

Close
to
the
Heart



La Leche League Asia
Mid-Year 2012
Volume 13, Number 2

"Breastfeeding
is mothering
close to the heart"

Your Baby's "Feeding Sequence"

Fancy a
Tippie?



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	Photo by apple love kids	
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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
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the Late-Year 2012 issue.**

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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

Firstly, I must apologise that *Close to the Heart* was not published over summer. In July my dad became ill and died; we moved flat and my daughter got chickenpox – all within about one month! It was too much – and I just couldn't finish work on this issue. La Leche League Asia & Middle East is entirely run by volunteers – so I'm afraid the reality is that sometimes, other bits of life get in the way...

I doubt my dad read any parenting books, but I remember him holding me a lot as a very small child and he used to say, "*If the baby cries, pick it up*". Those are pretty good instincts for any parent. This behaviour is very much in line with Diane Wiessinger's belief that breastfeeding goes more smoothly when mother and baby both follow their instincts. (Your Baby's Feeding Sequence, Page 2). I love watching a small baby rooting for the breast and looking so satisfied when he finds it and latches on successfully. It seems to me that at this moment there is no separation between mother and baby – they are one living, organic unit. It's really one of the great beauties of nature.

Of course there are times when our instincts cannot play a big part in breastfeeding. When Miz Ikeda Koens' baby was born prematurely, she had to rely on medical procedures to initiate the feeding process. And yet – thanks to her strength and with support from the hospital – her baby has also received the goodness of breastmilk.

There are two other pieces of good news in this issue. The first is that it's okay to drink alcohol – in limited quantities – when you are breastfeeding. The second is that mothers who have breastfed tend to be slimmer even years after they weaned their babies.

So – reaching for a glass of wine and a piece of cake...

Best wishes,

Maggie

Your Baby's "Feeding Sequence"

by Diane Wiessinger, MS, IBCLC

www.normalfed.com

Your baby is a mammal, no more, no less. And like every other newborn mammal, he follows a "feeding sequence" to find his lunch. We can shorten that sequence for most babies, but it helps a great deal to know what it is he's looking for.

Humans are vertical. Like the other Great Apes, we spend our lives with a vertical posture. Look at pictures of babies in other cultures. The babies are almost always vertical – often even when they're feeding.

All mammal newborns want frontal security. Every mammal newborn wants to be able to "hug the ground," or, in the case of primates, to hug Mama. With their front held securely against Mama, babies can begin to think about food.

Your instinct has you bring your baby into vertical, frontal security when he's upset. You pat him and talk gently to him – all instinct! And what you've done is put him in a position from which he can reach his food source on his own. It's not much different from a mother dog rolling over to expose her belly to her babies.

We didn't have laps until we had furniture. Think about it! A squatting ape has room to hold her baby vertically while he feeds. Once we started sitting with horizontal thighs, space got tighter. But you can still angle your baby down so that his hip rests on your thigh while he feeds. He may appreciate being a little more vertical than the books show!

Whether he starts from a vertical position on your shoulder and shifts his way down, or whether you start him with his face near your breast, he expects to feel an expanse of your skin touching his lower face. Once he does, if he's hungry, he'll begin to bob or root or simply reach, tipping his head back



and opening his mouth wide. "I've found Breast," he's saying. "Now, where's Nipple?" If you keep your hands off your breast, he'll find your nipple right where Mother Nature put it, and you won't have to support your breast during the feeding.

Newborns can go forward, but not backward. Your baby expects to find your nipple ahead of his face, not below it – to reach forward with his head tipped slightly back, not to have your nipple right in front of his mouth or, worse, down near his chin. When you hold his back and shoulders snugly and leave his head free to tip back, he feels "solid ground" supporting him, and can do the head tip that allows him to open his mouth extra wide. (Try opening your mouth with your chin tucked. Your tongue humps up at the back of your mouth, and your jaw is cramped against your chest. No one ever tried to swallow down a drink in that position.)

When your baby's mouth opens wide and he feels a lot of breast on his tongue and a bit of nipple somewhere just ahead of his mouth, he'll try to finish the mouthful, draw in all that big piece of breast, and begin sucking. Continue to hold his back and shoulders close – so close that you can't see the corner of his mouth – and you'll probably have a much more comfortable nursing.

What about drinking alcohol and breastfeeding?

Women are often warned to not consume alcohol during pregnancy, as evidence shows it poses a severe and avoidable risk to the unborn baby. However, the risks of consuming alcohol while breastfeeding are not as well defined. So, what information should a mother who is considering drinking while breastfeeding know?

The effects of alcohol on the breastfeeding baby are directly related to the amount the mother ingests. When the breastfeeding mother drinks occasionally or limits her consumption to one drink or less per day, the amount of alcohol her baby receives has not been proven to be harmful.

Alcohol passes freely into mother's milk and has been found to peak about 30 to 60 minutes after consumption, 60 to 90 minutes when taken with food. Alcohol also freely passes out of a mother's milk and her system. It takes a 55kg woman about two to three hours to eliminate from her body the alcohol in one serving of beer or wine...the more alcohol that is consumed, the longer it takes for it to be eliminated. It takes up to 13 hours for a 55kg woman to eliminate the alcohol from one high-alcohol drink. The effects of alcohol on the breastfeeding baby are directly related to the amount the mother consumes.

The American Academy of Pediatrics Committee on Drugs considers alcohol compatible with breastfeeding. It lists possible side effects if consumed in large amounts, including: drowsiness, deep sleep, weakness, and abnormal weight gain in the infant, and the possibility of decreased milk-ejection reflex in the mother.

Adult metabolism of alcohol is approximately one ounce in three hours, so mothers who ingest alcohol in moderate amounts can generally return to breastfeeding as soon as they feel neurologically normal. Chronic or heavy consumers of alcohol should not breastfeed.



As alcohol leaves the bloodstream, it leaves the breastmilk. Since alcohol is not "trapped" in breastmilk (it returns to the bloodstream as mother's blood alcohol level declines), pumping and dumping will not remove it. Pumping and dumping, drinking a lot of water, resting, or drinking coffee will not speed up the rate of the elimination of alcohol from your body.

Many mothers find themselves in a situation where they may want to drink. Maybe you are going to a wedding where wine will be served. Or perhaps you are going on a girls' night out, or on a date with your husband. No matter the reason, you may have concerns about drinking and any possible effects on your baby. It is a good idea to weigh the benefits of breastfeeding against the benefits and possible risks.

If consuming alcohol while breastfeeding is worrying for you, consider enjoying a non-alcoholic beverage instead. Any drink is more fun with an umbrella in it!

Important Considerations

Your baby's age

- A newborn has an immature liver, and will be more affected by alcohol
- Up until around 3 months of age, infants metabolize alcohol at about half the rate of adults
- An older baby can metabolize alcohol more quickly than a young infant

Your weight

- A person's size has an impact on how quickly they metabolize alcohol
- A heavier person can metabolize alcohol more quickly than a lighter person

Amount of alcohol

- The effect of alcohol on the baby is directly related to the amount of alcohol that is consumed
- The more alcohol consumed, the longer it takes to clear the mother's body

Will you be eating

- An alcoholic drink consumed with food decreases absorption.

A Perilous Start and a Happy Ending

Even before I became pregnant, I set my heart on breastfeeding. I read about so many benefits of breastfeeding that I knew this was what I wanted for my unborn child.

My pregnancy was extremely difficult from the beginning. By 20 weeks I was hospitalised after a routine exam revealed I was going into preterm labour. I was given various drugs to stop the contractions but one morning, while the nurse was taking a blood sample, I felt a gush of water between my legs. My mind went blank, and I knew my pregnancy had come to an end.

Liam was born at the National Centre for Child Health and Development in Tokyo, Japan. He was born by emergency c-section at 23 weeks and 6 days weighing 596g and 31cm long. He was four months premature and was not able to breathe on his own. He was placed on a mechanical ventilator for the next 60 days and was fighting for his life. I was given a general anaesthetic and was very foggy when I returned from the operating theatre. I was emotionally drained from spending the last few days completely on my back praying for my son's life. I wanted to see my baby as soon as I woke up, but I could not feel my legs. When I was finally able to visit him I was shocked to see a tiny red figure connected to tubes and wiring from head to toe. The doctors had placed a line through his umbilical cord to deliver drugs and nutrients until his condition stabilized.

The next day, after the anaesthetic wore off, one of the nurses came to me and showed me how to express breast milk. She stressed the importance of giving my son breast milk, as it was the only real "medicine" for babies who are



Liam at 18 days.

born prematurely. I wasn't sure whether I was going to get any milk out, but decided to give it my best.

It took nearly 40 minutes to express 2.5ml with the help of the nurse. She told me to continue massaging my breasts and to express milk 8 to 10 times a day. Three hours later, I got out another 2.5ml, and by my fifth attempt I managed to express 12ml of breast milk for my son.

The nurses froze the colostrum, which I was able to take down to the NICU in time for the doctors to give him his first dose via a tube in his mouth. He was given 0.5ml of milk eight times a day – a total 4ml of milk a day, which was only about a fifth of what I was expressing each session by the end of my first day. I was so relieved to find out that he tolerated my milk and was able to digest all of it after each session.

When I saw Liam I felt so helpless because there was not much that I could do for him. I never imagined that I would have to watch my baby on the other side of a Perspex window; I dreamt of holding a healthy, round baby and nursing him. This is not how things were supposed to be. I could not understand why people had healthy children – why me, and why Liam?

I met with Liam's neonatologist who told me that the next 72 hours were critical, and if he could survive these hours he had a good chance of making it home. I felt deep down within me that perhaps he would be one of those who made it home. I wanted to believe in my son's will to live.

The doctor also told me about necrotising enterocolitis (NEC), a condition where the intestines die in premature babies. It's a leading cause of death in babies who are born very small. He mentioned that the risk of NEC is reduced by human breast milk, and that it was really important that I expressed for him. But in the next sentence he told me that it was OK if I wasn't able to get enough milk. Women who give birth in the second trimester, he said, are often unable to keep up the supply for more than two or three months. (Ironically, my obstetrician said the same thing to me several times, and that I shouldn't stress too much so long as I was able to give Liam my breast milk for a little while.)

I did not want to give up my dream of breastfeeding my son, so I continued to pump while his condition gradually improved in the NICU. In the beginning all his feeds were through a feeding tube, but I was allowed to swab his mouth with a cotton bud soaked in my breast milk to get

him used to the taste. The nurses also told me that the milk has anti-bacterial properties so swabbing his mouth could reduce the risk of an infection in his lungs. They really made me feel like I was making a difference in his life with my milk.

Finally, on day 102 the doctors cleared us to start nursing directly. My dream of nursing my baby was becoming real! I wheeled my tiny baby, weighing no more than 1400g, into the nursing room and sat with the nurse who showed me what to do. Liam could not get a good latch so we started by using a breast shield and nursing on both sides.

I was told to weigh him before and after his feeds to measure how much he drank. On a good day he would drink 20ml from my breast, but at most of the sessions he would drink about 5 or 6 ml so the rest of his feed was from a bottle. I was worried that he may not be able to exclusively breastfeed even when he came home, as his intake was not improving significantly.

Liam came home weighing 2300g after spending 123 days in the NICU. Because he was still not able to latch or to drink much at my breasts, I was told to try nursing once he reached about 3000g and had more strength and stamina to suck. I thought that once he started to take food by mouth it would be easy for him to nurse – how wrong I was! I still wanted Liam to have my breast milk so I made the decision to pump and bottle feed him.

By six months, Liam had been home for two months and his daily milk intake was exceeding what I pumped per day. I had frozen milk from his NICU days, but the stock was running out fast. I tried to nurse Liam a few times a day but he was not particularly interested and preferred the bottle. I was running out of options as well as breast milk, but I didn't want to give up on my dream of nursing my son.

I contacted my local LLL leader for advice on weaning Liam off bottles. She was very encouraging and gave me many helpful tips on getting Liam to latch and nurse. She suggested I stop giving him bottles and dummies – what a novel concept! This had to work or I would have no choice but to supplement Liam's feeding with formula and continue to pump.

I stuck to giving Liam only my breasts. He cried a lot at first, but I did not give in. I monitored his wet and dirty nappies to make sure he was getting enough. After about two weeks and two milk blisters later, he stopped crying for bottles. We finally made it! I finally got to live my dream of breastfeeding my baby after nearly seven months. I was also relieved that I did not have to supplement with formula.

Today Liam is a happy, eight-month-old baby, who looks and acts more like a four-month-old. He is alert, inquisitive, and loves to meet new people and visit new places. He



Liam at six months

weighs almost ten times his birth weight and, so far, has no serious health issues. He suffered some lung damage from being on a ventilator for two months, but does not need supplementary oxygen at home. He has not been ill since he came home, and I strongly believe that it's because he's only had breast milk. To think that he was given only a 14% chance of coming home healthy makes me realise that he is nothing short of a miracle.

I will be going back to work in two months so I will pump for Liam during the day. He will be ten months old and we plan to start him on solids, as his adjusted age will be six months. Even if my supply goes down and I have to supplement with formula, I am glad that I was able to breastfeed him for this long. I met many mothers with very premature babies in the NICU, but I have yet to meet (or hear of) anyone exclusively breastfeeding for more than three months after giving birth in the second trimester.

Without the help of the doctors and nurses who saved Liam and my local LLL leader, I would not have Liam or the special bond that we have today. And I would like to add for anyone who was told that they may never breastfeed a micro-preemie – don't give up. It's hard work, but it can be done; I didn't believe it until I lived it.

Breastfeeding: Seeing It Right Through

I remember the time when it first dawned on me that I had become a mother. It was evening. 8.55pm. I was looking at my son lying peacefully beside me, his eyes wide open looking all around him – I knew at this moment that I had truly become a mother.

Since I was pregnant and reading information and books by La Leche League I have known that breastmilk is the best food for my baby. So I was determined to breastfeed.

In the maternity ward the nurse put my little fellow on my chest and we breastfed for the first time. It was harder than I imagined: my soft little boy couldn't latch on. It seemed he couldn't get the nipple into his mouth. We had quite a struggle together until he was able to latch on and began to suck vigorously.

Later on we had some problems. He often cried in the evenings and I worried that I didn't have enough milk. At that point, I remembered something I'd seen in a book published by La Leche League. This said that the key to successful breastfeeding is for the mother to have confidence in her ability to produce milk. "I think I can, I think I can". This helped me be more confident and believe "I can too".

When I returned home from the hospital I began my "Soup Drinking Routine". My mother cooked up pig trotters and made soup. I would glug down big bowls of the soup. Sometimes she made soup with oxtail or fish, bones, or chicken. Each day was something different and I drank them all up.

On top of that, every day I had to have millet congee, soya milk and cow's milk. My mission was to drink eight big bowls a day. According to Chinese tradition, this would certainly help me build up a good milk supply. Sure enough, I had



lots of milk and it was such a great pleasure to watch my son feeding so contentedly.

I remember reading a book by Xiao Wu, a LLL Leader. She said, "Every woman is like a cow, they've all got milk." This gave me even more confidence that I could exclusively breastfeed. It's also through Xiao Wu that I heard about La Leche League, met lots of new friends and learnt much more about breastfeeding.

Now that my son is already 22 months old, when people see that he's still breastfeeding they are so surprised. I'm always hearing people say I should wean him. People say, "Your breastmilk won't have any nutrition in it by now, hurry up and wean!", or "You're spoiling him. If he's clinging to you all day, you'll never be able to wean."

I thought: how can my breast milk have no nutrition? My son is so strong, he's so intelligent and confident. I felt these things are inextricably linked to the breastfeeding relationship. I think the breastmilk is an innocent party, but it's blamed for everything. If the child is ill, or clingy, or doesn't want to eat his food – people always blame the breastfeeding. People are so biased against breastfeeding and too trusting of formula milk.

At first, when I heard these comments, I would reply that breastmilk is extremely nutritious and cannot be substituted by any formula milk. Later I just replied, "I'm too lazy to get up at night and prepare formula milk."

I understand the importance of breastmilk and I am always aware of the health benefits and happiness

that breastfeeding gives the child. Watching my child eating so beautifully and smiling so sweetly, my heart feels so warm. This is such a sweet and precious moment. How could I deprive us of this experience?

I wouldn't ask my son to abandon this most nutritious breastmilk and instead go and buy formula milk.

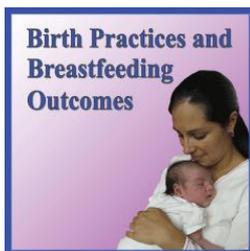
My family have given me much support and help while I've been breastfeeding. So, no matter how many voices I hear telling me to wean, we will continue breastfeeding until my son weans himself naturally. I want to see this breastfeeding right through.

In the News

Breastfeeding Seminar

Want to be at the cutting edge of breastfeeding information?

Check out your Group's website for information on seminars in Taiwan, Hong Kong and Mainland China.



La Leche League Hong Kong is holding a seminar, *Birth Practices and Breastfeeding Outcomes*, on 7th November. If you live in Hong Kong – or fancy a quick visit – do come along. Our keynote speaker, Linda Smith, is a world-renowned expert on human lactation. She will be joined by Marie Tarrant, Associate Professor at Hong Kong University, who has unique access to hospital maternity units and knows more than anyone else about the current state of breastfeeding in Hong Kong.

All LLL events are baby friendly, so there will be a nappy change and play area for toddlers. Hope you can make it!

Stanley Meetings

LLLHK is now holding meetings Southside in Stanley. Meetings are held at the Pacific Coffee on Stanley Village Road. Check the website for more details: www.lllhk.org



New Leaders

La Leche League is happy to welcome three new LLL Leaders to our area.

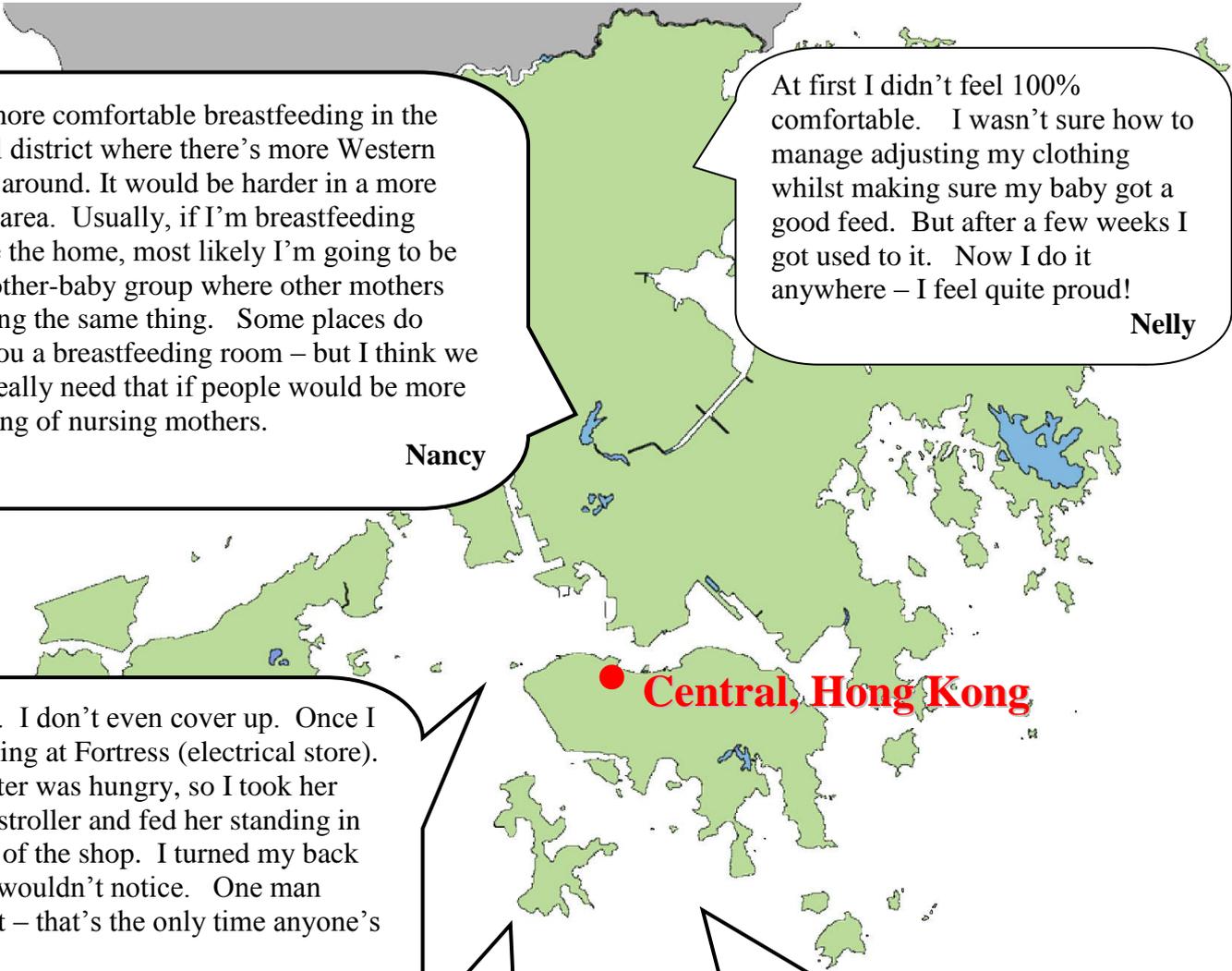


Zhong Yu will be co-leading the LLL Beijing - Chaoyang Group,
Sandrine Legrand will be co-leading the LLL Hong Kong - Lantau Group and
Joyce Bala hopes to start the first LLL Group in Oman.

If you are interested in becoming an LLL Leader, please take a look at: www.llli.org/lad/talll/talll.html or talk it through with an LLL Leader in your group.

Spotlight on LLL Hong Kong Central

La Leche League Hong Kong holds monthly meetings at a Starbucks in the Central District of Hong Kong. These began as a way to help mothers feel confident when breastfeeding in public places. Close To The Heart asked mothers at the June meeting how they felt about breastfeeding outside of the home.



I feel more comfortable breastfeeding in the Central district where there's more Western people around. It would be harder in a more 'local' area. Usually, if I'm breastfeeding outside the home, most likely I'm going to be at a mother-baby group where other mothers are doing the same thing. Some places do offer you a breastfeeding room – but I think we don't really need that if people would be more accepting of nursing mothers.

Nancy

At first I didn't feel 100% comfortable. I wasn't sure how to manage adjusting my clothing whilst making sure my baby got a good feed. But after a few weeks I got used to it. Now I do it anywhere – I feel quite proud!

Nelly

I just do it. I don't even cover up. Once I was shopping at Fortress (electrical store). My daughter was hungry, so I took her out of the stroller and fed her standing in the corner of the shop. I turned my back so people wouldn't notice. One man stared a bit – that's the only time anyone's noticed.

Charmaine

I breastfeed on most forms of public transport – ferries, buses, minibuses, taxis. But not on a tram yet! Being able to breastfeed outside of the home normalizes the activity. It means you can go back to doing the same things you did before you had a baby and not feel so cooped up at home.

Aileen

It can be challenging to breastfeed outside the home. I think it helps to do it with the support of a mother's group – there is a feeling of 'safety with numbers'. I have never had any negative feedback whilst breastfeeding out and about, so I think you just have to have a bit more confidence and go for it!

Jo

Questions Mothers Ask

Q: My three-week-old baby always dozes off on the breast and feeds for only ten minutes. My doctor said advised me to get more sleep and top up with formula. However, I would like to breastfeed exclusively if possible. Can you advise?

A: The most important thing to find out is if your baby is getting enough milk. If you are getting plenty of wet and dirty nappies and your baby is putting on sufficient weight, then there is no need for concern. Some babies are very efficient at sucking and can get all they need in a ten-minute session.

However, if it turns out you do need to get more breastmilk into your baby; there are some things to try.

The best way to boost supply is to breastfeed more frequently. The idea that we need to wait for our breasts to fill up is a big myth -- the opposite is in fact true. The more milk that is drained, the more milk will be produced.

Your doctor seems to have a few misconceptions about breastfeeding. Your supply does not get replenished if you sleep longer.

Introducing formula may keep your baby's tummy full a little longer than with breastmilk, which is more easily digestible because breastmilk is a purely natural food. But it makes breastfeeding harder, because formula will interfere with your breasts' cycle of demand and supply and will cause your milk supply to reduce. Bottle-feeding in general (even when using expressed breast milk) can also make it harder for your baby to learn to breastfeed effectively because a different sucking action is required. Then, when your baby is fussy when breastfeeding, it becomes tempting to add more and more bottles, which makes breastfeeding even harder.

If weight gain is not a concern, and your goal is exclusive breastfeeding, my suggestion would be to reduce or cut out the formula and just breastfeed whenever your baby is interested, until you are confident your baby is feeding well. Restrict activities or visitors for a week or two so you can sleep when your baby sleeps. Routines can easily be added back later.

Seek help from a LLL leader or lactation consultant if your baby is not sucking and swallowing well, or the latch is painful.

Short feeds are not a problem with an older baby who has become more efficient at breastfeeding and can extract a lot of milk in only a few minutes. They are also not a problem in a younger baby either, if they are frequent enough so that baby gets enough milk per 24 hour period. We recommend 8 to 12 breastfeeds a day while babies are learning to breastfeed. The definition of "one feed" is at least ten minutes of active sucking. Babies' stomachs will naturally grow and they will gradually be able to take more milk at each feeding, which will enable them to last longer between feedings.



Postcard from

PANYU, China

I live in the Panyu suburb of Guangzhou, South China, in a low-rise apartment building. It's quite a nice flat with two storeys, so it feels like a small house. We like Panyu because there is more space than in Guangzhou. We have lived here for the past eight years, since our wedding. Our children

are growing up here; my five-year-old daughter attends a Chinese kindergarten where she learns Mandarin, dancing, wushu (martial arts) and weiqi (Chinese chess). Our flat is located within a gated complex made up of villas

and low-rise apartment blocks. These are all built around gardens and overlook the Pearl River. The Pearl River is a working river so there is always plenty of activity going on. Sometimes, if I'm up during the night, I sit breastfeeding on the balcony watching the barges going by. Panyu is generally a peaceful, laid-back kind of place.

I live with my husband Alex, who is Hong Kong-raised Chinese, and my three children. Alanna just turned five years old, Caleb is nearly three, and Alethia is one year old.

When I was pregnant for the first time, a friend of mine gave me some La Leche League materials which were very helpful – otherwise I would not

have known anything about breastfeeding. So when Alanna was born I was very committed to breastfeeding her. In fact, when she was first put on my chest, I kept trying to put her to the breast straightaway. I didn't realize babies often need a bit of time to rest before taking their first feed.



My first few days home with Alanna were quite difficult – the first night she cried for four hours straight as I tried desperately to breastfeed her. Finally I took her outside, and she immediately fell asleep. The problem wasn't my

milk supply – it was that I'd kept her awake too long and she was overtired!

I had some pain too. I think this was because I was taking her off the breast without releasing the suction first. Also, I thought there was something wrong when I felt a dull pain in my breast – but in retrospect that was probably the let-down.

In the first weeks after Alanna's birth I had to work hard to convince my Chinese mother-in-law that my baby didn't need glucose water or formula milk. (However, I did happily accept the classic Cantonese fish-and-papaya soup which she made to help increase my milk supply, and I think it helped!)

When Alanna was 10 days old I attended an LLL meeting. One of the Leaders said that after a while breastfeeding would be 'as easy as falling off a log'. I have to say, I didn't believe her! But it was true. By the end of the first month, we pretty much had it worked out.

Around the time my second child was born, I read "The Contented Little Baby Book" by Gina Ford. I know that La Leche League has some reservations about this book. But in my case it helped understand my baby's natural sleep cycles and I was able to make sure my son didn't get overtired. I still breastfed him on demand – we didn't do the serious scheduling that Gina Ford recommends. But it helped me recognize his needs for regular naps, and to distinguish his "I'm hungry" cues from "I'm getting tired, please put me down and let me sleep."

With my daughter Alanna, I think I was very focused on the technique of getting her latched, and worried whether I was getting it right. But after the first month I just needed to let her get in the vicinity, and she could do the rest herself. My second and third children latched themselves on like pros from day one – perhaps because I wasn't getting in their way as I had with my firstborn? I feel this bears out LLL's new research, that you can just lay back and let them find the breast in their own way and time.

My commitment to breastfeeding stems from a number of reasons. Firstly, the health benefits, of course – the lessened risk of obesity in later life, and the antibodies which protect them from illness. This is especially reassuring because Guangdong Province, where we live, has been described as one of the world's greatest incubators of new flu strains! I definitely think it helps the bonding between mother and child too. Also, I travel a lot, so the convenience of breastfeeding is a huge benefit. I would find it extremely annoying to sterilize bottles and carry formula milk. As a breastfeeding mother, all I need to carry is a diaper and some wipes. Then we are all set to go. When we travel by plane I always breastfeed during

take-off and landing, which helps relieve the pressure in my baby's ears. Perfect!

I breastfeed outside the home all the time, but Guangzhou is a conservative place and I wouldn't feel comfortable having anything showing. So I have quite an extensive collection of lightweight scarves that I use to cover up. These also come in extremely useful as a spare blanket or swaddle, a sunshade or an emergency 'sari' –if one of the children wets their clothes. I even knot them into makeshift slings, although they're a bit flimsy so I always keep an arm under baby for safety. After a while, the children begin to associate the sight of the scarf with breastfeeding and sleep, so when they just see the scarf they begin to settle down and focus on cuddling or nursing – even after they are weaned.

In Guangzhou it seems like everyone uses milk powder. Nobody believes they have enough milk. I keep lecturing mothers, "Everyone has enough milk, don't give supplements in the early days", etc. But no-one believes me! When I go to Hong Kong I always have to pick up some milk powder to take back for our neighbours. It's such a shame.

I think a lot of people here try to breastfeed, but they don't have the information or confidence to continue. They get caught in the trap of supplementing with formula milk, and then their milk supply fast disappearing. And advertising for formula milk is so widespread ...

I do my small part to educate mothers within my group of friends. My husband is quite a breastfeeding advocate too – as long as I cover up with a scarf! He explains the cycle of demand and supply to all his male friends and coworkers when their wives are expecting!

Sadly, even the medical professionals I've met in Guangzhou are not well informed about breastfeeding. When Alanna was 14 months old I needed some medication from my doctor. She told me quite firmly that there was no nutrition left in my breastmilk so I might as well stop. I was shocked that her information was so outdated.

There is such a respect for doctors' authority here in China that I'm sure most mothers would have just taken her word for it.

Then, recently, I had bronchitis and needed some medicine. The hospital staff told me they couldn't give me any Western medicine as I was breastfeeding. They recommended I go to the Chinese medicine department. The doctor there said, "Oh, your baby is eight months old already – why don't you just quit?" I felt quite frustrated. I always tell them that the World Health Organization recommendation is that all babies breastfeed until they are at least two years old – but I'm not sure if it sinks in.

On a happier note, I recently attended a Maternal Child Healthcare Clinic in Sai Wan Ho, Hong Kong. I told the nurse I was thinking of weaning Alethia in a few months' time. She immediately advised me (quite sternly) to continue breastfeeding at least until she is two years old. That makes a pleasant change!

I can't imagine mothering a small child without breastfeeding. When I am breastfeeding, I feel like my breasts become these two immensely powerful mothering tools. They feed, quench thirst, and comfort a child. Whatever the problem, all you need to do is to put them to the breast and all the worries go away.



Elizabeth Shoemaker Yeung
Panyu, China

Pause for Thought

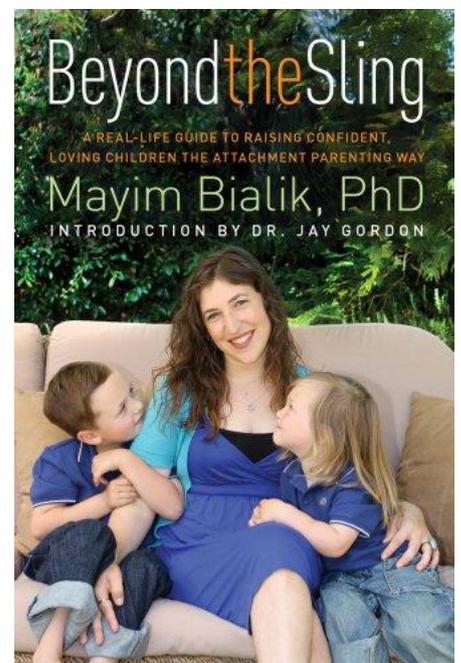
“I breastfeed my three year old son because he’s not done breastfeeding and I’m not ready to tell him not to.”

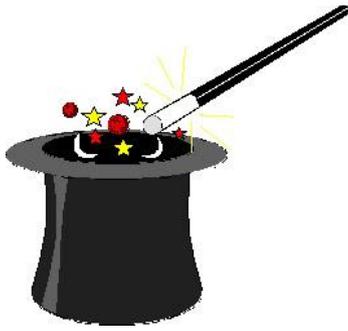
Mayim Bialik

Actress

Stars in The Big Bang Theory

Author of Beyond The Sling





Breastfeeding helps mothers stay slim!

Women who breastfeed their babies are slimmer for decades later! This news, reported in the International Journal of Obesity, will be welcomed by many breastfeeding mothers.

A large new study shows postmenopausal women who breastfed for at least six months had a lower body mass index (BMI) than those who did not, regardless of how many children they had. The more babies a woman had, the higher her body mass index decades later, but the longer she breastfed for, the lower it was, the study found. Women who breastfed for at least six months had a lower body mass index in their 50s than those who had not, it was found. Every six months of breastfeeding was associated with a one per cent drop in BMI, the researchers said. This means that if a woman breastfeeds two children for two years, as recommended by the World Health Organisation, then she would be around half a stone lighter in her 50s.

The researchers from Oxford University calculated that if every mother in Britain breastfed for six months then there would be 10,000 fewer obesity-related deaths, from conditions such as diabetes, heart disease and cancer, over ten years. It is already known that breastfeeding is best for babies and that women can regain their figure faster if they feed naturally, but this is the first large study to show that effect lasts for the rest of their lives.

The research formed part of The Million Women Study which tracked 740,000 British women who had gone through the menopause. The findings were adjusted for other factors such as smoking, exercise and socioeconomic group.

SOURCE:

Bobrow, K. International Journal of Obesity, July 2012.



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Birth Practices and Breastfeeding Outcomes

Speakers:

Linda J. Smith MPH, FACCE, IBCLC, FILCA

Author of Impact of Birthing Practices on Breastfeeding

Marie Tarrant PhD, MPH, MN, BN, RN

Associate Professor and Associate Head of the Postgraduate Programmes
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