Close to the Heart

La Leche League Asia
Mid-Year 2015
Volume 16, Number 2

"Breastfeeding is mothering close to the heart"

Breastfeeding Triplet Toddlers

Safe Sleep

Much More Than Milk

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www.llli.org

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Mission Statement

La Leche League International is a non-profit, non-sectarian, organisation. Our mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. All breastfeeding mothers, as well as future breastfeeding mothers, are welcome to come to our meetings or to call our Leaders for breastfeeding help.

Contribution Deadlines

Contributions received by 1st August 2015 will be included in the Late-Year 2015 issue.

Contributions received by 1st Dec. 2015 will be included in the Early-Year 2016 issue.

Contributions received by 1st April 2016 will be included in the Mid-Year 2016 issue.

Article and stories for Close to the Heart are accepted at all times.

Close to the Heart
Is a bilingual newsletter (English and Chinese) for breastfeeding mothers in Asia.

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

Editor's Corner

I still have very vivid memories of the first few La Leche League meetings I attended, over ten years ago. I remember being surprised to see a one-year-old toddler walk up to his mother several times during the meeting, lift up his mother's shirt and help himself to milk whenever he wanted. I was pregnant and immediately decided, "I'm definitely never going to breastfeed a baby that old." (It wasn't long before my two-year-old was demanding "mama-milk" in a loud voice in public places!) My favourite thing has always been the diverse range of mothers' shared experiences, which are often very different but we all have something valuable to contribute.

One of the first things we are usually told in La Leche League meetings is that we should take the information that we hear which is useful to our families and leave the rest. I love this philosophy that we know our own babies and family situations the best, so there is no "right" way to do things that should be imposed on everybody. You may recognise this approach in the way we answer questions in this publication, such as in the Questions Mothers Ask articles. La Leche League Leaders are trained to offer a range of options for mothers to choose from, rather than one "correct" answer.

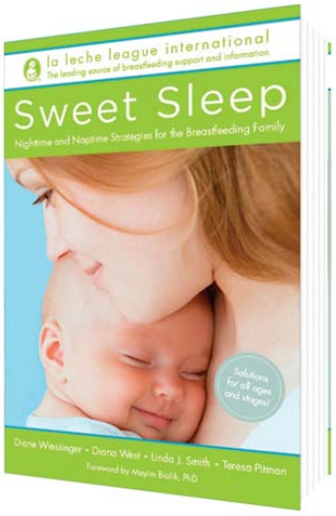
With that concept in mind, I've been thinking it would be great to have a feature where our readers can contribute short answers to questions from their own experience. So here's my latest idea for a feature that will be entitled, "Over to You". All readers are invited to contribute a short response to the question for the next issue, by sending an email to jennylllhk@gmail.com before 1st August. The first topic will be breastfeeding positions. What's your favourite position and why? Have you ever breastfed your baby/babies anywhere unusual? Pope Francis recently said mothers should feel free to satisfy their babies' needs in church, and one of our recent mother's stories mentioned breastfeeding while riding on the back of a motorbike! Accompanying photos would also be appreciated, not necessarily of the position(s) you speak about.

I look forward to reading some of your responses soon!

Jenny

The Safe Sleep Seven

Excerpted from ***Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family*, Chapter 2: The Safe Sleep Seven**, by Diane Wiessinger, Diana West, Linda J. Smith, Teresa Pitman, Ballantine Books, 2014



> *Wah! Wah! Wah!* Drag yourself out of your nice cozy bed, pick up your screaming baby, sit down to nurse, try to stay awake, put him back in the crib, stagger back to bed and hope, hope, hope he stays asleep for at least two hours. I had no idea I could feel that exhausted. I could *not* understand how other mothers survived this, because I didn't think *I* was going to.
>
> My friend who's a La Leche League Leader came over and saw how worn down and bleary-eyed my husband and I looked. She asked if we'd thought about bedsharing to get more sleep. No. Not for us. Never. But she laid out seven things that make it safer. That night, out of pure desperation and sleep deprivation, I brought my son into my bed for part of the night . . . and I started the next day a bit brighter. He spent more and more time in my bed at night and, lo and behold, we both got more and more sleep. **Monica**

Today's culture says you should keep the baby in your room... but not in your bed. Feed him in bed and get really drowsy... but then get out of bed again. There are two trips out of bed for every feeding. By about six weeks, something has to give. Weaning? Leads to short-term and long-term problems. Night weaning? Not healthy for you, your baby, or your milk supply at this age. Supplementing? Ditto. Break out the sleep-training book from the baby shower? Not as harmless as it seems (see Chapter 18).

A mother's first step is usually to find a place where she can relax for night feedings. The American Academy of Pediatrics (AAP) says, "Infants may be brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep." Easy to say. When most of us are "ready to return to sleep," steeped in hormones that make us sleepy, the last thing we want is to get up again. If a mother's afraid to nurse in her own bed, her most likely options are a sofa, recliner or upholstered chair - all riskier places to sleep with a baby. One study found that 44 per cent of mothers who nurse in those places at night fell asleep there at least once. Eventually, many mothers find that bedsharing is a low-risk, long-term solution for sleep deprivation and an unhappy baby. But they often go through several high-risk arrangements along the way.

Even though most new breastfeeding mothers today don't plan to bedshare, studies show that eventually 60 to 75 per cent of them will, at least some of the time. Why? Probably because most breastfeeding mothers get more sleep when they bedshare. In fact, a lot of mothers who say they don't bedshare actually do. If the baby starts the night in the crib, if the baby started the night in the crib last night, if the baby usually comes into his mother's bed at the first waking, even if a family simply owns a crib... any of those can lead a mother to say - and believe - that she doesn't bedshare when she actually does.

One of the big reasons that bedsharing is safer when you're breastfeeding is the way you position your body next to your baby. During sleep, you'll automatically go into the same position as breastfeeding mothers all over the world and throughout time. It's called a cuddle curl, and it's nature's way of protecting a baby during sleep.

Your knees come up and your arm tucks under your head or pillow, or curls around your baby, creating a protected space. There's no way for you to roll toward your baby because your bent legs won't let you. And no one else can roll into the space because your knees and elbows are in the way. Very cool! (If you're worried about your partner, just sleep between your partner and the baby.)

Even during sleep a breastfed baby will instinctively stay with his face near the breast, because that's the center of his universe (and his kitchen). If your baby homes in on your breast, he's not going to wander up into the pillows or down under the covers (and your arm and legs won't let him).

There's another layer of protection too: normally, we're aware of the edges of our bed and the bodies of our pets, even when we're sound asleep. We don't roll over on a baby any more than we roll off the side of the bed or roll over on the cat. And of course both the cat and the baby would react if you tried.

A mother who has never breastfed loses some of these protections. She tends to move her baby closer to her own face, where those puffy, smothery pillows are. And a baby who doesn't breastfeed is more likely to wander up there himself, even if the bottles are filled with his mother's milk.

What if you're still working out the kinks, maybe pumping for a baby who isn't nursing yet? A newborn will automatically seek his mother's breast. If you've been focused on helping him breastfeed, you'll probably find yourself doing a cuddle curl, at least at first.

If you breastfeed most of the time but give occasional bottles of pumped milk, you'll probably still sleep in a breastfeeding cuddle curl, and your baby will most likely stay at chest level. But if either of you sees a bottle as the more important food source, you and your baby may not automatically "think breast" and your bedsharing risk may increase. If you're just not sure, think carefully about how you cradle your baby when you lie down, and maybe have your partner watch how you interact before you decide for or against bedsharing.

The Key Points for Safe Sleep for All Babies

- Stay smoke-free.
- Stay sober.
- Stay off sofas, upholstered chairs and recliners for sleep.
- Keep your healthy baby lightly dressed, on his back and near you for sleep.
- And, of course, keep breastfeeding.

What if your baby gets formula sometimes? Exclusive formula-feeding increases the risk of SIDS (see Chapter 19); partial formula-feeding is a smaller SIDS risk.

By about four months, any responsible adult can bedshare as safely as a responsible breastfeeding mother.

The Safe Sleep Seven

If you are:

1. A nonsmoker
2. Sober and unimpaired
3. A breastfeeding mother

and your baby is:

4. Healthy and full-term
5. On his back
6. Lightly dressed

and you both are:

7. On a safe surface

then your baby in bed with you is at *no greater risk for SIDS* than if he's nearby in a crib. The Safe Surface checklist explains number 7 and practically eliminates breathing risks no matter where he sleeps. Rolling over on your baby is *virtually impossible* because you have the cuddle curl and responsiveness of a breastfeeding mother. By the time the baby is about four months old, research indicates that bedsharing with a healthy baby by any responsible nonsmoking adult on a safe surface is as safe as any other sleep arrangement.

For those who say they don't need to prepare their bed for bedsharing because they'll never, ever do it, think about car accidents. No one ever expects them to happen either. But they do. That's why we wear seat belts. It's not that we're planning to have an accident; it's that accidents are never planned. So we plan ahead, and we don't give it another thought. Simple and safe - or as safe as being in a car can get.

A planned-ahead bed is just a seat belt. Then at 3:00 a.m., when your baby just can't sleep alone even though you've tried everything up, down and sideways, you can collapse in bed with your baby and stay there snugly until morning. Tomorrow morning you can decide what you want to do tomorrow night. Life is risky, no matter how you live it. A safe bed, like a seat belt, can greatly reduce that risk.

But what about all the warnings against bedsharing? If you meet the criteria outlined in the Safe Sleep Seven, then you're not the mother the warnings are for! Only a small subset of babies with certain pre-existing vulnerabilities is at risk for SIDS. The risk for SIDS or suffocation is far, far, far greater in a household where the mother smokes, where alcohol or drugs are involved, where the baby is formula-fed, or in truly chaotic settings where the baby sleeps who knows where or with who knows whom (see Chapter 19). In an attempt to reach certain mothers and protect certain babies, the warnings have been made very clear, very strong and very simple. The answers for you are just as simple.

The Safe Surface Checklist

Avoid these possible smothering risks:
- ❑ Sofas and recliners
- ❑ Softness or sagging that rolls your baby against you or keeps him from lifting his head free
- ❑ Spaces between mattress and headboard, side rails or wall where a baby could get stuck
- ❑ Pets that could interfere

Clear your bed of:
- ❑ Unused pillows
- ❑ Stuffed toys
- ❑ Heavy covers and comforters
- ❑ Anything nearby that dangles or tangles (such as cords, strings, scarves, ribbons, elastics)

Check your bed for possible hazards:
- ❑ Distance to floor
- ❑ Landing surface
- ❑ Sharp, poking or pinching place

All those scary warnings are about only the first four months. Beyond that? Even the researchers behind the bedsharing cautions agree that by about four months bedsharing by any responsible, nonsmoking adult is as safe as having your baby sleep separately in a bassinet or crib.

If you and your baby fit the Safe Sleep Seven criteria, your baby's risk of SIDS is what one sleep researcher calls vanishingly small. And you'll virtually eliminate overlying and other suffocation risks.

The remainder of Chapter 2 explores the details of each Safe Sleep Seven criteria, including the research and common sense behind them.

The Key Points for *Applying* the Key Points

Every situation is different. Life is never 100 per cent safe. And everyone balances risk and benefits differently. Take the information we present and use your mother-wisdom to decide what's best for you, your baby and your family.

Something to Sleep On

Research on infant sleep risks, which we go over in depth in Chapter 19, shows again and again that the big risks of shared sleep are a mix of SIDS risks that affect vulnerable babies and breathing hazards that affect *all* babies: smoking, alcohol or drugs, risky surfaces like sofas, baby on his front (unless he's on an adult's chest), and formula-feeding. Combine two or more of those and the risk can skyrocket.

If you and your baby meet the requirements in the Safe Sleep Seven checklist, you've already eliminated all the biggest SIDS risks. And if you prepare your bed, then your baby's overall nighttime risk becomes vanishingly small. It's like putting your seat belt on and then driving slowly on a deserted (and lovely!) country road. Enjoy having your baby beside you for the journey.

Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family **can be ordered directly from La Leche League International at www.llli.org/sweetsleepbook, or from your local LLL group, your favourite bookstore or online store. It's also available on Kindle.**

SPOTLIGHT on a baby-friendly workplace: Beijing City International School

I'd like to tell you about the facilities available at the school where I work, which I think would make a great model for other schools and businesses who are considering making their workplaces more family-friendly.

Many teachers at the school have young families, and 2013 saw a baby boom within the teaching community. Ten of the new mothers returned to their teaching jobs after the statutory 90 days' maternity leave and wanted to continue breastfeeding their babies. With full support from the school, a quiet room was provided for breastfeeding or expressing. The room contained some comfortable sofas, a fridge and a water dispenser. It allowed the mothers to relax and have some time to focus on their babies. The school is also flexible enough to allow mothers to travel home at lunchtime if desired.

This development was followed, in August 2014, by the opening of a purpose-built Early Childhood Center within the school, which caters for children aged two to six years old. This increased the staff numbers at the school and justified an expansion of the childcare facilities. A space was provided for a crèche within the Early Childhood Center where caregivers (parents, grandparents and nannies) can bring the babies of teachers.

The new space allows the babies to socialize, enables parents and other carers to interact, and also provides a venue for activity classes such as dance and yoga. Those in the crèche are able to access other facilities in school such as the library and kitchens, plus indoor and outdoor spaces. It also provides teaching mothers a comfortable setting to breastfeed their babies without impacting on their teaching day. Teachers can quickly visit the space to have a quick cuddle with their baby. Additionally, the air in the crèche is fully filtered – a big comfort in Beijing with its high pollution levels. Some families who might otherwise choose to leave Beijing may be encouraged to stay by the existence of this facility, which I am sure has enhanced staff retention at the school.

I get great pleasure from visiting my son in the crèche room. It is a perfect and safe environment for him to experiment, explore and begin his socialization. It has made my teaching day more relaxing and our separation anxiety has been lessened. It has made breastfeeding my son for 18 months much easier; I have been able to meet all his milk needs, even though I returned to full-time teaching when he was 90 days old.

Mothers' Stories

by **Kartika Surja**
Hong Kong Island Group

Much More Than Milk

I grew up in an ethnically Chinese family in Jakarta, Indonesia, and moved to Singapore for my university degree. I worked there for six years before I followed my husband to Hong Kong due to his job relocation. Barely three months in Hong Kong, I found myself pregnant. This joyful news quickly turned into a stressful period. Without friends or family, we had to navigate a complicated healthcare system. Language barriers certainly did not help our situation. Our first language is Bahasa Indonesian and the first language of most Hong Kong people is Cantonese, so we communicated with healthcare providers in English, a second language for all of us. This meant we didn't always receive full explanations of what would happen next.

Moreover, my husband and I knew nothing about babies – neither of us had ever handled a child before, let alone an infant – and we knew even less about breastfeeding. We both grew up in formula-feeding families and had never seen anyone breastfeeding before. It's perhaps surprising that I decided to breastfeed, but I was encouraged by a friend who was breastfeeding, plus a Bahasa Indonesian nursery rhyme stuck in my head: "I am a healthy kid because I am breastfed."

Fortunately, my husband was fully supportive of my choice, although he also wanted to follow the advice of doctors who did not always encourage breastfeeding. My baby and I used a lot of trial and error to figure out how to make it work. It has been a tough journey and I feel very lucky that we made it.

Things seemed to start well. When Kate was born, she latched like magic. It was the most beautiful experience. I sobbed and told her I was sorry that she was not born as planned (I had undergone a prolonged induction, attached to IV drips for fluids and Syntocinon, and in the final stages forceps were used, which was all quite traumatic). But Kate was not bothered at all by my apologies. She suckled peacefully while her eyes looking deeply into mine. The nurse woke me up three hours later to feed her. Again, both of us were lost in each other's dreamy eyes.

We continued to have our blissful moments until the second day, when she was weighed and her diaper logs were studied. Then all hell broke loose. She hadn't passed urine for 12 hours and she had lost 3% of her birth weight. The hospital nurses and paediatrician were concerned about dehydration and told me that I was not producing enough milk. They recommended that Kate be given supplemental formula milk, to which I consented for the duration of our stay in hospital. Once we reached home, my milk "came in" on day 4 and I began to exclusively breastfeed her. She started to pick up her weight gain on day 5.

Unfortunately, that very night, she accidentally pulled her umbilical cord, causing puss to ooze from it. We took her back to hospital, where the doctor was concerned that she might catch an infection, so she was admitted to the NICU for one night and I was not permitted to stay. I only had one chance to breastfeed her while she was in the NICU. I wanted to express milk for her but they did not have any pumping facilities, and I had not brought a pump along because I had not expected her to be admitted, so she was fed formula during that night.

Looking back, I hardly knew anything about breastfeeding. All my knowledge came from a one-hour crash course in the hospital, which in retrospect did not present the most up-to-date, evidence-based

information. For instance, we were told that breastfeeding while side-lying was dangerous, that feeds should be strictly scheduled, that babies should feed for 30 minutes on each breast at every feed. Nurses in the hospital repeated such advice after Kate was born, and I had no other information so I tried to follow their advice. I even used a stopwatch to time her feeding sessions – I now cringe at the memory of that. If only I had joined La Leche League earlier and read the *Womanly Art of Breastfeeding* before my baby was born!

So we had a shaky start with a few hurdles to overcome – lack of up-to-date information, introduction of formula at the hospital – but by the end of the fourth week, breastfeeding was going well and I had a good milk supply. I believe what helped me the most was my availability to Kate 24/7 without being disturbed by anyone. We had no visitors; we asked our families to hold off their visits until after the traditional 40-day "confinement period". This created such a big brouhaha; our request was considered disrespectful to the grandmothers, who in our culture usually get involved (and often take over) at an early stage. After the 40th day, my parents came to visit from Indonesia for a week, but my in-laws remained upset with us.

We did have a domestic helper at home, which helped us to manage without family around. However, I began to feel jealous that our helper was able to soothe Kate better than me. Kate loved to be held and rocked, but I had a very painful episiotomy wound and pelvic pain which hurt me so much, even just from standing up, let alone when holding a 3.5kg baby. Also, my breasts seemed prone to blocked ducts whenever there was a slight pressure on them, such as carrying her. Since I had been advised not to breastfeed Kate to sleep, I began to feel useless. I felt like a wet nurse to my baby because I was only able to breastfeed or pump milk and was unable to comfort her.

One day, when she was three months old and my husband was away, I suddenly found a determination to make Kate mine again. I courted her. I decided to trust my instincts and abandoned restraints: I breastfed her to sleep, during playtime, whenever she cried, without any time limits. Basically, I just ditched all the "rules" I had known up to then. Almost overnight we were both much happier.

I only had one friend who was breastfeeding, so I felt the need for more support. I decided to join a breastfeeding support group on Facebook. While I was encouraged to learn there were so many mothers out there in the same boat, I was quickly disappointed with their inclination towards pumping. I share their fascination with the natural wonders of breast milk: I know it is fantastic nutrition with amazing anti-infective properties, which can't be adequately replicated by formula milk. But breastfeeding to me is more than just good nutrition. It is a great tool for me and my baby to easily feel close to each other. Bottle-feeding expressed milk could not replace the feeling that I have when she looks at me during our quiet nursing time.

Dissatisfaction with the "breastmilk-feeding group" caused me to learn more about La Leche League. I read their information more carefully and understood that LLL acknowledges the difference between breastmilk-feeding and breastfeeding. I was encouraged to discover that I'm not the only one who makes that distinction. At my first meeting, it felt wonderful to be surrounded by women who treated breastfeeding as normal.

Now my baby is nine months old and my greatest wish is to have the freedom to breastfeed my girl openly, wherever and whenever she wants. Both of us totally hate being under cover! I wish one day breastfeeding in public will be accepted as normal.

I also have a dream that Kate continues breastfeeding until she is old enough that she can remember doing it. I think breastfeeding is one of the most powerful ways to express how much I love her. I don't think any words will be able to fully express how special it has been for both of us, so I want her to be able to remember and understand.

Mothers' Stories

by **Tamara Drenttel Brand**
Lebanon Group

Making the Grade

My husband Tylor and I met while obtaining our master's degrees in Middle Eastern Studies at the University of Arizona. We were thrilled when, after graduation, we were both accepted with full scholarships on graduate programmes at the American University of Beirut in Lebanon. We decided to take the plunge, got married after only one year of dating, and immediately moved to Beirut. It was a whirlwind year!

Our new life began: a new country, a new city, a new language, new cultures and religions. We had to get acquainted with the new academic system and try to prove ourselves as graduate students, while also getting used to being husband and wife. At first, we lived in a horrible apartment with no running water, leaky ceilings and mouldy walls. We chose coffee shops based on the quality of the bathrooms so we could sneak in and brush our teeth! Yet, as we have become more familiar with our surroundings, learned the local customs and how to get things fixed, life became easier. We found a better apartment (with running, hot water!), made friends and got a handle on the local language and cultural etiquette. It's a lot to throw on a newly married couple but we not only survived, we thrived.

Neither of us imagined that the issue of babies would come up until we were finished with school. We still felt young (I was 31, my husband was 27) and we wanted to begin our careers and become financially stable first. But a medical condition made starting a family more urgent. I have suffered from severe endometriosis since I was 15 years old. Every female in my family has had it and most of them had hysterectomies in their early 20s. I did all of the treatments possible, which included hormonal-induced menopause shots, experimental/alternative treatments and surgeries, but it just kept getting worse. The only things left to try were a hysterectomy – which obviously would make it impossible to have a baby in the future – or pregnancy, which usually provides temporary relief for as long as menstruation is suppressed. The pain was so crippling that I needed to try something.

We still didn't feel ready to be parents: we were broke, living on our graduate school stipends, without jobs or financial security. On the other hand, we knew our student status allowed us extremely flexible schedules and thus we would have more time to spend with our child than if we had regular jobs. Ultimately, after finishing our first year of graduate school successfully, we decided that time with our child was more important than money and that no matter what, we'd make it work. I wasn't even sure that I would be able to fall pregnant (40-60% of endometriosis sufferers are infertile) but thankfully I conceived our son within only a few months. Elijah (Eli) was born in June, which was perfect timing: we both had the entire summer off to spend with him. As soon as he was born, it was obvious to us that we had made the right decision.

Beirut is an incredibly expensive city and we had a very limited budget, so we did what we could to cut corners: breastfeeding, cloth diapering, baby-wearing instead of an expensive stroller, making our own baby food when Eli started solids, buying secondhand clothing and baby items, cooking from scratch, inviting friends over and not eating out – and we somehow got by. We made a game out of it and even started a Facebook group for parents to buy and sell used baby/mother-related items. I'm always amazed when I see my American friends' baby registries with pages and pages of items, most of which I don't even know what they do because really, truly, one doesn't need much beyond breasts, love and

partner support to care for a baby, at least for the first six months.

When school started up again in the fall, Tylor and I rearranged our schedules so that one of us could always be with Eli. Like most expatriates, we don't have grandparents or family around; it is just the three of us. I did not leave Eli until he was four months old. Fortunately, I only had one year remaining of my programme when Eli was born, and I was able to arrange it so I could go part-time. Taking seven classes during my last trimester of pregnancy was worth the opportunity to have more time with Eli once he was born.

During the fall semester, I was only apart from Eli for a few hours, three times a week. For the spring semester, I ensured that I only had to be on campus for two hours a week. I did a lot of work at home or online and held many meetings at my house. I often brought him to casual school meetings, where I'd wear him and he'd sleep right through it. I was able to breastfeed Eli in Tylor's office before and after class; Eli and Tylor would often be waiting for me outside my classroom. I educated my husband's entire department of very traditional and elderly male historians on the importance of breastfeeding and breastmilk throughout my time breastfeeding or pumping in his office.

Some of my favourite memories are walking out of my classroom and seeing Eli there waiting for me, flashing his toothy smile and beaming when he realized it was me walking toward him. Eli has been on campus so much that he has achieved celebrity status - more than once his photo has ended up on university blogs or social networking sites. We have always sought to keep the separation from me as gentle as possible, and I always make an effort to reconnect with Eli when I walk in the door. Breastfeeding has made that easy.

Other than for classes, I have never left Eli. Tylor and I just integrated him into our daily lives. Baby-wearing has allowed us to easily take him wherever we have to be. Not only has he become a favourite among Lebanese women on the buses, all vying for his waves, claps and smiles, but he has melted the hearts of the policemen manning the security checkpoints located on our daily route. They have often thrown down their guns and begged for kisses and pictures with Eli. He has definitely gotten more roses from strangers than I have! Every day, he helps me pick out fresh fruits and vegetables from our local produce stand for dinner, and he tags along to lunch, coffee and walking dates with my friends.

When I have needed to leave Eli, I have always left breastmilk, usually pumping earlier that day so that it's fresh. We have never had issues with separations because they have been rare and for short periods of time. Eli loves the father-son time that he gets in my absence. Yes, there have been times that I have heard Eli crying for me before I have even opened the door, but more often than not I have walked into giggling, singing, shrieks of joy and story time.

My pregnancy and first year of motherhood have been my time of greatest health in the past several years, because my endometriosis symptoms have been suppressed while I have not been menstruating. It feels like a miracle! I have been able to be a happy, healthy mother to my beautiful baby boy and not sick in bed with horrible cramps. In addition to relief from endometriosis, I have also been free of "Mittelschmerz" pain, which is pain caused by ovulation. That pain has been bad enough sometimes to make me rush to the emergency room. It's common among women with endometriosis (although it can also be experienced by women without endometriosis). I know pregnancy and breastfeeding are unlikely to be a permanent cure, but I'm certainly enjoying the reprieve while it lasts. Breastfeeding is helping to delay the return of ovulation and menstruation, so I'm definitely in no hurry to stop!

Mothers' Stories

by **Davina Wright**
Hong Kong Lantau Group

Breastfeeding Triplet Toddlers

In a few weeks' time, my triplets will be three years old. They are walking and talking, they are inquisitive and socialised, they eat three meals plus snacks and drink from a cup, they have all their teeth, they are independent – and they are also breastfed.

We didn't start out breastfeeding immediately. My trio were born at 34 weeks, a good gestational age for triplets, but still a little small to get the hang of breastfeeding straight away. They had nasogastric tubes, through which they got my first precious drops of colostrum and, within three days, my mature milk. I have been lucky enough to have a great milk supply and have been able to meet all my babies' milk needs. My body grew three babies, then exclusively fed three babies, and is still helping to nourish and comfort them – I am pretty proud of that fact.

When I was pregnant, I knew I was going to breastfeed (even though I had had breast augmentation surgery a few years earlier) and so I tried researching it, Googling all I could find about how to breastfeed triplets. I was amazed that there was so little information out there. I did manage to find a couple of blogs by women who had done it and so, knowing that it could be done, I pretty much set about blazing a trail for others. Online now you can find specific breastfeeding triplet groups, many articles (some written by myself) for all kinds of breastfeeding advocates, many more blogs by triplet mothers and even a video montage, which I took part in, showing how many women have achieved their goal of breastfeeding their trio. I feel very proud about the breastfeeding advocacy I have taken part in, and how I have taken my experience and turned it into something that has benefited others around the world.

So how does it work for us now? "How do you do it?" is the question I am asked most often. They have always been fed on cue, with no schedule; they have found their own feeding and sleeping patterns, which have been very different for each child. In the early days it was all about frequency: with three babies all having growth spurts, cluster feeds, teething, night waking and that dreaded "witching hour" (which is actually more like three to four hours!), it was pretty tough to do anything besides feeding. As they got a little older, the frequency didn't decrease but the amount of time it took for each baby to get a full feed was a lot faster, so instead of 30-45 minutes per baby it became 10-15 minutes which was brilliant.

Since the age of about 18 months, our biggest issue has been competitiveness and the inability to wait. Lots of people seem to think that triplets have an innate ability to share: maybe later on they will, but at this age they want boobie and they want it NOW! It took me forever to come up with something that kept the third child happy while they waited. In the end, it was letting them know that the one who

waited would get two boobies instead of just one. As that started to lose its appeal, I have also added a "wait box", which is a small box full of my own little trinkets, just bits and pieces that they find fascinating and will sit and pick through until they get their two boobies. It's not so much feeding on cue now, although if someone is having a rough time or has hurt themselves and wants some boobie comfort we do, but we now have boundaries that I am able to discuss with them. I nurse them to sleep for a nap and night time, I nurse them when they wake up first thing in the morning and from their naps, and that is pretty much it.

I am a stay-at-home mother and a great multi-tasker, so I am able to get pretty much everything else done that needs doing. Breastfeeding takes up such a tiny part of any given day now that it doesn't interfere with achieving anything else or getting "me" time, as much as simply having triplet toddlers does! Actually, breastfeeding is like a break these days because it requires me to either lie down or sit down with my feet up, so who could complain about that?

I know that breastfeeding beyond the baby stage still isn't seen as the norm by many, and I know that lots of people have issues with it, but all I can say is that this is what works in my family. This is what they love, and what I love too: a moment of one-on-one time with each of them, a time of calm if I am nursing them to sleep, an ability to fix upsets and heal bumps, bruises and tantrums. In a life which is often so full of noise, rivalry, demands and general craziness, breastfeeding is a small refuge for us all.

Breastfeeding toddlers is about so much more than nutrition: it's about comfort and connection, it's about antibodies and health benefits, it's a way of easing through transitions, and an easy way of getting them to sleep. I know I have been lucky to not have had to battle mastitis, I haven't had biters, I haven't experienced nursing aversion; I haven't had to deal with many obstacles that can challenge other women, and so it has been easy for us to continue this journey.

I don't know when we will stop breastfeeding. It is a mutual thing that has grown and changed as my babies have grown and changed. We have bonded in many other ways, but I still love this bond, and so do they, so I guess for now we will just keep on doing what we do.

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Pause for Thought

"Breastfeeding is a beautiful thing, one of the most beautiful things that exist in nature. Think about how a woman can literally feed her baby with her body! In my eyes, this is a certain form of beauty, of divinity! To know that my body can not only form and bring another human being into the world, but that I can actually feed babies with my own milk from my own breasts - that puts me in a state of awe each time I think about it. It is an honour to be a woman."

C. JoyBell C. (author)

Questions Mothers Ask

Compiled by **Nadiya Dragan El-Chiti**
LLL Leader with
Lebanon Mansourieh Group

Q: My five-month-old baby boy, who is exclusively breastfeeding, started passing green stools recently. They used to be yellow before. Is this normal?

A: Congratulations on five months of exclusive breastfeeding. What a beautiful and wonderful gift to your baby for his whole life!

I'm not surprised that the green stools have caused you concern; they can be quite alarming for many parents. It sounds like you have become used to seeing poopy diapers of the mustard colour (from bright yellow to spicy brown) typical of exclusively breastfeeding babies. The good news is that, **if not accompanied by any other symptoms**, green stools are usually just temporary. A greenish shade of brown is also within the normal range of colour for breastfed babies' bowel movements and is no cause for concern at all.

There are many reasons why a breastfed baby may have green stools, and some do not apply to your baby's stage of life. For instance, in the early days, babies may pass green stools if they suddenly start to receive more milk than they can cope with. As babies learn to drain the breast more effectively and digest their mother's white milk better, the colour normally settles to the regular mustard colour. If it does not, the mother could be struggling with an oversupply of milk which can result in the baby receiving milk that is relatively higher in lactose and lower in fat, so the baby's weight should be monitored. Oversupply can usually be relieved with advice from a lactation consultant or La Leche League Leader. However, it is most common in the early days of motherhood, so you are unlikely to suddenly start experiencing that now.

Babies older than yours, who are more mobile and have started eating a variety of foods, have a higher possibility of suffering from digestive tract upsets caused by a reaction to something that they have eaten, bacteria from non-food objects they have put into their mouths, or viruses picked up during contact with other babies or children. Younger babies like yours can still catch tummy bugs and it can take weeks for the colour and consistency of their bowel movements to get back to normal. Breast milk offers a lot of help to a baby who is unwell, so it's common that the only sign of baby fighting an illness will be temporary green stools. In the meantime, all most babies need is their mother's love and continuous breastfeeding on demand (although obviously a doctor should be consulted if their condition fails to improve).

It's wonderful that you are exclusively breastfeeding because giving solids, herbal drinks or even pure water under six months can often upset a baby's fragile digestive balance and cause green stools plus other more serious health problems. That's why La Leche League and most health organisations around the world recommend delaying the start of solids until the middle of the first year of a baby's life, to allow the baby's digestive tract to mature more.

At any stage, a breastfeeding mother's diet can affect the colour of her baby's stool. Just as eating beetroot can make

your baby's stools reddish, food with artificial green colouring, dark green vegetables that are high in iron, as well as iron supplements (including the prenatal ones) can sometimes cause babies to pass green stools. Have you recently started giving any iron supplements to your baby? Please note that healthy, full-term, exclusively breastfed babies do not need iron supplementation during the first six months, because mother's milk provides the perfect amount of iron for a growing baby. Too much iron may have negative effects on a young baby, including digestive discomfort and green stools. It is important for mothers' health for us to have adequate iron levels while lactating, but our iron levels do not affect the amount of iron we produce for our babies – every mother already has the right amount of iron in her milk, even if she is herself anemic. Isn't that miraculous?

Does your baby seem to have been suffering any discomfort since the onset of green stools? Excessive gassiness, extended fussy times and crying could be a sign of a sensitivity or allergy to something the mother is eating. When a baby is suffering from a sensitivity or allergy, there will often be other signs in addition to the green colour of the poop – the stool may be very mucousy, there could be drops of blood in it, or the smell may be very unpleasant. It's also possible that the baby could have some skin problems (rashes, eczema, dry patches) or respiratory difficulties (congestion, runny nose, wheezing, coughing).

If you suspect your baby has a food sensitivity, you may want to try a "rotation" diet, which means removing the potential "offending" product from your diet for some time and observing your baby for changes. Dairy products, including cow's milk, are the most common food group that babies can be sensitive to. Other common allergens include eggs, gluten, nuts and fish. Usually the effect on the baby's health can be noticed within a week of starting the rotation diet. However, cow's milk protein takes longer to be eliminated from our bodies so many mothers need to avoid dairy products for at least two weeks before they start seeing changes in their baby.

Here, let me emphasise that 95% of healthy breastfeeding babies do not react to any food that their mother is eating, and babies are much more likely to be allergic if there is already a history of allergies in the family.

Many parents talk about foremilk-hindmilk imbalance as a common cause of green stools, but the latest research indicates that mothers who are not suffering from oversupply should not worry about foremilk and hindmilk at all. If feedings are not delayed or cut short, babies will receive about the same amount of milk fat over the course of a day no matter what the breastfeeding pattern (Kent, JC (2007), How breastfeeding works, Journal of Midwifery & Women's Health).

Since your baby is five months old, another cause of green stools that you may want to consider is teething. Many babies are actively teething around five to six months, and excessive salivation can also upset their little tummies and result in green stools. This also usually will pass by itself with time and with the help of your milk. Breast milk contains hormones that work as natural painkillers for babies, one of which is the "love hormone", oxytocin.

So, as you can see, there are many different reasons for green stools in a breastfed baby. Every situation is different. The bottom line is that the colour of the poop does not matter if your baby is thriving and happy, but it can help in figuring out the problem if your baby is not content. Good luck in finding the necessary strategy for your family!

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The inspiring series of FREE online talks continues at **www.iMothering.com**. May's headline talk is by Dr Jennifer Thomas, a paediatrician and breastfeeding medicine specialist, entitled, "Meet Your Breastfeeding Goals by Understanding Your Body and Your Baby". The bonus talk is by Janet Penley, parent educator and author of *Motherstyles: Using Personality Type to Discover Your Parenting Strengths*, who will be speaking on "How to Mother from Your Strengths". Be sure to log on by 31st May to avoid missing out!

If you have missed out, check the website to find out who the following month's speakers are.

Postcard from

BEIRUT, Lebanon

Beirut is a city full of contrasts and contradictions – caught between the mountains and the Mediterranean, you can see history and innovation, poverty and extravagance, destruction and construction existing side by side. In amongst these contrasts I became a mother; my daughter was conceived and born here. Although I am British and my husband Italian, we find it hard to imagine being parents anywhere else.

Clara was born in a very modern, American-affiliated hospital with a French name and Arabic-speaking midwives. I strongly wanted a natural birth and, thankfully, everything went according to plan and I managed to avoid all medications and interventions. The midwives told me this was almost unheard of in the hospital; in five years they had only had two women who didn't have epidurals and didn't scream. I was also able to start breastfeeding immediately and exclusively. My pre-birth preparation certainly helped a lot: a Hypnobirthing course, a breastfeeding seminar and my birth plan. The latter was a novelty at the hospital, which my doctor still talks about to other patients today, referring to it as my "list"!

These are all preparations that I might not have made if I had given birth in the UK, as I may have taken it for granted that things would go as planned. But having heard about Lebanon's high Caesarean rate and low breastfeeding rate, I felt compelled to take action and prepare fully for the birth and beyond.

On the day we brought Clara home from hospital, a huge car bomb exploded on the other side of the city, assassinating a politician and shattering a relatively long period of calm and stability in Lebanon. I remember feeling overwhelmed by what was happening outside, but my main preoccupation was inside, in my arms, and how to take care of this tiny life that depended totally on me. It has continued to be like that ever since, and whenever we face periods of tension in Beirut, I find that I am ultimately more concerned with Clara's development – how she is eating, sleeping, growing – than with political developments. I really believe that our breastfeeding relationship has sustained us both through these periods, being a constant comfort as we ride the waves of uncertainty around us.

Even when everything is calm in the city, bringing up a baby in Beirut is not without its challenges. One of things you notice almost straight away in Lebanon is the electricity, or the lack of it. You can set your watch by the regular power cuts, scheduled in the city for three hours a day on a rotating basis. As a new mother, it was hard work trying to keep on top of this schedule so I could work out when to wash the reusable nappies and make sure I didn't get stuck at the bottom of six

flights of stairs with a baby asleep in the stroller and no elevator. I gradually got the hang of it, but I clearly remember one occasion when I had invited a group of other mothers over for lunch, and thought I had timed it perfectly for the power cut but was caught out by an unscheduled one. We had to take it in turns to help carry each other's strollers and babies down from my sixth floor apartment!

Luckily, exclusive breastfeeding has meant less worry about the electricity going off because I haven't needed to heat up milk or sterilise bottles. I was also once able to nurse Clara to calm her down during an unscheduled power cut which had plunged us into unexpected darkness and sent her into a panic.

Another daily challenge we face is getting around the city. As we don't have a car and there is very limited public transport, mostly taxis and a few dilapidated buses, whenever possible we try to walk. But walking around Beirut with a baby is rather an extreme sport! If you use a stroller, you need to be able to navigate it around potholes, pedestrians and cars parked on the narrow or non-existent pavements, whilst simultaneously watching out for the motorbikes, which are also trying to use the pavements to escape traffic. The other option is a baby carrier which I have tried to use whenever possible and is mostly much easier (except in the height of summer), especially as I can breastfeed while walking. One of my favourite memories of "wearing" Clara around Beirut is once, while crossing the road in standstill traffic, a man called out of his open car window, "I like your t-shirt"!

This is not the only comment I have had from a passer-by, because in Lebanon everyone loves children and everyone has something to say about them. Sometimes this adoration and interest in your offspring is a good thing – we have been treated like VIPs, traffic has stopped for us, we can jump queues, taxis have given us free rides in the rain, and it's easy to find a willing waiter/hairdresser/shop assistant to hold my baby. But sometimes the attention and interference can be exhausting and I have lost count of the number of times I've heard the word "haram!" ("shame") because a complete stranger has thought my baby was too hot/too cold/too vertical/too horizontal and so on. I have heard from Lebanese friends (and international friends with Lebanese in-laws) that this is nothing compared to the involvement of their families, which makes me think that there might be some advantages to raising a child away from the watchful eye of your family. That being said, I have really missed having my family around me and it took a while to build up the strong support network I have today.

One of the key factors in doing this was the La Leche League, which I was fortunate to discover quite early on. The invaluable information and encouragement I received is one of the main reasons I have continued to breastfeed – and enjoy it – for more than two years. Through the meetings I have met like-minded mothers and made lasting friendships. I began to discover what the city had to offer to mothers and babies like us, and slowly but surely Clara and I have built a busy social life.

Despite the challenges, I have become very fond of Beirut. I have what I would describe as "a mother's love" for the city – I am capable of seeing beyond its contradictions to its big heart, which welcomed Clara into this world.

Abigail Quine, Lebanon Group

In the News

NEPAL EARTHQUAKE

Hundreds of thousands of breastfeeding mothers and babies have been affected by the 7.8-magnitude quake on 25 April which reduced large areas of its largest city, Kathmandu, to rubble.

A La Leche League Leader currently based in Shanghai, Louise Roy, lived in Nepal bewteen 2002 and 2003 and spent a month living in one of the villages near the epicentre of the earthquake. She reports, "I have been able to get in touch with that village, and while the ENTIRE village was flattened, miraculously no one was killed."

Breastfed babies will have a big health advantage in the post-disaster period. According to the World Health Organization, in emergency situations artificially fed babies have a 1,300% increased risk of death from diarrhoeal disease compared to babies who are breastfed. This risk is related to the diseases that flourish in the unsanitary conditions that often exist in emergency situations, while the clean water and fuel required for safe artificial feeding is usually scarce. In addition, babies who are artificially fed are inherently more vulnerable to disease because they do not receive the disease-fighting antibodies that are in breastmilk, whereas breastfed babies are more able to withstand disease.

Breastfeeding support is very important in emergency situations to help mothers overcome breastfeeding challenges and to provide information and support to mothers who wish to relactate. Unfortunately, there are currently no La Leche League groups in Nepal, but thankfully breastfeeding rates are relatively high in Nepal. According to the latest UNICEF data, 70% of babies under five months of age were exclusively breastfed in 2011, which compares favourably to other nations in the region such as China (28%), Pakistan (38%) and India (46%) (data from **www.data.unicef.org/nutrition/iycf#).**

Louise Roy believes that breastfeeding rates are even higher in rural areas: "In the villages I lived in, I did not know of a single baby who used formula milk. If a mother could not provide her own milk, one of her sisters or friends would donate by hand-expressing into a mug and the baby would be fed off a spoon. Fortunately, breastfeeding of older infants and children (often past the second birthday) is also quite normal, at least in rural areas. This will help protect hundreds of thousands of children from disease caused by unsanitary conditions, in contrast to the Sichuan earthquake in China."

UPCOMING EVENTS

LLL China will be hosting their third Beauty of Breastfeeding photo contest to coincide with National Breastfeeding Awareness Day on 20 May. See link below for more information: **www.muruhui.org/ztbg_detail.asp?id=672**.

NEW GROUPS AND LEADERS

We are delighted to announce that a number of new Leaders have been accredited around the region: Davina Wright in Hong Kong; Chetana Kulkarni in Bangalore, India; Elfaz Fikru in Addis Ababa, Ethiopia; Joelle Farkh in Tabarja, Lebanon; and Keriann Davidson in Urumqi, China.

New LLL Groups have also been started by Leaders moving there. Bejing, China, is lucky enough to have a new Chinese-speaking group in Haidian, started by Daisy Zhong Yu, and a new English-speaking group, started by Averil Harrison-Thuemmel, in the city.

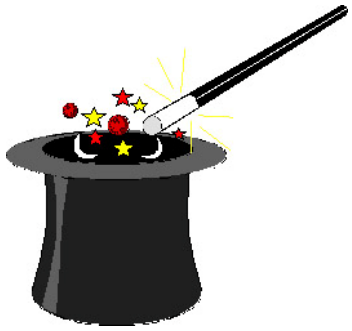
October, La Leche League Pakistan has been holding the first LLL meetings ever held in that country, in the city of Mansehra. Unfortunately, there has been poor attendance so far, partly due to the cultural difficulty of some women not being able to leave their homes freely to gather with other women. Leader Amatul Wadood Nazli explains, "Mothers are very welcoming when I visit them in their homes. This month I visited six breastfeeding mothers in my neighbourhood. The women very enthusiastically share their stories. But if you invite them to a meeting, most of them say they have no time because of household chores."

Chetana Kulkarni has been holding the first ever LLL meetings in Bangalore, India, since November, and most of them have been well attended. "I have been delighted at the overwhelming response at the meetings. Mothers felt comfortable sharing their experiences and asking questions. I am hoping we can get more Leaders accredited in Bangalore so that we can help many more mothers. I am especially interested in working with low income, working class women, who in India typically do breastfeed."

A new English-speaking group in Taipei, Taiwan, has been founded by Emy Machida, who moved there from Shanghai. The group enjoyed their first meeting on 17 March. Emy reports, "Surprisingly, we had a total of 12 mothers and 10 babies. I was nervous since I have always been used to conducting meetings together with my co-leaders in Shanghai, but it was lovely!"

Magic Ingredients!

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



Preventing Obesity

Although it has long been suggested that breastfeeding is protective against obesity in children, the evidence was previously less conclusive because not all confounding factors – socioeconomic status or factors connected with the children's lifestyles – were taken into account. The study in Japan adjusted more comprehensively for children's factors (such as gender, television and computer game time) and maternal factors (educational attainment, smoking status and working status).

Commenting on the findings, renowned nutrition expert Ted Greiner observed, "There aren't any other obesity interventions that can deliver such a huge impact."

Several reasons have been suggested to explain how breastfeeding can reduce the risk of children being overweight, including:

- Breastfed infants are better able to control the amount of milk they consume, which means that they can respond to internal cues for when they are hungry and when they are full. This may have lasting effects in later life. Bottle-fed infants, on the other hand, may be encouraged to finish a bottle, which can override an infant's self-regulation of energy intake.

- Formula feeding and breastfeeding have different effects on an infant's metabolism and hormones, including insulin, which encourages the storage of fat. Formula-fed infants have higher concentrations of insulin and a longer insulin response than breastfed infants, which can result in increased weight gain and obesity. The higher protein content of formula also may increase insulin levels. In addition, studies have suggested that breastfed children have superior concentrations of leptin in their blood. Leptin is a hormone thought to control hunger as well as body fatness.

References: **http://archpedi.jamanetwork.com/article.aspx?articleid=1725448**