

Close  
to  
the  
Heart



La Leche League Asia  
Early-Year 2016  
Volume 17, Number 1

"Breastfeeding  
is mothering  
close to the heart"

# Breastfeeding and Major Surgery



If Supplementation is Required

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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  
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for clarity and in order to fit into the  
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## Editor's Corner



A "polar vortex" hit much of East Asia last week, with record snowfalls in many parts of China and Japan, and debatable "snow" (or sleet) near my home in subtropical Hong Kong. Your intrepid reporter climbed her nearest mountain (on Lantau Island) to check out and photograph the only icicles that she has seen in Hong Kong in 21 years, albeit furiously melting in the midday sun!

The previous day was the coldest day in Hong Kong for 59 years. Local firemen were caught off guard by "frost tourists" visiting Hong Kong's highest peak, Tai Mo Shan, who got stranded up there because the icy road became too slippery to descend. Some of Hong Kong's finest – obviously lacking training in icy conditions – found themselves equally ill-prepared for the icy and bitterly cold conditions (-5°C plus ample wind chill). Firemen were caught on camera [slipping on ice while trying to rescue people](#)<sup>1</sup> and (my favourite) [spraying the icy road with a jet of water](#)<sup>2</sup>, in an attempt to break up the ice, which was temporarily successful but then created a lot more ice!

You're probably thinking by now, "This is a breastfeeding magazine, so what on earth does this have to do with breastfeeding?!" Well, I think it's a perfect illustration of how many new mothers feel when they have a baby and attempt to breastfeed. They have never experienced anything remotely like it in their lives, and if they encounter problems then they soon realise that any preparations they made were totally inadequate. The firemen tried to tackle the problem of a steep and icy road without seeking advice from any ice experts, who might have told them that putting salt on the road would have been a quick and cheap solution. Perhaps they took pride in figuring out things for themselves, or perhaps they took poor advice from the wrong people.

Similarly, Rebecca Taylor's contrasting birth stories perfectly illustrate that having better preparation and knowing what to expect, plus seeking expert help at an early stage, can make a huge difference.

Our feature article is about when and how to give supplemental milk where necessary. Perhaps I'm stretching the "dealing with ice" analogy here, but it's worth reading to make sure you don't figuratively spray that ice with water and risk making the problem worse!

We also have a very powerful story from Shannon about how breastfeeding was invaluable during and after her son's skull surgery and, at the opposite extreme, a lovely Postcard from Taipei, where Carol apparently had no problems with breastfeeding whatsoever. As a La Leche League Leader, I am usually dealing with mothers who have had problems rather than people who contact me to tell me how nicely things have been going, so it's really rather refreshing to hear a "no problems" story!

I'm also really pleased to have received so many contributions from readers to this issue. I look forward to hearing from more of you before the next edition.

Best wishes for a wonderful 2016, filled with love and laughter.

*Jenny*

<sup>1</sup> <https://www.facebook.com/100009339075294/videos/1556796461308308/>

<sup>2</sup> <https://www.facebook.com/passiontimes/videos/1035915206471646>

# If supplementation is required

by Sarah Hung

*LLL Leader in Asia & Middle East*

New mothers (with tiny babies to look after and feed) often lack confidence in their bodies and feel vulnerable to advice, such as to offer breastfeeding infants supplementation with glucose water or baby formula milk. Well-meaning friends and relatives, as well as healthcare professionals, often offer supplementation as a means of protecting mothers from tiredness or distress.



Healthy infants should be put skin-to-skin with the mother immediately after birth to facilitate breastfeeding, because delay between birth and initiation of the first breastfeed is a strong predictor of formula use.

It's well known among breastfeeding advocates that care needs to be taken to avoid unnecessary supplementation because it sabotages milk production, by reducing milk removal and stretching out feeding intervals. However, there can be valid medical reasons why some babies need supplemental milk, especially in the early days and weeks after birth. The Academy of Breastfeeding Medicine (ABM) has a good [protocol on supplementation](#)<sup>1</sup>, with guidelines indicating when it's truly necessary.

But how do you protect breastfeeding while supplementing?

Have an evaluation and make a plan to “fix” breastfeeding before starting supplementation. The ABM recommends that supplementation begin in cases of dehydration when the condition “is not improved after skilled assessment and proper management of breastfeeding”. Being instructed to supplement when no one has helped you try to figure out and fix any breastfeeding problems is a huge pitfall.

Use your own milk as a supplement. Expressed human milk, when available, is the first choice for supplemental feeding. Here are some links to excellent videos which demonstrate how to [hand-express milk](#)<sup>2</sup> and [maximise milk production](#)<sup>3</sup>.

Be sure to use a breastfeeding-friendly feeding device. One problem here is that there is no consensus on which method is best to use, although most IBCLCs are in agreement that a bottle is the worst option due to the risks of nipple confusion and overfeeding. The options include cup feeding (this is the easiest to clean and thus has the backing of the World Health Organization), finger-feeding with tubes, at-breast supplementers, and the finish-at-the-breast method of bottle supplementation. No method is without its pros and cons. Here is a link to a great [discussion of the strengths and weaknesses of each device](#)<sup>4</sup> -- follow the links in the sub-menu.

Don't use more formula than is necessary. Remember that a newborn's stomach is only the size of a teaspoon (5ml), and even a one-month-old's stomach is only the size of a hen's egg (45-60ml). Giving your newborn baby “as much as she will take” is probably not the right approach and is likely to generate lots of dirty

laundry. Generally, the amounts recommended on the formula tin are an overestimate -- remember who benefits if you overfeed your baby with formula.

Get support for maintaining and increasing milk supply (if necessary). The ABM states, "If mother-baby separation is unavoidable, established milk supply is poor or questionable or milk transfer is inadequate, the mother needs instruction and encouragement to pump or manually express her milk to stimulate production and provide expressed breastmilk as necessary for the infant." For babies who are not gaining weight normally, mothers should seek breastfeeding support and help to devise a plan for increasing milk supply, if appropriate.

Have a plan for weaning from the supplements. Sometimes mothers try to "go cold turkey" on supplements once a baby is gaining well, only to end up with an angry, hungry baby. Conversely, mothers also often continue supplementing with formula longer than is necessary. Here is a link to a useful resource for [reducing formula supplements while ensuring normal growth](#)<sup>5</sup>.



Some mothers find it helpful to think of formula use as being similar to a medicine. Sally is one such mother. Her baby daughter, Becky, had many medical problems within the first few hours of birth, including hypoglycemia and hypothermia. The doctor recommended that Becky be supplemented with 30ml of milk every three hours. Sally wasn't able to express this much milk in the first few days, so Becky was given the milk Sally expressed first, and then a formula supplement was added to make a total of 30ml. When asked how she felt about her baby receiving formula milk, Sally said, "I viewed it as a medicine; Becky was also having antibiotics at the time. But, just like I wasn't going to give her the antibiotics forever, she wasn't going to have the formula forever either." Although Becky continued to need the supplement until she was six days old, by the third day Sally was producing enough milk for it all to be her expressed milk.

<sup>1</sup> <http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20English%20Supplementation.pdf>

<sup>2</sup> <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

<sup>3</sup> <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

<sup>4</sup> <http://www.lowmilksupply.org/supplementing.shtml>

<sup>5</sup> <http://kellymom.com/ages/newborn/nb-challenges/decrease-formula/>

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The inspiring series of FREE online talks continues at [www.iMothering.com](http://www.iMothering.com).



February's talk is by speech-language pathologist Diane Bahr, a specialist in oral sensory-motor and feeding therapy with over 30 years of experience. She is also author of the book, *Oral Motor Assessment and Treatment: Ages and Stages and Nobody Ever Told Me (or My Mother) That!*

Diane's talk is entitled, "A Systematic Approach to Keeping a Child's Mouth and Upper Airway 'In Shape' and 'On Track' from Birth". She discusses mouth and mouthing development during the first year of life, the appropriate use of mouth toys during teething, appropriate pacifier and thumb-sucking guidelines, and other topics, with the goal of preventing long-term (sometimes life-long) mouth and airway problems.

Be sure to log on during February to avoid missing out! If you have missed out, simply check the website to find out who the following month's speaker(s) are.

## What was your baby's first "solid" (or semi-solid) food? What is your baby's current favourite meal which complements breastfeeding?



I wasn't quite ready yet, but my firstborn showed me quite distinctly when he was ready to eat solids. I was sitting in the kitchen of a close friend talking and eating a slice of watermelon with my infant son Andrew sitting on my lap. Andrew, who was close to but not quite six months of age at the time, grabbed my watermelon and started sucking and gnawing on it. He did not quickly let go. By the time he was finished, there was nothing left of the soft, pink part of the watermelon. He was my earliest and most avid eater of all my children. – *RuthAnna Mather, Wakkanai, Hokkaido, Japan*

My son Seung-Yong started with thin rice gruel when he was six months old, as most Korean babies do. In the photo, he was nearly a year old; he had been eating a kind of mandarin called a hallabong and a Korean popcorn that isn't sweet.

Now he likes to eat food as close to their natural state as possible. One of his favourite foods is raw cucumber – this morning, he ate a whole cucumber! Another mother told me that her baby ate kimchi (spicy pickled cabbage) when he was only one year old, but my son is now nearly four years old and doesn't like spicy food at all. – *Joy Hye-Jung, Seoul, South Korea*



When Abby was about five and a half months old, she started to get interested in the food I was eating, so I let her lick my apples and bananas. She was thrilled, so I thought she would be a happy solid food eater. When she turned six months, I started to feed her with purées. She took a few spoons at first, then day by day less and less. After two weeks she refused the spoon-feeding. Then I was introduced to the Baby-Led Weaning book, and got the impression while reading that it was written specifically for my daughter – it was exactly what she needed. Since then we've followed this self-feeding method, and she is really good at it. Now she's nine months old and she is trying to use a spoon and fork, and she drinks from a cup. She's tasted many kinds of food, and enjoys mealtimes with the family. The photo shows her eating spaghetti for the first time yesterday. She doesn't eat a large quantity of food yet, but I am sure she will get there. The main course is still the "mommy milk". – *Petra Horvath, Beijing, China*

My baby's first solid food was a lamb chop bone given to her by my father at a barbeque. She had been sitting happily but kept throwing her toys on the ground. So my dad gave her his finished lamb chop bone. This kept her entertained for at least 30 minutes. As I watched her happily attacking the bone, I decided that this was probably the original first food for babies. – *Sarah Hung, Hong Kong*





Feeding solids to my son, Felix, was probably one of the most challenging things of my parenthood. He was basically not interested in food until he was a year old. Since I am a nutritionist and had been working on infant nutrition for several years, I was very excited to finally put my knowledge into practice with my own child. Just a week after he turned six months, I cooked some carrots for him with some olive oil. I cooked quite a large quantity, only for him to spit it straight out. He then refused any type of food for weeks and weeks. We started experimenting, letting him play with spoons, finger food, different shapes and colours. This was so tough on my patience that I often had to hand over mealtimes to my husband. As a nutritionist, I started to really get concerned, calculating every milligram he ate in terms of nutrients, which obviously didn't help!

Then after his first birthday, almost overnight, he just started eating everything: vegetables, meat, cereals, beans, basically anything we prepared. He loved salads the most. Ever since he turned one, he has been a great eater, experimenting with new foods and different tastes.

The most important lesson I learned, which also helped me a lot with my daughter, who also hardly ate until she turned one, was to take it slow, experiment ... but also rest assured that eventually they will eat. – *Ursula Truebswasser, Addis Ababa, Ethiopia*

My fourth child, Omar, is now almost nine months old. We have followed the Baby-Led Weaning approach since the start. The photo shows him feeding himself on the floor with the rest of the family, as is traditional in the Arabian peninsula. His favourite foods are basically everything! There is nothing that he dislikes; he is interested in everything. But breast milk is his favourite, of course! – *Noura Al-Khoori, Abu Dhabi, UAE*



My son XiangRu began with eating bananas, and he still loves them. The photo was taken when he was 13 months old and biting on a dumpling. I made dumplings and steamed buns frequently at that time because I thought it was a nice combination of flour, vegetable, meat, etc. – *Missy Wei Wang, Xiamen, China*

My son Eli's first food was avocado. We waited until he showed signs of readiness to start solids: having good head control, being able to sit up by himself, doubling his birth weight, losing his tongue-thrust reflex, and showing me he was full when breastfeeding by letting go or turning his head away (which is known as self-regulation). He was about 6.5 months old when we introduced the avocado – we definitely followed the “Watch the baby, not the calendar” mantra. We did baby-led weaning and let him feed himself. Honestly, this approach was so much easier on us time and energy-wise, not to mention our wallets and the environment! We did not spend any money on baby food at the grocery store, and we did not have to mix or puree foods; we just cut up the very foods we were eating, sometimes adding in breastmilk to mashed vegetables. – *Tamara Brand, Sharjah, UAE*



## OVER TO YOU in May 2016

A question about child spacing. Some of us feel lucky to be able to conceive a second baby at all, at any time, while others like to debate the ideal spacing between children. Whether you planned to have your babies close together, or chose to space them a few years apart, or you decided to stick with one child, or things did not work out as you had originally hoped but you can see the advantages to how things turned out, we would love to hear from you! Please send your contribution (100 to 300 words) with a photo to [jennyLLLHK@gmail.com](mailto:jennyLLLHK@gmail.com) by 1<sup>st</sup> April 2016.

## Easing the Distress of Major Surgery

Last July, my husband and I were dreading the 7,000-mile flight with our 17-month-old son from Hong Kong to Seattle. It wasn't the flight itself we were dreading (although flying with an active toddler is never a treat), it was what lay ahead of us once we arrived in the US. Just a few weeks earlier, Hunter had been diagnosed with a rare condition called craniosynostosis, and he was facing scary and invasive cranial surgery to correct it.



The first few months of Hunter's life were far from easy. He was born in Hong Kong after a long but glorious drug-free labour. He latched almost immediately after he was placed on my chest, and it seemed that our breastfeeding relationship was off to a wonderful start. However, over the first few months of his life we battled reflux, colic, poor sleep, around-the-clock breastfeeding, clogged ducts and mastitis. I knew something was not right, and my own research helped me to identify a severe posterior tongue tie. Once that was corrected, our breastfeeding relationship quickly improved.

Everything was great for several months. Hunter continued to have a large head (above the 99th percentile), but we never gave that much thought because he was also consistently above the 95th percentile for height and weight. Furthermore, none of the physicians who Hunter saw for well baby visits ever mentioned anything about his large and long (rather than round) head.

Then, at Hunter's 15-month checkup, the practitioner (almost just in passing) noted his prominent forehead and that there was a raised ridge running vertically down the middle of his skull. He commented that Hunter "might just have a big head" and suggested that we should simply keep an eye on it and follow up in a few years with a neurosurgeon.

These observations were unsettling and we were not content to wait for a few years. Once home, I began searching the internet for clues. My Google searches consistently returned results for one condition over and over: sagittal craniosynostosis. Looking at images of children with the condition made my heart sink. I immediately made contact with a specialist educational and awareness organisation, and their representative quickly confirmed from photos that Hunter looked like "a typical sagittal synostosis child".

As the tears filled my eyes, I picked Hunter up and began to nurse him. It was my happy place, and in that moment of uncertainty it was the only thing that felt right. Oblivious to anything being wrong, Hunter happily nursed as I apologised profusely for not knowing sooner. I remember kissing away my salty tears that had fallen on his perfectly imperfect head and stroking the raised ridge that lay hidden under his beautiful and soft red hair.

Craniosynostosis is a birth defect which occurs in one in 2,000 live births. In a nutshell, it means the premature fusion of one or more of the fibrous sutures of an infant's skull. In Hunter's case, the sagittal suture, which runs down the middle of the skull from the back fontanelle to the front, had fused too early, most likely in utero. This had caused his head to grow long and narrow and his forehead to protrude. It is a progressive deformity and as the brain continues to grow, the abnormal skull shape becomes more pronounced, leading to increased intracranial pressure, which can cause a myriad of neurological issues.

In the coming days, we made arrangements for Hunter to be seen at Seattle Children's Hospital, at its world-renowned craniofacial unit. Once there, a physical examination and CT scan confirmed a diagnosis of

sagittal synostosis. Thankfully, all of Hunter's testing showed that his brain was not currently under any increased pressure, so the decision to proceed with corrective surgery immediately was at our discretion. But the severity of the conditions that might result if we did not proceed (such as blindness, hearing loss, migraines and seizures, and developmental and learning delays) meant that we never had any doubts about going ahead with the surgery as soon as possible. We were given a surgery date three months in the future. My husband had to return to work in China until nearer the surgery date, while Hunter and I stayed with family in Seattle.

Hunter would undergo a procedure called Cranial Vault Reconstruction (CVR). Basically, his skull plates would be removed, reshaped and then reattached using dissolvable plates and screws, resulting in a more normal head shape and ensuring his brain had plenty of room to continue to grow. Naturally, I had many concerns regarding this surgery. As a passionate breastfeeding mother, many of these concerns revolved around breastfeeding. When would I be able to breastfeed Hunter afterwards? Would the hospital allow it? Would he want to? How would I express milk during surgery and maintain supply afterwards if he didn't want to breastfeed?

In the month preceding Hunter's surgery, I decided it was best to express some milk to have on hand after surgery, in case he wanted milk but couldn't or wouldn't latch to my breast. Since Hunter was usually only breastfeeding three times a day and I had never pumped before, expressing milk was no easy feat for me. I rented a hospital grade pump and began pumping after all Hunter's nursing sessions. I found hand expression with breast compressions more useful than the pump, and managed to produce about half an ounce per session, which didn't seem like much, but they all added up to 60 ounces over the course of a month, which I was very satisfied with. Looking back, it wasn't really worth the effort because he only drank 8 ounces of it, although the routine and schedule of pumping gave me something to focus my worry and nervous energy on. I felt that I was preparing for surgery in some way, by doing something I knew I could, which was to make milk.

Two days prior to the surgery, I had a battle with nurses regarding the latest time before surgery that Hunter would be allowed to breastfeed. I had done my own research and found the Academy of Breastfeeding Medicine's "Recommendations for Pre-procedural Fasting for the Breastfed Infant", which states that human milk can be safely ingested up to

four hours before surgery. But a nurse phoned me to tell me that I had to stop breastmilk six hours prior to surgery, which meant they were classifying breastmilk in the same category as formula milk. She suggested that I offer pedialyte instead of breastmilk. I argued with her but she would not back down. I quickly emailed a nurse in the anaesthesiology clinic where Hunter and I had been for a pre-operative appointment a few weeks earlier, quoting the ABM's four-hour guideline. The next day she responded that I was correct and told me Hunter could breastfeed up until four hours prior to surgery. This was a huge relief for me, to know we would have some sleepy early morning milk, which would make Hunter less grouchy about having to fast until 9am.

I woke early on the morning of Hunter's surgery. I quietly slipped into his room, picked up his warm body and latched him. He didn't take much milk and was quickly back to dozy comfort nursing. I watched the clock and didn't unlatch him until 4:59am, enjoying every last suckle but being able to confidently say he had stopped feeding by 5am.

Handing Hunter over to his surgeons was the most difficult thing I ever had to do. Once the surgery was in progress, my husband and I tried to keep busy. I quickly found a mothers' room at the hospital to express milk, which was a useful distraction. In the afternoon, I had just begun setting up the pump for a second time when the pager we had been issued by the hospital went off: Hunter's surgery had finished in under four hours, well ahead of the five to six hours we had been told to expect. The surgery had gone wonderfully and we were told we would be able to see him in the Intensive Care Unit shortly.

He was still groggy but immediately responded to seeing us. Within minutes, Hunter was asking for water. He guzzled down 4 ounces of water and thankfully showed no signs of nausea. He drifted off for a nap and upon waking began to feverishly use sign language asking for milk. The nurse and my husband gingerly moved Hunter to my arms, being careful of all of his tubes and a drain he had coming out of his scalp. Once together, he immediately latched and we both felt at home again. I studied his beautiful new head while trying to get adjusted to how different he looked. Hunter didn't take much milk before drifting back off to sleep while soothing himself at my breast.

And that is how we spent the next three days. Hunter needed the comfort of breastfeeding almost around the clock and I was happy to give it to him. He



The hospital staff were incredibly supportive of us breastfeeding. They were thrilled at the number of wet diapers he was producing, and were happy that he was obtaining nutrition from me, since he had little interest in solid food. Hunter remained latched to my breast during the removal of IVs and the drain from his scalp, with barely a flinch.

We spent three days in the hospital, Hunter being discharged after his eyes opened back up. He had a follow-up appointment with his surgeons just over three weeks after the surgery, and they were very pleased with how well he was healing. Days later, we made our way “home” to Guangzhou.

Hunter continues to amaze me every day with his strength and resiliency. As his hair grows back over his incision, which we call his lightning bolt, all the remnants of the trauma he has been through have begun to fade. With virtually no chance of him needing any future surgeries, Hunter’s future is bright. He is an active toddler and his interest in breastfeeding is waning but, for now, it will get us through the bumps, bruises, and tantrums of toddlerhood, just like it saw us through the most difficult days of our lives.

refused to sleep in the hospital crib, so my husband and I spent nights sleeping with him lying upright (which helped with the swelling) against one of our chests. I would take him for the first six hours and then we would switch so that I could lie down and sleep for a bit. I don’t think I have ever been more exhausted in my life! My nipples were sore and dry from the constant comfort-nursing of a toddler, but I was content to know that I was able to provide the ultimate source of comfort for Hunter during the most painful days of his life.

About 30 hours after surgery, Hunter’s eyes swelled completely shut, which we had been told to expect. When he awoke from a nap to discover this, he immediately became disoriented and very upset. Breastfeeding helped him to feel safe when he couldn’t see. Thankfully, his eyes were back open about 36 hours later.



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## Pause for Thought

“Everyone's fine with [Miley Cyrus'] nipples being out, but if I post a picture of me breastfeeding it's like, you know, craziness ... You know, I think people are more comfortable sexualizing breasts than relating them to what they were made for, which is feeding another human.”

**Alyssa Milano** (Actress)

## Contrasting Birth Stories

I had two distinctly different births in the same hospital in Beijing, both of which thankfully led to two successful breastfeeding relationships, although not without challenges.

My first child William's birth was an unexpected (and most definitely unwanted) C-section due to breech presentation and a failed attempt at manual turning. Due to hospital policy, Will's predicted (via ultrasound) weight of 4.5kg precluded me from trying for a vaginal birth despite my OB's willingness to try.

I was prepped for surgery at 6pm and waited on the table for almost an hour (another woman was birthing at that time with my OB so I had to wait) while the anaesthetic worked a little too well – I could feel nothing from my toes right to my nostrils – and I was petrified. The only thing that kept me calm was my husband stroking my upper cheek, the only part of my body I could feel. Another thing that added to my unease was the fact that my Australian OB yelled at local staff members about what he saw as their lack of basic understanding of proper instrument hygiene and C section procedure.

Thankfully, through all this, the bigger part of my mind and heart were listening closely for my baby's cry, which came quick and easy. He was shown to me above the curtain but then taken to be APGARed, cleaned and wrapped. My husband Doug was given skin to skin with Will (at his insistence) while I was stitched up and in recovery.



Neither of us remember when Will was given to me for our first meeting and nursing, but it must have been within the first one or two hours because my parents arrived shortly after 9pm and we had definitely nursed before they came.

I have no memory of that first nursing, or any nursing for the first two days – in fact, I remember almost nothing at all about anything. I remember a lot of abdominal pain, getting many painkillers and refusing to move. I had a catheter for at least the first 24 hours after birth. I believe I was heavily affected by the huge amount of anaesthetic I was given. While I do not feel trauma, regret or guilt Will's birth as a C-section, I feel great sadness at the loss of my memories of our first, precious days together.

I do remember that I felt rather blasé about nursing while in hospital – I knew that I didn't know much except what I was taught at prenatal class (which wasn't a huge amount) and that there might be some issues, but that I was a capable person who could figure it out. I was pretty good at asking for help – or so I thought!

Looking back now, and physically recalling the incredible pain I felt for those first five weeks because Will's latch was so terrible, I know I needed more help than I got. However, the hospital's sole breastfeeding support person birthed her baby on the same day I did, so I had no real help during my time there. The nurses seemed at the time to provide adequate support, but looking back and knowing what I know now, they weren't particularly knowledgeable about breastfeeding.

There then followed five very challenging weeks, when I nursed through blood and tears (Will's and mine), incredible pain and many, many feelings of anger and resentment towards something that was supposed to be "natural". I dreaded every single feed (and there were SO MANY!), so our nursing relationship was far from positive.

Thank goodness for La Leche League and Serena who "fixed" Will's latch – finally the tears, the blood, the stress, the pumping (pumping the bleeding side, nursing off the other), the PAIN stopped and we could heal, physically and emotionally.

What I find interesting in retrospect was that AT NO TIME did I ever consider giving him formula. I just didn't. Not because I thought it was evil, but simply because I'm strong-willed and was convinced that I wouldn't give up. I had it in my head that my body was supposed to do this, so it bloody well WOULD do it! I was also smarting from being deprived of the birth I wanted (it took me a good year to emotionally get over having a C-section), so I think I wanted to "make it up to myself" by doing "something right".

I went on to proudly nurse him for 32 months when, at 20 weeks pregnant, I encouraged him to wean (he had day weaned himself sometime around his second birthday but was clinging ferociously to night and dawn feeds).

Facing the birth of my second baby, my daughter Charlie, I was informed, I was prepared, I was fierce and I had a new OB totally on my side. The hospital had changed from a medical model to a more midwife model, and that change was evident in all aspects of my prenatal and postnatal care. Charlie's birth was a four-day-long, doula and husband attended, acupuncture-assisted, 100% non medicated, in one room, VBAC. It was epic and FANTASTIC. I've never felt pain like it but also never felt more powerful, more empowered, stronger, more WOMANLY than I did birthing my precious girl.

It was a two-hour second stage and her cord was already white by the time she emerged. Charlie was placed directly on my chest, where she crawled to my breast and latched on. I noticed that her breathing wasn't right and she was bubbling at the mouth, so she was whisked off to the medical trolley (in room) for some kind of throat flushing (with Doug holding her hand). She came back pretty quickly, maybe within five minutes, and was straight back on the breast.

I had a couple of complications (a managed third stage and a HUGE tear) that took a lot of my attention and memory, but I do remember that my little girl stayed with my husband or me AT ALL TIMES, and I nursed and nursed and nursed her pretty much for the next three days straight. We shared the hospital bed, so she could latch whenever she wanted. I was CRAZY sore but in comparison to having major abdominal surgery it seemed like peanuts!

I was in a state of bliss for the whole hospital period, strutting around full of mama warrior-ness, giving myself mental high fives, but I did take note that I hadn't been attended to by the (part-time) breastfeeding support person. I was disappointed because I was starting to feel consistent pain at every nursing and I knew I should get help.

I desperately wanted to get home, so by day 3 I kicked up enough fuss to get our discharge tests done quickly and we went home. By the next morning, Charlie's latch was even worse and I was now getting blood blisters. I remained



calm but nervous about the possibility of spiralling back into a bad nursing relationship. I tracked down the one freelance breastfeeding support professional – a retired British midwife who ran a Baby Café franchise downtown – and booked an appointment at her home for the next day.

Anne sat with the three of us (Will was in school) for over an hour in a lovely private sitting room while many other mothers gathered in her living room, socialising with their nurslings. She was patient and calm, open and gentle. I felt completely safe with her and never rushed or made to feel like my questions or worries were silly. Apart from one crucial piece of positioning advice, Anne didn't tell me anything I didn't already know. However, it seemed that just having someone else tell me the things I already had running through my head gave me a big confidence boost and from that session on, I nursed without pain or worry. We are now 55 weeks into our nursing journey and loving it!

Looking back on the early days with my nurslings, the biggest lesson I can see now is the importance of seeking help quickly. Although I had breastfeeding difficulties with both my children, getting help almost immediately after release from hospital with my second child made an unbelievable difference. I think it's important to know what to expect, remain determined to breastfeed, trust your intuition and always, always seek help if you are in pain.

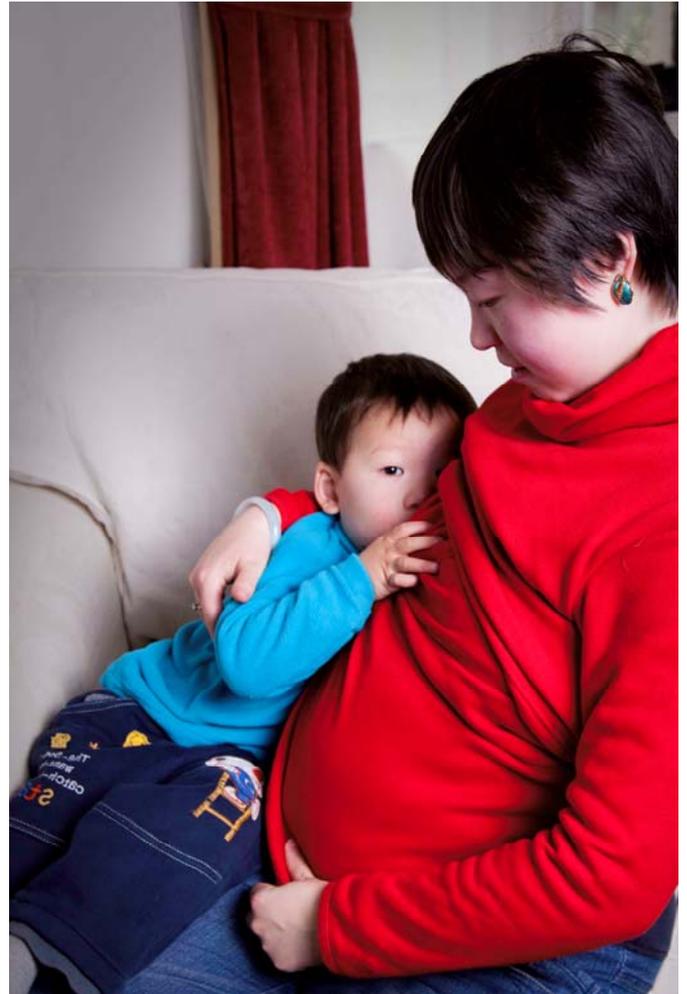


# Questions Mothers Ask

**Q: We're trying for another baby. My doctor says I won't be fully fertile until I wean from the breast, and that breastfeeding endangers my pregnancy. Our 16-month-old son is still very attached to the breast. What should I do?**

**A:** I can understand your dilemma. You'd like to expand your family and perhaps you feel your biological clock ticking, yet you are sensitive to your toddler's needs and the importance of your breastfeeding relationship. But don't despair; many mothers have found that they are able to get pregnant and continue breastfeeding beautifully. You might even be able to tandem nurse (breastfeed both baby and toddler) after the birth of your baby.

It is true that breastfeeding inhibits fertility, however this effect is strongest for mothers who are exclusively breastfeeding babies under six months old. Fertility naturally increases as your baby gets older, starts eating complementary foods, and has gradually longer gaps between some feeds. There is a wide variation in the normal time for mothers to start their first menstrual cycle: some get their period back when their babies are only a few months old, even if their babies are breastfeeding frequently and on demand (sometimes it only takes a four-hour gap between feeds, even if it only happens once, to trigger ovulation). At the other end of the spectrum, some mothers need to wean completely to fall pregnant. Both of those extremes are unusual; most mothers fall somewhere in between. In fact, some mothers fall pregnant before their first period, when they do not realise they are fertile; the first ovulation usually occurs in advance of the first period. If you can afford to wait a few months, you may find your fertility returns to normal by itself.



If you have a more urgent wish to fall pregnant as quickly as possible, note that sometimes just a small change to your breastfeeding routine (such as lengthening the longest gap between feeds or cutting one feed) may be all that is needed to trigger ovulation. You could try a change of routine for six weeks and see whether that triggers anything; if not, and you're willing to wait a little longer, try another change, then another. Alternatively, some studies have found that breastfeeding women can improve their fertility by enhancing their nutrition, i.e. eating more, which sounds the most pleasurable option to me! (See [How to Get Pregnant Whilst Breastfeeding](#)<sup>1</sup>.)

If you decide to hurry along the weaning process, gentle weaning is the kindest method for both you and your baby. You can try to anticipate when your toddler wants to breastfeed and distract him with a new game or snack instead. When your son asks to breastfeed, you can offer milk from a cup instead. A partner or caregiver can substitute your toddler's breastfeeding with snacks, since it can be difficult to convince your toddler not to breastfeed if you are right next to him. You can start by dropping one session a week, starting with his least favourite session. He will need lots

of your love and attention during weaning and beyond. If your breasts feel engorged, then you can hand-express a little milk to relieve the pressure.

After you have successfully fallen pregnant, unless your pregnancy is classified as high-risk by your doctor due to a medical issue, there is no evidence that breastfeeding is harmful to your unborn baby (and in fact breastfeeding can be safely continued in most high-risk pregnancies). You should of course ensure that you have a nutritious diet which supports your body's extra needs. Many doctors are concerned that the hormone oxytocin, released during breastfeeding, could stimulate uterine contractions and trigger premature labour. However, studies have shown that the amount of oxytocin released by breastfeeding during pregnancy is minimal, and it only triggers labour when the uterus is "ripe". Moreover, oxytocin is also released during laughter, orgasm, and many other pleasurable activities which doctors don't normally warn against. A good discussion of the safety of breastfeeding during pregnancy can be found in the article, [A New Look at the Safety of Breastfeeding During Pregnancy](#)<sup>2</sup>.

Some mothers who are willing to continue breastfeeding while pregnant find that either (a) their nipples become hyper-sensitive, which heightens their incentive to wean or reduce breastfeeding, and/or (b) their toddlers have less interest in breastfeeding in the second trimester due to a change in taste of the milk and reduction in volume (as it changes to colostrum). Many toddlers will wean during this time, although some will want to go back to breastfeeding after the new baby is born. This possibility may be of some comfort to mothers who feel their toddlers were not quite ready to wean before or during pregnancy.

If you are open to the possibility of tandem nursing, I recommend you read *Adventures in Tandem Nursing: Breastfeeding during Pregnancy and Beyond*, by Hillary Flower (published by La Leche League International).

For more information about fertility and breastfeeding during pregnancy, check out the articles, [Breastfeeding During Pregnancy](#)<sup>3</sup> and [Breastfeeding and Fertility](#)<sup>4</sup>. The latter has an extensive list of further resources at the bottom.

<sup>1</sup> <http://www.thealphaparent.com/2014/12/how-to-get-pregnant-whilst-breastfeeding.html>

<sup>2</sup> [http://kellymom.com/pregnancy/bf-preg/bfpregnancy\\_safety/](http://kellymom.com/pregnancy/bf-preg/bfpregnancy_safety/)

<sup>3</sup> <http://www.llli.org/faq/bfpregnant.html>

<sup>4</sup> <http://kellymom.com/bf/normal/fertility/>

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## Ten Things Not to Say to a Breastfeeding Mother

You may want to share this list with anyone in your circle who may perhaps not be aware how any one of these things might upset a mother when she is learning how to breastfeed her baby. The list comes from La Leche League's *The Womanly Art of Breastfeeding*, a book which makes an ideal gift for a new mother and those helping her.

1. Is he eating AGAIN?
2. He's just using you as a pacifier.
3. Here, I'll feed the baby a bottle and you can go get some housework done.
4. Maybe your milk isn't good enough.
5. We've never made enough milk in our family.
6. Can breasts that size really make enough milk?
7. If you're going back to work, shouldn't he get used to having some of his feedings from other people?
8. You look like a cow attached to that pump.
9. I feel like your breasts really belong to me, not the baby.
10. Don't let him fall asleep at the breast -- he'll get into bad sleep habits.

Take a look in [The Womanly Art of Breastfeeding](#)<sup>1</sup> if you don't know why any of these are not appropriate things to say to a new mother!

(Reproduced from Breastfeeding Today's blog post dated 9<sup>th</sup> November 2015, which appeared at <http://breastfeedingtoday-llli.org/ten-things-not-to-say-to-a-breastfeeding-mother/>)

<sup>1</sup> <http://store.llli.org/public/profile/414>

# Postcard from

# TAIPEI, Taiwan



*My husband and I have been living in Taiwan's capital city for the past two and a half years. We moved here after being in West Africa for three years. Can you say "change of environment"?*

*We live in a neighbourhood called Tianmu in the north of the city. We literally live across from a mountain, and we really enjoy being in Taiwan. It's a very family-friendly country and, as I later discovered, a very pro-breastfeeding nation. In our area there are three international schools, so you could say it's more Westernised than other parts of the city.*

*I became pregnant with my daughter a year after arriving here, and I was nervous to be away from my family during such a special time in my life. In a place where I barely speak the language, I was afraid I wouldn't be able to get the help and advice I needed.*

*Luckily, I work at one of the international schools in my area, and soon I started getting*

*recommendations from co-workers. I kept hearing about a Canadian doula who taught prenatal classes in English. I signed my husband and me up immediately. Being a foreigner in Taiwan is not an issue because they are a very inclusive society, but boy are they curious about a pregnant expat – I felt like a celebrity! Upon entering a public bus, two or three people would stand up to give me their seats.*

*Through an amazing series of events I got in touch with the Taipei Breastfeeding Support Group (TBSG), which meets monthly. One of my prenatal classmates and I went together while we were both eight months pregnant. I was amazed to find all of these other mothers, mostly foreigners like us, getting together simply to talk, give and receive advice, and hang out. It was the first time I felt part of a parent community.*

*My daughter came to this world fast and without complications. Our amazing doula encouraged me to breastfeed right after she was cleaned up, and I remember thinking, as soon as she latched on,*

“Wow, she’s sucking for dear life!” (pun totally intended). The hospital sent a lactation consultant to visit me a couple of hours after the delivery, who also helped me.

Breastfeeding was easy for us from the beginning, but it was the monthly visits to the TBSG that made a difference. I connected to them through a Facebook group, and one of the mothers shared a map of the metro showing the stations that had breastfeeding rooms. Hold it – the public transportation system supports nursing mothers? I had never even noticed them, perhaps for lack of need earlier!

The moment I started going out with my baby, I



realised just how many places had breastfeeding rooms. These were decorated rooms with sofas, often with pillows, changing tables, sinks and hot/cold water dispensers. If you had to cross town with a baby and needed to nurse, you always had a safe and clean place to go.

When my daughter was three months old, a post came through the TBSG announcing a La Leche League meeting. I had heard of them, and was happy to attend. I was so glad to see that we had a “theme” each meeting, but with also a lot of opportunity to talk with other women. I was able to ask other mothers, not just my doctor, everything I wanted to know more about.

It has been an absolute dream to have breastfeeding rooms available, but every once in a while I have had to nurse in public. I never had any shame in breastfeeding, but like I mentioned, foreigners, especially foreign children and babies, get lots of attention. I preferred to cover up with a light shawl. Most people would look on with curious eyes, yet I never felt it was weird or creepy.

As a first-time mother, I couldn’t have asked for a better place to experience parenthood and breastfeeding. Taiwan has undergone a decline in population in recent years, and they seem to be very excited to see little children. Honestly, walking with my baby makes people turn their heads, and I’ve actually been stopped in the street so a complete stranger could smile at my daughter and wave.

I am so glad Taipei is a pro-breastfeeding city. It really de-stigmatises it, which is a surprising contrast to my home country, the USA. I’ve been back there twice since having my baby, and each time I had to nurse her in public, even when covered, I got stares.

Having your first child abroad can be a challenge, but through an amazing support system comprised of other parents, I have found open ears and open hearts for all of my worries. I am forever in debt to Taiwan for making parenthood a breeze, and for encouraging breastfeeding mothers and making them feel welcomed outside of their homes.



Photo credit: Magdalena Lin

Carol Youssif  
Taipei, Taiwan

# Spotlight on LLL Japan

There are currently 52 Japanese-speaking La Leche League Groups, with 104 Leaders, in Japan. Although Japanese-speaking Japan is not part of LLL Asia & Middle East, because they are large enough for their own LLL Area, they are our most populous neighbouring LLL Area and some of them do enjoy this magazine. Of course, they also overlap geographically with English-speaking LLL Groups in Japan, who are part of LLL Asia & Middle East.

So we asked mothers attending various Japanese LLL Groups what they enjoy about La Leche League meetings, and we think their answers may ring true for mothers attending LLL meetings everywhere.

What I like best about LLL meetings is that I can receive good breastfeeding information based on evidence and hear about the experiences of mothers around the world, instead of the generally perceived to be correct breastfeeding information available here in Japan (cautions about what not to eat, good and bad breast milk, and breast massage). I also appreciate the opportunity to relieve stress by talking with other breastfeeding mothers.

(Hitomi Imura, LLL Takasaki)

I like how concerns disappear after sharing with other mothers at meetings and I feel energized and ready to keep on going.

(Yukako Takayanagi, LLL Toyama)

What I like best about LLL meetings is that I have freedom to choose. I appreciate that at LLL Meetings they don't say, "You can't eat meat!", "You have to wean naturally!", or "You have to wean by 18 months!", but rather that they give you options to choose from.

(Wakako Teshima, LLL Saitama)

I like being able to talk about breastfeeding and learn from mothers who have children older than mine.

(Yoshiko Kidara, LLL Yokosuka-Chuo)

I like the fact that there are a variety of mothers with various breastfeeding and parenting styles, yet we are all the same, and that we are not coerced to do something in a certain manner.

(Aya Fushida, LLL Mino)

This was my first time participating in an LLL Meeting. I am pregnant with my second child and came to find some hints for being able to breastfeed exclusively, because I had to supplement my first child from birth. After attending the meeting today, I feel that there is some hope for me yet.

(Chie Oe, LLL Sanda)

# In the News

## First ever Korean-speaking meeting



Joy Hye-Jung has recently been accredited as a Leader in Seoul, and has already held the first ever Korean-speaking La Leche League meeting, at “Café Wiggle Wiggle” in Maseog on 18<sup>th</sup> January. She joins Helen Cho in Hong Kong as our second Korean-speaking Leader, and the first who lives in Korea.

Before her first meeting took place, *Close to the Heart* asked Joy about her feelings towards the upcoming meeting and what she hopes to achieve as a Leader:

“I am so happy to be starting the first Korean-speaking LLL meetings, although a little nervous too. Not many people in Korea have heard of La Leche League, so I have set up a website, [www.lllkorea.org](http://www.lllkorea.org). Because I had a lot of difficulties with breastfeeding myself, I am passionate about helping breastfeeding mothers and their families. There is no breastfeeding support group in Korea with a philosophy like La

Leche League’s. The typical attitude towards breastfeeding in Korea is that it is something painful for mothers to endure (so they are in a hurry to wean before toddlerhood), rather than as part of a beautiful relationship to be celebrated and which respects babies’ needs. My greatest hope as a Leader is to help translate the next edition of *The Womanly Art of Breastfeeding* into Korean. I know this will require a lot of effort, so I hope there will soon be more Korean-speaking LLL Leaders to help.”

## Seminar in Beijing with Dr Jack Newman



On 12th-13th December, La Leche League China held a breastfeeding seminar at the Beijing Chang An Grand Hotel, attended by 319 adults and 70 babies, entitled “Observing international practice towards execution in China – a dialogue between Chinese and international breastfeeding supporters”. The keynote speaker was Dr. Jack Newman, the renowned Canadian physician who specialises in breastfeeding support and advocacy. The topics covered by Dr. Newman during the two-day seminar included “What they didn’t teach you about breastfeeding in your training”, “Controversies in breastfeeding” (such as formula supplements, nipple confusion, nipple shields, tongue tie and vitamin D supplements), and “When the baby refuses to latch on”. There were also two Chinese speakers, Zhao Minhui (pictured on the left) and Gao Yaojun (pictured second from right), who are

both IBCLCs and healthcare providers. They gave great talks on the topics “Best practice in Chinese baby-friendly hospitals” and “Breast care during pregnancy and after weaning”.

Rebecca Taylor, one of the LLL Leaders in Beijing, enthused: “Dr. Jack’s seminar was phenomenal. I took such heart from his non-nonsense approach, as it gave me the confidence to continue to speak out strongly against any systems which sabotage breastfeeding. I relished the opportunity to have some closely held beliefs either challenged or confirmed. I hope we get the opportunity to participate in such an amazing professional-development event again soon!”

## 2nd Anniversary Picnic in Xiamen



LLL Xiamen celebrated its two-year anniversary on 7<sup>th</sup> November with a picnic, in memory of the picnic in 1956 that founded La Leche League. The picnic was held in Hai Wan Park, alongside an informal monthly meeting, and was joined by 31 adults and 12 children. A special two-year anniversary cake was one of the highlights of the day, with many children eager to share the cake; the gathering was very much amused by a boy who had recently celebrated his second birthday and enjoyed repeatedly blowing out the candle before anybody could make a wish! Towards the end, some families took a walk in the park together, waving small LLL flags.

At the start of the third year of LLL Xiamen, their Leader Missy Wang is excited about their move to a new venue for her monthly meetings, in Xiamen Children’s Hospital. She hopes collaboration with the hospital will enable LLL information to be spread to more families.

## New Leader and Groups

Alice Hackett-Allan has recently moved to Tashkent, Uzbekistan, and has started the first ever La Leche League Group in that country. She’s accustomed to pioneering LLL Groups in exotic places, having set up the first ever LLL Group in Addis Ababa, Ethiopia, four years ago, which continues in her absence. She hopes to hold her first meeting in February.

Varsha Kiran has recently been accredited as a new Leader and founded the first LLL Group in Chennai, India. While many mothers who become Leaders do so by simply getting involved in their local LLL Groups, where no LLL Group exists then the path of new Leaders is more difficult. Varsha initially got involved with helping other breastfeeding mothers when she was persuaded by a local lactation consultant to join her visits to local hospitals. She also got acquainted with LLL Leader Chetana Kulkarni from Bangalore via a Facebook breastfeeding support group, and Chetana encouraged Varsha to apply for LLL Leadership. Varsha hopes to start meetings eventually but is having difficulty finding a suitable venue so far, and is meanwhile already busy helping mothers via email and phone calls. There are now a record number of eight LLL Leaders among six Groups in India, up from only two Leaders in 2007 – a four-fold increase within nine years!

La Leche is also expanding in neighbouring Pakistan. Aida Tasneem Zafar has recently been accredited as a new Leader in Karachi, becoming only the second LLL Leader ever in Pakistan, joining Amatul Wadood Nazli in Mansehra. Originally from the UAE, Aida first got involved with La Leche League via the internet, after finding LLLI online resources immensely helpful when she was struggling to breastfeed her first baby. The most urgent problem that Aida sees needing her attention is the lack of breastfeeding knowledge among

medical professionals, which she believes contributes heavily to the very low breastfeeding rates in Pakistan, so she is hoping to spread LLL information in hospitals, in addition to holding monthly meetings.

La Leche League in the UAE is going from strength to strength. The Dubai Group (which has been closed since 2012) was reopened by Mirna El Sabbagh Musimani, and a new Group created in Sharjah by Tamara Brand. Both Leaders have coincidentally just moved into the UAE from Lebanon. Meetings have been taking place in Dubai since November and generating a lot of interest, and Sharjah held its first ever LLL meeting on 25 January.

A new LLL Group has been set up in Doha, Qatar, by Frances Rivers, who has moved in from the USA. Monthly meetings have been taking place since September, and Frances has been very pleased with the attendance: “I’ve been really shocked with the amount of response the group has received. We just had our meeting this morning for January and had 15 women show up!” This is extremely encouraging after such a long time gap since the previous LLL meeting, which we believe was back in 2007.

Jessica Wills moved to Guam in July last year, started a new LLL Group there in August, and held the first meeting in September – she definitely hit the ground running! She has also set up a new Facebook page, <https://facebook.com/LLLofGuam/>.

Kelsey Hendrix recently became accredited as a new Leader in Urumqi, Xinjiang Province, in the far west of China. She has re-opened the LLL Group in Urumqi that had to close temporarily due to Keriann Davidson's move back to the USA. Although hailing from the USA, Kelsey has lived in various parts of China for nine years and has worked hard on her Chinese language skills during that time. She is now fluent enough to lead Chinese meetings, and is planning to hold three meetings a month – one in English, one in Chinese, and one in Uighur (the local dialect, with the help of an interpreter) – which will commence soon after the Chinese New Year holiday. We are very impressed, Kelsey!

## **Hong Kong English-speaking Groups Depleted**

A number of Leaders have retired from English-speaking groups in Hong Kong this year. Elena Thomson retired after four years of service as a Leader and will be remembered for her initiative in 2013 to revamp LLLHK's website (<http://www.lll-hk.org>) and promotional leaflets, and for her extremely popular meetings in Discovery Bay in 2012 and 2013. Sandrine Legrand, our first French-speaking Leader, retired after two years as a Leader, but has continued in her post as Treasurer of LLLHK, taking care of all the accounts.

We also lost some Leaders who will continue helping mothers as Leaders in other countries. Firstly, Davina Wright (originally from New Zealand) moved to Australia after a short but sweet (literally, because she makes lovely cakes) year as a Leader. Her [inspiring story of exclusively breastfeed triplets](#)<sup>1</sup> can be found in our first issue of 2014. Her meetings in Discovery Bay will be much missed, not least the refreshments! She will continue to be available to help any mothers of multiples who want her advice, via [info@lll-hk.org](mailto:info@lll-hk.org).

Then Cher Skelling moved back to her native UK after two years as a Leader. She became a Leader while she was breastfeeding newborn twins plus tandem feeding their older sister, and also holding down a full-time job as a shoe designer which involved trips to China. Yet she still found time to handle email enquiries and sometimes attend meetings with two babies in tow and make it look easy. Her [story of how she managed juggling her job](#)<sup>2</sup> with her first baby can be found in the second issue of 2014.

Lastly, our longest-serving retiring Leader is Pauline Walker, one of the Hong Kong Island Group Leaders since 2009, who will now have more time to pursue her passion for horses, but will continue in her role as sub-editor for *Close to the Heart*. When asked if she had any departing words, she said this: “I attended my first La Leche League meeting with my newborn daughter. The meetings were an important source of information and support that bolstered me through my most exhausted mothering periods. When I became a Leader, I was excited to be given the opportunity to give back and support other mothers. Remembering each time a mother let me know how much I helped her and her baby, and knowing I made a positive difference to their lives, makes me feel very proud of my time with LLL. I’ve

been lucky to work with a great team of committed leaders, past and present, and I'd like to say a huge thank you for their support and friendship."

*Close to the Heart* also asked Pauline's co-leaders for tributes. Sarah Hung commented, "I first met Pauline when she was a VERY new mother. At five days old, her daughter Emily may still hold the record for youngest baby at a LLLHK meeting. Pauline came to the meeting because she was determined to find out the information she would need for her and Emily to make breastfeeding work. When she became a LLL Leader, she was equally determined that other mothers should have access to the best information too. Pauline was always a calm, thoughtful presence at our meetings; she knew when to give information and when to be quiet and let others speak. We will all miss you Pauline - best of luck for the years ahead."

Caroline Carson added: "Pauline has been a key member of the Hong Kong Island Group since I arrived in Hong Kong six years ago. She has always been available and willing to help out without being asked. She was a great support to me as a new Leader. She has a lovely calm manner and great sense of humour which we will all miss. Luckily for me, our daughters have become great friends, so I still get to see her every week!" The rest of us can still see Pauline's face on page 62 of *The Womanly Art of Breastfeeding's* 8<sup>th</sup> (2010) edition. We can also find her lovely [story about how she very gently night-weaned her daughter](#)<sup>3</sup> in our first issue of 2012.



The one consolation for Hong Kong, having lost five valuable Leaders in one year, is that of our nine remaining Leaders, for the first time a majority are Hong Kong Chinese. We now have four Hong Kong Chinese, two Britons, one Australian, one American and one Korean. The goal of most La Leche League Groups, if they start as an organisation run by expatriates, is to nurture branches in the local language which can give information and support in the mother tongue of most residents. Hong Kong Cantonese Groups are still growing, so it looks like we are getting there in Hong Kong.

All *Close to the Heart* back issues more than a year old can be found at [www.lll-hk.org/close-to-the-heart-magazine.html](http://www.lll-hk.org/close-to-the-heart-magazine.html).

<sup>1</sup> [http://www.lll-hk.org/uploads/1/8/6/5/18651450/2014\\_1\\_ctth\\_-\\_vol\\_15\\_no1.pdf](http://www.lll-hk.org/uploads/1/8/6/5/18651450/2014_1_ctth_-_vol_15_no1.pdf)

<sup>2</sup> [http://www.lll-hk.org/uploads/1/8/6/5/18651450/2014\\_2\\_ctth\\_-\\_vol\\_15\\_no2.pdf](http://www.lll-hk.org/uploads/1/8/6/5/18651450/2014_2_ctth_-_vol_15_no2.pdf)

<sup>3</sup> [http://www.lll-hk.org/uploads/1/8/6/5/18651450/2012\\_1\\_ctth\\_-\\_vol\\_13\\_no1\\_-\\_4.pdf](http://www.lll-hk.org/uploads/1/8/6/5/18651450/2012_1_ctth_-_vol_13_no1_-_4.pdf)



## Preventing ADHD

We have long known that breastfeeding has a positive impact on child development and health – including protection against illness. Now two separate studies have shown that breastfeeding may also help protect against Attention Deficit/Hyperactivity Disorder (ADHD), the most commonly diagnosed neurobehavioural disorder in children and adolescents.

Seeking to determine if the development of ADHD was associated with lower rates of breastfeeding, a team of researchers from Tel Aviv University (led by Dr Aviva Mimouni-Bloch) conducted a retrospective study on the breastfeeding habits of mothers of three groups of children: a group that had been diagnosed with ADHD, siblings of those diagnosed with ADHD, and a control group of children without ADHD and lacking any genetic ties to the disorder. The unique inclusion of the sibling group means that the results are able to more reliably separate breastfeeding from confounding factors such as parental education level and socioeconomic status, in families where the breastfeeding experience was not the same for each child.

The Israeli study, published in *Breastfeeding Medicine* in July 2013, found a clear link between rates of breastfeeding and the likelihood of developing ADHD, even when typical risk factors were taken into consideration. The researchers found that children with ADHD were far less likely to have been breastfed in their first year of life than the children in the other groups. At three months, only 43% of children in the ADHD group were breastfed compared to 69% of the sibling group and 73% of the control group. At six months, 29% of the ADHD group was breastfed, compared to 50% of the sibling group and 57% of the control group.

A second study, at the Steven and Alexandra Cohen Children's Medical Center of New York, also found significant differences in the duration of breastfeeding between ADHD and non-ADHD children. That study, led by Dr Andrew Adesman, found that about 57% of the breastfed ADHD children were nursed for less than one month, 20% for one to five months, and 22% for six months or more. By comparison, 26% of the breastfed control group were nursed for less than one month, 28% for two to five months, and 46% six months or longer.

Drs Adesman and Mimouni-Bloch both noted that their research does not prove that breastfeeding has any sort of protective effect, only that there is a connection. Dr Mimouni-Bloch suggested that some children's temperaments might be more difficult than their siblings', making it harder for the mother to breastfeed a child who is later diagnosed with ADHD. Mothers with ADHD (a partially genetic condition) may also lack the patience to breastfeed for several months.

Notwithstanding that reservation, both groups of researchers considered possible reasons why breastfeeding may have a protective effect. Dr Adesman speculated that breastmilk's rich and optimal blend of fatty acids, which are essential to brain development, may protect against ADHD. He said, "There is some credible data to suggest that essential fatty acid supplementation can have modest, but discernable benefits when given to children with ADHD. It's tempting to link the two."

The act of breastfeeding itself also could provide some as-yet-unknown benefit. There is a sensory experience a baby gets from breastfeeding that's far richer than the bottle experience, and a special bond formed between mother and baby. The Israeli study noted that mother's milk has a varied taste, based on what the mother has recently eaten and even the time of day, whereas baby formulas have a consistent taste and don't offer the same experience.

Further research will be needed to try to uncover how these aspects may affect a baby's development. Dr. Mimouni-Bloch hopes to conduct a further study on breastfeeding and ADHD, examining children who are at high risk for ADHD from birth and following up in six-month intervals until six years of age, to obtain more data on the phenomenon.

### References:

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