Close to the Heart

La Leche League Asia
Early-Year 2012
Volume 13, Number 1

"Breastfeeding is mothering close to the heart"

Night-Weaning Magic

Thoughts on Lopsided Nursing

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Mission Statement

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

Contribution Deadlines

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

Contributions received by 1st Nov. 2012 will be included in the Late-Year 2012 issue.

Contributions received by 1st Mar. 2013 will be included in the Early-Year 2013 issue.

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

Close to the Heart
Is a bilingual newsletter (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

My hobby is flute playing. You might think flutes and breasts don't have much in common. However… British flute teacher Trevor Wye says:

"Good flute playing is a question of time, patience and intelligent work".

I'm often reminded of this when I meet breastfeeding mothers. The first few weeks can be tough. Maybe things got off to a bad start in hospital and the baby isn't latching well. Maybe the mother's arms are aching and she's not getting enough sleep. But often, with a bit of time and patience, these issues resolve naturally, and after a couple of months mother and baby are a smooth-running team. So what about the 'intelligent work' part? If mother and baby keep doing it wrong, even 12 feeds a day won't put things right. In this case, a few tips from a good 'teacher' - in this case a La Leche League Leader or Lactation Consultant - can speed up the learning process for both mother and baby.

In this issue of *Close to the Heart* we hear from some mothers who have put in the time… had the patience and did plenty of intelligent work. Elizabeth Arora in Cairo describes how she patiently persuaded her son to sleep a little bit longer during the night. Ashley Chun shares some practical tips on how to combine breastfeeding with the demands of a full-time job. Nadiya Dragan El-Chiti is certainly using all of her intelligence and creativity to promote breastfeeding in Lebanon.

Flicking through this issue of *Close to the Heart*, it's wonderful to see such a dynamic group of mothers and La Leche League Leaders in our Area. There is so much going on! Beijing hosted another wonderful seminar; new groups are opening in the Middle East, and LLL is becoming more active on Facebook. This is an exciting time to be involved with La Leche League! I hope that you feel a sense of positive change in your part of the world too.

Perhaps with some time, patience and intelligent work, we can make breastfeeding the normal practice in Asia and the Middle East.

Best wishes,

Maggie

Thoughts on Lopsided Nursing

by **Cecily Harkins**
Mother of eight and Grandmother of 13
Longstanding member of LLL Asia & Middle East

When I had my first baby, an unusual thing happened while she breastfed. I began to notice that my right breast seemed to be growing smaller, while at the same time my daughter preferred nursing on my left side. By four months, I was noticeably lopsided and because of my ignorance, within another month I weaned her. Thankfully I found LLL during my next pregnancy.

As I had subsequent babies, I became more aware of how I breastfed, especially during the critical first months. I tried to observe our positioning so that hopefully I could avoid a repetition of my first unhappy experience. I would like to share with you some of my observations and thoughts on how to avoid and solve lopsided nursing.

Being aware of how YOU the mother prefer to nurse is the first step. Are you right- or left-handed? Some people are equally comfortable working with both hands, while some people have a strong dominance for one side. Which are you?

In my work with brain-injured children, I learned that many 'sidedness' preferences are learned and not innate. If you were bottle-fed, your mother probably held you on the side that allowed her to have her dominant arm free, so from babyhood your visual view of life was biased. Here is another inherent, though not often valued, advantage to breastfeeding! Baby gets to see life with each eye alternating her view from day one.

A simple test to determine your side preference is not which hand you use (learned) but which ear you listen with. If someone whispers on the other side of the door which ear do you turn to hear? However, the ear you use for phoning doesn't count because that choice is more often made to keep your dominant hand free. Which foot do you begin walking with? If someone had a bag filled with

items and you had to identify them by blindfolded touch, which hand would you use?

So, what does all this have to do with lopsided nursing? If you are right-handed then putting baby to your left breast is more natural, while for most left-handed mothers nursing on the right breast is usually preferred. After all, it makes sense to want your dominant hand free to position baby's head, to smooth her hair or clothing, to reach for a book or your own drink. If your preferred breast is always offered first at most feedings, this practice can influence milk production, especially in the early weeks.

Aside from personal preference, some scientists believe lopsideness may be caused by anatomical differences (such as differences in blood flow and number of working milk ducts) that exist in most women even before the baby is born; after all, few of us are perfectly symmetrical. Whatever the cause, once milk decreases in a breast, baby prefers the fuller breast and the cycle is established.

While it is possible to nurse on only one breast, many mothers may feel uncomfortable with their lopsided appearance and decide to wean. That's another reason why we encourage mothers to start baby nursing on alternate breasts at each feeding.

Of course many mothers will never experience this problem and they don't need to pay any attention to which side they feed on first. But for other mothers careful nursing might mean a great deal, especially if her newborn is sensitive to tactile input.

Prevention is foremost. Being aware of subtle changes in breast size will alert you that it's time to alternate sides appropriately. But what if your baby has already begun to prefer a breast? What if your baby outright refuses to nurse on your smaller breast? Here are some simple strategies that I found helped mothers:

- Begin each feeding on the smaller breast until milk production is more balanced.
- Lie on your side covering the larger breast. Instead offer baby the smaller breast.
- Feed when baby is drowsy - late at night, nap time, or just before he awakens.
- Try using the underarm (football) hold or other feeding positions with which your baby is not so familiar.
- Pump the smaller breast in between feedings to stimulate more milk.
- Encourage your baby to have short sucking sessions between normal feedings.
- Be patient, persistent and comforting.

In other words, you need to stimulate your smaller breast with more frequent shorter feeds, or with manual expression or pumping. This will increase milk production and equalize the production capacity of the two breasts.

These hints are also good for other temporary situations such as when baby has a one-sided ear infection, one nostril stuffed, or a hurt confined to one side of his body.

Rest assured, if all measures fail, a mother can still provide sufficient milk with only one breast! It's also important to know that any lopsided-ness is only temporary. When you wean the baby, both breasts will return to their normal size.

I wish I had this knowledge years ago. However, despite my ignorance, my first baby went on to become a LLL Leader and nursed each of her seven children. So I will forgive myself! I'm going to take credit for persevering with our breastfeeding relationship – especially at a time when there was little information about breastfeeding available. Now I rejoice that La Leche League, with its network of support and encouragement, continues to spread in many cultures and countries.

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Pause for Thought

**"The needs of modern mothers have changed.
However the needs of babies have not changed."**

Toshi Jolliffe
Administrator of Leader Accreditation
La Leche League Africa, Asia & Middle East

Mothers' Stories

by **Ashley Chun**
Hong Kong, China

Full time Mother…Full time job?

Before I got pregnant, there were a couple things I really wanted to try. First was to have a natural birth and second was to breastfeed my baby. I knew that the first wish was not entirely up to me, but the second was something I could try and achieve.

After I became pregnant with my first child in 2008, I started to look on the Internet and in books for information on how to breastfeed successfully. There was plenty information for a newbie like me, but this written information cannot compare to having a woman who has gone through breastfeeding experience herself – and I did not have any friends or family who had breastfed.

From Day 1, I faced challenges. My milk didn't come in for 4-5 days and my baby Luna was very unsettled. She wasn't latching on well and this made my nipples very sore. While these are typical difficulties of breastfeeding, I thought there must be something wrong with me. How could it be that she wanted to feed every 30 minutes? On the verge of giving up and feeling depressed, I met a woman from LLL in my neighborhood. We chatted, and she looked at how Luna breastfed, giving me advice on her latch and how to correct her. She also gave me reassurance that I was more than capable of producing enough milk.

I finally got on track after 6 weeks. By then I was confident about my milk supply and I could hear the gulps when Luna sucked. She sounded very happy!

The next challenge was to breastfeed while going back to work full time. Another nervous breakdown was about to happen! How could I maintain my milk supply? Would she drink from a bottle? What if I couldn't bring enough milk home? I had so many questions and felt quite unsure whether or not I could handle it all.

Another challenge was to make the pump work for me. I just couldn't express enough for one feeding even if I tried for 30 minutes. My breasts hurt from so much pumping and I still only managed a measly 50 ml from both breasts! Why did I see another woman at hospital (right after birth) squeezing out 60 ml and I couldn't do the same? To try to figure this out, I went through 3 different pumps finally settling with a brand that was less painful but yielded more. If this third machine didn't work, I planned to rent the hospital grade pump and keep it at work (maybe I would have to carry it to the office in a suitcase!)

Fortunately I could see myself making progress day by day. By nine weeks postpartum, I was getting around 100ml per pumping session. Yay!

I could also save some extra milk in zip lock bags to store in the freezer. I was so proud of my extra milk bags that I sometimes looked at the freezer just to see how my stock was growing! Back at work, the pumping sessions were working out quite well. I could get 150ml by this time (11th week) and by pumping for two short sessions, I had enough breastmilk for my baby. There were days I would do good (180ml per session) and days when I would do bad (120ml per session). On the bad days I would fit in an extra pumping session after my daughter had finished feeding – and that would make up the difference. After I figured out how I could "complete" her meals, I felt very confident. Whenever my helper would tell me Luna had finished "the last drop of milk", it also gave me great satisfaction. I continued to breastfeed her until 10 months.

Now, my second child, Liliana, is almost nine months and she is also fully breastfed. I was lucky with Liliana as she latched on very well from day one and we had a very smooth start. I think my milk came in earlier or I had more colostrum; either way, she seemed more settled after each feed. Once again, I've learned each breastfeeding experience can be different.

I still pump at work and bring it back home. This time, the amount I am able to pump at work is not as good as it was for my first child, and it's not enough for her daytime feeds. I currently add in extra sessions after I come back from work and pump shortly after the morning feed. I plan on breastfeeding her until she is around one year old. One tough part is that she still asks for milk twice a night; this can be difficult as I am awake during her feeds. I do hope she will cut out one of these feeds very soon. Or even better stop feeding at night altogether.

The advice I can give for successful breastfeeding while working full time is:

Make sure you get a woman near you who has experience breastfeeding (LLL has been so helpful to me)

Get the right pump for you. If one model does not work well, think about investing in a different model. While I've wasted money on a couple machines, I don't regret those purchases. Eventually, I've arrived at my goal: getting enough milk in short period of time

See if your workplace can support you with a space to express milk. I used storage rooms and small meeting rooms - anywhere I could pop my machine out and plug it in.

If your supply seems a bit low and you need a long time to pump, get some help. You can take supplements (consult your physician on this), eat something before pumping – or whatever works for you.

Be organized. Make a list of items to pack every morning. Make a list at work for bringing things back home. You don't want to leave your pump or milk at work.

After a week or so, you will be super organized at getting ready for pumping sessions at work and your body will recognize this as well. Nowadays I can always feel milk coming in when it is about time to pump.

I believe that breastfeeding my children was the best investment, to provide the best nutrition and the nurturing that comes with it. Of course I've had a love and hate relationship with pump (how could anyone like that mechanical squeezing action?). But in the end, I am grateful I was able to give them my breastmilk, not an alternative.

Also, I give myself a pat on the back for being able to overcome roadblocks and challenges while breastfeeding. I think that the most important thing for working mothers is that she should be able to make a decision right for her (full time, part-time, or even a few weeks of breastfeeding). Now, we have the power of knowing what breastmilk means for a child, and we don't have to be persuaded by someone else (doctors and other health professionals) that milk powder is better. However, we also need to remember that previously not all mothers had this information and many of mothers were not able to make the right decision for their children.

by **Elizabeth Arora**
Cairo, Egypt

A Little Night-Weaning Magic

My 2.5-year-old son Pierce and I night-weaned last fall. We bed-share, and he had nursed without restriction since birth. Almost 900 days into motherhood, we were still waking at least six to eight times every night, to nurse for up to 20 minutes at a time. I was dead on my feet, and wondered if so much night nursing plus so little sleep might be impeding our attempts for a second baby.

Although I undertook mother-initiated night-weaning, I believe sensitivity to a baby's needs is critical. A toddler who continues to nurse through the night may have a particular need for extra attention, affection, or even nourishment, that deserves respect. But beyond the age of two, it's also possible that night waking is actually a nighttime habit that might be a bit destructive. I've found that if I get up and get a drink or use the bathroom when I wake at night, after a couple of nights, I start waking thirsty or with a full bladder at the same time night after night. I'm pretty convinced that my son's night nursing was a habit that was disrupting his sleep, as well as mine, as opposed to a real need. Of course, any mother should carefully consider her child's individual needs, circumstances, and reaction before trying to stimulate a significant change, particularly with something as delicate and important as sleep! My husband and I debate whether we could have made this change sooner, but I think it worked so well for us because Pierce was really ready.

I want to share our "protocol", since I have never found anything published that involved no crying and had any chance of working with my determined little boy. In fact, this did the job in just a couple of weeks, even though Pierce had previously fallen asleep without nursing only twice in two years of life.

We started out by buying the beautiful book *Nursies When The Sun Shines* by Katherine Havener. We made this book our nightly bedtime reading.

Next, we stopped nursing in bed, ever (except as described below). We nursed in a comfy chair in the bedroom, then moved to the bed to sleep.

Third, I began keeping a water bottle in the bed. It's a sippy-top bottle, so my son can drink lying down and not spill. It doesn't "satisfy" him in the way nursing does, but it relieves genuine thirst. Taking a sip of water has also become a little ritual he can do as part of going back to sleep -- the way some people plump their pillows. I know some parents worry that night-weaning toddlers may feel hungry, but I hesitate to recommend any sort of food at night because of the risk of tooth decay.

Fourth, before bedtime nursing, we would discuss how the "nums" (our word for my breasts!) need to sleep through the night. I told him that if he

wakes up, he can cuddle his teddy, and take a drink of water, and snuggle mama, and mama will sing, but the nums are going to stay asleep until morning. He was surprisingly cooperative with this idea.

Fifth, I started playing the same sequence of songs during bedtime nursing each night. We use Elizabeth Mitchell's album *You Are My Little Bird*. (Pierce calls it "A little bird music!") I designated a song that would always signal the end of our breastfeeding session. I explained when we sat down to nurse, "When we get to *Peace Like a River*, then it's time to sleep." Every night, when we reach the penultimate song, I gently say, "Last song, then time to sleep." When that song ends, I carry him to bed, latch him off the breast, and repeat, "Time to sleep."

And, for the final touch of fairy dust: we have a lullaby *Over in the Meadow*. This is a "counting" song with plenty of repetition. When Pierce had trouble falling asleep and wanted to nurse, I asked him to lie still and try to sleep until we reached a particular part (about three verses later). Then, depending on how desperate he was to nurse, I would sing the verses faster or slower. After a day or two, he would usually fall asleep almost immediately. If he was still awake at the designated nursing time, I would offer the breast and say, "Okay, we'll nurse until [two verses later], and then it's time to sleep." If he didn't want to let go when the time came, I would say, "Nums go night-night", and latch him off. If he groped back on, I'd say it again, and add "time to sleep", then count slowly to five, and pop him off again. That would usually do the trick. Rarely, we'd repeat the whole process from the beginning.

We also made full use of Pierce's imaginative developmental stage. As we were getting ready for bed, he loved to choose what animals we would pretend to be that night. When he woke in the night, I would say, "Roll over on your tummy, little [turtle/ kangaroo/ panda] and mama [turtle/ kangaroo/ panda] will cuddle you in your cosy nest so you can go back to sleep." Pretending to be a baby animal seemed to motivate him to lie still and try to sleep... and just getting him to try to sleep was 95% of the job.

Astonishingly, within about two weeks, my son was sleeping through the night with no assistance at all. That is, sleeping more than nine hours at a stretch! This, from a kid who has NEVER gone more than two hours without waking to nurse! And, all this happened with absolutely no tears or anger. On the nights he did need comfort, he rarely asked to nurse, and almost never protested the explanation "Nums are sleeping, we'll nurse in the morning." We travel a lot, though, and the changes in environment, plus his natural development, have presented some additional challenges.

After about a month, Pierce realized that the earlier morning came, the earlier he could nurse! So, he began starting the day 15 minutes earlier every morning. When he started popping up at 4:45 AM, we finally purchased a "toddler clock" that can be set to light up yellow or green at a designated wake-up time. We call it the "nums clock", and it has been really effective. Pierce doesn't argue with it the way he did with me just saying, "It's not morning yet", or with a regular clock, "No, I WANT it to say 6!" We now set the yellow "wake-up" timer about an hour before the green "nums" light. Having breakfast before the first morning nursing reduces his motivation to get us up earlier -- if someone offered me chocolate cake every day as soon as I woke up, I'd get up at 4:30 AM too!

We had another breakthrough recently. After several major life changes, Pierce began to wake several times a night wanting cuddles and singing. One night, amidst bedtime dawdling, we finally said, "Okay, but the nums are going to sleep now. If you want to stay up, you can't nurse before bed." He announced, "Okay, I'll go to bed later, with Daddy!" Stunned, we agreed -- his devoted father had never, even once, succeeded in putting him to sleep. It worked! Since then, most nights, he nurses with me, then lies down with Daddy to go to sleep while I revel in a rare few minutes of personal time.

The final blessing: we're expecting our second son in July. My body decided it was ready for another baby just six weeks after Pierce first slept through the night.

Now I just hope some of these ideas might help some other overtired moms who are hoping to gently night-wean their determined toddlers. Sweet dreams!

Spotlight on LLL Utsunomiya

You can sit home alone and learn about breastfeeding – or you can come to a La Leche League meeting and meet some new people – and new babies! Mothers from La Leche League Utsunomiya, Japan, share what they enjoy most about LLL meetings.

I like how breastfeeding mothers can share their concerns and joys about breastfeeding. La Leche League meetings have helped me to be able to find new ways to enjoy the wonders of breastfeeding and have given me a brighter outlook on parenting.

Keiko Arahata

What I enjoy most about meetings is that I can learn helpful information on breastfeeding. Also the conversation centre around breastfeeding not work and our living circumstances.

Reiko Shinozaki

My favourite thing about La Leche League Meetings is the accepting atmosphere towards children and mothers. Mothers with young children have many limitations. For example: their child may all of a sudden start fussing, pull up their mother's clothes to nurse, or look longingly at food someone else is eating. Mothers whose children are acting this way may be distracted by what their child is doing to the point of not being able to listen to the responses of concerns they had just voiced . . . Some may not think it worthwhile to listen to the concerns and anxieties, joys and love for my children that I have as a mother. Yet at La Leche League Meetings mothers will listen to what I have to say and accept me just as I am. At LLL meetings my children and I do not have to be on our best behaviour and use proper manners. We are welcomed with a smile and treated as important just as we are. Being treated in such a comfortable manner truly relaxes both my mind and body and I find love for my child welling up within me. With my youngest now three years old, I also find listening to mothers with new babies a chance to remember my beginnings as a mother. This helps remind me of how cute they were and how fun it was when my babies were the same age. It brings warmth, especially now when sometimes my children do not listen to me or speak unkindly. I love how at meetings I can naturally without hesitation ask another mother to watch my child as I use the washroom or offer to hold her child.

Kumie Tsumuraya

Honey Pots and Donkey Hats: Understanding Colostrum

by **Sarah Hung**
Leader with the Hong Kong Group

Many mothers worry whether or not they have enough milk (or indeed any milk) for their newborn babies. This anxiety can heighten when they do not see any milk in the first few days. In fact, it's normal to have very small volume of milk in the first three to four days. This milk is colostrum and an average colostrum feed is only a teaspoonful - 5 mls.

Honey pots

When we think of milk we usually think of a liquid which is like white water. If you spilt it, it would run everywhere. But in fact colostrum is much more like honey than like water. Honey tends to be thick and sticky. Honey comes in a range of colours from very pale, through bright yellow to a browny yellow colour. Likewise colostrum is thick and sticky and comes in a range of yellowy colours.

If a baby is sick or premature the mother will be asked to express her colostrum and collect it for her baby. Sometimes the colostrum is thick in the ducts and difficult to get out.

If you had a jar of honey that you couldn't get the lid off – would you assume it was empty? No. You would simply ask someone with strong hands to help you open it. It is the same with colostrum except that you need a more gentle touch. If you don't see any results straight away, gentle massage will help the milk to flow. As a baby feeds he uses both his hands and his mouth to gently massage your breast and this helps get the colostrum out. Copy his movements, with your hands, and the colostrum will start to flow.

Donkey Hats

Many mothers worry whether such small quantities will fill her baby. The function of colostrum is not to fill your baby but rather to keep him breastfeeding. A farmer who wants his donkey to pull a cart uses a hat with a carrot. The donkey sees the carrot and tries to walk towards it, thus pulling the cart. If the farmer was stupid enough to let the donkey get the carrot then the donkey would sit down and eat it and no longer pull the cart.

Colostrum is just like this for the baby. The baby starts to feed and after a while gets a drop of colostrum. He likes it and keeps sucking. Another drop comes and he still likes it, so he continues to suck. The baby doesn't stop sucking because he gets full but rather because he runs out of energy and needs a sleep before he can continue.

If however, the baby is given a supplement, the baby does get full and so loses the urge to continue sucking until his stomach is empty again. We don't want the baby to stop sucking. The more practice the baby gets at breastfeeding with colostrum, the better the baby will be at drinking the mature milk when it comes. Remember, practice makes perfect.

Hand-expressing colostrum is much more productive than using a pump. To express milk, place your fingers, with your thumb and index finger one to two inches back from the areola (the darker-skinned area). As you bring your fingers together, bring your hand backward and inward toward your chest, instead of outward toward your nipple. There is a wonderful video showing how to hand-express at http://newborns.stanford.edu/Breastfeeding/HandExpression.html

Questions Mothers Ask

Q: The WHO recommends exclusive breastfeeding for 6 months. La Leche League also recommends starting solids close to the middle of babies' first year. But some commercial baby foods are marked as suitable for ages 4 to 6 months. Why should I wait until nearer 6 months?

A: The age of about six months is when babies' motor skills have developed to the point where they can sit up without support, have lost the tongue-thrust reflex, and can pick up things with finger and thumb (pincer grasp). It's not a coincidence that these developmental stages occur at about the same time. If babies developed the pincer grasp before they could sit up, a baby might be able to grab a raisin or pebble from the ground, and choke on it, if he was not in an upright position. Similarly, the tongue-thrust reflex protects babies from ingesting unsuitable objects until they are able to hold themselves in an upright position. Also around this time, the teeth are beginning to erupt which encourages the baby to chew. This means the baby can break down the food in his mouth and swallowing becomes easier. So waiting until six months makes logical sense from an external physical development point of view.

Waiting until six months before introducing complementary foods also allows a baby's digestive tract to mature, to the extent that it can cope with new, and harder to digest, substances. This can help prevent allergies. If a baby has anything besides your milk before the lining of his intestines becomes pretty well sealed against allergens (allergy producers) at around six months, some of those substances can slip through the intestinal walls into the bloodstream. Your baby's body reads them as invading forces and produces antibodies against them. Problems such as eczema can result. Allergic responses to early solids don't happen in all babies, and the allergies aren't always life-long, but they happen often enough that it's a really good reason to hold off on solids until that intestinal wall is good and secure, at about six months.

Enzymes are what we use to break down foods for digestion, but babies aren't born with the enzyme levels they'll need as adults. Why should they be? They're eating the most digestible food in the world – their mothers' milk. Give a baby something else before he starts producing adult-type enzymes at around six months, and you're more likely to see upset tummies, diarrhoea, smelly gas, and a baby who swallows food but can't use it well. It might even come out in the diaper looking pretty much unchanged.

The American Academy of Pediatrics agrees. Their 2005 policy statement contains these words:

1. Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life and provides continuing protection against diarrhoea and respiratory tract infection. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child.

2. Introduction of complementary feedings before 6 months of age generally does not increase total caloric intake or rate of growth and only substitutes foods that lack the protective components of human milk. During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.

A baby's system is less likely to have an allergic reaction to foods by around six months. His digestive enzymes are up and running at around six months. He's able to eat food all by himself at around six months. It's pretty clear that this is when human babies are designed to start eating solids. In fact, studies show that children are 52% less likely to get Celiac Disease if their first contact with gluten takes place while they are still having breastmilk.

A more pertinent question is why commercial baby food companies advertise their products as being suitable for babies aged 4 months old, when the WHO and American Academy of Pediatrics advocate waiting until six months to start solids. Obviously, those companies are able to tap into a big market of families with babies aged four to six months. But more importantly, families who wait until about six months to start solids, when their babies are old enough to grab their own food, will soon graduate to regular table food and may bypass the puree stage altogether. Those parents may never be tempted to buy jars of pureed food, whereas parents who bought those products when their babies were four months old may continue to buy them for several months. That makes a huge difference to the size of the baby food market, and explains why baby food companies resist all attempts to force them to re-label their products with a higher suggested age. It also explains why they sponsor scientists to write papers questioning whether waiting until six months could possibly be harmful to babies. It's based on no valid research, only motivated by profit incentives.

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Starting Solids – Which foods to choose?

In Asia, rice porridge is probably the most common 'first food' offered to a young baby. If you want to branch out – here's some suggestions.

Fruits
Most babies love fruits. Make sure they are ripe, and wash well before peeling. Here are some favorites:
Bananas cut into slices which have then been halved or quartered
Unsweetened applesauce, or tiny apple chunks that have been softened by cooking in the microwave
Plums, peaches, pears, and apricots, gently cooked if necessary
Avocado diced into small, bite size pieces

Vegetables
Fresh vegetables should be washed, peeled and cooked until tender. Frozen veggies are convenient to have on hand. Avoid the canned varieties to which salt has been added. Your baby may enjoy:
Baked or boiled sweet potatoes, in tiny chunks
Mashed white potatoes
Baby carrots, green beans, peas and squash

Meat and fish
Babies often prefer well-cooked chicken, which is soft and easy to eat when shredded. Be careful to remove even the tiny bones when serving fish.

Beans and legumes
Remove the skins from beans as they tend to be harder to digest. If you use canned beans for convenience, make sure they are unseasoned.

Grains and cereals
Commercial, iron-fortified cereals are often the first foods served to babies who are not breastfeeding because they need the extra iron, but breastfed babies are rarely anemic as the iron in human milk is well-utilized. If there is concern about the baby's iron levels, a simple test can be done in the doctor's office.

Whole grain cereals, breads and crackers are the most nutritious. Wait until later in the year before offering wheat products. If you use cereals, make sure that they only have one ingredient and use either water or your own milk for mixing. Many mothers prefer to let their older babies chew on a hard bagel or an end of bread instead of sugary teething biscuits.

Postcard from

LEBANON, Middle East

About four years ago I (Ukrainian by nationality) got married to my Lebanese husband and moved to Lebanon, a small but densely populated country in the Middle East. Lebanon is best known for its varied touristic attractions – warm and welcoming Mediterranean Sea, sunny beaches and luxurious summer resorts right on the coast. Beirut is "the city that never sleeps" and we also enjoy picturesque mountains with gorgeous hiking, camping and rock-climbing opportunities. We can ski on the grand slopes of Faraya, and of course there are the famous Cedar Tree forests (Cedar is a national symbol of Lebanon that is also portrayed on the national flag). Lebanon is a small country but with so many attractions!

Soon after our marriage I got pregnant, and when my baby was born our journey in breastfeeding began. I learned that breastfeeding may be more complicated than I ever expected, but my determination helped me overcome our initial difficulties, which resolved themselves quickly once I obtained a copy of La Leche League's The Womanly Art of Breastfeeding!

Breastfeeding is not the norm in Lebanon, unfortunately; formula feeding is. An exclusively breastfeeding mother is usually greeted with surprise, disbelief and sincere concern that she might be "starving her baby". While Lebanese universities are researching the underlying causes of such low breastfeeding rates and negative community attitudes, many have concluded the low rates are due to the aggressive formula advertising that "hit" Lebanon during the civil war (1975-1990). In other parts of the world, usually it would be our mothers who encourage us to breastfeed, but this is not the case in Lebanon, where the majority of our parents' generation did not breastfeed themselves because they were misguided by constant flow of formula ads at the time. Thus, new mothers in Lebanon these days receive most of the pressure to quit nursing specifically from their parents.

In addition, there are a lot of misconceptions about breastfeeding that society keeps on "whispering" into the mother's ear. These include misinformation such as "Breastmilk is not as good as formula", "Mother's milk might be bad for the baby or not contain enough fat", "These days mothers cannot produce enough milk", "It's impossible to breastfeed twins", and so on. These words can really undermine the mother's confidence.

Medical professionals are also not very supportive of breastfeeding, as most of them are trained to care for formula-fed babies. This leads to misconceptions about normal weight gain among breastfed babies as well as lack of accurate professional advice for breastfeeding difficulties. The most common response a mother gets from her health practitioner if she faces a difficulty in breastfeeding is: "Stop breastfeeding and start

formula". The hardest part is initiation of breastfeeding immediately after birth. In Lebanon most hospitals routinely give a bottle of formula (or sugar water) immediately after birth, before even the first initiation of breastfeeding. Of course this leads to great numbers of babies who refuse the breast, become "nipple confused" or are simply too sleepy and not interested in breastfeeding for long hours after birth. Midwives and nurses tell mothers, "You don't have milk now, but baby needs to eat, so take a rest and we will give him/her a bottle." Needless to say, this practice not only undermines a mother's confidence in meeting her baby's nutritional needs, but it also often results in engorgement and low milk supply.

However, the great news is that according to a recent national study, 95% of all women in Lebanon initiate breastfeeding at least once after birth. This shows that despite the negative pressure from society and lack of support from medical professionals, mothers still want to breastfeed! The sad part is that, according to that same national study, only about 10% of those mothers who initiated breastfeeding in the beginning are able to continue until six months. In urban areas, like Beirut, hardly any mothers could maintain breastfeeding this long.

When I learned to enjoy my own breastfeeding experience with my daughter, I realized that simple information on how establish and maintain lactation is all that a new mother in Lebanon might need in order to have full milk supply. I started helping my friends and soon enough this turned into my passion. Having my MA in Communication, I decided to try myself as a "public speaker" on breastfeeding, to provide simple information on how to initiate breastfeeding in Lebanon and avoid most common problems. Around the same time, I started my pre-application dialogue to become the very first LLL Leader in Lebanon. This dream came true earlier this year thanks to my dear supporting leaders Natalya Arslanturk (LLL Turkey) and Natalya Polizhak (LLL Ukraine), and my precious mentor and representative of Leader Accreditation Department, Alison Parkes (LLL Great Britain).

Now we have a social online network of support that includes more than 230 mothers in Lebanon ("Breastfeeding in Lebanon" FB group) where we share our experiences, ask questions and learn more about breastfeeding and mothering. The first LLL meeting we held in February attracted the interest of more than 40 mothers and more than 15 came to the meeting with their babies, while others promised to try their best next time! We have now a special group on FB for our LLL group, "La Leche League Lebanon, Middle East".

It is such a joy to help mothers learn about breastfeeding and then watch them succeed and enjoy this beautiful way of mothering! An exclusively breastfeeding mom has been "a rare phenomenon" in Lebanon for the past decades, but not anymore and definitely not among our group members. Most of the women who join us are exclusively breastfeeding for six months! Now we can say confidently that THERE ARE proud and happy mothers in Lebanon who CAN breastfeed, and we hope to make this the norm for Lebanese society.

Nadiya Dragan El-Chiti
Lebanon, Middle East

In the News

Facilitating a Successful Start to Breastfeeding - Fantastic Seminar!

by **Ivy Makelin**
Beijing Group.

A BIG 'Thank You' to all who came and helped with our Seminar in Beijing on Wednesday 18th April. It was GREAT success, and I would say our most successful seminar so far! We had about 300 participants. Around 85% of attendees were health care providers (obstetricians, pediatricians, nurses and midwives) from various hospitals in Beijing as well as several from other provinces. Other participants were people from the community including pregnant women, mothers, and our peer counsellors (even one from Chengdu) and Leaders from Shanghai, Qingdao and Hong Kong.

Our speakers were wonderful -- of course! Elizabeth Myler, RN, IBCLC gave two presentations. The first examined the effects of early supplementation on young babies. The second looked at how to assess the breastfeeding dyad and how to know if milk intake is sufficient. Sarah Hung, IBCLC from La Leche League Hong Kong, gave a presentation on the use of alternative feeding methods to get babies drinking from the breast. The presentations stimulated a memorable two-hour-long Question and Answer session.

The seminar was a great opportunity to distribute much-needed resources. We gave out 1000 posters (which compare the ingredients of breastmilk with those in formula milk) and a variety of handouts, including three different Academy of Breastfeeding Medicine Protocols in Chinese. We believe it was a great opportunity for these health care providers to be exposed to so many resources for supporting breastfeeding in their clinical practices. We saw many people take copious notes and photographs of the presentation slides throughout the day. Thank you all again, and we look forward to organizing another Seminar with Linda Smith in Beijing in November!

News from the United Arab Emirates

by **Marie-Claire Bakker**
Abu Dhabi Group

In Abu Dhabi, Noura and I are delighted to see the group growing steadily every month and our La Leche League UAE Facebook group has a fabulous 236 members!

La Leche League Abu Dhabi was invited to participate in the International Women´s Day event at Abu Dhabi Women´s College. Noura went along and set up a stall with our newly printed leaflets, bookmarks, and a wonderful big banner. She got to speak to lots of young Emirati women about breastfeeding and handed out a lot of information. We look forward to participating more in community events to help raise the profile of breastfeeding and its important role in child health in this region.

I attended the recent European Management Symposium in Frankfurt, where it was brilliant to finally meet up with some of our regional La Leche League support Leaders: Toshi and RuthAnna. The whole experience was so enriching and stimulating. All these women from around the world, living the La Leche League philosophy and bringing information and support to mothers where they live. So much experience, so many skills, such a wonderful exchange of ideas and information!

Finally, this weekend we are both attending a seminar in Dubai called Breastfeeding: The Way Forward, organised by another peer support group called Breastfeeding Q&A. We will have a table with our publications and information and are looking forward to meeting some of the many mothers from Dubai from our Facebook group, who used to attend the La Leche League group there before Cathryn, the Leader there, moved back to the UK.

As you can see there is a lot going on for us here in the UAE!

LLL Lands in Lebanon!

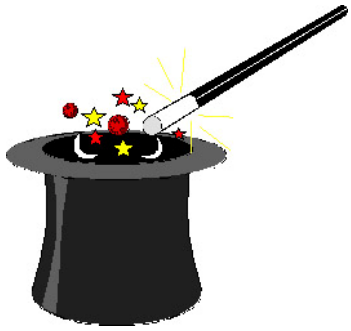
LLL Leader Nadiya Dragan El-Chiti is honoured and delighted to start LLL meetings in Lebanon! The first meeting was on 17th March 2011, when 15 mothers attended with their babies to discuss the topic of *Misconceptions about Breastfeeding* in Lebanon. The group serves English, Russian and Arabic speakers (however, Nadiya has to admit her Arabic still needs time to become fluent). The Facebook group *La Leche League Lebanon, Middle East* informs members about upcoming meetings. Nadiya can be reached at any time via nadiya.dragan@gmail.com or (961) 71924481.

Campaign to stop formula advertising in Hong Kong

La Leche League Hong Kong gave a presentation to the Hong Kong Legislative Council (Legco) where the development of a Hong Kong Code of Marketing of Breastmilk Substitutes was under consideration. LLLHK Leader Heidi Lam argued that a Hong Kong Code is urgently needed to curb the rampant advertising by the formula industry in Hong Kong. She stressed this Code should include ALL formula milk – not just artificial milks aimed at newborns. Human milk for human babies! Clips from the Legco discussion can be found on the LLLHK Facebook page, https://www.facebook.com/LLLHK.

(Direct link, https://www.facebook.com/photo.php?v=272171689543043)

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



Breastfeeding: More than a Lifestyle Choice

In February this year, The American Academy of Pediatrics revised its statement on *Breastfeeding and the use of Human Milk*. Here is the introduction to this important document.

"Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.

Medical contraindications to breastfeeding are rare. Infant growth should be monitored with the World Health Organization (WHO) Growth Curve Standards to avoid mislabeling infants as underweight or failing to thrive. Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF *Ten Steps to Successful Breastfeeding*.

National strategies supported by the US Surgeon General's Call to Action, the Centers for Disease Control and Prevention, and The Joint Commission are involved to facilitate breastfeeding practices in US hospitals and communities.

Pediatricians play a critical role in their practices and communities as advocates of breastfeeding and thus should be knowledgeable about the health risks of not breastfeeding, the economic benefits to society of breastfeeding, and the techniques for managing and supporting the breastfeeding dyad.

The *Business Case for Breastfeeding* details how mothers can maintain lactation in the workplace and the benefits to employers who facilitate this practice."

The full version of this document can be read at:
http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552