

Close
to
the
Heart



La Leche League Asia
Mid-Year 2013
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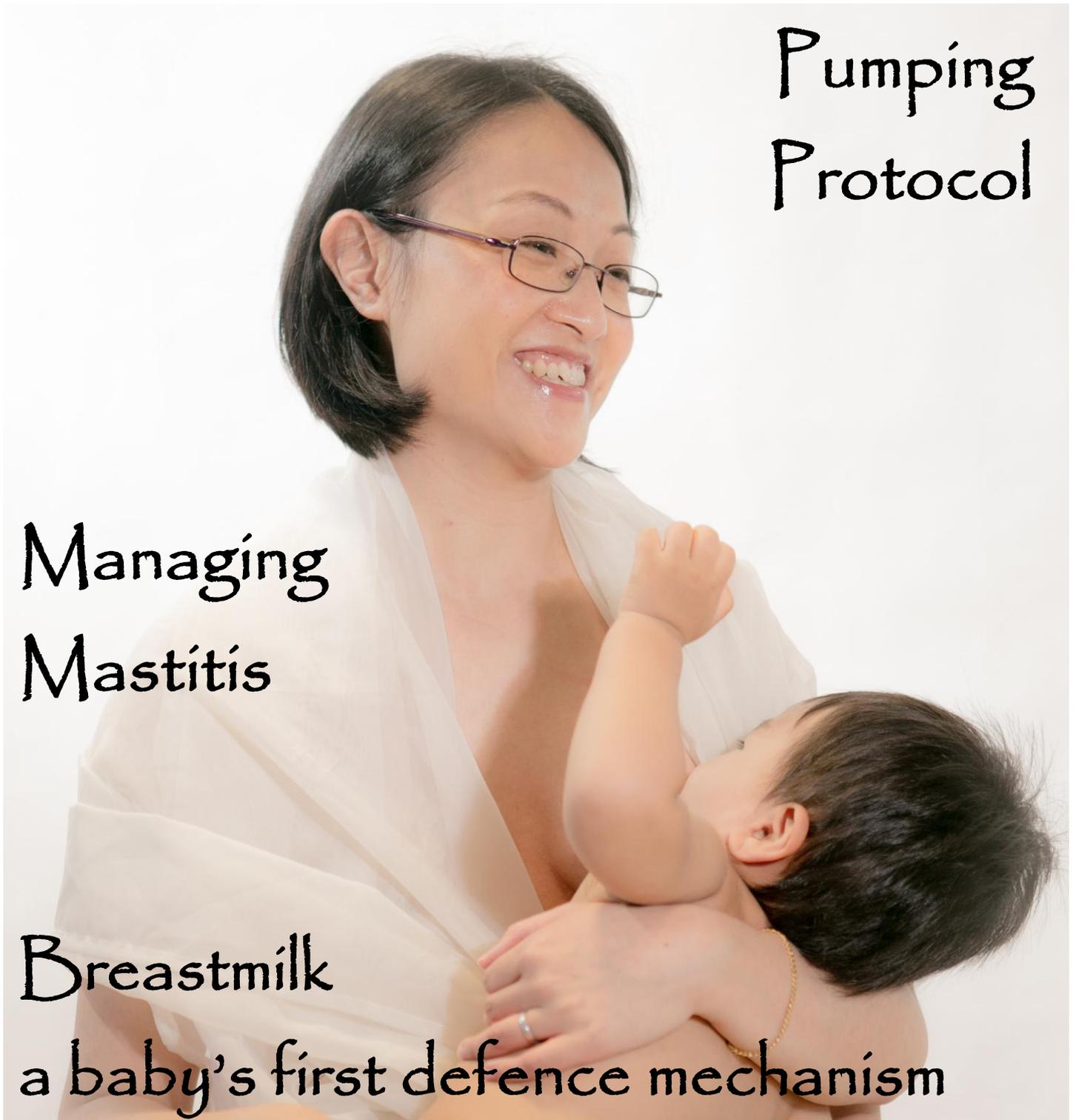
"Breastfeeding
is mothering
close to the heart"

Pumping Protocol

Managing
Mastitis

Breastmilk

a baby's first defence mechanism



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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 Aug. 2013 will be included in
the Late-Year 2013 issue.**

Contributions received by
1st Dec. 2013 will be included in
the Early-Year 2014 issue.

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1st April. 2014 will be included in
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**Article and stories for
Close to the Heart
are accepted at all times.**

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(English and Chinese) for
breastfeeding mothers in Asia.

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If you have a story you'd like to
share, please let me know! Even if
you're not a writer, you can tell your
story and have it written by someone
else. Contributions may be edited
for clarity and in order to fit into the
space available. They may also be
published in other LLL
publications

Editor's Corner

I was listening to the Whitney Houston song in the car, 'Learning to love yourself... is the greatest love of all'. The lyrics made me think of one our contributors to this issue of Close to the Heart. This mother knew that breastfeeding was the best gift she could give her children, so she did it. Even though it wasn't always enjoyable and sometimes made her feel angry and sad. Even though it reminded her, at a deeper level, of unpleasant things that happened during her childhood. But she overcame those thoughts and continued, because although it wasn't too pleasurable for herself, she knew it was the best thing she could do for her child. So, sorry Whitney – I have to disagree with you – a mother's love is really the greatest love of all...

These sentiments are echoed by mothers from the Shanghai group, who tell us why they find breastfeeding so special. Meanwhile, in Hong Kong, Amy meticulously planned out her pumping schedule so that she could continue to breastfeed whilst back at work. Mothers really do need to think creatively and be persistent to maintain the breastfeeding relationship if they go back to work.

In this issue we also have an article for the scientifically minded. We all know that breastmilk contains antibodies that are somehow good for our babies. But how does that work? Heidi Lam, a Leader with the Cantonese-speaking Hong Kong group, has clarified this, so now I feel I know a little more about what those SIgAs are up to. For those of us living in urban Asia, where the C-section rates are sky high, it is also important to understand the implications of having a sterile surgical delivery.

So, as always, we have some thought-provoking and interesting stories from our wonderful mothers. We live far apart and come from different cultures, but we share the same fundamental desire: to do the best for our babies by giving them breastmilk.

Best wishes,

Maggie

Breastmilk – a baby’s first defence mechanism

by Heidi Lam
Hong Kong, China

We live in a world full of micro-organisms such as bacteria, viruses and fungi. Bacteria exist all over the human body – on the skin, in the gut and in the mucosal membranes. These are needed for a normal life. When we look closely into the immunology of breastmilk, it is amazing how Mother Nature protects our babies to survive in this bacteria-filled world.

Born naturally: from sterile to germs

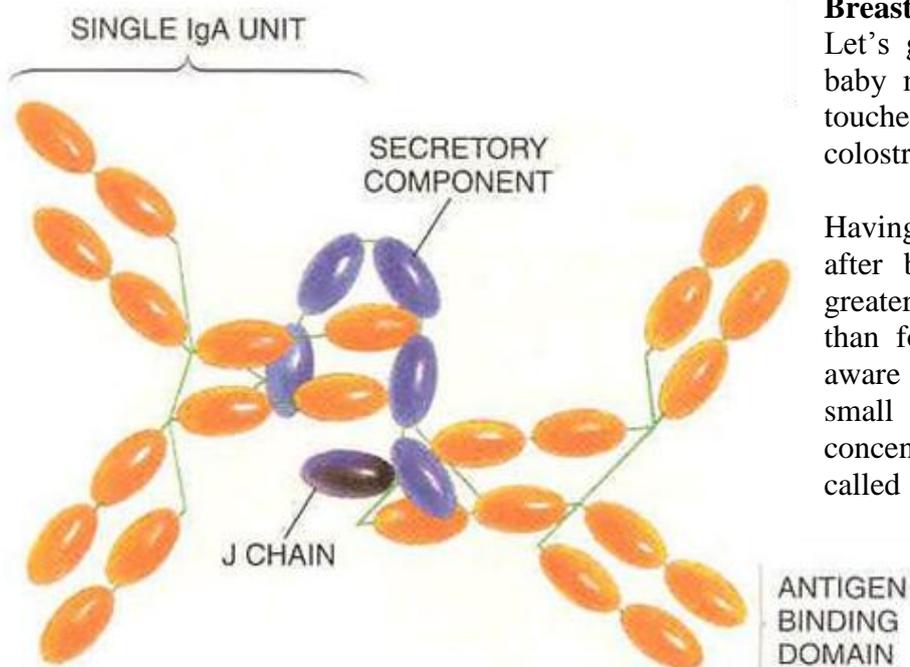
Babies live in a rather sterile environment inside their mothers’ wombs. Suddenly, one day, the baby is born right next to the mother’s anus – an area teeming with bacteria. Next, the baby is put onto the mother’s chest and licks her skin – bringing him into contact with a new range of bacteria.

So what happens to all those germs? These are actually normal bacteria or microflora that will colonize the baby’s skin, gut and various mucosal membranes. The microflora will prevent the growth of dangerous bacteria by competing with them for nutrients and space. In the baby’s gut, the normal bacteria flora is composed of more “good” bacteria like bifidobacteria and lactobacilli, and less “bad” ones such as E coli and Staphylococcus aureus.

However, human babies are born very immature compared to other mammals. Their body systems are still developing and the epithelium lining of the infant’s gut is not yet intact. This means germs and antigens may get through the “holes” of the “leaky gut” and enter the bloodstream and body tissues.

If this happens, a war erupts between the bacteria and the baby’s still-immature immune system. The baby defends his body against the “invader” and starts a series of reactions.

The baby needs to use a lot of energy to fight this war, so normal growth and development may be compromised. If the baby’s system is not capable of reacting properly, the baby may get sick.



Breastmilk defenses

Let’s go back to the newborn. The tiny baby moves over his mother’s chest and touches her nipple. He latches on and gets colostrum in reward.

Having contact with so many germs right after birth, the baby initially has a far greater need for immunological protection than for nutrition. Mother Nature is well aware of this! Colostrum is produced in small quantities, but it has a high concentration of a major protein component called SIgA antibodies. SIgA antibodies in breastmilk are specific to the mother’s gut bacteria.

Can you see how lucky it is that baby is born next to mother's anus? Being born in this location means he gets the same bacteria as his mother, which the SIgA antibodies are targeting.

Components work together

Other breastmilk protein components, such as lactoferrin and lysozyme, work together with SIgA to protect the baby. Moreover, carbohydrates called oligosaccharides act as food for the "good" bacteria and enhance the growth of bifidobacteria and lactobacilli. More "good" bacteria in the gut means less space and food for the "bad" pathogenic bacteria to grow.

This is excellent news for the baby's still-immature immune system. Breastmilk fights the enemies before they can enter the bloodstream and tissue. Infection is avoided and the baby does not need to react with inflammation, tissue damage, clinical symptoms, nor to lose energy. War is avoided!

The importance of normal gut bacteria

This initial contact between the mother's bacteria and breastmilk is a good learning opportunity for the baby's immune system. Normal bacterial colonization in the baby's gut significantly stimulates the growth of his immune system, which learns how to defend the baby from infection. It also learns not to overreact to normal substances such as food or pollen, which may otherwise induce allergic reactions.

See what a perfect system has been created by Mother Nature!

The risks of tampering with nature

Now let's consider another scenario. If a baby is born via Caesarean section, he doesn't come into contact with mother's gut flora near the anus. Hospital routines may cause the baby to be separated from his mother and placed in a nursery. The baby will be handled by various members of hospital staff. If breastfeeding is delayed he might not feed well and most likely he will be given formula milk.

In this case, the baby has undergone a colonization of bacteria which are different to those of his mother. He has come into contact with germs from other people, but the SIgA antibodies in his colostrum can't fight these "strangers" as effectively as the well-known germs from his mother. What's more, the early start of artificial feeding means the baby does not have the supply of necessary SIgA and other factors to promote the growth of "good" bacteria in the gut, nor to help kill and block out pathogenic bacteria. The baby's immune system is still immature, so when some bacteria attach to the mucosa in the gut or urinary tract, they may cause infection.

A war is being fought between the baby's immature immune system and the germs.

Furthermore, cow's milk protein, found in formula milk, is a common allergen. It may leak through the immature gut and enter the bloodstream, causing an allergic reaction.

By comparing these different scenarios, we can see breastfeeding is a natural way to defend our babies against all the bacteria out there. Of course a Caesarean section is sometimes necessary, and many babies born this way still manage to breastfeed. However, it's useful to be mindful of the effects of giving birth in too sterile an environment. To combat the absolute hygiene required by the operating theatre during a C-section, some practitioners advise wiping some of the mother's amniotic fluid onto the baby's body in order to recreate a more natural birth environment.

Our world is teeming with bacteria. Breastmilk and a vaginal birth encourage the work of the "good guy" bacteria – which keep the "bad guy" bacteria at bay.

My Personal Pumping Protocol



Setting up your pumping station in the office

I had never thought about pumping at my very own office cubicle until a friend mentioned this idea. Maybe it sounds a bit bizarre to some people. But it's this crazy idea that helped me hang on and keep pumping milk for my daughter until she was 16 months old.

What you need

Okay, here's the trick. What you need is a high partition office cubicle (mine was about 1.5 metre high), your pumping stuff and a nursing cover. And voilà, you are ready to turn your cubicle into a pumping station at any time convenient to you! I would say, it certainly helps a lot if you are not embarrassed to let your colleagues know that you are a breastfeeding mom and that you will be pumping at work.

Pre-pumping

While I was pregnant, I had pretty much decided that I would pump at my cubicle after I found that it was hard to find a convenient and clean place to pump elsewhere at my office. I began working towards making a suitable environment for myself, including telling my colleagues about my breastfeeding and pumping plan. I considered asking my supervisor to move me to the last cubicle in the row so I could have a more discreet setting, but as it turned out I got an internal transfer and was allocated a corner cubicle. Lucky!

Pumping at work

I just put on my nursing cover, lifted my shirt up and pumped at my own desk!

I can tell you it was really convenient. Some colleagues didn't know or remember I was pumping because I didn't need to leave my desk and could check and respond to emails as normal. It takes some practice – but yes – it is possible to do the pumping with one hand. In fact, it is even possible to pump hands-free if you use an electric pump and one of those special pumping bras!

I made sure every colleague in my team (about 15 people) knew that I was pumping at the office, but that I would be using a nursing cover so anyone could still come up to my desk at any time if necessary. But still, when some colleagues came up to my desk, they didn't realize I was pumping at all. This was thanks to the nursing cover my friend lent me – it has a subtle pattern which makes it look more like an apron dress than a nursing cover!

Oh, one thing is that the electric pump I use does give out a bit of machine noise while pumping, but I guess only the colleague directly in front of me could hear it.

Equipment to increase efficiency

I was using a pretty good electric double pump and I think it certainly helps a lot in minimizing the time needed for pumping. I did most of my pumping at the office, so I just kept the things at my desk and didn't bother to bring them home back and forth every day. At first, I tried pumping at home after each feed but I found that too tiring. As I was keeping the pump at the office, I also bought a microwave steam sterilizer so I could clean up my pump after each pumping session and store it in the sterilizer for using next time.

Breastfeeding – some hidden feelings

My friends and family all know how passionate I am about breastfeeding. I can't imagine any other way to feed my two beautiful children. I have been breastfeeding for the last five years, which includes feeding throughout the pregnancy of my second baby and tandem feeding. But when somebody asks me, "Do you enjoy breastfeeding?", the answer is "No".

Breastfeeding did not have a good start with my first child. On the second night in the hospital, he fed almost continuously and very soon my nipples became painful. The only advice I received from the midwives was, "It is normal that it hurts at first". As a result, I left the hospital with very sore nipples, and my belief in my own ability to breastfeed had already disappeared.

The pain worsened. In addition to sore nipples I got thrush, which was not properly diagnosed or treated. It took three months of pain and tears before the thrush cleared and I was able to breastfeed comfortably. However, I still found the intensity of my son's desire to be at the breast overwhelming. He was not the contented, smiley baby you see in books, who sleep and coo happily in their crib. Instead, I spent around 15 hours a day feeding him, holding and rocking him – and yet he would still cry himself to sleep. He insisted being carried in the sling, otherwise he was not happy. Unfortunately, at that time I had not read *The Fussy Baby* by Dr. Sears or *The Womanly Art of Breastfeeding* by La Leche League International, so I didn't know that this behaviour is quite normal for a small baby.

As time passed, he developed the habit of pinching my breast whilst feeding, which really irritated me. I felt he had more arms than I did! I found it really difficult to deal with the sleep deprivation. I got frustrated when reading about mothers who co-sleep and say that they don't fully wake up and don't feel disturbed. My personal

experience is that I could not sleep while breastfeeding. My son woke up very frequently and each time I found it very difficult to get back into a deep sleep. As a result, by the time he was nine months old I felt physically and mentally drained. This continued until he was one and a half years old, when I discovered I was pregnant with our second child!

During my pregnancy, my son still had an intense need to breastfeed. I really disliked feeding him during pregnancy and I kept hoping that eventually he would wean before the baby arrived. But it didn't happen.

Our new baby arrived and my son welcomed her happily – until he saw HER feeding in HIS favourite place!

I tried to tandem feed both at the same time but it wasn't easy. As time passed, I managed to reduce his feeds to naptime only. He was over three years old.

Luckily, my daughter was very quick to feed and was a very contented baby. Perhaps her behaviour was thanks to the training we had received from our son! I always carried my daughter in the sling and co-slept without worrying this might be spoiling her. I was far more relaxed.

Looking back, I think the arrival of my son was a massive life change for me. I was a first-time mother and had given up my career to stay at home with him. I was in a new city so I had no friends, and we were living abroad, far away from our families.

Somehow, the arrival of my daughter made me realize that I wasn't such a bad and inadequate mother. I had children with very different personalities and I knew I should accept them as they are.

Continued on page 7

Managing Mastitis



In the middle of a summer night, I felt sharp pain in my left breast and realized that it was engorged. Since my three-month-old baby was sleeping, I pumped my breast but almost nothing came out. I gave up and went back to bed. I did not know at that time what was going on with my body. Over the next few hours, the pain got sharper and I felt an awful chill. I even put several blankets over myself. The indoor thermometer showed 28 degrees.

These symptoms were signs of mastitis! Unfortunately, I did not realize this until my condition worsened.

First thing the next morning, I went to the nearest doctor's office with my baby in a stroller. My husband was out of town on business. My left breast was engorged badly and half was completely red. The doctor, however, did not see or palpate my breasts and diagnosed a cold. He gave me several choices of medications and suggested to breastfeed less if I chose to take any medicine. He advised me to stop breastfeeding completely if I choose antibiotics. I chose cold medication (not antibiotics) and went back home pushing the baby stroller uphill with extreme pain in my left breast. Cicadas were shrilling and I felt my home was very far away.

To cut a long story short, in the afternoon on the same day, an independent midwife visited my home to help me. She was my saviour. She introduced me to the right doctor immediately and helped us take a taxi and followed by bicycle (about a 20-minute ride). At the doctor's office, she carried my baby the whole time and explained my condition to the doctor precisely and advised him what to prescribe. At that time I was not able to communicate well as I felt dizzy from high fever and the extreme pain in my breast. She continued carrying my baby until I received antibiotics from the pharmacy, some food from the local deli, cash from the nearby bank, and finally I took a taxi with her help.

I learned many things from her on that day and from several visits by her over the next week. The important thing is that she shared the right knowledge with me to treat mastitis correctly. For example, the baby can be breastfed while the mother takes certain types of antibiotics that are regarded as compatible with breastfeeding. Frequent breastfeeding, e.g. hourly, keeps the affected breast as empty as possible, which is imperative to unplug the clogged milk ducts and reduce the engorgement. The baby does this job the best; expressing breast milk by hand or pump is an alternative.

Latching and positioning correctly are also important. In my case, mastitis-causing bacteria likely entered my body through a crack on my nipple caused by improper latch. In addition, keeping the affected area cool is important to reduce swelling. Putting a cabbage leaf on the affected area removes swelling gradually and, unlike ice, which cools down immediately, does not damage breast tissue.

Furthermore, I learned about La Leche League International ("LLL") from this experience. My

good friend from Miami (a mom of three!) kept sending emails to my mobile with useful links from the LLLI website and encouraged me. I learned what mastitis is, what causes mastitis, and how I could treat mastitis correctly by accessing LLLI website from my mobile, while breastfeeding my baby as I lay on the bed!

Possessing the right knowledge, knowing where to access the right information, and where to get the right support are keys to minimizing the trouble and maximizing the enjoyment of breastfeeding.

Mastitis was an extremely painful experience but it never occurred to me to give up breastfeeding. I knew from mother's instinct that breastfeeding is natural for both the baby and mom and the benefits exceed the disadvantages. And most importantly, breastfeeding made my baby so happy and that

made me so happy too. In June, my baby boy will turn three years old and Jun and I both still enjoy breastfeeding. Overcoming difficulties with the right knowledge and support, we made it through to be a happy おっぱい (breastfeeding) couple!



Breastfeeding – some hidden feelings

Continued from page 5

Yet, the need of my son for frequent nursing was overwhelming for me, to the point where it felt like a kind of abuse.

I weaned him when he started pre-school at the age of four. It was my decision to wean – I can't say it was a mutual agreement. I felt he was obsessed with my breast, and I really disliked him touching and patting my breast at the slightest opportunity. I guess if you are reading this, you might wonder why I have still been breastfeeding for over five years!

Despite my discomfort, I strongly believe that babies are born to be breastfed. I understand the disadvantages of not breastfeeding and wanted the best for my children. I could see that breastfeeding gave them a strong sense of security, and I feel so much pride to see them grow because of my milk. I appreciate they are healthy and have so few trips to the doctor's! I love seeing their beautiful and lean bodies.

Recently, when explaining to a good friend how little I enjoyed breastfeeding, she asked me why I

felt so angry. I started to reflect about how touching, especially in private areas, can have sexual connotations. Some of us have experienced unpleasant events during our childhood that should not have happened. I know I have been affected by these bad experiences. But only recently have I understood how much they have affected my experience of breastfeeding. I am now in the process of trying to understand where all this anger comes from. I just wish I had the tools to overcome my old demons.

I have to say, at this moment, I am so glad that my breastfeeding journey is almost over! My daughter is about to wean and this time I feel the weaning is by mutual agreement.

Breastfeeding is something I will never regret and it brings me great pride. I believe my son was born to teach me that children have so much to teach! And parenting is certainly a growing process as a person.

I hope one day I can manage to overcome my demons. If so, I will be so much happier person – all thanks to my children.

In the News

Peer Counsellors in Tianjin

The first Tianjin LLL Peer Counsellor Programme was held in Tianjin in April 2013.



Over 60 mothers took part and are now qualified as Peer Counsellors. The four-day programme included 30 hours of teaching. Participants learnt about breastfeeding management techniques and counselling skills. Thanks to the organisers, LLL Leaders from Hong Kong, Taiwan and China: Maggie Yu, Janedy Chen, Liu Yuan Ivy Makelin, Fang Minghui and Zhong Yu. What a great success!

The Beauty of Birth and Breastfeeding



A seminar will be presented by La Leche League Beijing in conjunction with the Beijing United Family Hospital. Guest speakers are Marilyn Hildreth, RN, IBCLC and Jeanette Schwartz, Clinical Director of the Maternity Care Center at Woodwinds Health Campus, Woodbury, MN.

Date: 25th May, 2013

Venue: 5th floor, Building 2, United Family Hospital.

Cost: Free registration

For details and registration please contact: lalechebeijing@gmail.com.

LLLHK New Website

La Leche League Hong Kong has just launched its new-look website: www.LLL-HK.org
The new site makes it easier for mothers to join LLLHK online, order our products online, find information and contact our Leaders. Please stop by and take a look!

Photo Competition

Budding Photographers get clicking – La Leche League China has launched a photo competition to celebrate China’s Breastfeeding Promotion Day on 20th May. Photos should be of professional quality and be accompanied by a 140-character text where mothers share their thoughts on breastfeeding. For more details check out: http://www.muruhui.org/ztbg_detail.asp?id=560

La Leche League of Seoul



La Leche League of Seoul started meetings again in March. Our first two meetings both had about 12 mothers attending. It was a great mix of pregnant mamas, mamas with babies and mamas with toddlers. Our English-speaking mamas come from many countries around the world. Seoul is truly an international city!

For details of meetings, email: LLLgingerc@gmail.com

How long is long enough?

The major world health bodies have similar recommendations for breastfeeding duration. How do these compare with government policy in your area?

...exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

The American Academy of Pediatrics

...exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

The World Health Organisation

...exclusive breastfeeding of infants until six months of age, with the introduction of solid foods at around six months and continued breastfeeding until the age of 12 months – and beyond, if both mother and infant wish.

The Australian Government, Department of Health and Ageing

Sources:

<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>

http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

<http://www.health.gov.au/breastfeeding>

Pause for Thought

**“Breastfeeding is a mother's gift to herself,
her baby and the earth.”**

Pamela K. Wiggins

Author and mother of three

Spotlight on LLL Shanghai

Shanghai is a bustling, cosmopolitan city in Eastern China. LLL Shanghai holds meetings in Chinese and English at various locations. The Chinese-language meetings can sometimes attract nearly 100 mothers; often grandmothers, husbands and aunties attend too. The English-speaking groups are also well established in the city and attract mothers from all around the world.



Questions Mothers Ask

Q: My baby nurses all the time! Our paediatrician insists she cannot be satisfied with breastmilk alone. He says I should supplement her with formula milk.

A: There are many reasons why a baby may want to nurse so frequently. So long as your baby is putting on weight normally, we can assume your baby is getting enough milk, and therefore that supplementation is not necessary. Babies all have different personalities; some can spend hours sucking contentedly at the breast. Others are more like little milking machines – they get the milk fast – then they are done.

There are also a few common behaviour patterns that it's useful to be aware of.

Growth spurts

Mothers often notice increased periods of sucking during the first year. These are often called 'growth spurts'. In general, growth spurts happen during the first six months and usually last for a few days. There is no need to be concerned that you won't have enough milk at these times. Just follow your baby's needs and after a short while things will be back to normal again.

Comfort Nursing

When a baby nurses, there is a lot more going on than simply receiving nourishment. Babies love the warmth and connection of being near their mother. Being at the breast also gives a great sensation of security. If there is a change of environment such as moving homes, relatives visiting, dad away on a business trip or even high tension in the household, babies are extremely aware and may seek comfort at the breast.



Photo: Melanie Aldridge

High-Need Babies

These babies crave attention and their high-need personality might be reflected in their nursing patterns. Day and night, they want someone close and available. This can be quite hard work for mother!

It is important to keep yourself healthy and happy while baby is spending so much time at the breast. Many mothers can easily feel worn out by their 'high maintenance' baby. So, if possible, get some extra help with meal preparation and household jobs. Try to clear your schedule and make time to put your feet up. Sleeping close to your baby at night and for naps is another way of making sure you get your much-needed rest while keeping your baby content.

Whether your baby is sucking for comfort or because she is a rather fussy baby, rest assured this period of intense sucking is a phase. Your baby really will grow out of it and will establish a pattern of more spaced-out feeds. Some babies just take a little bit longer than others to reach that stage!

Postcard from

MANSEHRA, Northern Pakistan



I live in a township called Mansehra with my husband and our three children. Our house is double storey and we live on the first floor. Our town is very beautiful, with green fields of grass and crops of maize, wheat and rice. We have every kind of fruit and vegetables. The green high mountains give our Mansehra district a lush, feminine beauty.

Breastfeeding is very common in our district. Nowadays, due to encouragement by the media, educated women also try to breastfeed their babies. Uneducated women breastfeed for at least two years, but educated mothers often wean their babies sometime during the first year.

Rural women often feed the baby in front of family members and may breastfeed openly at female-only gatherings. Whilst travelling around Pakistan, I have seen rural women confidently feeding their babies in public places – the mother covering herself fully of course. But educated women are very reluctant to breastfeed in front of other people. Much depends on how much support the mother receives from her husband too. Women from older generations are very happy to see

young mothers breastfeeding their babies. But we face some challenges achieving exclusive breastfeeding during the early months.

When I became pregnant we were living in Germany and my husband gave me the book 'The Womanly Art of Breastfeeding' published by La Leche League International. I studied this book carefully and even made notes about it, because I was only borrowing it and had to return it. I learnt a great deal from this book, but you know in practice things are quite different.

My first baby girl was born in Gottingen, Germany. I did a home birth and I put my baby on my breast immediately after birth. I experienced such a powerful feeling of love - it's hard to describe those emotions. I was so happy, and my baby was so alert and so eager to take the breast.

With my first baby, I didn't think too much about how long I would breastfeed her. Some of my relatives in Pakistan used to say that one year of breastfeeding is enough. That's why I started weaning at 15 months. I remember my daughter wanted to continue and she cried a

lot. My mother advised me to continue as long as she wished, but I was fed up and I stopped breastfeeding. My daughter was two and a half years old when my second baby and first son, Adeel, was born. He was born in Chitral valley which shares borders with Afghanistan and China. This is one of the most undeveloped areas of Pakistan, yet it is also one of the most beautiful parts of the country.

I had a home birth again and was able to breastfeed Adeel within one hour of the birth.

I remember he wanted to sleep the whole night in the early weeks, but when I felt my breasts were full I woke him up and gave him milk, as I had read that in the early weeks it is good to breastfeed frequently.

When my son was nearly 40 days old we held some celebrations for World Breastfeeding Week at a few high schools in our area. I gave lectures on the benefits of breastfeeding and organized mini-workshops for the village mothers. The workshops were very practical and of course I was always accompanied by Adeel. It was a fantastic experience and I felt very motivated.

My son was very much attached to me. He wanted to be in my lap all the time and he was not fond of walking. This sometimes made me very worried, and I should say he did eventually start walking at 18 months. Whenever I visited my friends he was sitting on my lap. This was no problem in Chitral, but when I visited other cities my relatives would ask why he was always sitting on my knee. I got used to these questions and I replied boldly that once he was grown up, he would no longer want to sit on my lap.

Now I'm going to tell you the story of my third child, Anis, who is now nine years old. Anis was born in Mansehra where we are still living. He was born at only 33 weeks and was very small. Actually, my pregnancy was not very enjoyable. For the first two months I kept vomiting. I was 40 years old - perhaps my stamina was low. The pregnancy had been difficult but fortunately the delivery was very easy and I could offer my son the breast within only half an hour of his birth.

Although he was so small, he enjoyed the breast very much. He was a very easy baby and I felt so much love for him. My elder children and my husband really supported me a lot. We were conscious that he was a premature child and needed extra special body warmth. So he was always in body-touch with one of our family members, especially me and my husband, throughout the first year of his life. For some reason this experience had

a rejuvenating effect on me and I felt young and energetic again.

At three months I felt he was still too small. I was under some pressure to take him to the doctor's, but my husband and I felt that breastmilk and human touch would be the best medicine for him.

We observed that although his growth rate was relatively slow, he was very alert. He didn't show much interest in solids until he was about eight months old. He wasn't interested in eating - he only wanted breastmilk. This baby strengthened my conviction that breastmilk really is the best food.

I believe strongly that every child is unique in his behaviour. If the mother breastfeeds she becomes sensitive to her child and is able to meet his demands and needs appropriately and according to his individual nature. This means that breastfeeding babies become more confident, more loving, more trustworthy and also respectful towards their parents in future. I must say breastfeeding is not only a complete food but also very good for the spiritual development of the child and the mother as well.



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Breastfeeding Reduces Risk of Ovarian Cancer

Research carried out in China shows prolonged breastfeeding is associated with a lower risk of ovarian cancer. The scientists said breastfeeding can reduce a mother's risk of ovarian cancer by nearly two-thirds. And the longer the mother continues to breastfeed, the greater the protection against the illness.

In the latest study, Australian scientists studied 493 women in Guangzhou diagnosed with ovarian cancer and compared them with 472 healthy volunteers of similar age. Each was asked how many children they had and for how long they breastfed each one.

The results showed those who breastfed a child for at least 13 months were 63 per cent less likely to develop a tumour than those who did so for less than seven months. The more children they had, the greater the effect, said the findings, published in the *American Journal of Clinical Nutrition*. Mothers who had three children and breastfed for a total of 31 months or more were found to cut their chances of ovarian tumours by 91 per cent. This was compared to those who had breastfed for a total of under ten months.

Non-breastfeeding mothers have been shown in numerous studies to have a higher risk of reproductive cancers. Ovarian and uterine cancers have been found to be more common in women who did not breastfeed. This may be due to the repeated ovulatory cycles and exposure to higher levels of estrogen from not breastfeeding. Some researchers believe a higher number of ovulations raises the risk of mutant cells forming, which can trigger the disease.

If anyone is breastfeeding a toddler and beginning to get comments like "When will he stop?" or "Isn't she a bit too old for that?", it may be helpful to drop in the information that sustained breastfeeding is good for YOU the mother, as it is helping reduce your risk of ovarian cancer. There is little doubt that our ancestors breastfeed for years, rather than the months or weeks that is so common in urban Western society. The World Health Organisation also recommends that mothers breastfeed their babies until the baby is at least two years old. The research which supports sustained breastfeeding is compelling, so mothers who choose to breastfeed their babies into the toddler years can be reassured they are doing the best thing for their babies – and for themselves.

Reference:

Su D et al. *Ovarian cancer risk is reduced by prolonged lactation: a case-control study in southern China*. *Am J Clin Nutr* February 2013 vol. 97 no. 2 354-359