

Close
to
the
Heart



La Leche League Asia
Early-Year 2015
Volume 16, Number 1

"Breastfeeding
is mothering
close to the heart"

Expressing and working

Breastfeeding
history in 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 April 2015 will be considered
for the Mid-Year 2015 issue.**

Contributions received by
1st Aug. 2015 will be considered
for the Late-Year 2015 issue.

Contributions received by
1st Dec. 2015 will be considered
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**Article and stories for
Close to the Heart
are accepted at all times.**

Close to the Heart
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(English and Chinese) for
breastfeeding mothers in Asia.

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

Editor's Corner

I'm pleased to announce that we have a few articles and stories that will be of particular interest to working mothers this issue. There is a feature by working mother and LLL Leader Cher Skelling about expressing milk, which is complemented by some information about how to express milk by hand, plus the answer to a mother's question about getting her breastfed baby to take a bottle after she goes back to work.

It has been a while since these topics have been addressed – I checked the archives and was alarmed to discover that we have only had three articles regarding working or pumping in the past seven years! Some people may mistakenly think that La Leche League is an organisation that's run by stay-at-home mothers, for stay-at-home mothers, but this is definitely not the case. The lack of articles recently about topics relevant to mothers who work outside the home purely reflects the lack of contributions from those mothers, perhaps because many of them are too busy juggling work and family to write up their story!

On the other hand, we frequently have articles written by mothers of older toddlers and preschoolers, discussing their experience of weaning or breastfeeding older infants or children. This can lead some people to mistakenly believe that La Leche League is an organisation which only welcomes mothers who want to breastfeed for years rather than months, which would also be erroneous. The number of articles probably reflects the fact that mothers who breastfeed for a longer rather than shorter time are more likely to read this newsletter repeatedly and become encouraged to write their own story.

La Leche League's mission is to provide information and support to all mothers and prospective mothers who wish to breastfeed, whether for six days or six months or six years. We welcome stories covering a wide range of subjects that would be of interest to others.

This issue, we hear how Chetana overcame a very shaky start and, although her baby was never fully breastfed prior to starting solids, she eventually managed to meet all her baby's milk needs and enjoyed a satisfying breastfeeding experience. Aurelie shares with us a heartfelt letter to her mother (her baby's grandmother), to urge that her mother become more supportive of breastfeeding into toddlerhood. Louise shares with us her anguish when her son decided to stop breastfeeding earlier than she expected. And our Spotlight feature gives us a snapshot of mothers' experiences within certain historical contexts during the last century when breastfeeding has varied in popularity.

I hope you will enjoy reading these, and consider whether any aspect of your own breastfeeding experience would be interesting, encouraging or inspiring to other pregnant or breastfeeding mothers. If you are not skilled in writing, your story could be conveyed orally and put in writing by our editorial team. Our Postcard feature is normal shorter than a regular story and usually a bit easier for mothers to tackle writing. Please send your contributions to me at jennyllhk@gmail.com, or, if you would prefer to write your story in Chinese for our Chinese newsletter, maggiyu9@gmail.com.

Coming up soon in Hong Kong and China is the Lunar New Year and it will soon be the year of the goat or sheep, depending on your preference. Either way, I hope you have enough woolly garments to keep you warm for the remainder of the winter!

Jenny

Expressing and working

by Cher Skelling

Leader with the Hong Kong Island Group

In a recent edition of this magazine (Vol 15 No. 2, Mid-Year 2014), we highlighted some of the variations in maternity leave policies in Asia. In many countries in the region, maternity leave is very short so mothers are often under pressure to return to work while their babies are still tiny. One mother of three children, Jane Robbins in Hong Kong, noted, "Each time I returned to work after my statutory maternity leave, leaving a tiny 10-week-old at home, the wrench was heartbreaking." Pumping each day can seem a daunting task but, with support and determination, many mothers continue to breastfeed long after they've gone back to work. Here we discuss how to make it work for you.

Erin Mickens-Choi in Hong Kong works as a teacher and returned to work when both her daughters were two months old. She says, "With the first, it was terrifying because there was the worry about whether she could adjust to other caregivers and whether she would accept bottled breast milk and how many, also whether I could pump enough for her." These feelings are common to many mothers as they approach the end of their maternity leave, which can be a very stressful time. But where there's a will, there's a way. With perseverance and determination, Erin has reached her goal of breastfeeding well into toddlerhood.

There is no denying that pumping can be hard work once you return to employment outside of the home, but there is a great deal of satisfaction in knowing your baby is getting the best possible nutrition even when you're not around. Jane Robbins has referred to expressed milk as "something only I can supply for him while I'm at work." Breastfeeding is also a great way to reconnect with your baby and unwind together at the end of the working day.

So when and how should you start? I would recommend to start expressing daily about two weeks before your maternity leave ends. Some mothers like to start earlier and build up a big stockpile, but I think it is best to focus on breastfeeding directly first, so that you and your baby can become an efficient team, plus you



can enjoy those precious weeks with your baby without stressing about your pumping output.

Remember that when you start expressing in preparation for returning to work, you are pumping in addition to feeding, so at first you may not get much when pumping. But don't panic if you can only express a little; once you are expressing to replace feeds, the volume will increase. Short duration, frequent pumping usually yields more (and better stimulates your milk supply) than longer sessions at less frequent intervals. This doesn't necessarily mean more washing-up and sterilizing, if you are clever. Breast milk can be safely left at room temperature below 26 degrees Celsius for up to four hours, so you can leave your pump out for a few hours and pump a second time before washing. You can also add one or two short hand-pumping sessions; immediately after taking a warm shower or bath, or after your baby has just finished feeding, are

good times to try. Many mothers find they have most spare milk first thing in the morning.

Some mothers can have difficulty achieving a “letdown” (milk ejection reflex) when expressing. It’s not surprising: the milk ejection reflex is caused by hormones being released when you feel close to your baby, and it’s hard to get those warm feelings when pumping. It can be easier when looking at photos of your baby or imagining him/her, listening to an audio recording of your baby babbling or crying, or even sniffing an item of their clothing. Conversely, some women find they pump more when they focus on something else such as music, TV or reading. Most mothers find they express more milk when their breasts are warm – either go for a brisk walk, climb some stairs, or apply hot compresses – while other mothers find that applying something cold to their breasts helps. Try everything and discover what works for you.

Mothers who find it hard to achieve “letdown” when pumping often find they get much more milk when their baby is feeding from the other side, because the baby gets the milk flowing on both sides. This can also be a big time-saver for everybody, although it can sometimes be tricky to get the positioning right, especially with a wriggly baby.

Although I don’t recommend to start pumping more than two weeks before you go back to work, I think it’s a good idea to think about practical issues well in advance. Consider your workplace environment and whether there are any adaptations you need to make. Some mothers may need to make special arrangements for a private space to express, and most will need to think about keeping milk cool, both at work and on your journey home. Many mothers buy ice packs for transportation, and some buy a mini-fridge for storage at the office.

It’s also worth checking with employers about flexible working, such as changing break times to fit your pumping schedule or to see your baby at lunchtime. Some mothers are able to work from home some days, or part of some days, or even take their baby on work trips. You never know until you ask. Another mother in Hong Kong, Laura Chow, told *Close to the Heart* that she managed to negotiate for her to work every Friday from home until her daughter turned six months old, and commented, “If I had not asked for this flexible work arrangement, I doubt my company would have suggested it.” With my own first baby, I was able to take her to my office each day, and now that I am a mother of twin babies I mainly work from home. Ironing out any issues in advance may give you more peace of mind and confidence as the end of your maternity leave approaches.

Top tips for successful pumping

- Think about your breastfeeding goal and how to achieve it when you return to work. Obstacles can often be overcome with a little forethought or some lateral thinking.
- Remember breastmilk is more than just food. Special nursing times when you’re with your baby are important and enjoyable.
- Consider flexible working if possible; some time with your baby at lunchtime may be the highlight of your day.
- Research the best pump for your needs – a double electric pump is usually the most efficient but may not be needed if you just need to express occasionally. You may also find a small manual pump is convenient if you’re expressing on the go.
- Learn how to hand express. Pumps can break or parts be forgotten so it’s good to have a back-up plan if you need it (see newborns.stanford.edu/Breastfeeding/HandExpression.html).
- By the end of your leave, aim to have at least a day’s supply in the freezer that you can replenish each day you work.
- Teach caregivers about safe storage and handling of milk (see www.llli.org/fag/milkstorage.html).

So how often do you need to pump at work? Ideally, as frequently as your baby would want to breastfeed, in order to maintain your milk supply. In reality, however, many mothers find it impractical to schedule frequent pumping sessions. If that applies to you, do not despair! Our editor, Jenny Buck, relates, "I had really limited time for pumping when I went back to work – I was always working under pressure to a deadline and was lucky to fit one pumping session into my work day. To reduce engorgement, I made sure my breasts were really well drained before I left home in the morning, by pumping or hand-expressing during or after feeding my baby. I did the same upon my return in the evening. Thankfully, I was only working part-time, so my milk supply could catch up on the days when I wasn't working."

Although you may have put meticulous planning into your new pumping and working schedule, be prepared to adjust and fine-tune as your family adapts. Babies who are separated from their mothers during the day

sometimes reverse-cycle and nurse more when the mother is around in the evening and at night. Erin says, "My daughters co-slept with me and nursed all night. The first gave up taking much milk during daytimes and nursed when I was home at nights when she was about six months old." Even for mothers whose babies don't reverse-cycle, they may want to allocate special long nursing times in the evenings and at weekends to reconnect with their babies. Many mothers who work Monday to Friday find that their milk supply is a bit lower on Fridays, then use the weekend to boost it back up through unrestricted breastfeeding.

You may need to give instructions to your caregiver about how to store and handle your milk if they are unfamiliar with breastfeeding. Many mothers find it useful to store milk in small quantities so it's not wasted if their baby just wants to drink a little. It's also quicker to defrost or warm a small quantity of milk if the baby wants to drink a little more.

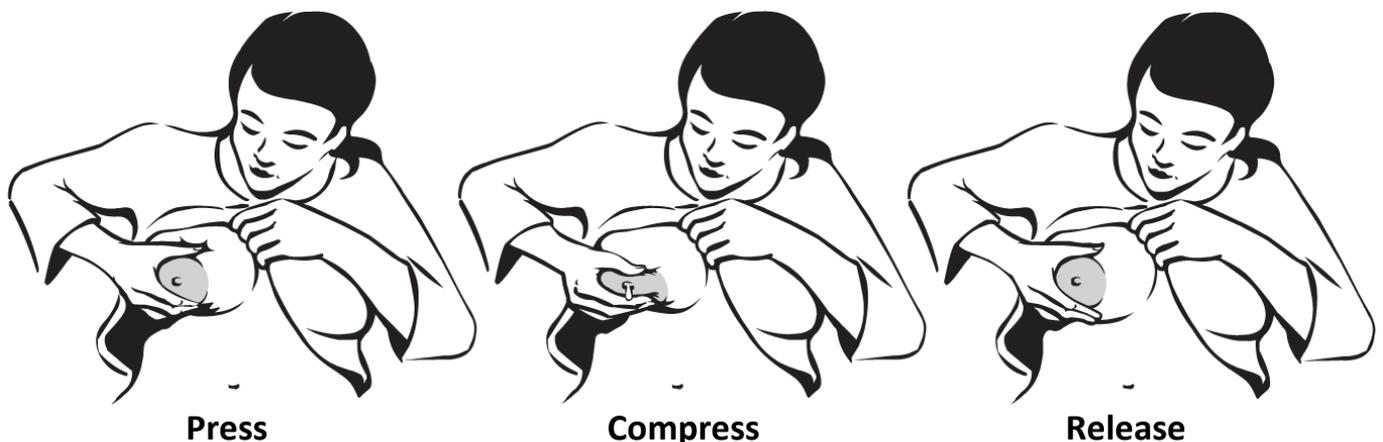
Hand expression

- Wake your breasts up— shake, massage, move them
- Fingers on opposite sides of your areola
- Press back toward chest
- Compress fingers toward each other, drawing slightly toward nipple but not sliding skin
- Release pressure, relax hand

Repeat several times. Don't expect anything immediately. Add massage whenever you like. Shift hand to a different position to move milk from other ducts.

Colostrum: collect drops on plastic spoon, tip into baby's mouth or collect with dropper.

Milk: Express into pump funnel or large bowl.



LA LECHE LEAGUE HOLDS ITS FIRST MEETING IN INDONESIA



We reported last May that Fatimah Berliana Monika, an Indonesian who was accredited as a La Leche League Leader in the United States, was about to move back to Indonesia and start the first La Leche League Group there. In November, her newly founded group held its first meeting – the first ever in Indonesia, which is the fourth-largest country in the world.

The meeting was held in the city of Bandung, in the offices of PT Len Industry, for mothers or pregnant women who work at the company, and will continue once a month.

About 15 mothers attended during their lunch break.

Monika reports, “It’s a challenge to start a new group in Indonesia because only a small percentage of mothers in Indonesia know about La Leche League. The mothers who participated were really excited and looking forward for the next meeting.”

She is also hoping to distribute some La Leche League information sheets which have recently been translated into Bahasa Indonesian for the first time – about how to avoid sore nipples and how to make sure your breastfed baby is getting enough milk – as widely as her limited time and resources allow.

More information about La Leche League Indonesia can be found here: www.llli.org/indonesia.html.

BEIJING SEMINAR – A GREAT SUCCESS

On 18 and 19 October 2014, a seminar entitled “Exploring Breastfeeding from a Scientific Perspective” was held in Beijing at the Oasis Hospital. Over the course of two days, over 120 people attended to listen to several lactation experts from around Asia (China, Japan, Taiwan and Hong Kong) give presentations. The audience included mothers, breastfeeding peer counsellors, health professionals and La Leche League Leaders from all parts of China.

Topics included the ideal growth of breastfed babies, presented by Dr Sophie Leung from Hong Kong, which challenged cultural assumptions in China that babies need to be fat to be healthy, and how to take care of preterm babies, presented by Dr Chen Chao-hui from Taiwan. La Leche League Leader Eileen Fang commented, “The way that Dr Chen presented was full of love and humanistic concern for babies; it was so touching.”



This seminar was the first time that La Leche League China invited Chinese speakers to give presentations at one of its seminars in China. It was also the first time that La Leche League China has charged an admission fee to its seminars. It therefore represents a milestone in the development of interest and expertise in breastfeeding-related healthcare topics in China.

Beyond breastfeeding

Recently, my 22-month old son Luca said his first two-word sentence. While I was proud that he had strung two words together, I was impossibly melancholic at the meaning of it. He had been playing on my lap, when he pulled open my shirt and raised his palms upwards in a shrug and said, "Nai-nai gone".

We live in Shanghai, China, and 'nai-nai' in Mandarin means 'milk', and his honest statement reflected the matter-of-fact way in which he had ceased nursing three and a half months earlier.

Breastfeeding Luca and his older sister, Anais, was never an easy journey for us. We battled severe tongue-ties and lip-ties, pre-term birth, inverted nipples, over-supply, mastitis, under-supply, single-sided feeding, thrush infections and multiple food intolerances. Although natural, breastfeeding didn't come naturally to me or my babies, regardless of my commitment to make it work. But day by day, and week by week, and with a lot of help, we kept going.

Making it to six months of exclusive breastfeeding with Luca was nothing short of a miracle, attained through support and the personal tenacity of both myself and my son. Although there were many times when he could not nurse and I had to supplement with cup-fed expressed milk, I was amazed that through all of it not a single drop of formula had passed his lips. So we kept going.

Between six and twelve months, it became clear that my once abundant supply had dipped alarmingly, for complex reasons. I think the fact that I was only feeding from one breast may have been a factor, since repeated bouts of mastitis when Luca was only a few weeks old. Also, the effectiveness of Luca's suck may have been limited by tongue-tie issues that were only partly resolved.



My irregular work schedule probably didn't help matters. To combat this problem, I tried all known natural and medicinal galactagogues, and implemented a strict pumping regime, in addition to nursing as much as possible, but nothing helped. I resigned myself that I could only meet about 80% of his milk needs, and resorted to giving him one feed of supplemented formula per day. He was happy with this and continued growing well, and we kept breastfeeding.

Once we reached 12 months, I questioned how long we would keep going, but suddenly it became easier than ever to maintain my supply and just nurse whenever my busy toddler ran by for a pit-stop. So we kept going.

At 15 months, while on vacation in my husband's home of Quebec, Canada, Luca fell sick with a combined case of bronchitis, pharyngitis and not one but two middle ear infections, all at the same time. He could not sleep, would not eat, but continued to breastfeed hourly around the clock. At this point I realized how applicable the term "nursing" is, as I literally "nursed" my baby through the worst infections of his little life. The medical staff who attended us praised our nursing relationship and stated that, without a doubt, my sick little boy would have needed to be hooked up

to an IV for days if he had not still been breastfeeding. So we kept going.

After his bout of illness in Canada, I suffered from a severe and ongoing nipple laceration and infection, because of Luca's ongoing latching difficulties due to his unusual oral anatomy, and the fact that he was breastfeeding constantly during that week. Nothing I did could heal it as long as he kept nursing. Battling the infection for a few weeks without improvement and without a "backup breast" because I was only breastfeeding on one side, I reluctantly weaned Luca, switching to cow's milk in a bottle, to let the nipple heal. He hated it, screamed for the breast and we both cried – a lot. I thought, "This is it, we're done, there's no coming back from this".

But several days later, Luca asked to nurse and I reluctantly let him, since it seemed like my nipple had finally healed. It had, and our nursing relationship began again. And so, once again, we kept on going.

So after all those trials and tribulations, imagine my surprise when I found myself one evening sitting on the sofa watching my rambunctious 18 month old and realized, "Wait, he hasn't nursed at all today!" That night and the next day I offered the breast a few times but he happily brushed me off, and so one day turned into two, then three, then a week. Suddenly, and without warning, we were no longer nursing.

You think you will know, just somehow know, the last breastfeed you have with your baby. That you will be able to savour it, memorialize it, and burn it into your heart. But I honestly do not remember the last time Luca fed at my breast. It was a feed like any other of the thousands of times he had nursed over his short life, and there were no signs that it would be the last. It was sudden, it was anticlimactic to the extreme, but for the first time it was also right.

Luca's own decision to wean at 18 months was earlier than I had expected, but it was also without a doubt the right time for him, evidenced by the

completely calm and drama-free way in which it occurred.

The weeks and months afterwards were harder for me than for Luca. I missed our closeness, but discovered to my relief that he was still a snuggly boy and we filled our need for physical closeness with lots of cuddles. The process of involution (the return of the breasts to their pre-pregnancy size and function) left me feeling physically and emotionally deflated. The return of menstruation was shocking to say the least after a 27-month absence (I felt like I was 12 years old getting my first period, and even uttered the same phrase I did then: "I don't want to be a woman!"). I found myself facing a wardrobe full of nursing clothes that didn't fit me and I didn't need any longer.

However, three and a half months on, when Luca uttered his statement of "nai-nai gone", I had come to a place where I could appreciate that our experience of weaning was impeccably beautiful in its natural simplicity. We put so much into sustaining breastfeeding, that it was a shock to the system when it was suddenly gone. But to my joy and surprise, our relationship has evolved into something even more complex and loving.

As it turns out, life goes on after weaning, and so we keep on going.



A letter to my mother



My mother used to make jokes about me nursing my toddler – such as, "You should start pumping for her wedding day" – which weren't getting any funnier. In fact, they were getting more upsetting. I reflected on the best way to address the issue and decided that getting annoyed with her was not the way forward. After all, she had breastfed her three children for only six weeks each, so how could she know what it is like to breastfeed for over a year? How would she know why her jokes are hurtful? Here is the letter I wrote to help her understand a bit more about our breastfeeding relationship.

The letter itself did not get the point across that her jokes were upsetting me. She still maintained that she was only joking and that I was taking her too seriously. But it did open a conversation in which I was able to tell her calmly and lovingly how hurtful I found the comments. She apologised and has not made any comments since. I am glad this was achieved in a loving way. I did not want an argument and so my objective was achieved ... in the end.

To my dear mummy,

You often have comments on Else and me breastfeeding, so I thought I would share a little more about it with you :-)

Else and I first breastfed when she was three days old. It was 6am, there was nobody else on the ward and it was beautiful. She latched on straight away and breastfed, in the words of the midwife, "like a trooper". It was such a relief. I had been worried because my immediate family had not had an easy time of breastfeeding.

Looking back, I regret not putting her to my breast when I first met her, four hours after she was born, but I am not dwelling on that. Else is now 16 months old and we both love breastfeeding!

Breastfeeding for 16 months has not always been easy, and not always joyful. At six weeks I got an infection in my left breast. For the next three months my left breast would sting on refill, and until Else was six months old I had recurring blocked ducts which was painful. I had the "good" problem of oversupply of milk and a too-forceful letdown, which meant that Else often threw up her milk. But with the support of the Leader from the Lebanon Group of La

Leche League, who provided free support whenever needed, we worked through the challenges. From six months, breastfeeding felt like plain sailing... until Else started teething, which resulted in her biting me and going on nursing strikes.

Throughout the first year of Else's life I knew I was providing Else with nutrients, boosting her immunity and giving her comfort. I never knew the strength of my breastfeeding relationship until Else stopped feeding for 24 hours. All I can say is that my heart ached. The rejection was hurtful, but most hurtful was being denied the privilege, my privilege, of being so close to her, comforting her, nursing her, loving her. I am totally addicted to being allowed to love Else in this way. I am totally addicted to the love I receive from her while breastfeeding, not just from the feeding, but from the way she claims her right to, and love for, her milk by running her tiny hand across my chest, by rummaging with her hand in the 'spare' bra cup, and by stopping feeding in order to kiss my nipple. She says "enumenum" while sticking out her tongue exaggeratedly when she wants milk, when she puts her teddies to my breast to have milk, when she puts her teddies to her breast to have milk, and when she saw the cows' udders up close and personal in the mountains in Georgia.

My experience confirms this lovely quote from Dr Jack Newman:

"Breastfeeding is a life-affirming act of love that repeats itself every time the child goes to the breast. This continues when the baby becomes a toddler. Anyone without prejudices who has ever observed an older baby or toddler breastfeeding can testify that there is something special, something far beyond food, going on. A toddler will sometimes spontaneously, for no obvious reason, break into laughter while he is breastfeeding. His delight in the breast goes far beyond a source of food. And if the mother allows herself, breastfeeding becomes a source of delight for her as well, far beyond the pleasure of providing food."

There are many more sources of information about breastfeeding toddlers, not least the WHO which recommends breastfeeding for two years of age and beyond. Here are a two links that you might find informative, www.kellymom.com/store/freehandouts/extended_bf_factsheet.pdf and www.lalecheleague.org/nb/nbsep0ct07p196.html

All my love xx

Pause for Thought

“Instead of waiting for the world to accept public breastfeeding, mothers can get people so accustomed to the sight that they just don’t notice any more.”

Diane Wiessinger
Co-author of *The Womanly Art of Breastfeeding*, 8th edition

Ups, downs and upside down



I was fast asleep. Something soft was pressing against my face. I tried to brush it away, only to realize that it was my daughter's stomach. Her head was on my chest, blissfully breastfeeding upside down. I then flipped her, snuggled close and went right back to sleep.

Breastfeeding an infant is often taken for granted. After all, the female body is designed to nourish its young ones. But for many mothers, such as myself, who are faced with special or unusual circumstances, it can pose serious challenges.

I conceived when I was living in Dallas, USA. During this time, I too took breastfeeding for granted. My mind was wandering when the instructor in my childbirth class was explaining about pumps and feeding bottles. My mother never gave me or my sister any bottles, and raised us to distrust food served in plastic. I thought: Why would anyone choose to feed their baby with plastic bottles, when they have two perfect body parts designed just to do that? (How little did I know!)

At 37 weeks of pregnancy, I was diagnosed with Intra-Uterine Growth Retardation (IUGR). I went for an ultrasound and was told that my baby was not growing well. After my midwife (my primary

caregiver) consulted with her doctor, she recommended to induce labour.

After being induced, my daughter was born vaginally in a freestanding natural birthing center in Dallas. She was 1.98kgs at birth and was declared Small for Gestational Age (SGA). SGA babies typically have trouble maintaining normal body temperature. After I held her for only about two minutes, she was immediately transferred to a neonatal intensive care unit (NICU), which was a mile away, and her first food was drops of formula and not the perfect food that was waiting for her, made just for her. It was about nine hours before I was able to see her again and hold her for a longer period.

Our whole world quickly started spiralling downhill. After a reasonably gentle, natural birth outside the hospital, our daughter was now lying in an incubator with tubes sticking out, and with wires running through her tiny body. The time at the NICU was very stressful for all of us. I was forced out of the hospital room after just one day. We ended up renting a room at the hotel inside the hospital premises to be close to her. I made trips from the hotel room to the NICU every two hours (as per their feeding schedule) to hold and nurse my baby, including during the nighttime, but I discontinued my night visits after two nights because I was exhausted and unaware of the importance of removing milk from my breasts at night. In the time I spent away from the NICU, I was pumping to make sure that I would be able to breastfeed later. I was tired, emotional and distraught. But for a week I kept up this routine, in the hope that my baby would be able to go home soon. On one of the NICU trips, I spotted a pacifier in my daughter's mouth, even though we had made it very clear that we did not want it.

Several months later, I heard about “kangaroo care”, a technique whereby a newborn infant (especially preterm) is held skin-to-skin against the chest of an adult, 24 hours a day. It was originally developed to care for preterm infants in situations where incubators are not available, but is now used with great success all over the world. It is a low-tech, natural way to help maintain a baby’s body temperature, provide comfort which helps regulate the heart rate, and stimulate breastfeeding instincts. I wish we had known about this option when our baby spent a week in the NICU and I was struggling with pumping.

While in the hospital, our daughter ended up drinking what seemed like a lot of formula and hardly any breast milk. Even though I was using a hospital grade pump, it was not as effective as my baby would have been, if it had been possible for her to nurse around the clock. A close friend who had an older nursing daughter pumped and sent us her breast milk. I was pleased that she would be getting less formula and more breast milk. But some members of my family (including my husband) were strongly opposed to the idea of our baby receiving another woman’s milk, so I decided to discontinue.

The amount of formula milk she received at the hospital increased after her doctor told us that the only way we could take her home was if they could measure and declare that she was “eating well”. We soon realized that this would take longer if we tried to minimize the use of formula. I really didn’t like the idea of my baby drinking formula milk, but I so badly wanted to be at home with my baby that I convinced myself that a few more bottles of formula would be okay and we could get back to breastfeeding once this ordeal was over.

Once we finally got her home, one week old, I was determined more than ever that she should be breastfed. I was hoping to wean her off formula at the earliest. I hired a lactation consultant who recommended that I continue pumping. So I nursed, pumped, nursed and pumped around the clock, pumping eight times a day. But I still wasn’t making enough milk. I cried every time I gave my daughter a bottle of formula. Little did I realize that

the more formula she drank, the more my own supply would diminish.

Pumping memories are bittersweet. My husband and I used to sit and watch movies during the nighttime pumping sessions while our daughter slept. We listened to music. My husband used to sing to her and bounce her on a big exercise ball to calm her as I went through some marathon pumping sessions. He also used to wash all the pump parts and sterilize all the bottles. His presence (when he was not at work) was such a blessing and lifted my spirits.

I was in constant touch via phone, chat and email with a La Leche League Leader. Though she was a stranger, it was somehow comforting to pour my heart out and express my anguish to her. She encouraged me to keep up the fight. She told me something that I will never forget: While it is very important to breastfeed, it is even more important to enjoy being with my baby. All those conversations made me feel supported and gave me courage.

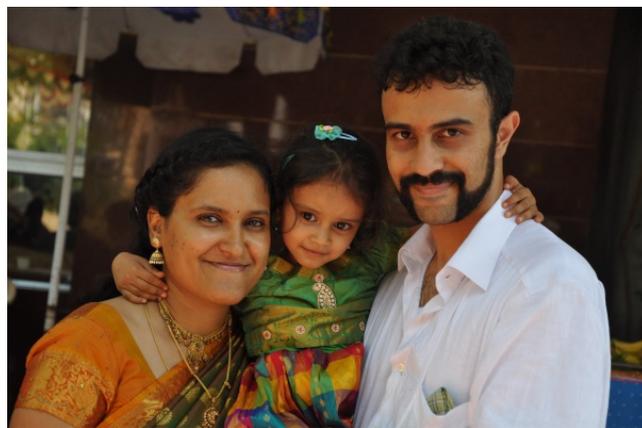
After 2.5 months of pumping, eating every possible herb and food that might boost my supply and doing everything possible, my daughter was still receiving formula. I was not myself and realized it was affecting my relationship with my child and husband. I was totally fed up with pumping, so I decided to stop. My lactation consultant suggested that I just breastfeed her once in the morning and once at night, and continue giving her formula. I was quite resigned. Then a friend suggested that I continue breastfeeding before offering formula, which thankfully I did. Later, as months passed by, I felt confident enough to reduce her formula consumption slowly. By around eight months, we had halved it, from eight bottles down to four bottles per 24 hours.

At this time, we moved back to Bangalore. I weaned her off formula at 11 months. All this time we continued to nurse. I had also introduced her to ragi (also known as finger millet, a whole grain), plus some vegetables and fruits, after six months. Once we stopped the formula, I felt great relief to know that my baby was only consuming natural

foods; it was as if a burden had been lifted from my shoulders.

I was very initially self-conscious about nursing in public. Then I was very fortunate to meet another new mother who went on to become a very good friend. Seeing her nurse in public and hearing her talk about her experiences was very helpful. In her own way, without any pressure, she showed me how easy it was.

I gradually got more confident about nursing in public, and became comfortable nursing in the living room of my relatives' homes, even though they tried to usher me into bedrooms. Not for us the designated nursing rooms becoming so popular in malls. My baby and I have breastfed on treks, visits to parks or at friends' homes. In Bangalore, we have nursed on moving motorbikes, on bus and train rides, anywhere and everywhere – except the toilets, of course. It is an instant remedy for tangled, overwhelmed nerves or a tired body.



Breastfeeding gives me downtime too, as I often sleep when my daughter sleeps.

Breastfeeding has helped us stay close and has helped my child through some rough emotional and physical phases. It has taught me to be more kind, patient and compassionate. It has helped me forge everlasting friendships and experience the kindness of strangers. Above all it has helped us grow as a family, in more ways than even fathomable. For all of this, I will be forever grateful.

Questions Mothers Ask

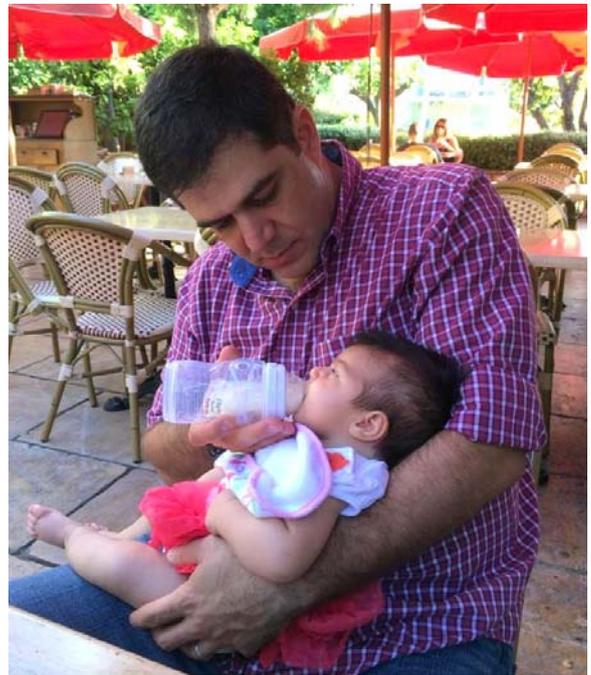
Compiled by **Tamara Denttel Brand**
Leader with the *Beirut Group*

Q: How can I get my baby to take a bottle? My daughter is now one month old and exclusively breastfed, but I will be going back to work in three weeks' time. I won't have any opportunity to breastfeed her during my working day. So far, she's only had milk from me and refuses to take a bottle. I'm trying not to panic but I want reassurance that she will be okay while I'm absent at work. What can I do?

A: Congratulations that you've been exclusively breastfeeding your daughter for a month. You should be so proud of the gift you've given her. You have already given your baby a great start in life and facilitated bonding.

Even when you are not able to breastfeed directly, it's still very important that your daughter keeps getting your milk. Research shows that breastfed babies are healthier in many ways and, when they do get sick, the illness isn't as severe and they recover faster. Your milk will help your daughter stay healthy and strong, especially if she's going to be in the "germy" environment of a nursery or daycare.

Expressing milk and bottle-feeding the expressed milk is not always easy, but it can be smoother if you can persuade your daughter's caregiver(s) to feed her in a breastfeeding-friendly way. This is healthier for her digestion and will prevent her from being overfed; it will keep your milk from going to waste, it will help to prevent nipple confusion, and it will preserve the special nursing relationship that the two of you have. This method, often referred to as "paced bottle-feeding", allows babies to set the pace of the feed and it usually makes the flow of the milk slower, more like what they would get when breastfeeding. Paced bottle-feeding discourages under- or over-feeding and ensures that babies consume the right amount for their size and age. It can also decrease colic and other digestive issues.



If your baby's caregiver is familiar with bottle-feeding, you may need to explain that the objectives when feeding your baby are rather different than they may be used to. The goal for bottle-feeding a breastfeeding baby is NOT to get the baby to ingest as much milk as possible. It is to keep the baby happy and meet nutritional needs until the mother returns, and preserve the primary feeding method and relationship (i.e. breastfeeding).

Although at the moment you are concerned about whether your baby will ever take a bottle, in the long run, if you work full-time, it's likely that your baby will become accustomed to bottle-feeding and may become rather too successful at it. Many breastfed babies of working mothers learn to prefer the bottle because the milk flow is on average faster, it starts immediately, and remains flowing at a constant pace throughout the feed. Paced bottle-feeding can minimize this risk. It can also be very helpful to use slow-flow or newborn-stage teats for a slower milk flow.

You haven't mentioned whether you, or somebody else, have been attempting to bottle-feed your baby so far. Many mothers say they like to be the ones to give the bottle first as they are the experts on their own baby: they are aware of what their baby is like at their breast and can tell if their baby is latched on and drinking correctly from the bottle. If you (the mother) are bottle-feeding your own baby, try feeding your baby in their favourite breastfeeding position, although you may have to modify it slightly to ensure that the bottle is level with your baby's head rather than above it, to prevent the milk flowing too fast.

Conversely, you may have more success if someone else gives the bottle. Breastfed babies often don't like taking a bottle from their mother but they'll take it from someone else. When this happens, try to stay out of sight. Sometimes your presence and/or voice will remind your baby that your breast is available. This also helps your baby to associate you with your milk and preserves your special breastfeeding relationship.

But don't spend too much effort on being absent while somebody else bottle-feeds your baby in the remaining days before you go back to work, which are a precious time to enjoy being with your baby and breastfeed directly as much as possible. The stronger your breastfeeding relationship and milk supply are before you go back to work, the easier they will be to maintain afterwards. It's important to remember that if your baby is breastfeeding well, he/she will be more effective at stimulating your milk supply than a pump.

Before you start, time a few of your breastfeeding sessions. The goal with paced bottle-feeding is to make it last as long as a typical breastfeeding session, so let your caregiver know how long your baby normally takes to breastfeed, and if it varies according to the time of day.

Postcard from

Juhu, Mumbai, India



I'm known as Dr Jui and I'm based in Juhu, a western suburb of Mumbai, India. It is most famous for the sprawling Juhu beach. It is one of the most affluent areas of the city and home to many Bollywood celebrities. It is also a popular tourist attraction throughout the year, and it is well known for its "Mumbai style" street food, notably bhelpuri, pani puri and shevpuri. My original profession was dentistry, but after I became a mother my interest for breastfeeding and anything related to motherhood deepened day by day, and now I'm more interested in a future career in childbirth education and lactation support.

I always knew I wanted to breastfeed. I just thought it sounded right. I knew I needed to start immediately after delivery. But unfortunately I didn't do my homework well and ended up with a paediatrician who was not at all breastfeeding-friendly, and who misguided me completely by giving me a diet chart for my baby which started from the third month! Even though I joined a reputed prenatal class during my pregnancy, I was never informed that exclusive breastfeeding for the first six months is desirable. Due to my lack of knowledge and having blind faith in my baby's paediatrician, my baby got severe diarrhoea several times, and the last occasion was the turning

point in my breastfeeding journey. I knew something was wrong. I changed my paediatrician and started reading a lot of books and evidence-based breastfeeding websites. Finally, after a rough ride at the start of breastfeeding, I anchored with lot of determination and had a smooth-sailing breastfeeding journey which did not halt until my sweet little son Riaan turned 2.3 years old. I wish I could have continued beyond that. It was bliss for me to breastfeed, absolutely a heavenly experience. I can proudly say that I'm blessed with a very sociable, intelligent, boisterous and happy child.

India is such a beautiful country with a rich culture and history. People hail from different castes and creeds. It's a hub of multilingual and multicultural people, and I'm proud of my country. But there's a severe lack of awareness regarding breastfeeding. There is an endless list of myths on this topic, ranging from what kind of food to eat to how long one should breastfeed. Mumbai is supposed to be the most happening cities in India, the most developed one and a very Westernized one too. But I get really disappointed when I see very few breastfeeding-friendly gynaecologists and paediatricians in Mumbai. It is really worrisome that a lot of medical professionals don't consider breastfeeding as an important and integral part of birth and motherhood.

They happily accept formula and consider it as an indispensable part of a baby's life.

Here you have a great support system, especially immediate family members, relatives and friends who will readily and happily take care of the baby and newly delivered mother. But this comes with a complementary package of harmful mind-conditioning, with a continuous bombardment of advice and horrendous stories of their own breastfeeding journey. They are usually absolutely unaware of the benefits of breastfeeding. I had a tough time explaining to my relatives and family members the importance of breastfeeding. Friends and relatives laughed at me when they came to know that I breastfed my son until he was over two years old.

Unfortunately, in Mumbai there are no private nursing rooms. It is a growing hub of nanny culture and bottle feeding. There are very few lactation counsellors and lactation consultants, but the number is increasing slowly. Currently there are no La Leche League meetings happening in Mumbai, and a lot of women are unaware of the fact that lactation professionals

exist. Breastfeeding awareness has started to gain momentum but at a very slow pace.

I started this beautiful journey with a positive self-image, pride and, most importantly, a fierce desire to breastfeed. I was determined to win. I fought hard, overcame stumbling blocks and persevered in the end. I have also learned that this pride comes at a cost, but in the end I know I am doing what is best for me and my baby. I know that my baby and I are benefiting, in more ways than I can count, from my tenacity.



Jui Shinde-Patil
Juhu, Mumbai,
India

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

Spotlight on the history of breastfeeding around Asia

In modern times, we have gained more knowledge about how breastfeeding works and how to avoid common difficulties, but on the other hand breastfeeding is no longer the norm in many societies, which has thrown up new obstacles. If breastfeeding isn't the norm where you live, what can you do to help normalise it?

China and Hong Kong in the 1940s and 1950s

Cheng Li Shuk Kam (now aged 94):

It was 1944 when my first son was born. Our family of over 20 people lived in a large house within a town in Guangdong Province. I breastfed my son immediately after he was born. Four months later, my sister-in-law had some trouble breastfeeding her third son. In those days, we believed that she didn't have enough milk. We didn't

know about supply and demand. She asked me if I could breastfeed him, and I didn't think it was a strange or unusual request because we were family. I simultaneously breastfed my son and my nephew for two years. My nephew moved from our village to Hong Kong at the age of two, and I continued to nurse my son for another one and a half years, until he turned three and a half. In those days, mothers would breastfeed children for four to five years; three and a half years was considered a very short length of time to nurse a child.

Just two months after the birth of my second son, another sister-in-law of mine had her fifth daughter. She had a lot of difficulty breastfeeding and asked me if I could also nurse her daughter for her. We all believed that she was unable to breastfeed because of her age. She was over 40 and we all mistakenly thought that she wasn't able to produce any milk. Again, I agreed to help her nurse her daughter, and I was also asked to be my niece's godmother. I nursed her until she was two. Simultaneously breastfeeding two babies was never difficult, nor did it ever feel like a burden; I was always proud to be such an integral part of their growth.

In those days, if a woman had a low milk supply, mothers would feed their infants water from which rice was boiled in, otherwise known as congee water or rice water. If the family was wealthy, mothers would feed their children canned milk diluted with water. But for most families, breastfeeding was essential to survival.

We had already moved to Hong Kong by the time my third son was born. He was breastfed for only two years because our doctor said it wasn't good to breastfeed for too long. He said that as my child grew older, the milk that my body was producing had no nutrition left in it. This was probably because there were many new baby formulas being introduced into the market and breastfeeding was no longer the only option. Formula feeding was quickly becoming more widely accepted. I would have continued breastfeeding my son but I believed the doctor's "expertise" and advice and weaned him at the age of two.

Japan and the USA, 1960s to 1980s

RuthAnna Mather:

I grew up in Hokkaido, Japan, during a time when breastfeeding was a part of life in most of Japan, including in larger cities. Mothers nursed their children in public without embarrassment, for nourishment and for comfort. Mothers carried their babies and young children on their backs and took them wherever they went. Although hospital births and formula feeding was slowly increasing, it was not yet commonplace throughout Japan.

As I became a young adult and started thinking about marriage and having children, my dream was to have at least five children and to breastfeed. When I went to college in the USA and mentioned this to my friends there, they were horrified. I was very surprised at their reaction. I found out that they had grown up at a time in the USA when breastfeeding was not a normal part of everyday life and mothers did not take their babies everywhere with them. In fact, mothers were encouraged to formula-feed by doctors, to not hold their babies too much lest they become too dependent, and to leave their babies and young children in nurseries and with babysitters so that they would not feel tied down. I realised then that I was very fortunate to have grown up in a culture where breastfeeding was the norm.



Western countries in the 1950s

The situation in Western countries highlights a trend which started in the USA and was soon to hit Asia. This was the era when formula milk became king. Huge improvements in hygiene meant that bottled milk for babies was much safer than before in economically developed countries, and parents trusted their doctors' advice that formula was better for their babies than breastfeeding.

In 1956, a time which could be regarded as the lowest point in breastfeeding history, La Leche League was founded by seven women who saw the huge need for better breastfeeding support. One of the founders, Mary Ann Kerwin, observed:

"In 1956, breastfeeding was a lost and dying art. I believe that never before in the history of the world had a resource as valuable as human milk been so widely discarded."

At that time, 80% of US mothers were using infant formula, which became a trend in developing countries as more mothers abandoned breastfeeding.

Mongolia in the mid-2000s

Ruth Kamnitzer:



In Mongolia, there's an often-quoted saying that the best wrestlers are breastfed for at least six years – a serious endorsement in a country where wrestling is the national sport.

Raising my son during those early years in a place where attitudes to breastfeeding are so dramatically different from prevailing norms in North America opened my eyes to an entirely different vision of how it all could be. Not only do Mongolians breastfeed for a long time, they do so with more enthusiasm and less inhibition than nearly anyone else I've met. In Mongolia, breastmilk is not just for babies, it's not only about nutrition, and it's definitely not something you need to be discreet about. It's the stuff Genghis Khan was made of.

When I breastfed in the park, grandmothers would regale me with tales of the dozen children they had fed. When I breastfed in the back of taxis, drivers would give me the thumbs-up in the rearview mirror and assure me that my son would grow up to be a great wrestler. When I walked through the market cradling my feeding son in my arms, vendors would make a space for me at their stalls and tell him to drink up. Instead of looking away, people would lean right in and kiss my son on the cheek. If he popped off in response to the attention and left my streaming breast completely exposed, not a beat was missed. No one stared, no one looked away – they just laughed and wiped the milk off their noses.

From the time my son was four months old until he was three years old, wherever I went, I heard the same thing over and over again: "Breastfeeding is the best thing for your baby, the best thing for you." The constant approval made me feel that I was doing something important that mattered to everyone – exactly the kind of public applause every new mother needs.

Protecting against postnatal depression



Breastfeeding can halve the risk of postnatal depression, according to a large study published in *Maternal and Child Health* in August 2014 .

The researchers analysed data from 13,998 births in the southwest of England. Mothers who never breastfed had a 50% increase in the risk of postnatal depression. The risk for breastfeeding mothers reduced further each week, up to one month. (The study did not analyse beyond one month because, unfortunately, the number of participants who continued breastfeeding for several months was too small.)

One of the researchers, Dr Maria Iacovou, said: "Breastfeeding has well-established benefits to babies, and our study shows that it also benefits the mental health of mothers." But there's another side of the coin as well: "Those who wanted to and didn't end up breastfeeding had the highest risk of all the groups", which highlights the need for good breastfeeding support, particularly in hospitals.

The fact that the release of hormones during breastfeeding has a positive effect on mothers' moods was already well known. A 2002 study noted that "although women experience many stressors in the postpartum period, breastfeeding protects them by inducing calm, lessening maternal reactivity to stressors, and increasing nurturing behavior."

This effect is probably even greater when breastfeeding is going well, and may be less significant when breastfeeding is not going well, again highlighting the importance of good support.

Breastfeeding can also reduce the rates of depression among mothers who have experienced trauma, such as a difficult birth. Skin-to-skin contact, which occurs naturally during breastfeeding, is known to help those mothers connect with their babies. It can even help mothers who have suffered previous sexual abuse. A 2013 study of 6,410 new mothers from 59 countries included a subgroup of 994 women who reported a prior rape or sexual assault. The study examined the effect of prior sexual assault on these new mothers and whether feeding method had an impact on emotional state. The lead author of the study, Kathleen Kendall-Tackett, PhD, IBCLC, noted: "We found that exclusive breastfeeding appeared to lessen the effect of serious psychological trauma, thereby producing a protective effect. Surprisingly, the same benefits were not found for mothers who both breast and formula fed."

Estimates of the number of women who develop postnatal depression range between 10% and 25% for industrialised countries. Interestingly, postnatal depression is almost unheard of in more traditional societies. One explanation is that traditional rituals can help mothers feel special and valued. Perhaps breastfeeding also helps mothers feel special – because it's normally something only the mother can do!

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