

Close to the Heart



La Leche League Asia
Late-Year 2014
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"Breastfeeding
is mothering
close to the heart"

Are galactagogues
necessary?

Trust your
mothering
instincts



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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

Editor's Corner

**Contributions received by
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**Article and stories for
Close to the Heart
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breastfeeding mothers in Asia.

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

I took a holiday with my family to the UK this summer, and stayed for part of the time in the home of my husband's parents in the south of England. We stayed in an attic room lined with bookshelves, which holds an absolute treasure trove of books which my parents-in-law have been collecting ever since the 1940s. Among those books, I found a battered copy of Dr Benjamin Spock's *Baby & Child Care*, which was first published in 1959 and soon became regarded as a "parenting manual" in the UK. I was fascinated to discover how, on the one hand, his advice now seems so outdated in many respects, yet, on the other hand, so many of his ideas were actually very progressive and far ahead of his time.

Consider this nice quote from Dr Spock: "Don't take too seriously what the neighbours say. Don't be overawed by what the experts say. Don't be afraid to trust your own common sense. Bringing up your child won't be a complicated job if you take it easy and trust your own instincts ... It may surprise you to hear that the more people have studied different methods of bringing up children, the more they have come to the conclusion that what good mothers and fathers instinctively feel like doing for their babies is usually best, after all" – written without the benefit of seeing what has happened in the 50-plus years since 1959!

That concept is well illustrated by many stories in this issue. Tiffany Gallagher reminds us that a restrictive diet is usually unnecessary for nursing mothers and can make breastfeeding seem overly complicated. Angela Williams tells us how she learned to trust her mothering instincts. Diana Jamal describes how she ignored the criticism of many people around her because she knew what was best for her baby.

Many things about breastfeeding change over time, with new information and trends, but much is common to many cultures and eras across history and across the world.

I have a special interest in history, so there will be more in future issues on this subject.

Until then, enjoy the change in season – in Hong Kong, we are thrilled that the nighttime and early morning temperature has dropped a few degrees!

Jenny

Why you won't hear me suggest galactagogues

by **Tiffany Gallagher**, aka The Boob Geek



If you spend any amount of time around lactating women, you'll hear concerns about low milk supply, and you'll also probably hear suggestions such as:

- Eat oatmeal or oatmeal cookies
- Drink lots of water
- Take fenugreek
- Drink teas with herbs to increase milk supply
- [Editor's note: Insert the recommendation which is traditional to your culture here]

These suggestions are well meaning, and may not cause any direct harm (although any remedy, even a "natural" one, may have side effects). But are they good suggestions? In my opinion: No.

Oatmeal, fenugreek, flax seed, brewer's yeast, fennel seed, and many other foods, herbs and medications that are purported to increase milk supply are called galactagogues, and you'll find different things suggested in different cultures. There's plenty of anecdotal (yet inconclusive, non-

research-based) evidence that demonstrates that they may be effective.

So what's the problem?

For starters, using **galactagogues can often be, at best, a band-aid, covering up the actual problem**, which doesn't get resolved and may cause problems in the long run. For example: A working mother is pumping at work, but finds that her pumping output has decreased and she can't keep up with her baby's needs. She wants to know how to increase her milk supply. The actual problem might not be her pumping output. Her pump parts may need to be replaced. Her pump motor may be dying. She may not be pumping often enough. Her baby may be getting overfed, so what she actually needs to pump is much less than is assumed. Advising that she take fenugreek to increase milk supply and fennel to improve the milk ejection reflex is not going to fix any of those things, and may make them worse (increased milk supply + inadequate milk removal = a recipe for mastitis; sending too much milk to daycare may just lead to still more milk being requested later).

There are many, many reasons why a mother's milk supply might be low. Each mother should be evaluated, and underlying factors addressed, before galactagogues should be used. The Academy of Breastfeeding Medicine's protocol on galactagogue use (at www.bfmed.org) says:

“Prior to the use of a galactagogue, thorough evaluation should be performed of the entire feeding process by a lactation expert. Reassurance may be offered, if appropriate. When intervention is indicated for the dyad, modifiable factors should be addressed: comfort and relaxation for the mother, frequency and thoroughness of milk removal, and underlying medical conditions. Medication should never replace evaluation and counselling on modifiable factors.”

There are legitimate applications for galactagogues, such as when mothers have insufficient glandular tissue, have had previous breast surgeries, are inducing lactation, are exclusively pumping, or nursing a baby with cleft lip or palate, (www.cleftlipandpalatebreastfeeding.com),. Diana West IBCLC (www.lowmilksupply.org) and Ask Lenore (www.asklenore.info) provide credible information on low milk supply and how galactagogues can help in these circumstances.

Galactagogues may cause side effects for mother, baby, or both. Fenugreek, for example, can interfere with the absorption of medication, vitamins and minerals, etc, which could even worsen the underlying factors that taking fenugreek is trying to mitigate. Fenugreek can also have an effect (www.ncbi.nlm.nih.gov/pubmed/2194788) on blood sugar levels. It can cause stomach upset in a baby (and mom, too), either because of more, faster-flowing milk (which is lower in fat and higher in lactose, which may be difficult for a baby to digest) or because it's passing into the mother's milk. (More on fenugreek and breastfeeding at www.analyticalarmadillo.co.uk/2011/09/spotlight-on-fenugreek-does-natural.html) It's also possible for galactagogues to work too well; mothers might end up with plugged ducts or mastitis after attempts to increase a milk supply that didn't need to be

increased in the first place. Any herb or medication should be taken under the guidance of someone qualified to consider drug interactions and potential side effects.

The quality and quantity of herbal preparations is not consistent, since they are not regulated. You cannot be sure if you're using the correct – or even the same – dosage each time.

Galactagogues cost money and time. A regimen of herbs or teas is not inexpensive, and they must be sourced. Sure, a mother can order what she needs from Amazon.com, but maybe that time would be better spent on an extra nursing session or even some self-care. You may be able to buy “lactation cookies”, but the mark-up is extraordinary. If you really want some and don't have time to bake them, any old oatmeal cookie at the store will probably do.

Finally, and just as importantly, suggesting galactagogues reinforces the notion that breastfeeding requires special stuff in order to work. We live in a society that values quick fixes, and it's tempting to suggest and to use those things that will give us fast results. But this, I believe, undermines a mother's confidence in her ability to breastfeed. Mothers are told by various sources to eat this for the best breastmilk, avoid that to prevent fussiness, drink this to increase milk supply, and the overall message is, "You cannot make the best milk for your baby, or as much as he needs, without outside help." I would like to see us reinforce the notion, as much as possible, that breastfeeding is the normal way to feed a human baby, no special gadgets or diets required.

Let's turn away from the quick fixes and try to find the root of the problem. Sometimes we just need to share with each other how to tell if a baby is getting enough to eat (if your baby has enough wet/dirty diapers, is gaining weight, and is meeting milestones, you're golden). Sometimes we need to realise that as fellow moms – and even lactation support people such as peer counsellors – we are not qualified to give advice on certain topics, and it's something that should be addressed by a professional. Overall, we need a little more trust in our bodies and a little less trust in interventions.

Navigating breastfeeding challenges



Our baby, Jad, arrived healthy, although he took us by surprise a few days early. Most importantly, I missed a breastfeeding seminar which I had planned to attend. I had read everything I could, but I didn't realise how unprepared I was.

I was still able to breastfeed just an hour after he was born. It was awkward and I felt clumsy but I kept trying. I breastfed him on demand as I had planned, but it was painful and my son seemed to cry non-stop and nothing would calm him down, not even breastfeeding.

We were discharged the next day and I went straight to my mother's house. It made sense because she lives close to the hospital where I delivered and close to my husband's workplace.

When my son was just three days old, I finally got a chance to meet our local La Leche League Leader, Nadiya Dragan. She came over to my mother's house and gave my husband and I the information I had missed at the seminar. She was amazing and offered not only tips on breastfeeding but also on attachment parenting which I found really helpful. My mother thought this was a waste of time; she told me that breastfeeding comes naturally and questioned why I needed someone to teach me how to do it. But I did! Up until then, I had heard how natural and beautiful breastfeeding is, but no one had told me about the difficulties: the sore, cracked and bleeding nipples and the engorgement.

That first week, I started to get to know my baby, figuring out his cues and his schedule. He loved breastfeeding – it came naturally to him – but I couldn't say the same for me. I remember holding Jad while

breastfeeding and crying the whole time because of the pain. In retrospect, I think I was on the verge of full-blown postpartum depression. If it hadn't been for my husband's support, it probably would have been much worse. He was my biggest supporter; he would sit next to me for hours telling me how amazing I was and how great this was for our son.

My episiotomy scar took longer than expected to heal, plus my baby cried a lot, especially at night when I had no help because my husband worked night shifts. My exhaustion was starting to affect my composure. Upon seeing this, my mother repeatedly said to me, "Let me know when you get bored with breastfeeding." As hurtful as that felt, it was just what I needed to keep going; negative comments spurred me on because I knew I was doing the best possible thing for my child.

When my son would cry in pain from his colic, other family members would chime in and say, "I'm going to go out right now and buy him formula from the pharmacy." If I talked about breastfeeding to my friends, very few would support me; others would go on and on about why it didn't work for them.

When my son was about two weeks old, I had recovered from my episiotomy and was breastfeeding much more easily. Then our next challenge was colic. Jad cried every night for two months straight. We tried the "magic hold", I upped my fluid intake, eliminated dairy from my diet, gave him belly rubs: nothing seemed to help. Things got gradually better every day, but the stress of a crying baby takes its toll on new parents. We fought a lot and were burnt out from the lack of sleep. We co-slept with our baby, which helped quite a bit.

Then, when Jad turned two months old, I went back to work. He found that difficult at first but he quickly got over it. I can't say the same for myself: I cried every day for a week! I do consider myself lucky though. My husband spent the daytimes with our son (until he started daycare, aged 23 months old), while I spent evenings and nights with him. My boss was very understanding and allowed flexibility in my schedule.

When my son turned four months old, the pressure from my family to start solids started. Someone even tried to get him to try some whipped cream while I turned my

back on him for a second. Others bought me jars of baby food and baby biscuits. Everyone was doing this out of their love for Jad, but I felt it was disrespectful to me and my role as mother, with primary responsibility for my son's wellbeing. My husband was incredibly supportive, but I felt that everyone else was unintentionally bringing down my morale and resolve.

Solids were a huge challenge for us. I had planned on doing baby-led weaning, but it wasn't very successful. Being a working mother means relying on others to take care of your child. Although those people were my husband and mother, they didn't share my thoughts on this issue. I wanted to give Jad solids in his hand and let him experiment; his dad was worried about the mess. I planned on putting him in a highchair; my mom carried him around and jammed a spoon of mush in his mouth when he was least expecting it. This led to a huge power struggle: Jad was asserting his independence by saying no to solids. Then it was suggested that I should stop breastfeeding, give him cow's milk or give him formula, or even starve him so he would accept the solids. I wouldn't accept that. Nothing I said would convince anyone that he needed time.

The power struggle resulted in Jad refusing to drink breastmilk from the bottle. We got into a routine where he would breastfeed before I went to work, eat some solids during the day, then breastfeed for an hour straight when I got back home. It was crazy but we made it work.

Then, when Jad was 18 months old, my boss asked me if I could go on a business trip. The news hit me like a wall of bricks. I had so many anxieties! I wondered whether I should wean my son and get it over with, but I had always planned on breastfeeding until he was at least two years old. Being so close to the target, I decided that I wouldn't wean completely but work on night weaning instead.

My son was 22 months old by the time I made the business trip. By then, he wasn't breastfeeding during the night and was eating well, but he was refusing breastmilk in any receptacle except my breast, and he nursed to sleep with me every night.

The first night I was away, I texted my husband and checked up on him every hour or so; I could hardly sleep

at all. My husband stayed at his parents' house so that he could have some help. During that trip, he asked me to stop breastfeeding entirely so as not to "undo the work" that was done in my absence. When I got home, after some discussion and given that I didn't have any upcoming business trips, my husband agreed that there would be no harm in letting my son breastfeed until he turned two and wean him after that. I would have liked to let him breastfeed for longer, but this was the compromise that we agreed upon.



Weaning was difficult and heartbreaking. It was physically painful and emotionally draining. I started actively weaning my son six weeks before he turned two. We had already reduced our breastfeeding sessions gradually. We eventually reached one session just before bed, plus occasionally when waking up in the morning. Then one day, three weeks after he turned two, I let my son know that he would not breastfeed before bed, but at bedtime he started tugging at my shirt like he always did. I distracted him, I hugged him, I cradled him, I sang to him, and eventually he fell asleep but woke

up two hours later. Again, I held him, comforted him, and let him sleep on my chest for the rest of the night. He cried, but not as much as I thought he would.

The next night, after got home from work, we went through the same routine. It took him less time to fall asleep, and when he woke up he agreed to have a sip of water before going back to sleep. The third night he slept longer and only wanted to be held when he woke up.

As for me, I was heavily engorged, constantly feverish, and sleep-deprived. The physical recovery took me two weeks of constantly hand-expressing to relieve the engorgement (mostly over the sink at work).

Looking back, the moments I cherish the most during the first two years of my son's life were when I was breastfeeding. It was our time alone and an opportunity to forget the world around us, unwind and connect. I am very proud and happy to have done this for so long. Would I do it again? Definitely. But as a first-time mother, it would have been easier without constant criticism. We new mothers might be awkward, we might need help and support, but we know what's best for our babies because we're the ones who know our babies best.

Learning to trust my instincts

My name is Angela; I'm a Hong Kong Chinese woman married to an Englishman. We have been married for 16 years and have three children, aged 4, 11 and 15.

I wasn't ready for my first breastfeeding experience because our eldest child, a son, was born very prematurely, at 26 weeks. Infrequent pumping did not help to produce enough milk for him. My supply gradually became less and less, so I became very discouraged and stopped pumping after about a month. I still believed that human milk was the best, especially for premature babies.

Looking back, I feel that mothers with babies in the NICU in Hong Kong could be given more encouragement to breastfeed their premature babies. I was given the impression that it was very difficult for premature babies to latch on to the breast, but I was not given any support, or information about how milk production would be boosted by frequent pumping.

For my second child, a daughter, I had started attending LLL meetings so things were better, except for a minor case of jaundice which lasted for about two days, when she needed to stay in a separate ward and was fed by bottle. I managed to breastfeed her after we got back home, with frequent feeding on demand, and I kept her on or with me most of the time.

I breastfed my daughter in restaurants, usually covered by a scarf, and I did not mind what other people thought. I would say this is not a common



scene among Chinese mothers in the local culture. Many local mothers would rather pump and let their home helpers bottle-feed their babies when they want to go out.

My third baby, a boy, also suffered from newborn jaundice and needed to stay in the hospital overnight, during which he was fed formula because I found it difficult to express and there are no regulated milk banks in Hong Kong. When he came back home, he still appeared quite yellowish; my husband and I felt worried and decided to feed him one bottle of formula in the evening. But afterwards I felt depressed by that idea and decided to follow my instincts: to breastfeed my son frequently and stay with him in bed most of the time during the next few days. Everything went well and he quickly became healthy.

However, I felt really busy juggling the needs of three children, and I was persuaded by a friend to try following the instructions in a popular baby care book which claimed that my baby might sleep through the night at an early stage. I was quite tempted by some of the ideas so I tried to schedule

his feeds, but not only did this end up in total failure but also caused plugged ducts and mastitis twice, when my baby was only one month old. I followed the advice to apply compresses on the affected breast (warm compresses before feeding and cold compresses afterwards). Most important of all, I fed him frequently, slept with him and rested in bed more, which solved the problem.

I also realised that trying to follow the book's instructions had been making me tense, which probably contributed to the mastitis. I gradually grew to feel that following a schedule was distracting me from enjoying every moment with my baby. When he was about three months old, I decided to follow my mothering instinct and meet his needs naturally, rather than following instructions from an "expert" author of a book, who might not have breastfed before and certainly didn't know my baby as well as I did. I learned to take it easy and understand that my baby would guide me through his changes in needs. I also learned that breastfeeding was not just about the

needs of comfort and food, but also a valuable experience for me to learn how to become a mother.



Top 10 songs to breast-pump to

Pumping sessions are not usually much fun... here is a list of songs to spice them up!
(Not intended to be taken seriously!)

- 1) Express Yourself, Madonna
- 2) Pump It Up, Danzel
- 3) Baby Love, Diana Ross
- 4) Milkshake, Kelis
- 5) The Size Of A Cow, The Wonder Stuff
- 6) Pump Up The Volume, MARRS
- 7) Milk It, Nirvana
- 8) Have A Drink On Me, AC/DC
- 9) Pump Up The Jam, Technotronic
- 10) Let It Go, Frozen Soundtrack

Breastfeeding after a traumatic birth

I gave birth to my daughter (my first child) in July 2012. Beforehand, I read all about natural childbirth and its benefits for the health of the baby and the mother, in books and blogs. I read lots of birth stories, and got an understanding of the natural process of birth. I exercised regularly up until the point of birth and ate a healthy diet. The only thing I didn't do was attend prenatal classes because there weren't any available. I wrote up my birth plan and I was optimistic, although I felt some trepidation.

Little did I know that when I entered the hospital where I had registered, I was entering a system that seemed opposed to natural childbirth, or at the very least uneducated about it and accustomed to a highly medicalized birth. My birth plan was not acknowledged, and numerous medical interventions happened which I hadn't wanted. When I arrived at the hospital, I was already exhausted from a long labour, and was too tired to fight against the interventions. My waters were broken, I was given something to soften my cervix, I was put on Pitocin (the nurse didn't even ask me, she just told me she was doing it), then foetal monitoring, oxygen and an IV drip; and eventually my daughter was vacuumed out. For long periods I was in intense pain, sometimes struggling to breathe, and the doctor and nurse were yelling instructions at me or at each other. When my baby was eventually born, the cause of the difficult labour was revealed: her umbilical cord had been wrapped around her neck, which had probably prevented her from moving easily down into the birth canal.

All of that would have been manageable but then they took my daughter away for the first two hours of her life for surveillance and I felt crushed. All my hopes

and expectations had been utterly shattered. On top of it all, my heart broke for the baby I couldn't be with, knowing that I was all she had ever known and she had also suffered through a traumatic birth. I felt a great sense of loss in not being able to be there for her when she needed me.

That experience broke me to the core of who I am.

It's hard to even express it in words. It affected my relationship with my daughter. I immediately felt very protective of her and wanted to keep her close to me, while at the same time feeling strangely as if she wasn't mine.

Even though I had to overcome some difficulties, breastfeeding was definitely the best choice I could have made for our family. It did so much to mend some of what was hurt and broken during the traumatic birth experience. It continues to bond us in a unique way. As I progressed through our breastfeeding journey together, I found that I didn't want to stop after one year and she didn't either, so we continued. We are

still breastfeeding today (26 months), and I'm so grateful for it. I can see how it has helped her to fight off illness. When she doesn't eat well or isn't drinking much, I'm not worried because I know she's still getting breastmilk everyday. Milk in this country is really expensive, even in a powdered form, and I'm grateful that I don't have to pay for an inferior milk product that isn't uniquely designed to meet her needs. I've seen her in a bad mood and come to nurse and leave me in a much better mood.

I really believe that if I had not breastfed after having had the emotionally traumatic birth that I did, I would have suffered psychologically. I'm hoping for better things for my next baby and I'm already planning a home birth.



Spotlight on LLL in Xiamen

La Leche League Xiamen is a new La Leche League Group founded in October 2013 by Missy Wang. She has had some great ideas on how to increase awareness and expand the group's numbers. Missy explains: *"We have limited resources and volunteers, so every few months I will try to organise some activity together with the monthly meeting, just to let more people know more about La Leche League, breastfeeding, and our group."*

哺乳妈妈“快闪”倡导母乳喂养

2014年8月5日·海西晨报·第808版·1字



晨报讯 全球共有120个国家在8月1日至8月7日庆祝世界母乳喂养周，纪念世界卫生组织和联合国儿童基金会因诺琴蒂宣言的签署。为纪念这一特殊时刻，2014年8月1日、2日，全世界成千上万的哺乳妈妈和她们的孩子共同参加“快闪”活动。厦门本地的“快闪”活动在8月2日上午10点于湖滨北路10号新港广场3C举行。

These activities have included a Big Latch On event on 2 August, as part of the World Breastfeeding Week celebrations. 40 adults (including some fathers) plus 10 babies and children took part. Missy claims, *"The seven mothers were very proud to be part of the activity."* The event was successful in receiving some publicity in the local newspaper.

Earlier in the year, on 22 February, LLL Xiamen hosted guest speakers (Averil and Martin Thuemmel) alongside The Beauty of Breastfeeding exhibition in Xiamen. Missy Wang also gave a speech introducing the "10m2 of Love" campaign. After the activity, Averil wrote an article entitled ["My Experience with LLL all around the world"](#) for La Leche League China's website.



What a dynamic start to the life of the Xiamen Group!

In the News

HONG KONG PUBLIC HOSPITALS BECOME MORE BABY-FRIENDLY

In April it was announced that three public hospitals in Hong Kong will stop separating mothers and their newborn babies immediately after delivery. The previous practice was to take the baby away for a clean-up and to keep them warm, even though a mother's chest is usually the best place to keep a baby warm.

Dr Rebecca Lam, chairwoman of the Hospital Authority's steering committee on breastfeeding, said: "In order to cope with the changes, the authority has increased funding and resources to the obstetric wards." That included assigning two extra nurses to each hospital and placing baby beds next to the mothers' beds, she said. "We will put the newborn in its mother's arms right after delivery so they can have immediate skin-to-skin contact. The mother can spend an hour with her baby while undergoing post-delivery medical procedures inside the labour ward. This can trigger feeding instincts."

The changes also mean mother and child no longer stay in separate wards, removing a barrier to frequent breastfeeding.

We hope this initiative will be copied in private hospitals in Hong Kong, and that the trend towards more baby-friendly hospitals is happening more quickly in other countries around the region.

DIANA WEST'S VISIT TO CHINA



The renowned co-author of La Leche League's *The Womanly Art of Breastfeeding* has been giving talks and workshops in China recently. On 10 September, Diana gave an energising presentation on the topic of *Making More Milk*, to about 120 attendees, at an event co-sponsored by LLL. She also did several media interviews, peer-counsellor workshops, and clinical presentations to healthcare workers in Shanghai, Suzhou, and Chengdu. Shanghai Leader Melanie Ham comments: "It was a real treat to have her bringing the latest evidence-based research and her warm, dynamic speaking style to the mothers of China."

FAREWELLS AND HELLOS



LLL Shanghai welcomes a new Leader, Louise Roy, who has been locally accredited this month. This is particularly welcome news because a number of Leaders have moved out of Shanghai recently. Melanie Ham reports: "We bid a fond farewell to Sarah Uren, Amy Vijayanagar, Yuwen Ren and Emy Machida. We are very grateful for the time, energy and tremendous talents they have shared with the mothers of Shanghai. They will be missed dearly, but we wish them all good luck in their new locations."

In August, Averil Harrison-Thuemmel seemed to be reversing the trend of Leaders moving out of Shanghai, but now she is suddenly transferring to Beijing! Averil is excited to be moving back to Beijing, where she attended her first LLL meeting in 1997.

In Japan, the Okinawa Group has congratulated Chisty Vasquez-Gooze on her accreditation as a Leader, and the Yokosuka Group has welcomed the arrival of Susan Glenn.

DOUBLE HAPPINESS IN HONG KONG



Two Leaders in Hong Kong have had cause for double celebrations recently, for slightly different reasons. Cher Skelling gave birth to twins in February (her second and third children). Since then she has had her hands full – literally, as you can see from the photo! Molly Malone-Grenham was accredited as a Leader at the end of August, and gave birth to her second child almost the next day. Co-leader Pauline Walker has observed, "It's wonderful to have Leaders bringing babies to our meetings again!"



UPCOMING EVENT: BEIJING SEMINAR IN OCTOBER



On 18 and 19 October 2014, a seminar entitled *Exploring Breastfeeding from a Scientific Perspective* will be held in Beijing at the Oasis Hospital. Over the course of two days, several lactation experts from around Asia (China, Japan, Taiwan and Hong Kong) will be giving presentations on topics of interest to healthcare workers and parents alike. These topics include Support Systems for Families in the Community, Infectious Illnesses & Breastfeeding, The Ideal Growth of Breastfed Babies, From Breast to Brain, Breastfeeding and Preterm Babies, and Avoiding Unnecessary Guilt When Breastfeeding Doesn't Work. See http://www.muruhui.org/ztbg_detail.asp?id=655 for more details

iMOTHERING TALKS



The inspiring free series of online talks continues at www.iMothering.com. September's speakers are Lynne Kenney (Brain Based Parenting) and Steve Biddulph (Raising Boys), and October's speakers will be Janet Penley (How to Mother from your Strengths) and Diana Cassar-Uhl (Responding to Criticism).

Pause for Thought

**“We all have nipples. I don't care who I offend; my baby wants to eat.
If I can't get a cover over me quick enough, so be it.”**

Selma Blair
Actress

Questions Mothers Ask

Compiled by **Tamara Denttel Brand**
LLL Leader with
Beirut Group

Q: I'm pregnant with my first baby and I plan to exclusively breastfeed. However, my parents, my in-laws and my nanny all want to help. I am happy for them to get involved, but I am worried that they might take over, prevent me from fully bonding with my baby, and make breastfeeding more difficult. What can I do?

A: Congratulations on the upcoming arrival of your baby! Mothering through breastfeeding is the most natural and effective way of learning and satisfying your baby's needs. I have to agree with your concerns – your baby needs to be with you early and often to bond and to establish a good milk supply.

A new baby is an exciting time for families and it's natural for our loved ones to be excited as well. In excess, this may make bonding difficult for new mothers – but do not fear! There are many ways to involve family members, helpers, nannies, and enthusiastic friends, which can support breastfeeding and make things easier for you, the breastfeeding mother:

Get your husband (or partner) on board with you. If he's unsure about breastfeeding or doesn't know much about it, EDUCATE him! Bring him to a local LLL meeting (if men are allowed – do check), a local prenatal or breastfeeding class, and/or show him literature on the importance of breastfeeding and how it will benefit the whole family. Empower him to support breastfeeding and be your advocate.

Educate those around you. You and your partner can work together to educate others in your family about breastfeeding and how they can support you. At La Leche League meetings, many mothers confide that unsupportive or misleading remarks from loved ones (like, "He's eating again? Your milk must not be enough!", or, "Babies only need to eat every three or four hours") have made them feel less confident in their ability to mother their child through breastfeeding. By teaching those around you about growth spurts, cluster feeding, and how breastfeeding supply and demand works, you are creating awareness, shattering misconceptions, and providing insight into your own baby's behavior and cues – all of which will help those around you better respond to the needs of your child.

It can also be helpful to emphasise to them WHY breastfeeding is important to YOU and why YOU want to breastfeed, plus why exclusive breastfeeding is important. They may claim, "One bottle a day can't do any harm"; you can explain how introducing dairy products early risks triggering allergies, reduces the supply of breastmilk, and often leads to more bottles and early weaning.



Make it clear to everyone that feeding the baby will be your job, but you would very much appreciate help with everything else. Don't be afraid to ask for help with specific tasks. Sometimes people who want to help just don't know what would be helpful to you!

Tasks can include:

- laundry
- dishes
- cleaning
- grocery shopping
- playing with older children
- preparing fresh snacks and meals
- entertaining visitors
- preparing frozen meals you can eat later
- bathing or changing diapers
- taking baby on a walk so you can nap

Some family members may feel they are losing out on bonding time with the baby if they are not involved with feeding. One cuddly alternative is babywearing! Studies have shown that carried babies cry and fuss less and sleep more. According to Babywearing International, carrying your baby (and allowing others to do so) can be a great bonding tool not only for parents, but other caregivers as well.



Check out these tips on how to safely wear your baby – and please share with other caregivers: <http://babywearinginternational.org/pages/safety.php>

Keep your baby close to you at nighttime . Nighttime is when grandparents and nannies tend to feel their help is really valuable. Some may offer to take the baby for all or part of the night so you can get more sleep, and many nannies expect this to be part of their job. Unfortunately, however tempting it may sound, that kind of assistance is not great for breastfeeding, especially in the early weeks when you are trying to build your milk supply. Skipping night feeds at the breast has a greater negative effect on your supply than skipping feeds during the daytime (because levels of the hormone prolactin are highest at night).

Breastfeeding will go more smoothly if you keep your baby close to you at night. This boosts milk supply, allows mothers to be the first ones to respond to their baby's needs, promotes bonding, and prevents Sudden Infant Death Syndrome (SIDS): the American Academy of Pediatrics recommends babies do not sleep in their own room for the first six months.

Keeping your baby close to you can mean your baby is in a crib or bassinet near the parents' bed, or in a side-car crib attached to the parents' bed, or sleeping in the parents' bed. Many mothers find that bed-sharing with their babies can maximise sleep for themselves and their baby, because they can immediately meet their baby's needs before either mother or baby are fully awake. One study found that breastfeeding mothers who sleep near their babies actually get 45 minutes of extra sleep per night – a precious thing for new parents!



For more information on how to share sleep with your baby safely, see the article *Should I sleep with my baby?* <http://www.lli.org/faq/cosleep.html>

At the end of the day, don't be afraid to say, "Thanks for your help, but I think we need some time alone." Babies have an intense desire to be with their mothers and right now, your most important job as a new mother is to do what comes most naturally – mothering your baby. And of course, breastfeeding is a great way to do that!

Postcard from CHIANG MAI, Thailand



Nearly five years ago my husband and I moved to Chiang Mai, Thailand from America. Chiang Mai is the second largest city in Thailand, nestled in a valley in the northern mountains that are affectionately called “The foothills of the Himalayas.” Many people associate Thailand with the crystal waters and jagged peaks of the coast in the south rather than these beautiful mountains. But Chiang Mai is a city rich in Thai culture, clinging to ancient customs and traditions in spite of the onslaught of modern influences. It is developing at a rapid rate and quickly becoming a desirable destination for expats because of its high quality of life, low cost of living and pleasant climate – not to mention the excellent food!

We live in a house within cycling distance of the city but surrounded by a huge garden in a compound shared with another family with small children. Our home borders a gorgeous swimming pool and we swim every afternoon when the heat is at its worst.

After a year in Thailand, we decided we were ready to have a baby. I immediately became

pregnant, and from then on my “job” was making sure I was as healthy as possible for my growing child, researching the best doctors and hospitals, and learning as much as I could about childbirth. I was determined to have an active, non-medicated, natural birth with the support of my husband and a doula. The problem was that only one or two doctors in Chiang Mai supported that birth plan.

It has been reported that the rates of Caesarean sections in Thailand may be up to 35% of all births, while the WHO suggest 5 to 15% should be average. Most of the C-sections occur out of medical necessity, but some are elective because the doctors advocate for it, thinking it is a safer – not to mention a more lucrative – procedure. Even more disturbing is the fact that some of the Chiang Mai hospitals do not allow the father in the operating room, and I’ve had friends who didn’t see their baby for many hours after the birth. Due to this situation, the initial bonding time for mother and baby, which is so important to begin a healthy breastfeeding relationship, is often heavily curtailed. So, despite the good intentions of Thai mothers, breastfeeding is often

unsuccessful and given up within weeks or months. In my five years here, I've only met a handful of Thai mothers still nursing after six months, and I've only met one who was nursing past a year. Granted, Thais are very private, so they may not be anxious to advertise that information. Also, I live in the city, whereas in the villages it is common to breastfeed in public and for a longer duration.

In spite of struggling against what seemed to be the norm, I found a network of expats who provided the education and guidance needed to have the birth I had imagined. Through this network I found an amazing doctor who supported my birth plan. Everything about the birth of our daughter, Lydian, was textbook until the last minute, when she inhaled some of my blood and did not breathe on her own. The immediate breastfeeding and bonding did not happen because she was taken out of my arms to be treated. I was devastated. But I was still able to breastfeed her exclusively even though she was on a respirator: thanks to our excellent paediatrician's recommendation and my persistence, she did not receive any nutrition other than what I provided. In fact, before my milk came in, I extracted my colostrum to put in a dropper (even if it was just a few drops) so they could give it to my baby. I'll never forget the first time holding her and nursing her; it was perfect. We needed each other desperately. After a week in the hospital we were allowed to go home, and she has not had any health issues since. I am so thankful.

Like many expats, we missed our family during this momentous occasion. The first few months were precious but challenging in all the ways that are described by new parents, with the addition

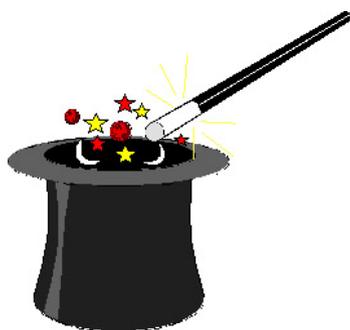
of feeling isolated from the culture in which we were raised. Luckily, our baby was content and easy as long as she had me around to nurse her, so that's exactly what I did for what seemed like ALL day (and night) long. I followed my instincts, and going to La Leche League meetings helped to validate what I thought I alone was going through.

Now Lydian is just over two and a half years old. She is happy, kind, thoughtful, confident and entertaining! A lot of those attributes, in my opinion, are a direct result of our healthy nursing relationship and our attachment parenting philosophy. She gently and gradually weaned when she was almost two, and I will forever cherish those years that passed by entirely too quickly. I see new parents now, especially mothers who bear the heaviest load initially, and can completely empathize with what they're going through: the feeling of complete exhaustion, the mixed emotions of wanting to stop time one minute, then hurry it along the next, wondering if it'll ever get easier, trying to remember what life was like before the baby, hoping you're doing it right and doubting that you are. But most of all, nothing ever prepares you for that kind of love.



Jessy Brown
Chiang Mai,
Thailand

The most ecological food in the world



From producer to consumer, human milk needs the fewest “food miles”. Breastfeeding is not only nutritionally correct, it’s environmentally ethical. It’s a natural, renewable and sustainable resource, and it is all the baby needs for the first six months of life.

Breastmilk requires no resources for packaging, shipping or disposal. The manufacture of formula milk involves the need for huge dairy farms, milking machines, cattle feed, manure disposal, formula factories, packaging and shipping, with their attendant costs. "If every baby in the USA is bottle-fed, almost 86,000 tons of tin plate are used up in the required 550 million discarded babymilk tins." (Andrew Radford, *The Ecological Impact of Bottle Feeding*. Baby Milk Action, 1991.)

Mothers do not need special foods in order to produce milk for their babies. Human milk is ready to serve from the original containers. Breastfeeding does not require heating, cooling or sterilizing. "Although energy required to boil water and sterilize bottles and nipples can readily be accessed in industrialized countries, it more often than not comes from polluting nuclear or power-generating stations. In poor countries, women often spend hours every day collecting scarce firewood. A bottle-fed baby needs about 1 litre of boiled water to prepare feeds and 2 litres to sterilize the bottles and nipples. This requires more than half a kilo of precious firewood per day." (INFACT Canada, *Breastmilk: the perfect renewable resource* http://www.infactcanada.ca/ren_res.htm.)

When a mother breastfeeds, no land needs to be deforested for pasture or crop production. Dairy farms require arable land to raise feed as well as space for the cows themselves.

“The production of artificial baby milks requires hundreds of millions of lactating cows. In India alone, to replace breastmilk, 135 million lactating cows would be needed. In Mexico, to produce 1 kilogram of baby milk would require 12.5 square metres of cleared land." (LLL USA, *Human Milk is Green, Ecologically Speaking*.)

Breastfeeding does not create pollution as does the manufacturing of human milk substitutes, bottles, teats and cans. Think about the resources needed to make the glass and plastic bottles and silicone teats, very little of which is recycled, and the resulting pollution. The manufacture and disposal of plastics release hazardous chemicals into our environment.

Breastfeeding helps space babies by suppressing fertility in the mother. This substantially reduces fertility rates (and the environmental damage caused by overpopulation) in developing countries. It prevents more births than all other forms of birth control combined.

Exclusive breastfeeding usually delays the return of menstruation, which reduces the need for sanitary products and their disposal. "In the UK, each menstruating woman uses between 286 and 358 towels or tampons per year, 98% of which are flushed down the toilet. Of these, 52% are released untreated into the sea, where tampons require six months to biodegrade and sanitary towels need longer. The plastic liners on sanitary towels will not biodegrade and remain as a pollutant." (Andrew Radford, *The Ecological Impact of Bottle Feeding*.)

Even if you are not exclusively breastfeeding, every time you breastfeed you are contributing to a cleaner, greener planet – without even getting off your sofa!