, but that hasn't happened yet! In the Philippines it's quite rare to find such a safe place. Here the children can run around, even in the evenings, and play with the other children on the street.*



*S is for SAPAT, which means “enough”; babies can be sustained by breastmilk alone for the first six months of their lives*

*EK is for EKSKLUS IBO, which means “exclusive”;*

*exclusive breastfeeding for the first six months of life.*

*My two sisters and I all gave birth in 2010 and our babies are all breastfeeding. That's very unusual in the Philippines because formula use is so widespread. I guess that is largely because of widespread marketing campaigns by the formula milk companies. But breastfeeding rates are improving. There are many breastfeeding groups who are trying to support mothers, and the Philippine government has a programme sponsored by the Department of Health called TSEK which supports breastfeeding. TSEK is a Tagalog acronym – here's what it means:*

*There are also establishments, particularly restaurants, which display a Breastfeeding Welcome Here (BFWH) sign. This means that breastfeeding families are welcome to dine there - and staff are trained too!*

*My sisters and I support each other as we mother our children. We breastfeed each other's babies, so that when one of us has to go out for a meeting, the baby will happily latch onto whichever of my sisters is caring for him at that time. That is really nice for us. It's convenient, of course, but more importantly it makes us feel very close to all the babies and it enhances the*

relationship among us sisters too. I think it helps make a very strong bond between the children too. They are very close. They have playgroups together and kiss each other all the time. Breastfeeding is not just about giving milk, I'm sure about that. The bonding is stronger too.

It is such a shame that so few mothers breastfeed here. The Philippines is a developing country, and breastfeeding is obviously much cheaper than buying formula, but for the grassroots mothers very often they are not able to take their babies to work with them because of the hazardous conditions, so they can't continue to breastfeed once they start work. A new law was passed in September 2011 which encourages employers to have breastfeeding friendly stations in the workplace. The Department of Health also has a campaign called "Unang Yakap", meaning "First Hug", which promotes early latch-on after the delivery. The government hospitals also encourage allowing the baby to do a breastcrawl after birth, and rooming in.

Infant and maternal mortality rates are too high in the Philippines, but by enabling more mothers to breastfeed their babies, we think we can help in some way to lower the mortality rate.

My sisters and I are doing what we can to help other mothers breastfeed their babies. My sister Jul and I have both studied to be Lactation Educators, and I am a La Leche League member too. We want to give the mothers at the grassroots every chance they can to breastfeed their babies.



*June Isis Evasco  
Rizal, The Philippines*

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## Pause for Thought

**“The mother’s skin is the baby’s natural habitat, and both physically and emotionally the healthiest place for it to be.”**

**Dr. Nils Bergman**  
*Honorary Research Associate at the University of Cape Town, South Africa.  
Pioneer of 'Kangaroo Mother Care'.*

# Increasing Milk Supply – what REALLY works?

by **Jenny Buck**  
*Leader with Lantau Group, Hong Kong*

From fish and papaya soup, to oatmeal muffins, many cultures have traditional foods which are supposed to increase milk supply. But how do we separate myths about increasing milk supply from genuinely helpful advice?

Milk supply is based on the principle of demand and supply. The best way to increase your milk supply is to ensure that more milk is removed from your breasts. The more milk removed from your breasts, the more milk your breasts will produce. It's really that simple!

Your baby is your best helper as you seek to increase your milk supply, and the first thing to consider is whether your baby is getting enough time at the breast. La Leche League recommends that babies learning to breastfeed should do so eight to 12 times per 24-hour period. Babies may breastfeed slightly less often as they get older, but if you have any milk supply problems we suggest increasing the frequency to boost your milk supply. Most babies will not reject an extra breastfeed if offered! You could also consider taking a "babymoon" in bed with your baby for a few days. This is no time to follow feeding schedules suggested by "baby experts". Instead, your baby needs to be given as many opportunities as possible to breastfeed.

Next, you need to consider whether your baby is sucking effectively. Babies who are not sucking efficiently will take much longer to remove milk. The better the latch your baby has, the more milk he will be able to extract. Mothers of older babies sometimes don't notice their baby's latch has got "sloppy" because it doesn't hurt anymore. Mothers of newborns should also check their babies are actively sucking and swallowing, and get help from an LLL Leader or certified lactation consultant if necessary.

Here are some other ways to help your baby remove more milk when breastfeeding:

- **Warmth** – before feeds or pumping, helps milk start flowing. Take a hot bath/shower, or apply a cloth soaked in hot water.
- **Gentle breast massage** – before feeds or pumping, brings more milk forward for easy removal. (See <http://lllrochester.weebly.com/marnet-technique-of-manual-expression.html> for more information.)
- **Breast compression** – propels milk through the ducts, temporarily making flow faster for easier removal. (See [www.drjacknewman.com/pdfs/Breast%20compression-2008.pdf](http://www.drjacknewman.com/pdfs/Breast%20compression-2008.pdf) for more information.)
- **Switching sides** often will better stimulate the breast and increase milk production.

## Pumping to boost supply

Pumping can be a very useful aid to increasing milk supply if your baby is not sucking effectively or is separated from you. Before pumping, make sure you are as relaxed and comfortable as possible. Try not to worry about the amount you are able to pump. Anxiety will only inhibit milk flow! On the first day or two you may not be able to pump very much. This is normal, because you are suddenly asking your body to produce more milk than it has been accustomed to, but over the course of a few days you will be able to produce more milk. Try using warmth and gentle massage as described above to aid the milk flow. If you are separated from your baby, many mothers find it helps to think of their baby, using whatever reminders are helpful such as a photo, audio recording, or something smelling of their baby

An effective pumping schedule could look like this: Pump for seven minutes. Breast massage. Pump for five minutes. Breast massage. Pump for three minutes.

If you are giving your baby a combination of breastmilk and formula milk and you wish to increase the amount of breastmilk the baby takes, the first thing to do is keep a clear record of how much formula your baby is getting

over a 24 hour period. Then increase the frequency of pumping, whilst gradually reducing the amount of formula milk the baby is given.

If you are not separated from your baby and want to use a pump to boost your supply, you can encourage your breasts to make more milk by either pumping after feeds or between feeds. Be aware that frequent, shorter sessions are more effective than infrequent, longer sessions.

Diana West, author of the invaluable book, *Making More Milk*, advocates what she calls “power pumping”: leave your pump somewhere handy at room temperature (under 26°C) and pump for a few minutes every hour or two into the same bottle, then refrigerate the milk and clean your pump every four hours (for full-term, healthy babies). More great tips can be found from her website: [www.lowmilksupply.org](http://www.lowmilksupply.org).

It’s advisable to buy or rent the best-quality pump you can afford, but your hands can be just as important as the equipment. Here is a link to an eye-opening video which demonstrates how using your hands can maximise your pumping output: [www.newborns.stanford.edu/Breastfeeding/MaxProduction.html](http://www.newborns.stanford.edu/Breastfeeding/MaxProduction.html).

Working mothers: always remember that your baby is more effective than your pump or your hands. You can boost your supply by breastfeeding more frequently when you are home, or meeting your baby during a break. This is usually more effective than adding an extra pumping session, and is much more enjoyable! Breastfeed as much as possible on your days off, and consider bed-sharing with your baby in order to breastfeed more at night.

#### Skin-to-skin contact

If you have milk supply problems, holding your naked (except for a diaper) baby against your bare chest can help breastfeeding in numerous ways. Prolactin and oxytocin hormone levels are boosted in the mother, which encourages milk production and release. It also soothes babies, and taps into their innate breastfeeding instincts, encouraging them to breastfeed more effectively.

#### Night feeding

Mothers’ prolactin levels are usually higher at night, and the prolactin surge in response to baby’s suckling is greater at night, which can have a big effect on milk supply. If mothers hand their babies over to a helper at nighttime, this will have a negative effect on milk supply; not only will the breasts be going for a long period without being stimulated, but the period of higher prolactin levels will be missed. Mothers whose babies sleep for long periods at night may also have the same problem. Your milk supply will be boosted by either more breastfeeding or an extra pumping session during the night. Bed-sharing maximises the opportunities for babies to breastfeed at night while having the least impact on mothers’ sleep. Don’t forget that if your baby is latching well, direct breastfeeding is more effective than pumping.

#### Galactogogues

These are foods, drugs and herbs that stimulate supply. Foodstuffs have not been well studied, but in general a balanced diet, rich in zinc and B12, will help with milk supply. The prescription drug Domperidone may effectively boost milk supply. Many mothers have also reported good results from the herbs fenugreek and blessed thistle, taken together. A doctor should always be consulted before taking drugs or herbs, because there are possible side effects. Galactogogues will be even more effective when used in conjunction with methods to increase milk removal, as described above. When you decide to stop taking them, be sure to reduce them gradually, to avoid your milk supply crashing.

If your milk supply doesn’t respond to the above suggestions, do seek help from a doctor. Your doctor can explore whether you or your baby has any underlying medical conditions (e.g. thyroid problems) or physical limitations which could affect your milk supply. Some conditions, such as flat/inverted nipples, which can affect babies’ ability to breastfeed effectively, can be overcome with extra help from a lactation consultant or LLL Leader. Other conditions, such as prior breast surgery, may mean a mother can only produce a partial milk supply, but they and their babies can still enjoy most of the benefits of breastfeeding.

Perhaps the best recipe for a full milk supply is large spoonfuls of correct information, time and patience, topped with a hefty sprinkling of community support - such as can be found at LLL meetings.

# Skin-to-Skin Contact for You and Your Baby

## It's my birthday, give me a hug!

### What's "Skin-to-skin"?

Skin-to-skin means your baby is placed belly-down, directly on your chest, right after he is born. Your midwife dries him off, puts on a hat, and covers him with a warm blanket, and gets him settled on your chest. The first hours of snuggling skin-to-skin let you and your baby get to know each other. They also have important health benefits. If he needs to meet the paediatrician first, or if you deliver by c-section, you can unwrap him and cuddle shortly after birth. Newborns crave skin-to-skin contact, but it's sometimes overwhelming for new mothers. It's ok to start slowly as you get to know your baby.

### Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Many different research studies have shown that skin-to-skin babies breastfeed better. They also keep nursing an average of six weeks longer. It is recommended that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in his first few weeks makes it easy to know when to feed him, especially if he is a little sleepy.

### A Smooth Transition

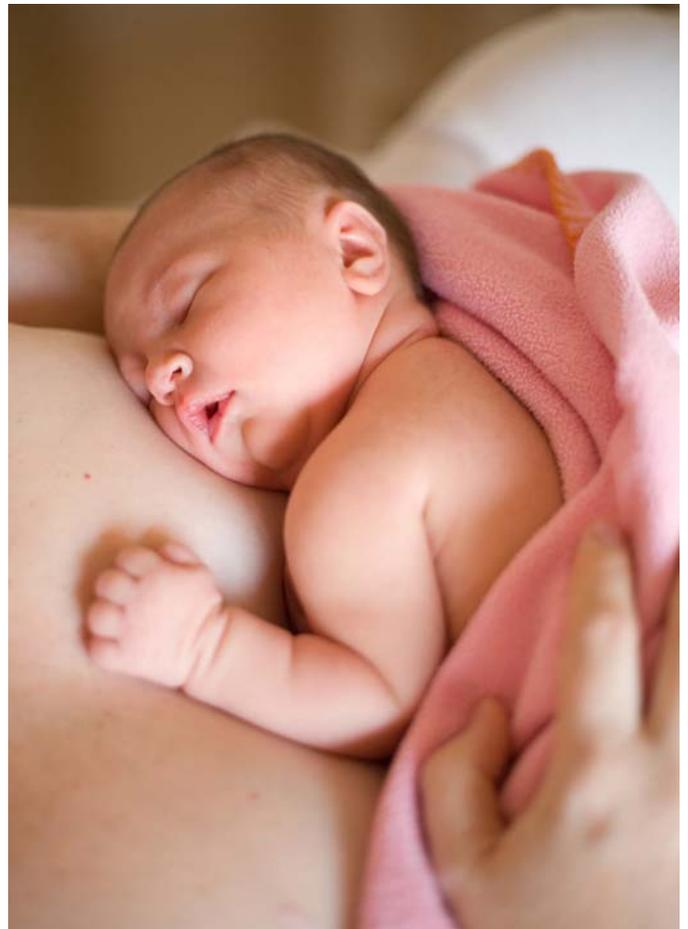
Your chest is the best place for your baby to adjust to life in the outside world. Compared with babies who are swaddled or kept in a crib, skin-to-skin babies stay warmer and calmer, cry less, and have better blood sugars.

### Bonding

Skin-to-skin cuddling may affect how you relate to your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin mothers touch and cuddle their babies more. Even a year later, skin-to-skin mothers snuggle more with their babies during a visit to their paediatrician.

### Skin-to-Skin Beyond the Delivery Room

Keep cuddling skin-to-skin after you leave the hospital – your baby will stay warm and comfortable on your chest, and the benefits for bonding, soothing, and breastfeeding continue well after birth. Skin-to-skin can help keep your baby interested in nursing if he's sleepy. Fathers can snuggle, too. Father and mothers



who hold babies skin-to-skin help keep them calm and cosy.

### About the Research

Multiple studies over the past 30 years have shown the benefits of skin-to-skin contact. In all the studies described here mothers were randomly assigned to hold their babies skin-to-skin or see them from a distance. For more information, see GC. Moore, E. Hepworth, J. Bergman, N. Early skin-to-skin contact for mothers and their healthy newborn infants, [Systematic Review] Cochrane Pregnancy and Childbirth Group Cochrane Database of Systematic Reviews. 2, 2005.

Photo taken by Philippe Roy

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**The Massachusetts Breastfeeding Coalition**

<http://massbreastfeeding.org/providers/SkinToSkin.pdf>

# Questions Mothers Ask

**Q: I keep getting a sharp, shooting pain in my breast – even when the baby is not feeding. The skin on my nipple looks a bit red too. It's really getting me down – what's going on?**

**A:** Persistent nipple pain in the early weeks of breastfeeding, or nipple pain that appears after several weeks or months of pain-free nursing, may be caused by an infection. This could be a yeast infection or a bacterial infection.

Additional symptoms can include:

- Itchy or burning nipples that appear pink or red, shiny, flaky, and/or have a rash with tiny blisters
- Cracked nipples
- Shooting/stabbing pains in the breast during or after feedings
- Intense nipple or breast pain that is not improved with better latch-on and positioning
- Deep breast pain.

It can be hard to distinguish between pain caused by a bacterial infection and that caused by a yeast infection. Both infections can enter the breast through cracked nipples and can exist simultaneously. You will need to see a Doctor to be sure of receiving the correct form of treatment.

Yeast infections are also commonly known as thrush. You may be at higher risk for developing thrush if you or your baby has had a recent course of antibiotics or your nipples are cracked or damaged. Oral contraceptives or steroids (such as for asthma) also increase the risk of thrush.

Thrush is hard to diagnose and there could be other reasons for the nipple pain. We've already mentioned the possibility of a bacterial infection and you also need to consider the way your baby is positioned at the breast and the latch before assuming your problem is thrush. Discuss ideal latching with your local La Leche League Leader or certified lactation consultant.

Thrush spreads easily and can be difficult to treat. It's essential for both you and your baby to receive treatment. The first treatment recommended for the mother is usually a topical ointment applied to the breast, while oral drops are given to the baby.

For cases that do not improve, Dr Jack Newman suggests trying herbal treatments such as gentian violet, grapefruit seed extract, and/or probiotics (<http://www.breastfeedinginc.ca/content.php?pagename=doc-CP>). You may be able to find these in local health food shops, or they can be ordered online. Gentian violet has the potential for toxicity so should only be used in a solution of 0.5 to 1% and used for a maximum of 4 to 7 days.

For very resistant cases, your doctor may prescribe an oral medication. Treatment should continue for two weeks beyond the end of the symptoms to make sure the infection is completely clear. After treatment for thrush begins, the symptoms may appear to get worse for a couple of days before improving. While the pain continues, offer your baby short, frequent feedings, beginning on the least painful side. Be sure to rinse your nipples and let them air-dry after each feeding.

If your baby uses a pacifier or bottle teat, they should be boiled for 20 minutes a day and replaced every week. Toys that go in your baby's mouth should be washed with hot, soapy water.

Continued on page 11

## Breastfeeding Saved Me

My name is Emy – I have a seven-year-old son Kane, and a daughter Luna who's three years old. I did have a second son in between, but he passed away when he was about two months old; his name was Max. We have lived in Shanghai for eight years. I am second-generation Japanese, I was born and raised in Colombia, so I speak Japanese and Spanish to our kids. My husband is Taiwanese American, so we have quite a mixture of languages in our home.

My son Kane stopped breastfeeding about a year ago, when he was six years old. But this was actually his second weaning experience. The first time Kane experienced weaning from breastfeeding was when he was one and a half years old, when I got pregnant with my second child. He lost interest in breastfeeding around the time of my second trimester. Probably my milk supply was a bit lower then and perhaps the taste was a bit strange for him. He weaned himself gradually and I was OK with that.

Then Max was born prematurely at 28 weeks and was immediately placed in the hospital's Neonatal Intensive Care Unit. He was born with a very severe type of



oesophageal atresia and I was told he would need numerous surgeries after birth. Since his oesophagus was blocked, making him unable to swallow anything, nobody in the hospital was encouraging me to save my milk supply. But in my heart I knew breastmilk would be the best food for him when he recovered. I badly wanted to restore my milk supply. With no support, and Max in very intensive care weighing less than 1,000 grams, I was really stressed out and afraid that I wouldn't be able to make enough milk by pumping alone. On top of all the stress, the hospital had no pump I could borrow. The only way to do it was hand express and buy a pump. But then I thought of Kane, who I missed so much and was not with me in the hospital. When he came to visit me, an idea clicked in my mind: I would try to let him be my pump. So I encouraged Kane, then close to turning

two, who had recently weaned, to come back to the breast.

At first he just licked the breast and I realised he had forgotten how to suck. So I dipped a pacifier into some expressed breastmilk and asked him to suck the pacifier. He sucked a few times and he loved the taste – he said it was sweet, just like vanilla ice cream! After trying out with the pacifier, he eventually was able to transfer to the breast and remembered how to suck properly. It was a great relief. I put him on my breast every two hours during the day, and at night I would pump. Quite soon, not only did I have a huge milk supply, I had him close to me, skin to skin. The motherly and loving hormones that came from nursing Kane were protecting me and giving me an inner strength I very much needed.

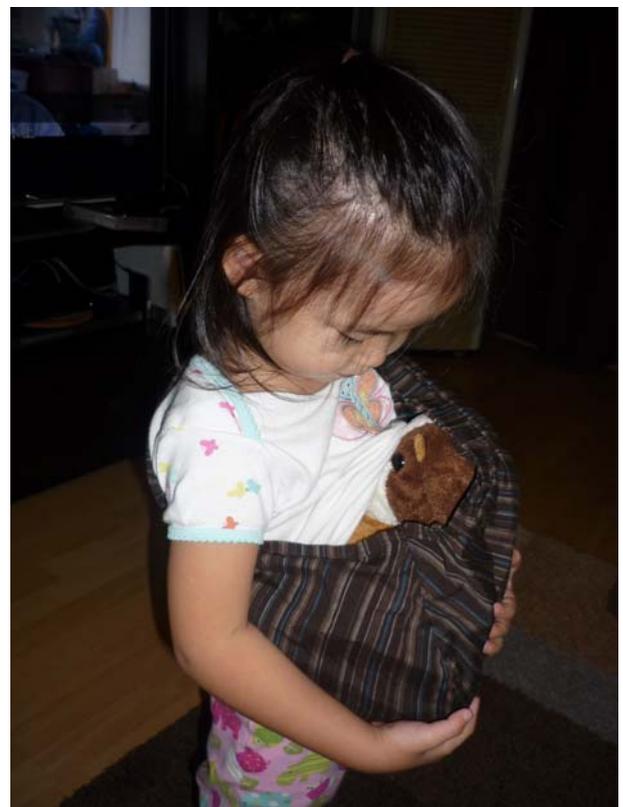
Pumping and nursing Kane made me feel there was something I could do for Max. I felt I should be breastfeeding and holding my baby, but of course he wasn't there and I was all by myself in the house, nervous and stressed out. Maintaining my milk supply for Max made me feel that I still had a connection with him, and that really helped me. If I weren't doing that, probably it would have been very hard for me and I would have felt lost and empty.

I was reading an article about milk banks. There are many mothers who donate to milk banks because their baby passed away. They make the donation because they feel it helps with their grieving process, and they feel they are doing good for other babies in the name of the baby that passed away. I can relate to that; they are doing something for the whole society.

I really feel that nursing Kane not only helped me, but helped my entire family. Kane was happy drinking “vanilla ice cream milk” and enjoyed being so close to me

when we most needed it. I kept thanking God that Kane was there with me and that I was able to nurse him for the sake of my children and my family.

Kane was also fortunate to have his own share of breastmilk, his brother Max's milk, and also tandem nurse with his little sister Luna. Kane truly enjoyed tandem nursing with his sister as they giggled away. I hope Kane will keep with him sweet nursing memories, as he did nurse till he was about six years old. Now he is happy watching his sister enjoy it as much as he did.



**Luna shows Mum what to do**

La Leche League states that its mission is to “promote a better understanding of breastfeeding as an important element in the healthy development of the baby and the mother”. I feel that for me, and perhaps for many, many others, it has been an “important element in the healthy development of the baby and the mother”... and the entire family. .

## Baby Led Weaning: No Rush with the Mush!

My little girl has always been a super breastfeeder. She latched on straightaway after birth and we've never had any problems. The two tubes of Lansinoh I bought, after being told about the inevitability of sore nipples, sit unopened in my bathroom cabinet. However, introducing solids wasn't quite what I'd expected.

When Effie reached five and a half months, she started to become interested in food - she'd try to grab things off my plate and put them in her mouth! So I started to think about solid food and how I would introduce it once she reached the magic age of six months.

I had a few friends who had used the "baby-led weaning" method and it really appealed to me. Baby-led weaning involves the baby self-feeding and eating the same meals (but without salt, honey etc) as the parents. The food is simply cut into baby-friendly wedges for them to try. The idea is that the baby starts by just experimenting with the food and ultimately starts eating at their own pace between about six and 12 months.

The whole philosophy made so much sense to me - breastfed babies are used to deciding for themselves when they are full. They are also used to all the delicious flavours from their mother's diet, which pass into the breastmilk. Because of this, there is no need to stuff them with spoonfuls of bland and unwanted goo. Instead, babies are given finger food and allowed to feed themselves, deciding how much or how little they require. Plus, I had seen a friend's 7-month-old gobbling up spaghetti bolognese as fast as his chubby fists would allow, and it was so positive compared to the friends I had seen trying to trick their little one into taking just one spoonful of mush into a firmly closed mouth.

When we first started on solids it was great. We were totally relaxed about how much Effie did or

didn't eat. It was just all about experimentation. She would put everything in her mouth and make beautiful collages on her tray out of the rest. It also allowed us to get used to a baby who needed solids. As Effie just ate whatever we were eating, it acted as a great transition from never having to think about food and feeding (we just breastfed whenever Effie wanted) to having a child who needed meals.

I wish I could say that we carried on in that relaxed vein! Actually, the niggling doubts started when Effie was about nine months old and really hadn't swallowed very many solids at all. Her spoon-fed friends seemed to eat so much more than she did, and were now moving onto finger food with much greater relish than Effie was showing. For the first time in her small life, I started worrying about her weight gain. She'd always stuck to the percentile that she'd been born on, but suddenly she was plummeting through the percentiles. Not losing weight, but between December and March she'd put on a grand total of 300g.

Previously, I had told friends who were worried about their babies' weight gain that they should trust their instinct and that THEY knew if their baby was healthy; percentiles are a guide but not the law on healthy growth; breastmilk gives babies all the calories they need and a bit of apple puree doesn't, etc, etc. Now I had to believe all my own advice! Yes, I knew she was healthy but I wanted some empirical weight-gain-based evidence to prove it. And I wanted an empty plate too. Dinnertime was threatening to become the battleground I had specifically wanted to avoid.

We had a minor breakthrough when we discovered that Effie liked mini shredded wheat, which were big enough and solid enough for her to pick up and get into her mouth, but soft enough to chew and swallow. Then her friend Fiontan

came to stay. Fiontan is a year older and so he found an instant fan in Effie. She followed him everywhere and when dinnertime came, she watched him eat and wanted to do the same. For the first time, I spoon-fed Effie (Finn's dinner wasn't finger food style) and she ate it all up!

After that, I decided to be less rigid in my following of the baby-led weaning method. I started spoon-feeding her as well and, at ten months, she started eating. And eating. Her teeth all arrived shortly after her renewed interest in food, so maybe she's just physiologically ready for solids now.

I have relaxed again and can trust her to know when she's full - some days she eats next to

nothing, and others she won't stop eating. I know that if she doesn't eat solids that day, she is still getting the nutrients she needs from breastmilk. And I no longer need weight gain to prove it.

Would I use baby-led weaning again? Yes, absolutely – after a little wobble, and the realisation that spoon-feeding is okay too, I feel sure that this method explains Effie's willingness to try new foods and her appetite for wonderful flavours such as olives, garlic and coriander. However, if there is a next time, I will chill out and remember that babies need solid food in addition to breastmilk “at some time in the second half of their first year”, not necessarily at six months on the dot!

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## Questions Mothers Ask

Continued from page 7

If you are pumping, don't forget to boil all breast pump parts that come in contact with milk. The milk you pump during a thrush outbreak can be fed to your baby while he/she is being treated, but if you freeze it for later use, the defrosted milk should be boiled before feeding to your baby. Freezing breastmilk does not kill the yeast in it, but boiling does; however, boiling will reduce the nutritional quality of the milk slightly.

In addition to the medical treatment, there are other steps you can take:

- Wash all bras, bra pads, nightgowns, etc (anything that comes in contact with your nipples) in HOT water with bleach, and dry on hot in the dryer or in the sun.
- Rinsing your nipples with a vinegar and water solution (1 tablespoon vinegar to 1 cup water) after every feeding can be helpful. Use a fresh cotton ball for each application, and mix a new solution every day.
- Some women add acidophilus supplements (40 million units per day) to their diet.
- Reduce yeast and sugar in your diet.

These home remedies can be effective but they should be in addition to the medication, not instead of it.

Be careful with hand washing, especially after diaper changes. Babies can get yeasty diaper rashes very easily. If you use cloth diapers or nursing pads, the yeast can be passed through the laundry; wash in HOT water with bleach and dry on hot in the dryer or in the sun.

Even if you and your Doctor believe you have thrush, it's prudent to watch out for the possibility of a bacterial infection getting worse, leading to mastitis. The symptoms of mastitis to watch out for include: feverish, feeling achy and run down, having chills; hard/sore lump on the breast; a red, hot or swollen breast; one breast being much worse than the other. Treatment for mastitis involves rest, draining the breasts frequently, and a prescription of antibiotics if you get a high fever (38.5°C or higher). But antibiotics could make thrush worse, and should be avoided if thrush is still suspected, unless you have a high fever.

Thrush thrives in a warm, moist environment and therefore is a very common problem among breastfeeding mothers, especially in the tropics. Some mothers think they are never going to get rid of it – but they usually do! If thrush is getting you down, do make an appointment with your doctor, and consider attending a La Leche League meeting, where you will find sympathetic ears and encouragement.

## Breastfeeding Twins: Double The Joy

In a developing country like India, breastfeeding is especially important. I saw this with my own eyes, working as a doctor in the Department of Paediatrics at Christian Medical College Hospital, Vellore, Tamil Nadu. I have seen many babies brought in with malnutrition, frequent infections like diarrhoea and respiratory diseases, just because they were not breastfed adequately. I have even witnessed the death of twins who were brought in by a poor mother who had been encouraged to bottle-feed her babies. I don't know how she could afford to pay for the formula milk and then she lost

both the twins to a simple but deadly disease: diarrhoea. Our Department of Paediatrics in the same hospital at Vellore is doing a great job by advocating exclusive breastfeeding for six months.

My experiences at the hospital were the initial motivation for my decision to breastfeed my twins, who I conceived after IVF treatment. While pregnant, I did a lot of reading and discovered La Leche League International. I know I couldn't have breastfed my twins without the support of this organisation. I particularly appreciated



two books published by LLLI: *The Womanly Art of Breastfeeding*, and *Mothering Multiples*. These books were amazing to read and answered my questions. If I had any doubts, my LLL Leader was always available to talk through my concerns.

I am proud as a mother to say that I exclusively breastfed my twins for six months and continued to breastfeed them until 18 months old. I stopped breastfeeding when I became pregnant. This time, the pregnancy occurred without IVF, and breastfeeding during the pregnancy was exhausting for me. It was really sad for me to stop, but I had a lot of pressure from home.

Breastfeeding my twins was such a blessed experience for me. It wasn't easy, I assure you. Some days I sat on my sofa feeding them for hours. Sometimes they fed together, sometimes I fed them separately. But I believe my effort has already paid off and will continue to do so as they grow older.

My twins Hannah and Joel were born at 37 completed weeks of gestation. This was a great relief. They were healthy and had adequate weights of 2.7 kg and 2.5 kg, so they were immediately brought to my side and I could start feeding them right away. I did have my share of cracked nipples and had to feed them expressed breastmilk for a few days with a paladai cup feeder. However, after only a couple of weeks they were able to suck well.

Breastfeeding was not easy because most of my family members did not support my decision to breastfeed. They kept on saying I was not giving my babies enough milk. If the twins cried, they said it was because they were starving. My husband was a great support because he too is an obstetrician and he knew how crucial it was for our babies to get the benefits of breastfeeding.

Initially I had doubts as to how often I should feed them. When my LLL Leader recommended feeding the babies on demand, I must say it was a relief for the babies but exhausting for me. I was determined to feed them exclusively, but of course that meant I had to make some sacrifices: I missed out on quite a bit of sleep, my eating schedules changed, and I never got to finish a meal in peace or go to the toilet peacefully.

Despite this, I wouldn't give up the experience I had with them for the world. Many people can't imagine that a mother can feed two babies at a time. This was a new concept for the babies' grandparents too. But the babies adjusted so well, and even late into their toddler months they loved to feed together, which made life much easier for me.

I have seen my twins growing adequately: they are not obese and not too slim, and they have very few infections. I believe the breastmilk has done a lot of good for their brain growth too. Because I was exclusively breastfeeding them, I could do it anytime and anyplace. I never had to bother with the extra effort and cost of buying and sterilising bottles or making up formula feeds. The bond that breastfeeding creates is amazing; you may think it is exhausting that they are so bonded to you that they never want to let go. I always feel good when someone tells me that my babies prefer to be with me than with someone else.

My humble request is that we need to encourage mothers to exclusively breastfeed their babies for six months. Mothers need a lot of support for this from their doctors and families. I believe every mother wants to do the best thing for their children, and there is nothing more rewarding for a mother than being able to breastfeed her little ones. The benefits of this precious gift will last a lifetime..

# Your Baby The Mammal

by Diane Wiessinger, MS, IBCLC

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

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

But your newborn is really a very, very competent little mammal, as long as he's where he's supposed to be: with his whole body against

yours. Lean back at a completely comfortable, well-supported angle (not flat) to let gravity hold your baby's whole front against yours. He'll probably lie at an angle across you, for example with his head near your left breast and his feet near your right thigh. You may find yourself stroking him or playing with his feet, and you may find him bracing the ball of one or both feet on you.



Rest his cheek on your bare breast, near your nipple. If he's hungry and isn't impaired by birth interventions, he'll probably straighten his head and bob it on and off your breast, his mouth and chin reaching forward and his mouth opening wide as the search for lunch begins in earnest. He may or may not latch on once he gets there; that can depend on his earlier experiences and yours. But he will absolutely make the trip. Follow his lead in whatever way feels right to you, holding your breast or not, repositioning him or not, and odds are you'll soon have a comfortably nursing baby. If birth interventions have

distressed you both, easy nursing may take a few days. Or maybe not!

Baby care is much, much simpler when you remember that this isn't a strange little creature that should come with an instruction book. Your baby is just a baby mammal, and a very competent one at that. In fact, your baby is an instruction book. As long as he has his natural habitat – you!

**Diane Wiessinger is co-author of *The Womanly Art of Breastfeeding* (8<sup>th</sup> Edition) published by La Leche League International, and runs the website [www.normalfed.com](http://www.normalfed.com)**

# In the News

## La Leche League Seminars in Asia

In November, La Leche League Asia and Middle East was delighted to welcome Diane Wiessinger to our area to give a series of presentations. Diane spoke at LLL seminars in Hong Kong, Taiwan and Beijing. In Hong Kong, she was joined by Dr Rosanna Wong, a leading expert in paediatric care.

Here are some of the moments we shared together.

I think a lot of people say discouraging to breastfeeding mothers things in Hong Kong, so after hearing Diane's talk I feel more confident. I am a mammal too, and I think if mammals can breastfeed so easily, then so can I!

**Mandy Ip**  
Hong Kong Mother

*I was especially interested in the talk by Dr Rosanna Wong. I do not work in the NICU so it was very interesting to hear how they manage breastfeeding in this environment.*

**Elvina Wu**  
Midwife, Hong Kong



I just wanted to say **Thank you** for organizing such an informative conference last weekend. I was certainly left with thoughts for reflection on my own practice.

**Anne Hemsley**  
Child Birth Educator, Beijing

*It was a great weekend. Diane was so inspiring. I've already started employing the new terms she proposed - breastfeeding is the norm, it is natural and normal, apart from being the "best".*

**Yanhong Wheeler**  
LLL Leader, Beijing

A vertical poster for a public lecture. The top half features a photograph of a woman in a light blue shirt breastfeeding a young child. The text is in both Chinese and English. The Chinese text reads: "从出生到母乳喂养 自然背后的科学" 公益讲座. The English text reads: "From Birth to Breast, The Science Behind What Is Natural". Below this, it lists the keynote speaker: "Keynote Speaker: Diane Wiessinger, MS, IBCLC, LLL Leader from the USA". The dates and location are given as "2011年11月19日-20日 November 19-20, 2011 中国·北京 Beijing, China". At the bottom, there are logos for the organizing institutions: "中国宋庆龄基金会培训交流中心" (China Songqingling Foundation Training &amp; Exchange Center), "国际母乳会-亚洲" (International Breastfeeding Association - Asia), "北京嘉加帮母婴护理有限公司" (Beijing Jiajiabang Mother and Infant Care Co., Ltd.), and "哈依妈妈母乳喂养服务机构" (Haie Mom Breastfeeding Service Organization). There are also logos for sponsors: "BEBABAB", "SINGCUNG", and "关爱乐The Family".



## Top Reasons To Breastfeed

**We all have our own favourite reason for breastfeeding. Here are some listed by The World Health Organisation. What are yours?**

### 1. Health benefits for infants

Breastmilk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses - such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breastmilk is readily available and affordable, which helps to ensure that infants get adequate sustenance.

### 2. Benefits for mothers

Breastfeeding also benefits mothers. The practice when done exclusively often induces a lack of menstruation, which is a natural (though not fail-safe) method of birth control. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

### 3. Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes. There is evidence that people who were breastfed perform better in intelligence tests.

### 4. Why not infant formula?

Infant formula does not contain the antibodies found in breast milk and is linked to some risks, such as water-borne diseases that arise from mixing powdered formula with unsafe water (many families lack access to clean water). Malnutrition can result from over-diluting formula to "stretch" supplies. Also, frequent feedings maintain the breast milk supply. If formula is used but becomes unavailable, a return to breastfeeding may not be an option due to diminished breast milk production.

### 5. HIV and breastfeeding

For HIV-positive mothers, WHO recommends exclusive breastfeeding for the first six months unless replacement feeding is:

- acceptable (socially welcome)
- feasible (facilities and help are available to prepare formula)
- affordable (formula can be purchased for six months)