

Close to the Heart



La Leche League Asia
Early-Year 2014
Volume 15, Number 1

"Breastfeeding
is mothering
close to the heart"

Scheduling
Feedings

Tongue-Tied



Nursing Triplets

Credits

Jenny Buck
Editor

Pauline Walker
Sub-editor

RuthAnna Mather
Area Coordinator of
Leaders

Sabine Rosznick
Janedy Chen
Area Professional Liaison

Sarah Hung
Layout

La Leche League International fully supports the WHO (World Health Organisation) International Code of Marketing of Breast Milk Substitutes. LLLI Board of Directors, (1981,1988,1993).

Cost of regular membership in the USA is US\$40. Cost of membership varies in other countries.

Visit our website:
<http://www.llli.org>

Contents

Cover Photo Credit:	LLL China	
Editor's Corner		1
Scheduling Feedings		2
Three Babies, Two Breasts		3
Tongue-Tied		6
Pause for Thought		7
How I Survived a Nursing Strike		8
In the News		9
Spotlight on LLL Abu Dhabi		10
Questions Mothers Ask		11
Postcard from SEOUL, South Korea		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 2014 will be included
in the Mid-Year 2014 issue.**

Contributions received by
1st August 2014 will be included
in the Late-Year 2014 issue.

Contributions received by
1st Dec. 2014 will be included in
the Early-Year 2015 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.

Contributions in English can be
directed to:
jennyllhk@gmail.com

Contributions in Chinese can
be directed to:
maggieyu9@gmail.com

Close to the Heart is protected by
copyright law. Reproduction and or use in
any form, by any means, graphically,
electronically, or mechanically, is
prohibited without permission. All
contributions or letters must include the
writer's name, address, and telephone
number or e-mail address.

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

We say a fond, although sad, farewell to Maggie Holmes as Editor of *Close to the Heart*. She has made a huge contribution since she joined the team as Assistant Editor in 2006 and took over as Editor in 2007. I have learned so much from her and will miss her heartwarming editorials.

But, thankfully, the core of *Close to the Heart* is YOU and your stories. As long as you keep those coming, *Close to the Heart* will always be a good read! Please see the email addresses in the left margin.

In this issue, our Postcard from Seoul raises the issue of tension between modernity and traditionalism in Korea, which is common to many other parts of Asia. Breastfeeding rates have generally plummeted as traditional societies have modernised. This theme is also touched upon in Magic Ingredients, which mentions that breastfeeding rates of mothers born in the 1940s and 1950s in China (who were therefore breastfeeding mostly in the 1960s and 1970s) were very high – with 95% breastfeeding for a month or more – and have recently fallen to among the world's lowest. Clearly, progress has its cost.

Naturally, breastfeeding rates in the olden days were so high because there was no alternative. Nowadays, we are lucky enough to have much more information about the superior health outcomes of breastfeeding, and mothers who can easily obtain and afford formula milk are choosing in droves not to use it. Nobody highlights this fact better than the writer of our story about triplets, Davina, who was offered a year's free supply of milk powder. Not only did she turn down the offer, but she demonstrated incredible determination to ensure that all three of her babies received only her milk.

Determination is often mentioned as something which mothers need to overcome breastfeeding challenges, while the importance of being flexible is sometimes overlooked. In reality, choosing when to be determined and when to be flexible is probably one of the first skills we learn as parents. The importance of being flexible is perfectly illustrated by Davina's tale of how her family's sleeping arrangements evolved: Plan A didn't work so they moved to Plan B and then Plan C.

The beauty of being flexible as parents is also explored in this issue's feature article, Scheduling Feedings, which suggests that mothers' lives become easier when you don't schedule feeds but slot them in whenever you or your baby feel like it. This is always a hot topic of discussion among mothers and new parents which can ignite strong feelings for and against. As always with ideas that come up in La Leche League meetings or publications, take what suits your family and leave the rest.

With Chinese New Year almost upon us – have a flexibly determined year of the horse!

Jenny

Scheduling Feedings

You're important, not only to yourself but to others. You have important things to do. Many of those things are scheduled. You're picking your mother up at the airport on Tuesday at 3:00 pm. You have a doctor's appointment on Thursday at 10:00 am. Your workday has a definite beginning and end. So has your partner's. That means it works best to have the day's major events scheduled.

Now imagine that, on top of all that, you also need to schedule your trips to the toilet. You need to train yourself to use the toilet every two hours. No running to the toilet between times, no skipping a trip to the toilet because you don't feel the need. Every two hours, on the dot.

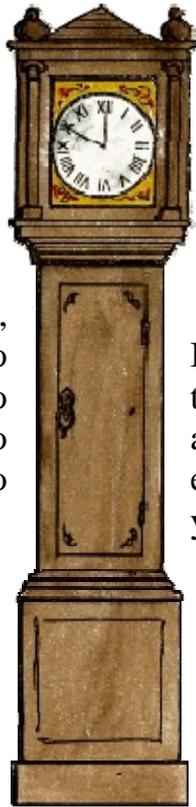
What? No time among the important events in your day for that kind of rigid scheduling of a trivial event? Of course not. Our day runs most smoothly when it is organized around the *major* events, with minor events fitting in on a fluid basis, not when it is organized around the *minor* events.

Many modern societies have come to think of breastfeeding a baby as a major event, and there are plenty of books that tell us we need to schedule this major event in order to have our lives run smoothly, in order for the baby not to take over our lives, in order to make time for everything else. Ah, but what if feeding a baby is a *minor* event? If it is,

aren't we allowing it much more control over our lives if we elevate it to "must-be-scheduled" status?

At first, nursing a baby is time-consuming and all-consuming. You feel as if your whole day revolves around Feeding The Baby, and it sounds good to think that you could schedule this major event and somehow get some control over it. Scheduling sounds like a sanity-saver.

But once you and your baby learn how to nurse easily, once the early weeks are past, feeding just isn't a major event any more. You can nurse while you prepare food, in bed, while you watch TV, eat, write emails, or walk. If your baby is given the chance to snack as he sees the need, he's never really hungry, and you can "top him off" because *you* want to do something rather than because he asked, stretching the next nursing interval as a result. Or you can stall him for a bit while you finish an activity. Or you can take a quick break from that activity, nurse for just a couple minutes, and leave him full enough to wait a bit longer. This kind of freewheeling approach of frequent, short, flexible nursings leaves your day free to structure itself around bigger, less flexible activities. When feeding the baby is an incidental activity, like kissing him, everyone's day usually runs more smoothly, including the baby's... and yours.



Three Babies, Two Breasts

My name is Davina and I moved from New Zealand to Hong Kong just four months ago, with my husband and 20-month-old triplets. My breastfeeding journey began 21 years ago when I gave birth to my first daughter. I was young and naive about breastfeeding. I had no role models, support or information – I just somehow knew I was going to do it. My nipples were inverted; without any advice or help with latching, I ended up with severely cracked nipples. I got help with latching from La Leche League, expressed milk for a week or so until my nipples healed, and then carried on with breastfeeding. She self-weaned at 13 months when I was pregnant with number two. I had no problems at all with breastfeeding my second daughter.

Fast-forward 21 years and I had met my husband, Jason, who had never had children but still hoped that he could, so I agreed – to just one! When we found out I was carrying triplets, we were understandably terrified, but again the idea of doing anything other than breastfeeding never crossed my mind. We found out that a New Zealand company offers triplets a year's free supply of formula, but I wasn't interested.

After a problem-free pregnancy, I had made it to 34 weeks and went into labour two days before I was booked for a C-section. Our babies were born via C-section at 2.22am: Willow 2kg, Connor 2.5kg and Summer 2kg. They all went straight into NICU but were actually really healthy and big for triplets. I got to cuddle Connor the next day, Summer the day after that and Willow the day after that.

I don't think anyone at the hospital expected me to breastfeed because it was 12 hours later that I had to ask someone for a pump and to show me how to get started. A nurse then showed my husband and I how to express colostrum into tiny 1ml syringes. We got our first 1ml and I said, "But there are three of them – we can't make them share 1ml!" So I



expressed two more that day; the next day I got 9ml; and the next day, 15 little syringes made their way into the NICU. These syringes were fed to them via nasogastric tubes. Then I started pumping, every three hours day and night, and within two days I was pumping about 1 litre a day; within another week this was 2 litres.

After a week I finally got to try breastfeeding Connor, who was the biggest and strongest. To breastfeed, a baby needs to co-ordinate sucking, swallowing and breathing all at the same time. This reflex usually doesn't kick in until about 35-36 weeks gestation, but I wanted to at least put the babies to the breast, even if they weren't even latching at first. My nipples seemed huge next to their tiny mouths and I wondered how they would ever get the hang of it, but one by one they did.



I would nurse them while they were getting a feed of expressed breastmilk through their NG tube, so they would learn the feeling of a full tummy and associate it with sucking. Gradually, each of them started getting a full feed from me.

After two weeks and four days, all the babies were taking a good feed from me and so we were allowed to graduate to the “parent room”, which is like a motel room where you have your babies with you day and night and you do it totally on your own before going home, but with nurses just down the hall. The babies had to gain weight before we were allowed to go home, which happened two mornings later! So, although it felt like a lifetime, after just three weeks we all went home.

My husband and I had no idea how we were going to feed three babies all day and night, so we had to come up with a plan. I knew that breastfeeding is all about supply and demand, so we went against all the triplet parenting advice and had no schedule for feeds. I refused to wake them for feeds if they slept longer than three hours, and I refused to leave anyone to “self-soothe” if they wanted feeding more often. Our first plan was that we would both get up to all of the babies all through the night; Jason would change and burp and I would feed. After only four nights we realised that neither of us were getting any sleep, so we switched to plan B which was that Jason took the 9pm-2am shift and I did the 2am-7am shift. I would pump so that Jason could have milk to feed them during his shift, and during my shift I would just breastfeed. We soon realised that 9pm-2am was “the screaming shift” and it wasn’t working again, so we moved to plan C. This was where I took Connor into our bedroom and co-slept with him and breastfed him all night. Each time I fed Connor during the night, I would use a double pump and Jason would feed this milk to the girls. Jason slept in the nursery with the girls and would do EBM feeds all night. In the daytime I still did all breastfeeds for all babies, but I got a break from feeding two of them between 9pm and when they woke at about 5am.

Before the babies were born, I talked to a triplet mum who breastfed for six weeks and she suggested either (a) breastfeeding two and giving the third a bottle of formula, then rotating who got the formula each feed, or (b) feeding one baby one side, the next baby the second side and by the time you get to the third baby the first side is full enough

again. I really dislike formula so decided I would try the second option. After reading about wet nurses in Victorian times who would feed up to six babies, I figured I could definitely do three!

When the babies first came home, each baby would take around 20-30 minutes for a full feed, so by the time I got to the third baby, the first breast was full again. As they got older, their feed times got shorter, but my body was already in the swing of how much milk was needed so I’ve never had problems with supply. An average day of feeding would be 24 feeds; add in cluster feeds AND growth spurts and some days I was doing upwards of 33 breastfeeds!



When the babies were small I would mainly feed one baby at a time, although I did sometimes tandem. I found it was nice to have at least SOME one-on-one time with each baby. Now that they are older, I always tandem feed when we are in the same room because they feel somebody HAS to be on a spare breast! In the beginning I had to pump eight bottles for the girls’ night feeds. That gradually went down to around one or two bottles by 18 months, and now that they are two years old I don’t need to pump anymore because both girls sleep right through the night.

At the moment I breastfeed all three when they all get up in the morning, constantly rotating who’s on – this feed can take about an hour to make sure everyone is satisfied! I breastfeed them all to sleep at naptime; they all sleep in separate rooms now, so this is lovely one-on-one time for each of them. Then they all want another feed after they wake up around lunchtime. There may or may not be a snack/comfort feed around mid-afternoon, and then they are all breastfed to sleep for the night. They now all sleep through the night, but this has only been since 10 days ago for Connor! It is wonderful

for me to get a full night's sleep after more than two years – you don't sleep well during a triplet pregnancy! But my thoughts in the beginning were to have very low expectations of sleep so that every bit of sleep I did get was a bonus. I knew that having three babies AND breastfeeding them all AND not believing in "cry it out" was simply going to mean a lack of sleep, no way around it. I figured that accepting that was going to mean less stress about it, and it worked; I have been able to function on very little sleep and I've been okay with that.

I have never had any help other than my husband. After finding our rhythm, I would say it's not been that difficult to figure it all out. I am a very efficient person and I have never had any problem keeping up with housework or cooking meals. The whole "sleep when your baby sleeps" doesn't really work with triplets, as by the time you get the last one to sleep the first one is usually awake again, so instead of sleep I just get stuff done. I don't have a domestic helper but my motto is "little and often" for getting things done; I don't allow the laundry to build up so it is always quickly manageable, and it is fun for the children to help load and unload the machines. When I vacuum and wash the floor, it is

a game for the children to sit on the sofa and do their puzzles. I grocery shop every day, with two children in the buggy and one in the Ergo, which means it counts as an outing for them AND exercise for me, as well as getting groceries – three jobs in one! I cook meals after the children are in bed; they wake up early but are all down by 5.30pm. I have a baby gate on the kitchen doorway and another one to the hallway, which keeps them and their mess pretty much contained.

It's wonderful to be able to breastfeed my babies and I get a lot of supportive comments from people, but it has been hard to find other triplet mums doing this. It's now my mission to let other mums know that it is possible to exclusively breastfeed triplets, and while it is a full-time job, it is very rewarding!

My "babies" are now almost two years old. They have three solid meals a day and four to five breastfeeds. They all weigh around 11kg and are meeting all their milestones. Given that we started out with a fair amount of disbelief, little support, a C-section, separation from my babies, not being able to actually breastfeed for two weeks, and of course the fact that there are three of them ... it's amazing how far we have come!



Tongue-Tied



The first time she cried, I knew she was tongue-tied.

At one day old, I could feel that she wasn't latching correctly. The nurse's solution was to put a bottle nipple over my breast for her to suck on.

At two days old, I was afraid she wasn't getting anything to eat, and the hospital introduced formula.

At three days old, we headed home, my nipples sore and bleeding, my baby being topped up with formula after every nursing session.

The pain was so intense during breastfeeding that I cried at the thought of it. I didn't want to snuggle my newborn because I was afraid she would want to eat. I started pumping to allow my nipples to heal.

When she was a week old, I took my baby to see the paediatrician. My milk had just come in, but I knew she wasn't eating well and was afraid she was not gaining weight. Her weight was fine and when I asked the doctor to check her tongue, he just waved me off and said I just "wasn't doing it right".

I knew I needed help, but didn't know where to turn. I started with the La Leche League International website. There were no groups in Lebanon, but I found the contact information for a leader in Syria. I emailed her to see if she knew of anyone in Beirut

who could help, but she had no leads. In the meantime I stopped pumping and started using a nipple shield to nurse my baby.

I Skyped a lactation consultant in the United States, but our internet connection was so bad she couldn't get a good look at my daughter's latch or her tongue. She recommended I see someone in person, so I made an appointment with an ENT (Ear, Nose and Throat) doctor who confirmed tongue-tie but said it wouldn't affect breastfeeding.

I felt alone, lost and totally inadequate at the one job I had: to feed my child.

Here in Lebanon, life happens through connections. I had no connections, so we had to create them wherever we could. My parents were in town for the birth of their first granddaughter and an old neighbour of theirs happened to be in Beirut visiting his family. They met over lunch and my mother mentioned we were looking for some help with my daughter's tongue-tie. The old neighbour had a connection at a hospital who, in turn, had a connection with a paediatric ENT doctor who was on vacation in Lebanon from France. We called him on a whim and the next day we were in a rented room in the ER (Emergency Room) where in less than two minutes the doctor took care of my daughter's tongue-tie. Sweet relief!

But I was nervous about trying to breastfeed without the shield, because the pain was so fresh in my mind. So I waited a while. When I finally tried, my baby, who was several months old at this point, just licked my nipple. I didn't know what to do, so I continued using the nipple shield. Breastfeeding was never something either of us loved. I did it because I was stubborn and knew it was best, and my daughter nursed because she was hungry, never for comfort. We went on like this until she weaned at 20 months.

In the meantime, I felt determined that I would do everything I could to ensure that no other new mother would go through the feelings of helplessness and loneliness that I felt at the birth of my daughter. I started researching doctors and found one who would clip a newborn's tongue-tie in order to help with breastfeeding. I joined La Leche League in the Middle East, and an online support group. I helped start playgroups, met other moms wherever I saw them, and began building the network of support that I was missing in those early days, weeks and months. When La Leche League finally came to Lebanon, I eagerly joined, determined to use it as an opportunity to offer the support to other new mothers that I didn't have.

When my second baby was born, I was ready, but once again the odds were stacked against us. On paper we shouldn't have had a successful breastfeeding relationship – she had a posterior tongue-tie, not visible to the naked eye, but evident by day two, when my nipples were cracked and bleeding. Additionally, she spent two weeks in the hospital because of a blood incompatibility.

But the support I had helped us through. The emails I got from my friends in LLL and other breastfeeding support groups were precious words of encouragement that I devoured as I sat in the hospital room watching my newborn struggle. A doctor in another city clipped her tongue the very day we called him. Tamara, an LLL Leader in Beirut, visited me nearly every day in the hospital, helping Ruby latch, bringing me snacks, and helping us think through how the doctor's recommendations for her treatment would affect breastfeeding. Nadiya, an LLL Leader in Zalka, visited us a few weeks later and helped me to wean Ruby from the nipple shields we had been using.

With both my girls, our breastfeeding journey got off to a rocky start, but the roads could not have been more different. I look back on my nursing relationship with my first with regret, pain and disappointment. I'm glad, of course, that we pushed through and I'm proud of how well we did on our own. But, as I sit nursing my second baby, who is now 20 months old, I know that it is only because of the incredible support of the breastfeeding mothers of Beirut that our nursing story is such a beautiful one.



Pause for Thought

“People say, 'You're still breastfeeding, that's so generous.' Generous, no! It gives me boobs and it takes my thighs away! It's sort of like natural liposuction. I'd carry on breastfeeding for the rest of my life if I could.”

Helena Bonham Carter, CBE
British actress

How I Survived a Nursing Strike



My breastfeeding journey with my son began easily and effortlessly. This is the second baby I have nursed, having nursed my daughter past one year. I was a pro and had always had an abundance of milk.

When my son was around 14 months and only nursing about four times a day, I had a family emergency and had to leave him. I made sure I left plenty of breast milk for him to drink. I pumped twice a day while I was gone in order to keep my supply. Once I got back I picked up my son and tried to nurse right away. He

refused me and would not latch. I was devastated and heartbroken. That whole day and the next I kept offering the breast and he kept refusing. However, I continued pumping in case he decided to nurse again.

On days three and four I gave up hope. Even after offering many times a day and wearing him around the house, he was making no progress. I stopped pumping. I felt selfish trying to make him nurse when he obviously didn't want to. I felt completely defeated and told my husband it was over. Then the unthinkable happened: my son asked me to nurse. He latched and nursed as if nothing had happened. I definitely cried tears of joy. I called my friend, La Leche League Leader Tamara Drenttel-Brand, with the wonderful news and she told me what I needed to do to get my supply back up.

Since I had stopped pumping, my milk supply had reduced a lot. I have always had lots of extra milk while nursing, so feeling my breasts so empty and pumping barely drops was a very humbling experience. So I started pumping as many times as I could during the day, even if it was only for a short amount of time. I managed about eight pumping sessions, some lasting only 10 minutes. After ten days of pumping, I felt my supply was back! I stopped pumping, and continued nursing on demand.

Now, five months later and at 19 months old, my son is nursing more than ever. My goal has always been to "get past a year, then we'll see". But once we overcame that huge hurdle, I knew I didn't want to stop. Now my goal is two years, then we'll see. For now, I am enjoying this second chance and I am so very grateful.



Mothers around the world will be delighted to hear that iMothering TALKS, organised by two LLL Leaders, are now free. Internationally-renowned speakers give talks on a range of subjects of interest to parents. Two talks are available every month: February's speakers are Dr Jennifer Margulis, talking on *The Business of Baby*, and Dr Christine Gross Loh, talking on *Parenting Without Borders: What we can learn from parents around the world*. Anyone with a good internet connection can access the talks via their website, www.imothering.com

In the News

Lebanon Nurse-in



On Friday, 26 October 2013, the first ever public nurse-in in the history of Lebanon was held at the American University of Beirut Medical Center. Around 12 mothers participated in the nurse-in and around 30 attended the Breastfeeding Q&A session. The event was spearheaded by a paediatrician at the hospital, but more than half of the attendees were La Leche League members, including the two LLL leaders in Lebanon, Tamara Drenttel Brand and Nadiya Dragan. The nurse-in was designed to raise public awareness about breastfeeding and to normalise it. The organisers had quite a battle with the hospital to get approval for the nurse-in, so although small in scale this was a victory for breastfeeding in public in Lebanon!

New Groups



Many parts of our region have been lucky enough to have LLL Leaders move in and establish new LLL Groups (or reopen old ones). We warmly welcome new Groups in Singapore; Sasebo, Japan; Xiamen, China; Tianjin, China; and SoleiLLL Levant (French-speaking Group) in Japan.

A Warm Welcome to the New Chinese-speaking Leaders

As always, LLL Leaders have been multiplying around the region, through new Leaders being accredited, but the growing number of Chinese-speaking leaders in China is particularly noteworthy. We enthusiastically welcome the accreditation of Wei Song, Angela Williams and Wei Wang. Their help is hugely appreciated because there is a massive demand for breastfeeding help in China, especially since the tainted-formula-milk scandals in the past few years.



Spotlight on LLL Abu Dhabi

~ a rapidly expanding group!

Abu Dhabi is the capital of the United Arab Emirates, which borders Saudi Arabia and Oman, in the Middle East. It is the second-largest city in the UAE, after Dubai.

I started the group in May 2008, with only one mother in attendance at the first meeting. By the time I left in December 2009, the group regularly had 15-20 attendees per meeting, plus lots of calls, emails, and home visits between meetings. We were a very busy group during my time there, and it has grown tremendously since I have been gone. During the time I was there, three Leaders were accredited in Abu Dhabi, including Noura Al Khoori, the first Emirati La Leche League Leader. We also opened a small pump depot with two hospital-grade double electric pumps available to rent to mothers in need.

Eve Schein

Our meetings are multi-lingual. Collectively, our current four leaders in Abu Dhabi (Rochelle, Marie-Claire, Casey and myself) can speak four languages including English, Arabic, Afrikaans and German! We switch comfortably during a meeting (or when helping mothers individually) whenever the requirement arises.

Noura Al Khoori

Shortly after I arrived, the Leader in Dubai left and that group closed. We took over their Facebook group and made it a UAE-wide group, which now has over 600 members! We currently have two meetings in Abu Dhabi every month: one general meeting, plus bi-monthly working mothers' meetings and toddlers' meetings. Noura has been very involved in translating LLL tear-off sheets into Arabic and we now have six available.

Marie-Claire Bakker

The growth of this group in just five years has been fantastic. I am in awe of what has been achieved. We have been lucky enough to have some lovely, amazing and experienced Leaders move here, in addition to the home-grown Leaders.

Tracy Crowther

Questions Mothers Ask

Q: Our baby wants me (and my milk) most of the time, but my partner would like to be more involved and get to know our baby. He has suggested giving her a bottle once a day. Is this a good idea?

A: This is a subject that often crops up at La Leche League meetings. At first glance it can seem a lovely idea, especially if fathers are willing to take a turn during the nighttime and let the mother get some extra sleep! However, bottle-feeding (while maintaining exclusive breastfeeding) requires the mother to prepare in advance by pumping milk. Since it usually takes longer to pump enough for a full feed than it would do to breastfeed directly, this is not actually giving her a break. In addition, bottle-feeding can confuse the natural cycle of supply and demand. If somebody else takes over one or more night nursing session, the mother's breasts may be engorged by the morning, and then they will produce less milk the next night. Finally, introduction of bottle-feeding before the baby has truly got the hang of breastfeeding can cause "nipple confusion", which makes it harder for babies to learn to breastfeed effectively.

Involving fathers in baby care can be fantastic for the whole family, but bear in mind that there are a number of other great options for prime bonding time which don't affect breastfeeding and really do give mothers a break:

Bathing. As long as your baby is calm and comfortable in the water, this is a great time for father-baby bonding time. It's an especially good option if your partner works all day: he and your baby can greet each other with this evening routine. Bathing together is also a wonderful option.

Massage. If your baby enjoys massage, this is another "high touch" time for father-baby bonding.

Post-nursing cuddle. Fathers can really enjoy holding a relaxed baby, when her tummy is full, after a satisfying nursing session.

Baby-wearing. Many baby carriers can be worn by either parent, with easily adjustable straps. For walks in the park, down the street or just around the home, most babies will be content if held closely in a carrier.

Skin-to-skin. Not just for mothers; skin-to-skin is a fabulous family practice. Don't be too surprised if your baby roots for Daddy's nipple!

Diaper changes. Make sure your partner knows that exclusively breastfed babies' bowel movements have a much less offensive odour than those of babies who are formula feeding or mixed feeding! Diaper changes can be a great bonding time for dads, especially if they talk to their babies about what's happening and treat it as a great game.

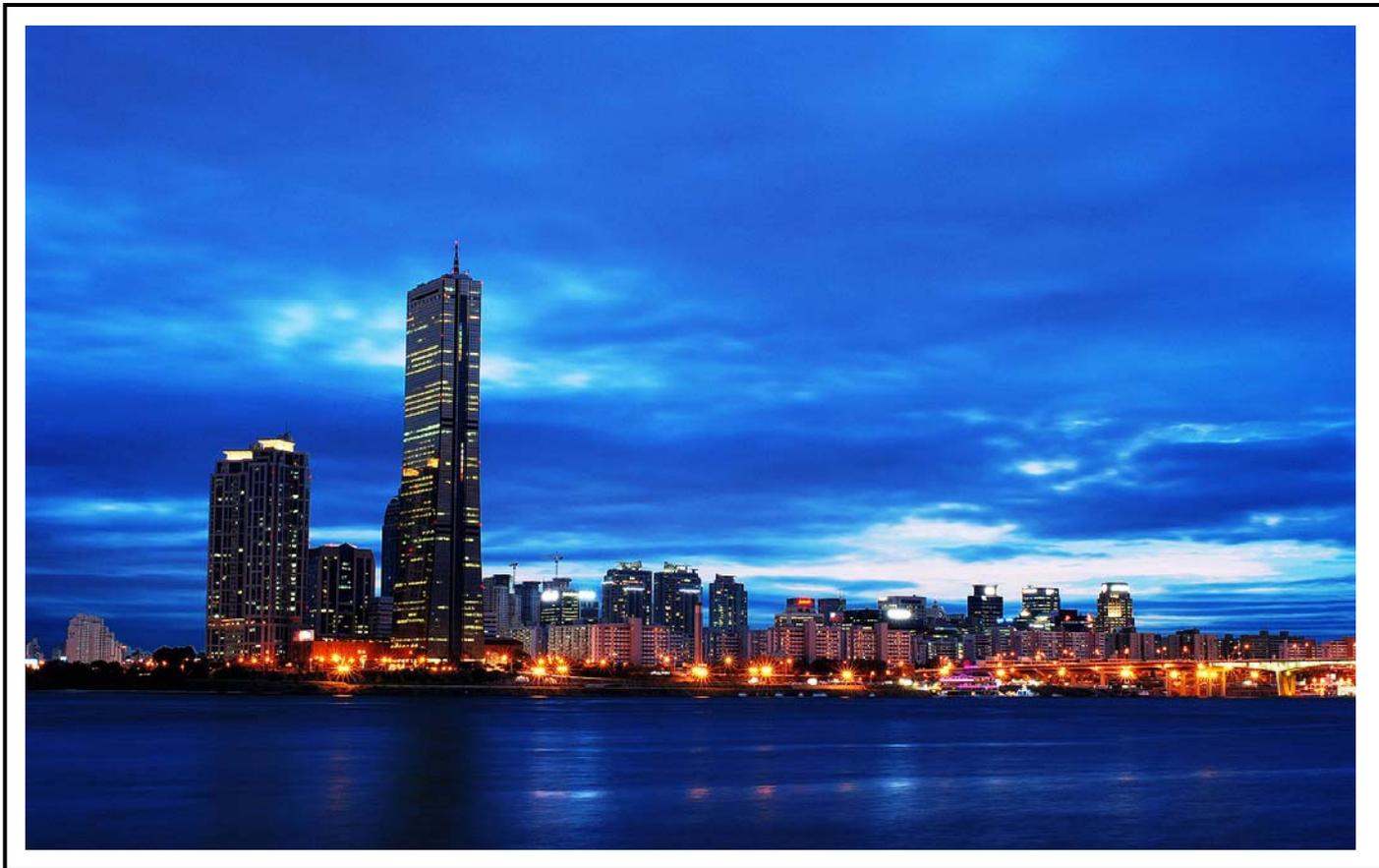
Soothing. Are there times of the day that your baby seems completely inconsolable and you've tried everything imaginable? Fathers often have their own unique ways of calming a crying baby. Sometimes these "fussy" periods are magically eased when another caregiver offers a lending hand to rock, "shush" or bounce. If you are stressed from all the crying and your baby senses this, your partner's calm demeanour may be a "breath of fresh air" for everybody. And fathers have a secret weapon which mothers don't: the deep vibrations of their Adam's Apple! If a man holds his baby's head against his throat and sings or hums ... magic.

I would encourage all fathers to support mothers in doing what only they can do – breastfeeding – and get to know their baby in all these wonderful other ways, which can really benefit their relationship and the dynamics of the whole family.



Postcard from

SEOUL, South Korea



Greetings from a densely populated concrete jungle, illuminated by pulsing neon lights, a city that never stops moving and definitely doesn't sleep. The face of Seoul has changed greatly over the past 60 years. From being completely destroyed during the Korean War in the 1950s, to the rapid development of apartments, skyscrapers and shopping malls in the 1990s – sometimes it's impossible to see the old Seoul under the many, many layers of redevelopment that the citizens openly embrace. But, still, traditional Seoul can be found – at temples high in the mountains filled with chanting monks, or the Grand Palaces in the heart of the city where the shouts of the Palace guards can be heard. This is a city where old meets new; grandmothers decked out in Louis Vuitton checking out my nursing skills!

In 2006 I flew from Toronto to Seoul, with one suitcase packed full of everything I could squash into it

and one heart bursting full of adventure. Adventure was had in bucketfuls, but most of my time was spent inside a classroom teaching English to elementary school students. And here I still am, seven years later, married to a Korean man and the proud mother of an 11-month-old boy. Once baby Taejun came along, my whole life changed and, with it, my perception and awareness of Seoul and its citizens.

Breastfeeding is encouraged and promoted in Korea and immensely rooted in traditional culture. Grandmothers will want to check out your breasts, your latch and how big your baby is, if they ever see you nursing in public. Random grandmothers have had full ten-minute conversations with my husband about my breasts and breastfeeding, even when I wasn't breastfeeding my little milk monster. But these same grandmothers, after struggling through the hardest times imaginable in post-war Korea, want to see big

fat babies who never need to feel hunger pangs in their bellies, and so supplementing with formula milk while breastfeeding has become the norm for nearly all Korean mothers. This, along with a variety of other reasons (pressure to return to work before 90-day maternity leave is finished, pressure to diet and lose all the baby weight quickly), has led to most babies being weaned between three and six months.

In the frigid cold of February 2013, Taejun and I started on our breastfeeding journey. Being a new mother is a struggle we all go through, but doing it alone, without your family, in a foreign country, was tougher than I ever imagined. Then, at six weeks postpartum, I nearly cried with joy when my amazing doula told me that La Leche League Seoul was about to start having meetings again! That meant I would have a good reason to leave my house, go on the subway and meet other mothers. I removed my daily uniform of comfy pyjama bottoms (the top was useless as all I was doing was breastfeeding all day) and tried to get Taejun on board with my plan to actually take a shower.

That first meeting, of around 12 mothers, will be forever etched in my mind as one of the best days in my postpartum life. It will be right up there with the day my little man sleeps longer than four hours, which I'm still waiting for! The support from a group of like-minded women, who speak your language and understand what you are going through, cannot be matched. We became fast friends and embarked together on our journey as new mothers – breastfeeding publicly and turning heads everywhere! We were the 'Western girls, nursing covers falling off or being thrown off by little hands, shocking waiters and Starbucks' staff alike – but where were our Korean counterparts?

Then we found the magical Korean nursing rooms (cue chorus of angels). Located in department stores, subway stations, amusement parks and even large restaurants, you can be sure to find babycare rooms of all kinds. These rooms are truly little slices of heaven and a great escape from the hustle and bustle that defines Seoul. The babycare rooms are always filled with mothers and babies engaged in feeding, changing, sleeping or just plain socialising together. Dads can even come in and help out too, as long as they don't enter the inner sanctuary that is the nursing room. Some rooms are bare bones, with just a small curtain to give you a little privacy from the world, while others

are nicer and better equipped than your local paediatrician's office. Here in these rooms I have spent many, many hours, nursing, learning and engaging with other wonderful mothers.

Sometimes there seems to be a wonderful harmony between the traditional way and the modern way in Korean life. Kids dress up in traditional clothing as they study English on the day before the autumn harvest festival, Chuseok, or when Seoul City runs an event for people to come and learn how to make kimchi, the spicy pickled cabbage beloved to all Korean people.

But unfortunately, following the patterns of many other developed nations, there seems to be quite a discord between old and new when it comes to birthing and breastfeeding in Korea. My husband's parents, along with his uncles, aunts and grandparents, were all born at home. But with the Westernisation of medicine and hospitals in the 1960s, they were the last generation to do so. Following the trends and keeping up with the neighbours is a huge part of Korean life. The current trends lead to birthing on a schedule (having a C-section) and staying in a recovery care centre where mothers do just that (rest, rest, rest) while nurses attend to the hungry babies.

But most trends do have a life span, and with new natural birthing clinics in Seoul opening up, Korean doulas appearing on scene, and with more breastfeeding information available than ever before, new trends just might be around the corner



*Andrea Joyce
Seoul, South Korea*



Preventing Arthritis

A new study, published online on 6 January 2014 in the journal *Rheumatology*, suggests that breastfeeding prevents rheumatoid arthritis, an inflammatory condition that causes pain and swelling in the body's joints. Even better, the association seems to increase with longer duration of breastfeeding. The study was also interested in the relationship that oral contraceptives (with their hormonal effect) may have on the likelihood of developing rheumatoid arthritis, but found no relationship.

The study, conducted by the UK's University of Birmingham, analysed 7,349 women aged over 50 (average age 63.5) in Guangzhou, southern China, 12.5% of whom were assessed to have symptoms of rheumatoid arthritis.

Among those women who had at least one live birth, and after adjusting for potential confounding factors, those who had ever breastfed were around half as likely to have rheumatoid arthritis. The risk was even lower for women who breastfed for longer: "We found a dose-response relationship between an increasing duration of breastfeeding and lower risk of rheumatoid arthritis", researchers said.

They chose to study Chinese women because their women born in the 1940s and 1950s are much more likely to have breastfed their babies than in Western countries. Of those women who had given birth, over 95 per cent had breastfed their children for at least one month.

The results of the study confirm the findings of earlier studies (in 2004 and 2009) which found the same thing but were either based on smaller numbers of women or studied societies where breastfeeding was less prevalent.

Reference:

Breastfeeding practice, oral contraceptive use and risk of rheumatoid arthritis among Chinese women: the Guangzhou Biobank Cohort Study

<http://rheumatology.oxfordjournals.org/content/early/2014/01/04/rheumatology.ket456.abstract?sid=14f1e355-934e-4a30-9173-26412f1fe110>