

Close  
to  
the  
Heart



La Leche League Asia  
Early-Year 2013  
Volume 14, Number 1

"Breastfeeding  
is mothering  
close to the heart"

Drugged Babies  
and the  
Cost of Separation

Tackling  
Thrush

Toddler  
Nursing



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## Contents

Cover Photo:	Emy Machida and her daughter	
	Photo by Melanie Ham	
Editor's Corner		1
Drugged Babies and the Cost of Separation		2
La Leche League: Part of the Family!		4
Tackling Thrush		6
iNurse My Toddler Because...		7
La Leche League Japan Anniversary		8
In the News		9
Pause for Thought		9
Spotlight on LLL Tokyo West		10
Questions Mothers Ask		11
Postcard from MUSCAT, Oman		12
Magic Ingredients		14

## Mission Statement

La Leche League International is a non-profit, non-sectarian, organisation. 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 April, 2013 will be included  
in the Mid-Year 2013 issue.**

Contributions received by  
1<sup>st</sup> August, 2013 will be included  
in the Late-Year 2013 issue.

Contributions received by  
1<sup>st</sup> Dec. 2013 will be included in  
the Early-Year 2014 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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for clarity and in order to fit into the  
space available. They may also be  
published in other LLL  
publications

## Editor's Corner

Hopeful.

That's what I felt at the LLL Hong Kong seminar in November. It seemed to me that a corner has been turned and Hong Kong is becoming more breastfeeding friendly.

I've been involved with La Leche League for fifteen years and I have often felt frustrated by archaic hospital routines which make breastfeeding almost impossible. Too often, as a La Leche League Leader, we are trying to help mothers overcome difficulties caused by malpractice and misinformation during the hospital stay. It's so depressing.

So why the optimism now?

One of the seminar speakers, Marie Tarrant, Associate Professor in the School of Nursing at Hong Kong University, gave a presentation, 'Hong Kong 2012: Where are We Now?' This was an overview of research into breastfeeding rates in Hong Kong, which specifically looked at the impact of the decision by the Hong Kong Hospital Authority to stop accepting free samples of formula.

Marie's research was based on data from four public hospitals. It shows rates of both breastfeeding initiation and duration in Hong Kong are steadily improving.

In fact, after the hospitals stopped accepting free bottles of formula, the breastfeeding initiation rates immediately soared 20 percentage points.

Significantly, the time it takes to get the baby on the breast after birth has also decreased hugely. Today, almost half the babies are put on the breast within the first hour after birth. This principle of keeping mothers and babies together was also a key part of the presentation by keynote speaker at the seminar, Linda Smith (see page 2). It's wonderful to feel that finally some change is happening, at least in the public hospitals.

But it's not just statistics that make me feel hopeful. At the coffee break, I spoke with a midwife who is working hard to set up a birthing centre in Hong Kong. This would be a great place to showcase baby friendly hospital practices and pass ideas and techniques to other hospitals.

Another midwife told me that their hospital had seen a 25% decrease in the number of mainland mothers intending to give birth here. Hong Kong hospitals have been filled to bursting with mainland mothers, leaving staff terribly overstretched. Perhaps, now this issue has stabilised, the staff will have more time and energy to devote to breastfeeding.

Meanwhile, the Hong Kong government is considering the enactment of a Hong Kong Code to restrict the activities of formula milk companies. La Leche League Hong Kong has played an important part in the consultation process. Again, I feel that there is change in the air and a willingness in the community to tackle this important issue.

So, at the beginning of 2013, things are looking up! I hope there is room for optimism in your communities too. Fingers crossed for more good work in the months ahead.

# Maggie

# Drugged Babies and the Cost of Separation

Maggie Holmes looks back at Linda Smith's presentations at the LLL Hong Kong seminar: *Birth Practices and Breastfeeding Outcomes* in November 2012.

“All labour drugs reach the baby within seconds to minutes.” This was the unambiguous message from world-renowned lactation expert Linda Smith. “Most of these drugs compromise the baby's ability to breastfeed, and some have not yet been studied,” she clarified.

A few audience members were surprised to learn that ‘all’ really does mean ‘ALL.’ Epidurals, pethidine, spinal blocks, and even gas and air, reach the fetus or baby within seconds of being administered. This can make the baby drowsy and unable to respond normally at the breast. Breastfeeding counsellors talk about babies being ‘drowsy’ for the first ten days after birth. But Linda Smith believes these babies are not simply sleepy. They are being affected by drugs which passed from the mother to the baby during childbirth. “The babies are not ‘drowsy’; they are ‘drugged’”, Linda Smith stated.

Unfortunately some of these drugs stay in the baby's body for a long time. The amount of time it takes for a drug to leave the body is called ‘the half life’. Some drugs used in pain relief have a much longer ‘half life’ in the baby than in the mother. “A drug could clear the mother's system in one hour, but stay in the baby for eight hours!” Ms Smith explained. “With some medication, measurable side effects can be found in the baby for at least 30 days after birth!” she warned. “At 30 days the researchers stopped



measuring”, she points out. So who knows – the side effects could last even longer!

The problem is that drugged babies often cannot feed well. They may not be proactive in seeking the nipple, and when they do latch on they may not suck well. This can have a calamitous effect on the mother's milk supply. The breast works on the principle of demand and supply. So if the baby doesn't remove much milk from the breast, the mother's body doesn't produce so much milk. “Poor feeding leads to a hungry, fussy baby and undermines the mother's confidence,” said Linda Smith.

Pain relief is just one aspect of a common birthing practice which affects the breastfeeding relationship. Cesarean surgery, inductions, vacuum and forceps delivery, suctioning and intubation are all known to compromise infants' ability to breastfeed.

Linda Smith had plenty of evidence to show that Cesarean sections disturb the breastfeeding relationship. One reason for this is the delayed onset of lactogenesis (the milk making process) following a C-section. One study<sup>1</sup> showed that mothers who'd had a C-section were less responsive to their baby's crying, which could mean she would be less likely to put the baby to the breast. Linda Smith also showed that elective caesarean deliveries before 39 weeks of gestation are associated with respiratory problems for the baby. "If a baby can't breathe properly, he is not going to have much luck feeding either," Linda said.

In many parts of urban Asia, a C-section also results in the routine separation of mother and baby, followed by scheduled feeding sessions.

"Separation is absolutely the worst thing!" said Linda Smith. She was adamant that there should be no reason for separation short of resuscitation of mother or baby. "If the baby is breathing, it should be on the mother's body until he's had a first successful feed," Linda said. "It might take the baby four hours to have a first feed – that's OK," she explained.

This information about the impact of Cesarean sections should set alarm bells ringing in many parts of Asia, where giving birth is a very medicalized process and separation is a routine hospital practice. Some private hospitals in Hong Kong have Cesarean rates of over 50% and many babies are routinely delivered before 39 weeks of gestation. A mother has to be very determined and knowledgeable to make

breastfeeding work under these circumstances. (Happily, many mothers are both smart and persistent – so a C-section does not always spell disaster!)

There are some practical steps mothers can take to improve their chances of a trouble-free breastfeeding experience. During childbirth, Linda recommends that a mother have a companion with her at all times. Ideally this will be a specially trained 'doula' or another female who has given birth. The mother should be allowed to move around during labour and keep her energy levels up with fluids and snacks. After the baby is born it should be placed on the mother's chest for skin-to-skin contact and stay there until it's had a first feed. Keeping the baby with her at all times is obviously the next big challenge. When choosing a hospital, a good way to assess the likelihood of a supportive breastfeeding environment is to ask "How many hours a day is rooming-in available?" The correct answer, says Linda firmly "is 24 hours!"

Giving birth in a modern hospital is a wonderful privilege in many ways. The lives of mothers and babies are saved every day by the availability of Cesarean surgery and other interventions. But insufficient research has been done into the side effects that these procedures have on breastfeeding. Linda Smith called for further research to record the effects of medical interventions on breastfeeding outcomes. "With better data we can implement sensible hospital policies which protect and promote the breastfeeding relationship," she said.

1 Swain, J.E., Tasgin, E., Mayes, L.C. Feldman, R., Constable, R.T., & Leckman, J.F. (2008). Maternal brain response to own baby-cry affected by cesarean section delivery. *J Child Psychol Psychiatry*, 49 (10), 1042-1052.

## La Leche League: Part of the Family!

Before I gave birth I had very limited understanding of what it means to nurse a child. I got very mixed messages from my family and friends. I knew women who nursed their children into toddlerhood. But all I remember hearing was, "When they can help themselves, it is time to wean." When my sister-in-law gave birth she refused to allow anyone at the hospital to give her baby formula milk.

When my niece was born and screaming for days, my mother-in-law scoured the hospital for a bottle of formula and was refused. My mother-in-law felt that her granddaughter had been allowed to go hungry and she was very frustrated with the hospital and with La Leche League. So when it was my turn to learn about breastfeeding, I had already been exposed to some quite strong opinions on the subject.

Fortunately, I attended my first La Leche League meeting in Shanghai when I was four months pregnant. On that day I decided that I would continue to attend LLL meetings whilst pregnant and certainly after the birth of my baby.

As it turns out, this was hands-down the best decision I made in my pregnancy. I would not hesitate to say it was the best decision I made for motherhood. It led to so many more discoveries about the way my husband and I would parent.

At that first meeting in June, I knew no one and was the first to arrive. I felt terribly awkward because so many mothers had big bellies and were obviously further down the pregnancy path. Other mothers had babies in arms to cuddle. Over the summer, LLL meetings were on hold and I returned to the September meeting much rounder and closer to our due date. Bellies comparable to my twenty-seven-

week bump were due in days! I borrowed LLL books and began learning about Attachment Parenting. Fortunately, my experience with LLL began in Shanghai, where there was a great deal of cultural diversity amongst the attending women and with it, a great deal of

acceptance. When you have a rounding belly or a baby in your arms, you seem to be a magnet for people's well-meaning, often poor advice! This was not so in our meetings. We could share our feelings and ideas about parenting, birth and nursing without feeling judged or inundated with ideas. The monthly gatherings were marked on my calendar and I very much looked forward to my two hours with those women!

As my due date approached and fled by with no sign of baby, I worried that I would be in labour when it was time to be at the December LLL meeting! I literally thought about this while I was in between contractions on 3<sup>rd</sup> December: "If I give birth by tomorrow, I will be discharged by Tuesday and can attend the Wednesday meeting..."



Olivia's first 'outing' was the Wednesday meeting! I was blissfully dishevelled and remain so two years later! I could not wait to show off Olivia. Otherwise, I was content to stay indoors and enjoy our new baby, but I did not want to miss this meeting before everyone parted ways for the Christmas holiday. At four days old and one day discharged from the hospital, Olivia and I entered the LLL meeting room where I was last seen pregnant. No doubt I was beaming like never before, clutching my baby girl and still soaring from a fabulous birth experience!

Living abroad, these women became my extended family; they cared for me during my pregnancy and they met Olivia before our relatives, who arrived in the next few weeks. These women were the ingredients I craved in my early mothering days when life was turned upside-down in the nicest of ways. Being a mom is a lot about doing the best I could at something I've never done before. At LLL, that ambivalence is met by women who believe that mother's intuition is her most powerful resource. Answers to breastfeeding questions, which can be more technical, received gentle guidance.

Mothering has been so much about 'un-learning' and discovery. I needed to get out of my head and

dig deep into my heart. I have discovered that offering my breast to console my crying baby is a very effective mothering tool for a newborn and now for my toddler. I was used to hearing "Crying is good for a baby's lungs" and "If you start that habit of always carrying your baby, she will always expect it." Well yes - she does expect it. That is exactly what she is trying to communicate. Accepting that my responses toward my baby are completely acceptable and that following instinct is a fabulous way to mother my child, took a little support and encouragement, from my husband and my LLL companions. I vowed to surround myself with people who accepted that I embraced my mothering style with my whole heart. Also, I developed a thicker skin when well-meaning advice was involved. My husband and I continue to follow what we feel fits our family.

What my LLL leaders were able to give me is what people forget a new mother needs most: the love, encouragement and support to do what she believes is right for her and her family. It is a reassuring thought to know that everything you need to be a wonderful mother, you already have – in your hands and in your heart.



## Tackling Thrush

Breastfeeding my second child was never something I worried about. I had breastfed my first daughter for two years and two months. I had gone through initial pain with latching, having mastitis, and feeding my daughter while being horribly nauseous during my second pregnancy. I'd got through all that and by the time the birth of my second child neared, those issues were distant memories and I was feeling quite confident.

When my second daughter arrived, I put her on my nipple and thought I was off to the races. We had a few minor hurdles as we got used to each other, and as my milk switched – from the milk my two-year-old had been taking to the milk suited to my newborn. But overall things went smoothly.

Then, three weeks after giving birth, my face broke out into a crazy rash and I was given an antibiotic cream. The doctor did not ask if I was breastfeeding and I didn't ask if there was a problem. Shortly after using the cream on my face for a few days, my little girl started to hate feeding and became irritable during nursing. My nipples began to hurt and I attributed the pain to a fussy baby that was learning to feed. The pain progressed and I went online to see what was going on. From the symptoms I was experiencing it looked like I had 'thrush' – a yeast infection that is so common in nursing mothers. I tried the natural cures suggested on the online forums, but the pain and cracking progressed beyond a pain I could tolerate. My bras were bloody and my frustration was too much.

I went to my doctor for antifungal cream and painkillers. The pain had become excruciating and I wanted to use painkillers that were safe for breastfeeding. My doctor said, "You must stop breastfeeding!" I nearly fell off my chair. (The same doctor had previously told me I should stop breastfeeding my first child when she was six months old.) I explained to the doctor that I did not wish to stop. She insisted there was no other way to

solve the problem. I asked about the antifungal cream and painkillers. The doctor refused to prescribe them and maintained that the only cure was to stop breastfeeding. I left the office empty handed, in incredible pain and very discouraged. Luckily I knew I had resources. I texted a La Leche Leader, Pauline, who I had gotten to know quite well as our daughters go to school together. She gave me encouragement and information. I went home and found a doctor in Stanley,

on the southside of Hong Kong Island, who was open on a Sunday. The doctor was great, he had never dealt with thrush before but was helpful and wanted to see all the information Pauline had sent me. He then used his resources to print out more information for me and gave me the prescriptions I needed.

It took two brutal weeks to get back to painless feeding. I stopped eating sugar, wheat and dairy and changed my nursing bras constantly. I diligently took

the painkillers and applied the antifungal cream to my own nipples and gave anti-thrush oral drops to my daughter. About a week into treatment I got some relief and continued to feel better each day. It was a very trying time. In amongst all of this, I had gone out one night in a fit of tears and bought a bottle and some formula milk powder. My confidence as a second-time breaster was gone. I felt like the pain would never end.

In the end, I never did open that tin of formula. At the end of the two weeks things had returned to normal and my spirits lifted. I appreciate the experience of feeding my daughter more now because of the struggle I went through. But I do not wish this experience on anyone. If you do get symptoms of thrush, don't wait to see your medical care provider. If you get a doctor who doesn't support you, find another!

The good news now is that both my daughters are doing great!



## iNurse My Toddler Because... (Top 10 Reasons Why I Don't Want To Quit Yet!)

- 1. Soothing Comfort:** Nothing can calm a crying, cranky, tired, hungry toddler better than mama's warm milk coupled with an extra cuddle. Better than candy..? Of course!
- 2. Magic Potion:** Research has shown that the composition of breastmilk changes throughout the day: it acts as a stimulant early in the morning and like a comforting, sleep-inducing drink toward the evening. Similar to a cappuccino or taking to bed a warm cup of honeyed ginger milk in effect, breastmilk is surely the 'correct' food for any time of day!
- 3. Pop In – Pop Out!** Toddlers are usually actively busy exploring their world during the day. When baby pops in to take a break and asks mummy for a snuggle, out pops the breast for a welcome drink!
- 4. Eco/Ego-logical!** Ecological enough to be absolutely friendly to the environment... no heating, no wastage, no extra containers and electrical appliances needed – what doesn't get used stays in! And egotistical enough to be best for me – best for my baby! We need to be selfish sometimes (in a positive way of course!).
- 5. Bust the Baby Fat:** Shaping up is not only possible and achievable in the first year after birth... that goodness continues as long as you're nursing! I haven't seen love handles since I committed to breastfeeding!
- 6. Light and Creamy:** Despite being warned that baby might spit up the contents of his tummy if he nursed after eating food, I found breastmilk to be amazingly suited either as a filling meal or as a light after-lunch snack; not too thin, not too heavy... always just right!
- 7. And a Mid-night Snack:** I am a big fan of co-sleeping. Nursing in bed helps me get my beauty sleep as well! As baby gets older, he gets better at unbuttoning or pulling down my nightshirt and half-sleepily taking a suckle and putting himself back to sleep... sometimes without me even noticing that I had actually contributed in the middle of the night! Bliss!
- 8. Missed Nutrients:** Often toddlers seem to get fussy about food: only bread one day, only cucumbers the next, no chicken for one week... No problem! I know he is still getting the best nutrient fillers from my milk, which aptly evolves with baby as he grows, to suit his nutritional needs.
- 9. Disease-Fighting:** Grateful for the health boost breastmilk has always provided my babies, the immunological substances get even more concentrated in the milk as baby gets older, lowering the risk of common illnesses and making for a healthier happier baby; that accounts for fewer doctor visits!
- 10. Relaxed Mama:** Did I mention selfishness...? Well not the bad type! But I love the way breastfeeding hormones continue to relax me for longer! Nursing throughout the day also gives me lots of chances to put up my feet and enjoy a cuppa tea with a suckling baby! (Careful with toddlers: they might spill the hot drink with their kicks!)



# La Leche League Japan Anniversary

2012 marked the 20<sup>th</sup> anniversary of La Leche League Japan's formal recognition of becoming a La Leche League International Area. To celebrate, LLL Japan published a 20<sup>th</sup> Anniversary Commemorative Issue of its *Area Leaders' Letter*.

Many Leaders throughout Japan, and Japanese Leaders overseas, contributed messages and photos. LLL Japan also received congratulatory messages from LLL Founders Marian Thompson and Mary Ann Kerwin.

Most of these groups and Leaders in Japan are Japanese-speaking but there are some English-speaking groups and Leaders also. There are currently 54 groups and 105 Leaders altogether in Japan.



おめでとう！これからもがんばってね！  
Congratulations – keep it up!

# In the News

## Tweet Tweet

La Leche League China is now reaching out to Chinese mothers around the globe with breastfeeding information on Sina Weibo - China's biggest social networking site. In the first 24 hours after setting up the account they got over 4,000 followers! Well done Beijing! To follow the posts, go to: [e.weibo.com/guojimuruhui](http://e.weibo.com/guojimuruhui)

## Breastfeeding in Beirut



La Leche League Beirut has just had its first meeting. The meetings are in the Breastfeeding Café style, and LLL Leader Tamara Drenttel Brand said the mothers responded positively to this format. "Some mothers stayed for four hours talking about breastfeeding," she says. Meetings are held on the second Saturday of every month from 10-12. For details email [tdrenttelbrand@gmail.com](mailto:tdrenttelbrand@gmail.com).

## A Hong Kong Code

La Leche League Hong Kong has lobbied the Hong Kong Government in support of a Hong Kong Code to restrict the marketing of formula milk. The Hong Kong Code would be similar to the International Code of Marketing of Breastmilk Substitutes. LLLHK believes a Hong Kong Code is long overdue. Currently, formula adverts are displayed on public transport, in magazines and newspapers, on TV and radio. Advertising is EVERYWHERE!

LLLHK Leaders contributed to meetings in the Hong Kong Legislative Council and presented a written submission to the Hong Kong Department of Health. The public consultation period runs until 28th February 2013.

Please consider contributing a personal submission:

<http://www.fhs.gov.hk/english/adhoc/hkcode/hkcode.html>



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## Pause for Thought

**“My opinion is that anybody offended by breastfeeding is staring too hard.”**

**David Allen**

*Author of self-help business books*

# Spotlight on LLL Tokyo West

LLL Tokyo West has been around for over 15 years. The group meets at a home close to an United States Air Base, so the meetings attract mothers from the Air Base as well as English-speaking mothers with Japanese husbands.

Breastfeeding makes me feel so important – I'm providing the lifeblood for my child. It amazes me to think that I have all that my child needs to survive from day one. It brings me extreme joy to be able to provide her with all that she needs.

**Lillian**

I love everything about how breastfeeding makes me feel as a mother. I love the connection with my son and the fact that I am nourishing him. I love the skin time with him, or "skinship" as we say in Japanese. We co-sleep and I love him snuggling up to me asking softly, "Mama, pai pai please", while he's half-asleep. I am fortunate that my Japanese husband has been supportive of nursing from the very beginning and even now that my son is 2 years old. I have to thank a good friend of mine who gave me the book, *The Womanly Art of Breastfeeding*, when I was pregnant. This same friend was with me when I gave birth and made sure that the nursing staff let me nurse my son as soon as he was born, for a long time.

**Yukari**

I feel my child is very lovely while nursing. I want to cherish our breastfeeding life as a gift.

**Mayu**

When my daughter was young it made me feel very powerful to think I could produce enough milk that was just right for her. As she grew, I knew that it was changing with her and still provided many wonderful nutrients for her. I feel like I provided her with the best start that I could, and it has changed how I look at her and meet her needs now.

**Nancy**

# Questions Mothers Ask

**Q: Help! My baby has a stuffy nose and wants to nurse but cries because it is too hard to breathe and eat at the same time. I cannot help baby coordinate breathing and sucking and my supply does not seem as strong in the past few days.**

**A:** Keeping baby hydrated is crucial during illness. When nursing, it can be troublesome trying to get a sick and tired baby to figure out how to nurse with a stuffy nose. It is also frustrating trying to keep your supply strong if your baby is having difficulty draining milk from your breast.

Continue offering the breast. Try working on shorter, more manageable nursing sessions and an upright nursing position. With newborns, it may be a bit tricky keeping their body upright to nurse, but if you can slightly adjust your position so they are not lying flat, this may be all that is necessary to make breathing easier.



If your baby nurses for only a minute or two, continue with hand expression or pumping to keep your supply strong. You can offer your baby a drink through an eye dropper or spoon which gives them a break for a breath between drinks. Often, a few spoons of milk gives babies the strength and determination they need to nurse comfortably for a longer session.

Skin-to-skin contact works magic, helping babies feel safe and comfortable while the breast is readily available for the moment they are able to nurse. Unwrap and place your

naked baby on your bare chest. Keep a blanket over your baby's back for extra warmth. Benefits of skin-to-skin also include keeping your baby's temperature stable when fever is an issue.

In the middle of the night, a steamy bathroom may be all you need to clear your baby's breathing enough to nurse, or a nice humidifier so you can stay snug in bed while your baby eats!

Another lovely benefit of breastfeeding is that mom shares her immunities with her baby. If the two of you happen to be sick at the same time, your baby will truly benefit from the help of your milk. Every drop counts!

Some babies go on 'nursing strike' and refuse the breast completely while they have a stuffy nose. This can be frustrating for mom too, as she wants to nurse but baby is taking time before getting back to the buffet! Keep offering the breast, pump or hand express when necessary, and rest assured that the nursing relationship which has become such a nice part of your day will soon return.

You may notice that once your baby is better, your milk supply is not as robust as it may have previously been. Be patient. It may take a few days or even a week of healthy nursing sessions, rest and eating well for your supply to stabilize again. In the meantime, be grateful you are a nursing mommy because when appetites wane due to illness, breastmilk provides the best concentrated nutrients in liquid form available.

# Postcard from

## MUSCAT, Oman



*For the past three years, I have been living in Muscat, Oman. I live with my husband and two boys, Aedan who is five and Auryn who will soon be three.*

*Oman is a coastal region located in the Middle East, facing Pakistan and India from across the sea.*

*Oman is one of the Gulf countries that encompasses everything: beautiful landscapes, tourism, local traditions and a rich history. Oman is such a beautiful country. Its vast scenery really is astounding. Where we live is not even 0.5km away from the Arabian Sea and only 10km from the rocky mountains. The green palm trees and beautiful flowers that surround this city are fairly new and all thanks to the Sultan Qaboos Bin Said. Fifty years ago this country was in turmoil and even fifteen years ago the highways were not even up to speed and only stretched 8km. Today, so much has changed already.*

*Living in Oman is actually quite... normal. Expat life here is nothing like I would expect if it were Saudi Arabia, India, Sri Lanka or Japan. We all drive on the right side (which is normal where I am from in the US). There are plenty of things to do with children, infants and toddlers. The Omanis who live here are mostly second generation, simply because of the country's recent turmoil. With this said, the Omanis are quite worldly. We learn a lot from them and I love it. The Omani people are so friendly, very family oriented, and always willing to help others without reservation! You often see them picnicking with their families at the roadside, under a tree, on the beach, and in the parks. I have seen women breastfeeding under their Burkas – it was obvious to me what was going on because of those little, wiggling feet sticking out! The men, who wear dishdash (white or cream long cotton gowns) with hats specially handcrafted with embroidery, kindly look after their children while together in outings.*

*When I first moved to Oman, I was seven months pregnant. This being my second child, I felt quite relaxed. In the four months of waiting to reach Oman, I became determined to have a doula for this birth. It was very important to me to have a birth as natural as possible because when I was in India (for four years), I lacked the medical support that every woman should have: the right to a good birth. In India, it's a bit different – no one questions what the doctors say. Not only that, but it can be hard to find a good doctor. I found a few doctors who agreed that breastfeeding is important, but in the end they did not offer the support I needed. It was a very hard time for me because the culture in India is that the baby's belly should never be empty. If a baby cries, the assumption is that it must be because he is hungry! It was hard for me to keep hearing this message at a time when I was experiencing some difficulties with breastfeeding. It was hard to stay strong and positive. But I persevered and succeeded in the end. The Womanly Art of Breastfeeding was my saviour and was the main reason that I was able to successfully breastfeed my first son for two years!*

*Here in Oman, there was a greater initiative for breastfeeding but again, there was a lack of support. When my second son was born, the medical staff wanted to whisk him away to feed, but I was insistent that he stay with me and work with me as I could help him to learn the art of breastfeeding! And until today we are still breastfeeding.*

*As far as the local culture in breastfeeding is concerned, I have never felt uncomfortable breastfeeding here. It's normal to cover up while breastfeeding either by using a shawl or burka for local Oman women (they are very handy for something like breastfeeding in public). Since Oman is very family oriented, people are not offended at the sight of breastfeeding babies.*

*Of course modesty is needed, but there are no offensive stares or secluded areas (like the restroom) to breastfeed. I've even seen Omani women breastfeeding in the passenger seat while the husband is driving (unsafe obviously, but it shows how freely mothers breastfeed in public!!) On the other hand, I have also seen plenty of women bottle-feeding their children – especially in the expatriate community. Formula milk is sold in abundance. It is displayed at doctors' clinics and nurseries, so it is easy to see why most moms dive into temptation. Formula milk looks like an easy option; it is readily available, and because everyone is doing it there is support available for formula-feeding mothers. I have yet to understand why the doctors promote breastfeeding with one sign and recommend formula with another. I hope we can spread the word that breastfeeding needs commitment and support from the medical community, and that the benefits of breastfeeding are lifelong – for both mother and baby.*



**Joyce Bala**  
Muscat, Oman



## **Breastfeeding: A Postpartum Chill Pill**

Some people think that breastfeeding adds to postpartum stress. But research has found that mothers who do not breastfeed are more stressed than those who do. Two obvious reasons are the calming effects of skin-to-skin contact during breastfeeding and the release of the stress-relieving hormone oxytocin.

Swedish researchers found that higher oxytocin blood levels decrease blood pressure and levels of cortisol, a stress hormone. In one U.S. study of 24 women who both breastfed and bottle-fed, researchers measured the study mothers' mood before and after breastfeeding and before and after bottle-feeding. They found that the mothers were calmer after breastfeeding than after bottle-feeding. This study is noteworthy because it eliminated one of the main problems of comparing breastfeeding and non-breastfeeding women: the often major differences between women who choose one feeding method over the other. Since the same mothers were studied after both breast and bottle, this possible confounding factor was eliminated. Breastfeeding's effect on down-regulating stress is no doubt one reason research has linked longer breastfeeding duration to better cardiovascular health in mothers later in life.

But that is not all. Another U.S. study of 181 mothers measured mothers' reactions to stress, including its effect on the immune system (measured by blood cytokine balance) and their mood. The researchers found that the immune systems of non-breastfeeding mothers were more depressed by life stressors, and these mothers developed more infections than the breastfeeding mothers. The non-breastfeeding mothers also had higher levels of anxiety and fatigue. The study authors suggest that higher levels of blood prolactin stimulated by breastfeeding was related to more positive mood, greater immunity to infection, and decreased stress.

Research references at:

<http://www.nancymohrbacher.com/blog/tag/breastfeeding-and-health>