Close to the Heart

La Leche League Asia
Mid-Year 2014
Volume 15, Number 2

"Breastfeeding is mothering close to the heart"

Maternity Leave Around Asia

Breast Surgery

Close to the Heart

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Mid-Year 2014 Volume 15, Number 2 La Leche League Asia

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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 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.

Contributions received by 1st April 2015 will be included in the Mid-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:
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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

You've probably heard – maybe from La Leche League – that almost all mothers are physically capable of making enough milk for their babies; that it's only in extremely rare medical situations where this is not possible. (This is true: milk supply issues can usually be overcome with the right information and support.)

In this issue, we hear from Heidi Thomas about just such a rare medical situation: she tells us of her struggle with pituitary gland problems which made it impossible for her to achieve a full milk supply. We also have a feature article by Diana West which discusses the effects of cosmetic breast surgery, but her observations would equally apply to those who have had breast surgery to remove an abscess or a tumor.

Both Heidi and Diana conclude that some breastfeeding is far better than none. Diana West sums it up perfectly by saying: "It's important to focus on what a mother is able to do rather than what she couldn't do, because every drop of human milk a mother gives her child is a precious, enduring treasure".

Additionally, Diana and Heidi both assert that breastfeeding is more than good nutrition, but meets a range of emotional needs. Heidi concludes that "breastfeeding is about more than just the milk – it's a wonderful part of our relationship."

We also hear from Cher Skelling about how she solved what seemed like an impossible logistical challenge, and from Joelle Farkh about winning over a family member who was not supportive of breastfeeding – wonderful stories which we hope will inspire some readers who may be facing similar situations.

Happy reading and have a good summer, everyone!

Jenny

Breastfeeding After Augmentation Surgery

Editor's Foreword

With the rapid economic development that has occurred recently in most parts of Asia and the Middle East, the demand for cosmetic surgery has also increased rapidly. According to statistics from the International Society of Aesthetic Plastic Surgery, China has become the world leader in breast augmentation surgery, with 222,530 procedures carried out in 2009. South Korea, Taiwan and Thailand are also among the world's leaders in plastic surgery, with nose and eyelid surgery being the most popular procedures, and breast augmentation coming a close third. In spite of safety concerns and scandals, the number of women having implants is still increasing every year in most parts of the region.

"There are no statistics on the sheer number of plastic surgeries conducted every year [in Hong Kong]", says Dr Anthony Mak, a plastic surgeon at the Hong Kong Plastic & Cosmetic Surgery Centre. "But it is widely acknowledged in the medical industry that more breast implant surgeries are being done now. And the age of the women who get implants is getting younger."

Statistics are available in Singapore which corroborate that observation. In the year 2000, the average age of women seeking breast implants in Singapore was around 40 years old; by 2010, that number had fallen to around 32.

In North America and Europe, breast reduction surgery is also popular, and was experienced by the author of our feature below.

(Adapted and reprinted with permission from *New Beginnings*, Issue 3 of 2011)

by **Diana West**, BA, IBCLC

As you may have noticed, quite a few women are having breast augmentation and reduction surgeries these days. What's unsettling about the latest statistics is that increasing numbers of these women are in their childbearing years. While they may not have thought about how they will feed future babies when they decide to have surgery, most will eventually become mothers and face the issue of whether or not they can breastfeed. When they get to that point, they will find that there is a lot of incorrect and misleading information about whether or not breastfeeding after breast augmentation or reduction surgery is possible. Doctors and other health care professionals are not usually well versed in this topic and often give mothers wrong or misleading information, leaving the mothers feeling frustrated and confused.

I experienced this frustration myself. I had breast reduction surgery in 1990, when I was 25 years old, before I ever dreamed of having children. When my first son was born in 1995, I didn't have enough milk. I had no idea how much my surgery was a factor or what could be done to make more milk. My doctor, midwives, pediatrician and even my lactation consultant were unable to help. So I reached out on the newly developed Internet to meet other mothers who had had the surgery and were trying to breastfeed. In 1996, four other mothers and I started an email list called BreastFeeding After Reduction (BFAR) just for women who had had breast reduction surgery and were trying to breastfeed. Together we learned ways to breastfeed successfully, which we learned didn't always mean having a full milk supply. This led to the development of the BFAR.org website and forums that are still very active today. Later, I expanded my research into the ways that augmentation surgeries affect milk production because I learned that even more women are having augmentations, a procedure that can reduce milk supply as well.

One of the most common questions I hear is how to know if a mother will have a full milk supply when she has had breast augmentation or reduction surgery. It would be so easy if we could say that if she had a certain surgery and does this or that thing, then she will have a predictable result. The truth is that there are so many variables that few experiences are the same. The range of outcomes is extremely diverse and depends on many factors, including the type of surgery, the mother's state of mind, attitude, environment, support structure, and what she was able to do to prepare. Each mother's experience will be different. Some may be able to breastfeed exclusively, while others may need to supplement the baby's entire nutritional requirement. Most fall somewhere in between. Fortunately, breast tissue is remarkably resilient; almost all women who have breast augmentation and reduction surgery will be able to make some milk. But if a significant portion of the lactation system was impaired by the surgery, then the milk supply may not be enough to meet a baby's entire need.

The reality is that any surgery on the breast is likely to decrease a mother's milk-making potential because the milk-making infrastructure of glands, ducts and nerves is almost inevitably damaged to some degree. Fortunately, the mammary system is a cooperative, redundant network of glands and ducts. Even with the most invasive surgeries, it is possible that some portion of the original number of glands and ducts will remain intact. It is even possible that those damaged by the surgery will reconnect. This is known as recanalization. Damaged nerves also repair themselves over time through a process called reinnervation. A woman can know if her nerves are intact by how much sensation she has. Nerves that are still in the process of mending often feel more sensitive but settle down as the repairs are complete. Most women have a better milk supply when the surgery occurred five or more years before pregnancy, so the longer it has been since the surgery, the better the chances are of recanalization and reinnervation. Most women who have had breast surgery find that they have more milk with subsequent babies than they did with the first, because pregnancies and the process of lactation also stimulate further glandular development.

So the question isn't whether a woman will have milk, because she almost certainly will. The true question is how much milk will she have? The starting place is knowing what type of breast augmentation or reduction surgery was performed, because some surgical techniques preserve more lactation tissue and critical nerves than others.

The breast augmentation surgeries that result in the best lactation outcomes are those in which the incision for the implant does not sever the nerves near the areola, such as incisions in the armpit, under the breast, and at the umbilicus (navel or bellybutton). Implants placed under the muscle tend to result in better lactation outcomes than those placed over the muscle. Techniques that don't use any incisions at all, such as transplantation of the woman's own body fat and injection of hyaluronic acid, are less likely to negatively affect milk production, although they can make mammograms more difficult to read. Only very rarely have women with completely severed areolas and nipples produced a significant milk supply.

Fortunately, there is much that can be done to increase milk production. Removing extra milk in the early weeks is one of the best ways to maximize a mother's milk production capability because the more milk that's removed during this time, the more milk that the breasts develop the capability of making. So it makes sense to do some extra milk removal after the baby nurses during the day, particularly in the first two weeks. Before the milk comes in, around the fourth day, research has shown that it is easier and more effective to remove milk by hand expression. This is a technique that would be good to learn and practice during pregnancy when there's no pressure or expectations (research has shown that gentle hand expression during

pregnancy is not likely to cause labor, although it's recommended to wait until 37 weeks just in case). After the milk comes in, pumping after baby nurses during the day with as good a quality pump as possible—ideally a rental-grade pump—is a great way to tell the breasts to set a higher milk-making capability.

It's also helpful to use breast compressions during both breastfeeding and pumping, by compressing the hard tissue in the breast (which is the glandular tissue) between the fingers and thumb and holding it for about 10 to 20 seconds. This creates pressure inside the breast that pushes the milk out, resulting in more milk removed. If done during nursing, the baby might start gulping. During pumping, the milk will start spraying.

It is also effective to tip the pump flange down after pumping is finished and do a bit of hand expression into the flange, removing the last drops of milk. In the dairy industry, they call this "stripping" because it gets out all the rich creamy drops that line the ducts.

Many mothers also increase their milk supplies with herbal and prescription galactagogues (milk-inducing substances). The herb goat's rue in particular seems to be helpful for mothers who have had breast surgery, but there are many others that can be effective as well. (For more information about using galactagogues, see *The Breastfeeding Mother's Guide to Making More Milk* by Diana West and Lisa Marasco.)

Mothers who have had breast surgery may find it helpful to work with a lactation professional who has expertise with low milk production, because every situation is different. Sometimes the problem isn't just the mother's milk supply, but also the way the baby is removing milk. It's hard to figure out all these moving parts—this special situation requires special skills and expert help.

Breastfeeding is almost definitely more work and worry for a mother who has had breast surgery. Pumping and managing galactagogues can take a lot of time. If supplementation is necessary, the efforts can sometimes seem overwhelming. And it is certainly time-consuming to learn about breastfeeding after breast surgery, in order to be able to do it as well as possible. But the efforts expended in supplementing are usually no more than what other bottle-feeding or partially breastfeeding mothers go through every day. After the initial learning curve, when mother and baby are working out their optimal system, things can run very smoothly.

It is also important to remember that nursing is so much more than nutrition. By breastfeeding our babies, we meet a whole range of emotional needs.

No matter how things turn out, it's important to focus on what a mother is able to do rather than what she couldn't do, because every drop of human milk a mother gives her child is a precious, enduring treasure, especially when given at the breast.

Diana West is a La Leche League Leader and lactation consultant in private practice, co-author of the 8th edition of *The Womanly Art of Breastfeeding*, *The Breastfeeding Mother's Guide to Making More Milk*, and *Breastfeeding after Breast and Nipple Procedures*.

For more information about breastfeeding after breast surgery, visit the following websites:
www.llli.org/nb/nbsurgery.html www.bfar.org www.lowmilksupply.org

by **Heidi Thomas**
Tianjin Group, China

An epic journey

My breastfeeding journey has been just that – a very long, tiresome, surprising and rewarding journey.

Seven years ago (when I was living in Portland, Oregon, in the USA), I was diagnosed with a prolactinoma, a prolactin-secreting tumor on my pituitary gland. Less than a year later, I became pregnant with our first daughter. I had a normal pregnancy – although, looking back, my breasts never changed size – and a routine vaginal delivery.

Breastfeeding was much less straightforward. While I had read a few books about breastfeeding during my pregnancy, my knowledge base and support systems weren't strong enough to endure the problems we were about to encounter. My baby seemed to have a good latch, but by day 3 the hospital's lactation consultant was concerned that she wasn't getting enough milk from me and recommended immediate supplementation. I used a supplemental nursing system (SNS) – a method of delivering milk via a tube while baby is at the breast – exclusively while formula-feeding. I started pumping after every feeding and taking herbal supplements (fenugreek).

My milk supply did not seem to increase much. To say I was devastated would be an understatement. I developed a terrible breast infection, my nipples were cracked and bleeding, and I cried through nursing and pumping sessions. Looking back, I wonder whether she might have been tongue-tied in addition to my pituitary problems. Eventually, after seven weeks, I gave up breastfeeding altogether, upon the recommendation of my family doctor who said "formula's not that bad".

I wasn't content with my daughter's paediatric care so, when she was seven weeks old, I sought out another paediatrician in the area. He expressed deep concern over her being exclusively formula-fed, and gave me information on how to find donated milk locally. With his encouragement, my husband and I decided to pursue that option, and we were able to obtain enough donor milk so that our daughter's milk needs were met exclusively by breastmilk from seven weeks until 13.5 months.
I spent the next four years trying to solve my pituitary problem. Despite receiving medication to contain the tumor, the tumor grew to an uncomfortable size so I underwent brain surgery to remove it. I was warned that the surgery may cause infertility, yet only six months later we conceived our second daughter. Shortly before that, my husband got an interesting job opportunity in China and we decided to move to Tianjin.

Again, I had a normal pregnancy and natural vaginal birth and did everything I could to give breastfeeding my best shot. I tried to have the most natural birth possible so that I was able to start nursing immediately after birth, with skin-to-skin contact. I nursed literally around the clock for the first week; my daughter was constantly nursing and seemed to hardly sleep at all. But my milk supply was low, in spite of everything I tried, and my baby lost weight alarmingly: she was born weighing 7.2 pounds and her lowest weight was around 5 pounds.

On around day 5, I called the La Leche League hotline number in Shanghai and spoke with an LLL Leader. She was such an encouragement to me that day. I was deeply committed to making breastfeeding work and was scared that starting to supplement would be a slippery slope. But it became apparent by around day 7 that I needed to start supplementing, because of her lack of bowel movements and her weight loss.

Fortunately, we managed to secure enough donated breastmilk so that we never needed to use formula. I fed her the donated milk mostly using the SNS at the breast, plus finger-feeding and cup-feeding. I got in touch with another LLL leader and IBCLC in Beijing. She was also a huge source of encouragement to me during this time. My baby slowly gained her birth weight back by around six weeks.

I pumped regularly, started taking domperidone after around three weeks postpartum, started a herbal regime of fenugreek, blessed thistle and goats rue, drank copious amounts of water, tried visualization and relaxation exercises – you name it, I tried it. I read *Making More Milk* by Diana West cover to cover in a day, searching for more answers. Nothing was working. I started to experience more nipple pain and soreness by around the fourth and fifth week. Everyone was puzzled. I was finally facing the conclusion that long-term supplementation would be needed, but at least I could enjoy a nursing relationship with my daughter by using the SNS exclusively.

I started researching the possibility of my low milk supply being caused (or at least contributed to) by a posterior tongue-tie, and started to believe that this might be a problem we were facing. This had been evaluated at the hospital when she was born but dismissed as a possibility.

When my baby was seven weeks old, I attended a breastfeeding conference in Beijing, where I met the world-renowned IBCLC, Linda Smith, the keynote speaker. Early on in the evening, Linda saw me from across the table, observed my baby at a distance nursing and asked to check her for a tongue-tie. Linda quickly gave me the best news of the year: my baby was tongue-tied in the back, which could be rectified with surgery. Linda knew of practitioners in her area who could perform the procedure, if I was willing to fly to Dayton, Ohio. I most certainly was! At the end of our evening together, tears rushed to my eyes as Linda embraced me and told me with certainty that "I've got this." It was just what I needed to hear after working tirelessly for weeks without seeing any improvement or light at the end of the tunnel.

Two weeks later, my baby's posterior tongue-tie and lip-tie were given laser treatment by a paediatric dentist. Only a few minutes after the surgery I enjoyed a pain-free nursing experience, for the first time!

I wish that I could say this was the end of our journey, but my daughter's tongue partially re-attached, even though we had done the prescribed tongue-stretching exercises and suck training, to help her re-learn how to use her tongue efficiently. Three months later, then aged 4.5 months, she underwent a second tongue-tie treatment, which was also successful.

My sweet girl is nearly 19 months now and I am now meeting all her milk needs.

I am feeling incredibly grateful for the second chance we've been given at breastfeeding. It still remains a mystery to me if our root problems were related to my pituitary tumor or a tongue tie, or both. Looking back over my experience with both babies, I never experienced any changes in my breasts during pregnancy or after they were born. Even after the tongue-tie was fixed and nursing became more comfortable, my milk supply did not seem to increase much.

While I was not able to exclusively breastfeed, I remain incredibly thankful for the gift of a healthy baby who is able to enjoy breastfeeding as much as I do. I'm very aware that breastfeeding is about more than just the milk – it's a wonderful part of our relationship.

Mothers' Stories

by **Cher Skelling**
Hong Kong Island Group, Hong Kong

A Designer Solution

I live in Hong Kong and work as a shoe designer, developing ladies' shoes for major fashion retailers.

Before my daughter was born, I knew I wanted to breastfeed her for about a year, but I also knew I would have to return to work when she was just two months old. I wasn't sure how it would be possible. To add to my difficulties, I worked for three to four days a week at a sample factory in mainland China.

The journey to get there from my home takes three hours, which is too long to do as a commute in one day, so I always stayed overnight. I soon realised that if I wanted to breastfeed, I would have to take my baby with me. But this seemed to pose even more problems. How to do a three-hour journey by metro, train and car? Could she stay with me in my office? Was my rather basic company accommodation suitable for a baby? Who would help look after her while I was busy doing my work?

I discussed my plans with my colleagues and although they were a bit surprised, they soon realised that it was the only way I could continue in my job. I was very relieved when they promised to support me.

Before I left for maternity leave, I started to make preparations. I bought some baby essentials for my apartment in China, I had some blinds and a comfortable chair put in my office so I could breastfeed without interruptions, and I made sure I had a sling and a car seat for travel.

What I still hadn't sorted out was a carer to look after my daughter while I worked. I asked my Chinese colleagues for help because I didn't know where to begin but, by the time my maternity leave started, I still hadn't found anyone.

My daughter, Nina, arrived on her due date and, with the knowledge I had gained from La Leche League meetings, we soon got into the swing of breastfeeding. Those early weeks were tough but special; my husband took a month off work and together we learnt how to be a family. There was just one thing that was always worrying me: how would we cope when I returned to work? The dreaded date loomed closer and closer.

My first trip to China with Nina was when she was eight weeks old. There was still nobody to take care of her while I worked and I didn't really know what I would do; I just turned up at the office and hoped for the best. That first week I didn't get much work done, although my colleagues were more than happy to take Nina off my hands for a while. I realised how difficult it can be just to accomplish simple tasks with a small baby, and I felt torn between my work responsibilities and the needs of my daughter. The evenings alone in my apartment were really difficult too.

Then one of my co-workers hit on an idea. Our driver's wife, A Xia, had recently given birth to a baby girl called Xuan Xuan - maybe she could look after Nina too. We asked her, and she agreed she would try. I converted one of the rooms at work into a nursery so Nina was always close at hand even if I couldn't be with her every moment of the day. A Xia was also breastfeeding so she understood Nina's feeding cues and would call me whenever Nina needed me. The only difficulties

arose when I had client meetings and had to take a break to be with Nina. I was always honest and just told them from the start that I would need to leave the meeting for a short while to attend to my daughter. Thankfully, they were all very understanding. My colleagues were also great at covering for me while I was away. Luckily, Nina was always a fast feeder, so I could be back at my desk within 20 minutes.

Nina and Xuan Xuan fell into the same routine, and often, as I placed her sleepily into her cot, I would look up to see Xuan Xuan nursing to sleep on the sofa. As they got older they became great friends and played together in the garden or went to the park. Even when Nina stopped nursing during the day, I would still take her to the office with me so she could play and I could spend my lunch hour with her. Xuan Xuan's dad and grandma also often helped out with looking after them both. It was lovely to see her fitting in so well with a family from a different culture.

Nina has recently started kindergarten so she doesn't travel with me now but she often talks about China and asks about Xuan Xuan. I hope she always remembers her Chinese big sister.

I have breastfed Nina now for two and a half years, an achievement I don't think I could have made without keeping her close to me every day. I have also since noticed a few of my Chinese colleagues bringing their babies into the office at lunchtime to nurse them. I would like to think that my experience has helped to change the culture of the company so that mothers can more easily combine work and childcare.

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Pause for Thought

"Bottles fill his stomach, but breastfeeding fills his soul."

Diane Wiessinger
Co-Author of The Womanly Art of Breastfeeding, *8th Edition and soon to be published* Sweet Sleep

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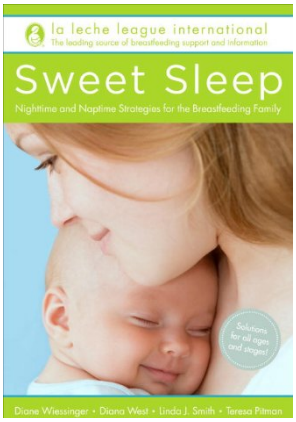

Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family
Co-Authors: Diane Wiessinger, Diana West, Linda J. Smith and Teresa Pitman

Sweet Sleep is the first and most complete book on nights and naps for breastfeeding families. It's mother-wisdom, reassurance, and a how-to guide for making sane and safe decisions on how and where your family sleeps, backed by the latest research.

The book will be released on 29 July 2014. It is available to pre-order from the www.store.llli.org.

Mothers' Stories

by **Joelle Farkh**
Lebanon Group

Winning over the Grandparents

I am the proud mother of breastfeeding twins. We live in Lebanon, which does not have a strong breastfeeding culture. With the help and support of my husband, I have overcome many obstacles. We were both determined to give our babies the best nutrition possible so they would grow up like normal and healthy singletons. We ended up successfully breastfeeding for seven and eight months exclusively, and in a few days' time we will celebrate two years of breastfeeding.

It took a lot of effort to get both babies started with breastfeeding. They were born slightly premature at about 36 weeks and had great difficulty latching on. When they were diagnosed firstly with low blood sugar and later with jaundice, we battled with the medical staff at the hospital, who wanted to separate us and to supplement with formula. We refused, and persisted with syringe feeding and pumping.

I had to use a special nipple-inverter device to pull my flat nipples out before every feed, then breastfeed directly on one side while pumping from the other, then administer the pumped milk by syringe, then do it all over again on the other side with the other twin. I was exhausted beyond comprehension during the first few weeks. Added to that, my C section scar got infected and I had to cope with one of my nipples being severely damaged.

Our strong belief in the advantages of breastfeeding kept us strong. My husband and I learned how to get some rest while co-sleeping: I laid one twin on my breast while my husband laid the other on his. Our sleep was interrupted constantly but was enough to keep us sustained. Every hour or so, a baby would start rooting for mommy's breast. My husband would wake up, change diapers then wake me up; I would turn to the other side and switch babies.

We relied on my parents all this time for help around the house; they were the only help we had. It's even safe to say that they were the only people we welcomed into our home for weeks, for the sake of success in exclusively breastfeeding the twins. My mother was cooking, cleaning, grocery shopping, hugging and loving us on demand. My father was burping and walking the babies to sleep for hours on end. In other words, their presence was simply priceless to us.

Our biggest problem was convincing them why we were doing all the nursing. My father was convinced from day one. It was not really a subject he knew a lot about, but he was very respectful and trusted us when we said we were doing what we believed was best for our babies. He was also always defending our decision in front of the rest of the family and friends who thought we were crazy for wanting to exclusively breastfeed twins.

My mother, on the other hand, would not accept the idea easily. When my brother and I were babies, she was encouraged by my grandmother to stop nursing at an early stage. Many Lebanese women of her generation are advocates for formula feeding. They believe formula is the gourmet, vitamin-packed food only rich and well-established people can afford, and that nursing a baby prevents a mother from being a modern working lady and from assuming her social responsibilities.

My dear mother could not understand. She just thought we were torturing ourselves, starving our babies, and denying her the joy of bottle-feeding them herself. The battle was draining and endless. Fortunately, being a teacher makes her open to scientific studies. I had to keep on digging up research after research and translating them to her, in order to convince her. I progressed slowly but steadily and, when my milk supply was finally established, she eased up and started finding other ways to bond with her grandchildren. She enjoyed telling them stories, changing them, singing, making future plans, taking them outside, showing them the flowers, the moon and the sea. She was amazed at how calm they would be and how positively they would react to her and to the world around them; she had never seen such curious, peaceful and attentive babies at this young age.

I can proudly say today that after two years my mother has become a fierce advocate of breastfeeding. She can talk endlessly about all the benefits of nursing. She has seen it with her own eyes. She has witnessed the unbelievably smooth raising of one happy, calm and bright set of twins. She has seen that exclusively breastfeeding has given them strong immunity - they virtually never get sick! She now swears by mothers' milk.

I will be forever grateful for her understanding and wisdom. I know how hard it was for her to admit that her generation was wrong and that breastmilk is the healthiest and most natural food an infant (or two) can have.

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Every Drop Counts

Many new mothers decide to stop breastfeeding and us formula because they don't think they are producing enough milk. Switching entirely from breastmilk to formula due to low supply (whether real or perceived) is such a common practice that we would like to remind mothers of the importance of a baby receiving ANY amount of breastmilk.

Would a mother say, "I don't have a whole apple, I only have an apple slice, so let's not eat any of the apple; let's have some donuts instead because they are available in abundance"? There is no need to stop breastfeeding if you decide to supplement. Breastmilk is uniquely precious so every ounce is worthwhile!

Seek the help of a La Leche League Leader or ICBLC for information and support if you would like to increase your milk supply.

In the News

BEAUTY OF BREASTFEEDING PHOTO CONTEST

LLL China has recently hosted the second annual "520 I Love You" Beauty of Breastfeeding photo competition, to celebrate China's National Breastfeeding Awareness Day on 20 May. Mothers were invited to send in photos of themselves and their babies while breastfeeding. This year, over 70 photographers and photo agencies offered their services for free. Over 700 photos were received! The top 50 finalists have been announced on LLL China's microblogging site, http://weibo.com/guojimuruhui, and the public is encouraged to vote on their favourites before 30 May. The top 5 entrants, and a total of 100 prize winners, will be announced on 9 June. The two main goals of this competition were:
(1) to promote and normalize breastfeeding via social media, and
(2) to gather a stock photo library of beautiful, high-resolution breastfeeding photos of Chinese mothers which will be made available to individuals and organisations promoting breastfeeding.

NEW LEADERS

We are delighted to announce that a number of new Leaders have been accredited around the region: Cher Skelling in Hong Kong, Bec Taylor in Beijing, Tao He in Nanjing, and Gretchen Carlin in Okinawa. New groups have also been established by Leaders moving there: by Brooke Bauer and Rebecca Bond in Al Ain, United Arab Emirates, and by Susan Klein in Riyadh, Saudi Arabia..

BEIJING ENGLISH-SPEAKING GROUP

The accreditation of a new Leader to the Beijing English Group has allowed that group to expand. Bec Taylor, who has lived in Beijing for five years, is now hosting two meetings a month at her home – one of them during evenings or holidays, to cater for working women – and attendance is growing. They have also held enrichment meetings at a café/playspace in the city which have been very popular. For more details, please email beijinglaleche@gmail.com.

SINGAPORE GROUP

LLL in Singapore has become active again, after several years without any Leaders. Mina Ohuchi-Bregman, who is both American and Japanese, has been an LLL Leader for eight years and moved to Singapore from The Netherlands in 2013. She is now holding meetings once a month at her home near Orchard Road, although she will be away for 10 weeks during the summer. For more details, please email minalani@xs4all.nl.

LLL IN INDONESIA

Fatimah Berliana Monika, a La Leche League Leader who is currently living in the US, will be moving back to her native Indonesia in June and is hoping to establish the first ever La Leche League Group in Indonesia by September. This is fantastic news because Indonesia (with 250 million people) is the fourth most populous country in the world, and by far the largest country which has never had a La Leche League Group. Monika has already been working hard on getting some LLL information sheets translated into Bahasa Indonesian. She explains: "Breastfeeding in Indonesia faces so many challenges such as false myths which can discourage breastfeeding, the aggressive campaign from the formula companies, and short maternity leave for working women." Monika hopes that spreading LLL information will help to improve the situation and wants to help as many mothers as she can.

GROUP CLOSING

Unfortunately, the Chiang Mai Group will be closing in June because their lone Leader, Kim Adams, is leaving Thailand. This highlights the difficulties of small La Leche League Groups who are reliant on one Leader. If you are interested in becoming a Leader, please take a look at: www.llli.org/lad/talll/talll.html or talk it through with a Leader in your group.

FAREWELL TO MAGGIE AND THERESE

Hong Kong Leaders met for dinner recently to say a fond farewell to two Leaders, Maggie Holmes and Therese Tee. Thankfully, we still have several Leaders left! Maggie was a Leader for 11 years and will be best remembered around the region for her contribution as editor of *Close to the Heart* between 2006 and 2013. She also held meetings at her home for years, mentored several Leader Applicants, and tirelessly distributed our publicity materials. Therese was a Leader for five years and will be best remembered by Leaders for revamping our administration and revitalizing our fundraising efforts, plus her toddler meetings. Both Leaders have given La Leche League a huge amount of their time over the years, and have helped thousands of mothers. They will be much missed!

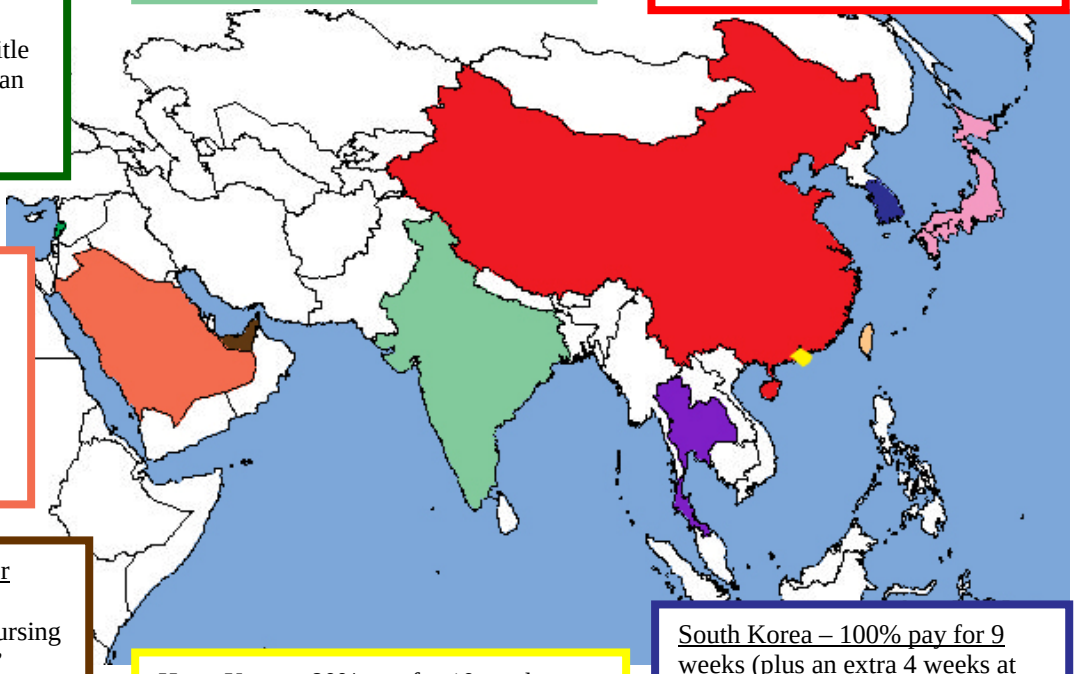
Spotlight on Maternity Leave Around Asia

The International Labour Organization calls for a minimum 12-week maternity leave, with 14 weeks being recommended. Many countries in Asia are moving in the right direction, but we still have a way to go to catch up with Europe and Canada!

China – 100% pay for 14 weeks (longer in some provinces)
Mothers get an extra 2 weeks for difficult births or C-sections. Paid leave is subject to family planning laws – therefore, usually valid for only one pregnancy. Lactating females are also entitled to 1 hour of breastfeeding time per day, which gives mothers the chance to visit their babies at home.

India – 100% pay for 12 weeks
"Mothers are entitled to a period of 3 to 6 months of full paid leave with all benefits, which depends on if she is working for the government or not, and varies by state. Some organisations also permit extended leave up to one year or provide flexible hours of work."
(Effath Yasmin)

Lebanon – 100% pay for 10 weeks
"We just had a new law accepted which has extended maternity leave from 7 weeks to 10 weeks, which is fully paid leave in all public and private companies! We are also hoping there will be another law passed soon which would give breastfeeding mothers the right to a private and safe space to pump several times a day, and will entitle them to leave one hour earlier than everyone else."
(Nadiya Dragan)



Saudia Arabia – 50% pay for 10 weeks
"Women here can get paid maternity leave only if they are Saudi. Foreign women working here are not entitled to any."
(Anne Batterjee)

UAE – 6 weeks for private sector
(8.5 weeks for government)
"Mothers are also entitled to a nursing hour off for the first 12 months."
(Noura Khoori)

Hong Kong – 80% pay for 10 weeks
(if more than 10 months in employment)

"It takes dedication and hard work to keep the breastfeeding relationship going beyond the statutory maternity leave period" (Vivian Lin).

"Breastfeeding gets comfortable around the 2nd month and then we make it harder by going back to work. The stretch between 2 months and 6 months, when they start solids, is just too long" (Christine Wong).

South Korea – 100% pay for 9 weeks (plus an extra 4 weeks at reduced pay)
Either the mother or father are entitled to further unpaid "childcare leave" with job protection until their baby's first birthday.

Taiwan – 100% pay for 8 weeks
(if more than 6 months in employment)
Fathers are entitled to 3 days' leave at 100% pay. Nursing time is allowed for 30 minutes twice a day.

Japan – 60% pay for 14 weeks
(6 weeks before, 8 weeks after)
Additional benefits for pregnant and nursing mothers such as protection from being forced to work over 40 hours per week or do night work.

Thailand – 6.5 weeks paid by employer
(plus 6.5 weeks either unpaid, or paid by social welfare fund to those who qualify)

Questions Mothers Ask

Q: I am so sleep-deprived, I feel like a walking zombie most of the time. How can I encourage my baby to sleep longer at night so that I can get more sleep?

A: This is definitely one of the questions which La Leche League Leaders hear most often! It's also one of the most difficult to answer in a brief manner.

You haven't mentioned how old your baby is. In the first few months of life, babies demonstrate their survival instinct by waking during the night to feed. Breastfed babies need to feed at least eight to twelve times every 24 hours, usually every two to three hours, in order to get enough nourishment. Most babies will gradually sleep for longer stretches at night, but they will continue to need night feedings for months. It's also very normal and developmentally appropriate for babies to wake one to three times a night for the first year or so. Some babies don't do this, but they are the exception, not the rule.

If your baby is still young, make sure you get enough rest even though your nighttime sleep is disturbed. Try to sleep whenever your baby is sleeping; take a nap when your baby naps in the daytime rather than doing chores, and/or go to bed early. Put off non-essential household tasks, and simplify your meals. Don't accept visitors if they impede your ability to nap or go to bed early. Tell your friends and relatives how they can be most helpful. Don't refuse offers of help lightly!

Many mothers find that keeping baby close all night makes nighttime parenting less tiring. Throughout history, babies and mothers have traditionally slept close to each other. The idea that a baby belongs all alone in a crib is a fairly recent notion. Many have found "shared sleeping" or "the family bed" a good way to meet babies' nighttime needs with few interruptions to the parents' sleep. According to Dr Jay Gordon (author of *Good Nights*), "This arrangement is not just adequate and tolerable, but actually feels easier to moms who can just roll over, nurse a while and fall back to sleep with their babies rather than having to get out of bed to nurse or, alternatively, refuse to nurse and get their babies back to sleep some other way."

Shared sleep has many variations. It can encompass having your baby in a crib or bassinet in the same room; having your baby in a "sidecar" crib which is open on one side and attached to your bed; or having your baby in bed with you, which is safe provided certain guidelines are followed. (see www.cosleeping.nd.edu/safe-co-sleeping-guidelines)

If you have an older baby or toddler, you may feel that your child is old enough to learn how to sleep longer at night. There is no shortage of theories and books on the subject. Parents who are sleep-deprived are often tempted to try the suggestions which seem to promise the fastest transformation. But sleep-training programmes usually involve leaving babies to cry for some period of time. You won't ever hear La Leche League Leaders recommending any quick-fix sleep training programmes, because gentle parenting is central to La Leche League's philosophy. We also believe in mothering according to natural instincts, which are contradicted by most sleep-training programmes. When babies cry, breastfeeding mothers in particular find it very hard to ignore them. Our breasts may even respond by leaking!

The cry-it-out "experts" often promise a one-time fix, but in reality that's rarely the case; you will probably have to leave your baby to cry every time he/she cuts a new tooth, reaches a new developmental stage, experiences a new situation (such as travel), et cetera.

Thankfully, there are plenty of alternative theories and books available which suggest more gentle solutions, such as Elizabeth Pantley's *The No Cry Sleep Solution*, Dr William Sears' *Nighttime Parenting*, or Jay Gordon's *Good Nights*. Pantley's book is full of practical tips on how to make gentle changes to improve your baby's sleep gradually. La Leche League is also publishing a new book in July, *Sweet Sleep*, which promises to offer mother-wisdom to breastfeeding families, backed by the latest research. (see www.store.llli.org)

Sleep-training books often say that you should never breastfeed or rock your baby to sleep. But mothers have been doing that for millennia, for good reasons: it feels natural and it works! A problem only ever arises if that's the only way your baby ever falls asleep. It's sensible to get your baby used to a variety of sleep associations, with a bedtime routine that starts a few hours before bedtime every day. Eventually, your baby will learn from each cue that sleep will be coming soon, and you will have a variety of soothing options available if/when your baby wakes at night.

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Stay flexible and creative. Sometimes, an opening for a change can present itself out of nowhere, if you are looking out for it. Adjusting the timing or length of your baby's bedtime nap can often make a difference to nighttime sleep.

How can your partner help? Some fathers change diapers in the middle of the night, or help to soothe babies once they have already been fed but still won't settle. Others care for babies and children who wake up early in the morning and won't go back to sleep.

I came across this nice quote from a mother in another LLL publication: "When all else fails and my body just aches for sleep, I remind myself that the reason I am so exhausted is because I have been blessed with two amazing, beautiful little children. We should all be so lucky!" (New Beginnings Vol 17, No. 5)

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Sleep-deprived parents will be delighted to hear that June's free iMothering TALKS will address sleep-related topics. Two new talks are available every month, and June's speakers will be Diane Wiessinger talking on *Sleeping Together* and Pinky McKay talking on *Hush a Bye Baby – soothing the crying baby without 'crying it out'*. Anyone with a good internet connection can access the talks via www.iMothering.com.

Postcard from

MUMBAI, India

I'm Aloka and I hail from a very upmarket neighbourhood in South Mumbai.
You would assume that in a country like India, which may conjure up images of villages, cows and elephants in many Westerners' minds, breastfeeding would be commonplace and natural. But in the urban pockets, especially the upmarket urban pockets, this is not so. Generations of women before ours didn't breastfeed very much, and when I mention that I am still breastfeeding my son (who is now 20 months) I am met with raised eyebrows from women of all ages.

"Do you still get milk?", they ask. "You're very lucky; I didn't get milk."
That myth, that breastmilk is a rarity bestowed on a lucky few, is still very popular. Older women of our mothers' generation don't know that the breast keeps producing milk and that formula supplementation is rarely needed. Most young mothers start out wanting to breastfeed but most give up, due to a constant barrage of poor advice from their mothers and mothers-in-law.

In South Mumbai, property is very expensive and it's common for young couples to live with their parents, usually the husband's parents. Because of this, young mothers, who have changed a lot since the days when their mothers were young women, have to play a balancing act of doing the best for their babies and managing their mothers-in-law tactfully. Many a mother-in-law will rush to help and offer unsolicited advice to do what's best for her grandchild, thus undermining the mother's own instincts. Because of this pressure, when the newborn fusses, as newborns are apt to do, the mother is quick to start offering formula, because she will be told again and again that the little one is

hungry as she may not be producing enough milk.

The need of the hour, therefore, is to arm the new mother with confidence in her body and trust in her mothering instincts so that she can stand strong in her desire to breastfeed and not give in to the voices around her.
I had a fussy newborn who became a very spirited and high-needs baby. He has now morphed into a lovely and bright, albeit high-needs, toddler. I was told, when he took to crying in the evening, that my milk supply was low and I should supplement with formula. I write a blog on the evolutionary way of living with respect to diet and exercise and was a picture of health before I conceived. I just couldn't wrap my head around the two ends of the spectrum: me, being a healthy mother of a healthy baby, and not being able to nourish him with my milk, the most natural baby food.

I was committed to breastfeeding heart and soul and nothing else would do. If I hadn't had this resolve, if I hadn't had this unconditional faith in my body, I would have probably given up or at least started supplementing very early on, like most new mothers do.

I cherish my nursing relationship with my toddler and cannot imagine any other way of parenting.

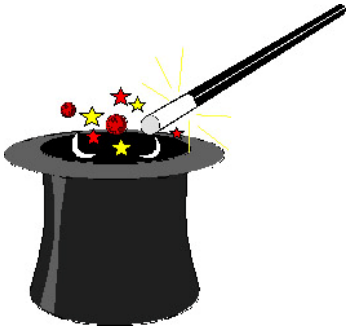
Another thing that is prevalent in these parts is the hiring of nannies. Most children in my neighbourhood have nannies. Even newborns are entrusted to hired help: many mothers allow a nurse or nanny to tend to the baby with a bottle instead of offering them the breast. This is especially prevalent at night, which often leads to early weaning because mothers tend to wean at night early on.

I feel the need now to help mothers who need a little encouragement in the right direction when it comes to breastfeeding. In Mumbai there are currently no active LLL groups, and many mothers are not aware of lactation specialists. The more these services become available and the more awareness there is amongst mothers, we will see a change. I would love to see breastfeeding regarded as normal again.

Aloka Gambhir
Mumbai Group, India

Magic Ingredients!

Compiled by **Jenny Buck**
LLL Leader with
Hong Kong Lantau Group



Breastfeeding tied to better cognitive and motor development

The importance of breastfeeding has been backed by yet another study, published in December 2013, which has found that children who were breastfed for more than six months scored the highest on cognitive, language and motor development tests as toddlers.

Earlier research tied breastfeeding to better thinking and memory skills, but how it's related to language skills, movement and co-ordination had been less clear.

The new study, out of Greece, doesn't prove breastfeeding is responsible for better development, but it shows a strong association, researchers said.

For the new study, Dr Leda Chatzi from the University of Crete and her colleagues used data from a long-term study of 540 mothers and their children. When the babies were nine months old, researchers asked mothers when they started breastfeeding and how long they breastfed. They updated the information when the children were 18 months old. Psychologists also tested children's cognitive abilities, language skills and motor development at 18 months.

About 89% of the babies were ever breastfed. Of those, 13% were breastfed for less than one month, 52% for between one and six months, and 35% for longer than six months.

Children who were breastfed for any amount of time scored higher on the cognitive, receptive communication and fine motor portions of the test than children who weren't breastfed.

Scores on the cognitive, receptive and expressive communication and fine motor sections were highest among children who were breastfed for more than six months, the researchers reported in the Journal of Epidemiology and Community Health.

For instance, on cognitive assessments with a normal score of 100, toddlers who were never breastfed scored an average of 97. Children who were breastfed for more than six months scored an average of 104.

Dr Dimitri Christakis, professor of paediatrics at the University of Washington, told Reuters Health that most evidence "pretty clearly shows there are significant medical benefits of breastfeeding. I think that the evidence is now of sufficient quality that we can close the book on these benefits and focus instead on how do we succeed in promoting breastfeeding, because all of the studies, including this one, that have looked at it have found a linear relationship, which is to say that the benefits accrue with each additional month that a child is breastfed," added Christakis.