

Close to the Heart



La Leche League Asia
Mid-Year 2016
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"Breastfeeding
is mothering
close to the heart"

Pumping and working at
30,000 feet

Peer
Support



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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 Aug. 2016 will be considered
for the Late-Year 2016 issue.**

Contributions received by
1st Dec. 2016 will be considered
for the Early-Year 2017 issue.

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1st April 2017 will be considered
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**Article and stories for
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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

Our feature article in this issue is about the importance of peer support groups for breastfeeding success, especially to mothers who don't have much support at home or in their communities. This magazine is of course an extension of the peer support that La Leche League provides. When my children were small, whenever I was feeling discouraged about breastfeeding or just tired, I used to find that reading *Close to the Heart* was a good pick-me-up in between LLL meetings.

It can be inspiring to hear about how other mothers have overcome difficulties, which can give us the strength to persevere and overcome any difficulties of our own. Learning about the many positive aspects of breastfeeding can also remind us that we are doing a worthwhile job and convince us to keep going.

In this issue, we hear how Melinda managed the seemingly impossible task of pumping milk for her baby while working as a flight attendant. We read about Kim's gentle weaning plans, which to me speaks of the wonderful bond that breastfeeding facilitates. And we learn in the Postcard from Suzhou that China is a much more breastfeeding-friendly country than we may have previously thought.

Keep your contributions coming, because mothers' stories are the core of this publication which continue to make it different from other breastfeeding publications and blogs. There is an appeal in *Over to You* at the bottom of page 8, and we of course always welcome fuller stories.

In the meantime, have a wonderful summer, everyone!

Jenny

La Leche League:

The Peer Support Breastfeeding Mothers Need

by **Tamara Brandt**

LLL Leader with Sharjah Group, UAE

Research has shown time and time again that breast milk is the ideal form of nutrition for infants and that breastfeeding offers numerous physical, emotional and cognitive benefits for both mothers and their children, and even that it is environmentally-friendly and responsible. In the Asia and Middle Eastern regions, it is evident that the majority of women WANT to breastfeed because initiation rates are high. Despite this, the percentage of mothers who breastfeed exclusively for six months (as recommended by the [World Health Organization](#)¹), and continue breastfeeding together with complementary foods for longer than that, is quite low in both regions. Although the reasons for this vary from person to person (and from country to country), there are many factors that make breastfeeding difficult, including cultural beliefs and misconceptions, hospital policies, lack of social and familial support and short maternity leave.

For La Leche League, this is a fundamental issue, but one that we as mothers can do something about. One of the easiest and best ways to do this is through something that is at the very heart of the LLL mission: mother-to-mother peer breastfeeding support. A supportive environment and a group of sympathetic ears can do wonders for a mother's confidence and help her to troubleshoot any problems she encounters. Research has also demonstrated that peer support contributes to higher breastfeeding rates and can even counteract many of the inhibiting factors that mothers face at home, in their social environments or even in the hospital during and after birth.

Certainly this sounds great, but what exactly is breastfeeding peer support? In its simplest form, it is a network of mothers with personal breastfeeding experience who are trained to provide information and encouragement to pregnant women and new



mothers in their own communities. This concept is central to [LLL's mission statement](#)², which 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".

Research shows that experienced mothers from the same community are viewed as role models who inspire trust and credibility since they usually share the same language, local identity, morals and values as the mothers they are helping (Bronner *et al*, 2001). The authors noted that breastfeeding peer support was especially effective in communities "where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as a norm are scarce" (page 136), as is the case in many parts of the Middle East and Asia. Furthermore, breastfeeding peer support has been shown to be effective in a variety of contexts. It has been used successfully in both developed and developing countries, urban and rural settings and among a variety of ethnic groups, because it can be adapted to fit the local context.

It has also been demonstrated by Bolton *et al*



(2005) and Chapman *et al* (2011) that peer support improves rates of breastfeeding initiation, duration and exclusivity. In America, Hispanic women living in Connecticut were considerably more likely to initiate breastfeeding (90% versus 77%) when they had access to peer support (Chapman *et al*, 2004). Similar findings were reported by Anderson *et al* (2005) on breastfeeding initiation (90% versus 76%), observing that mothers with peer support were nearly 15 times more likely to be exclusively breastfeeding three months postpartum. In Nigeria, Davies-Adetugbo *et al* (1996) analysed a combined breastfeeding and anti-diarrhoeal peer counselling intervention and found that the number of mothers who exclusively breastfed increased significantly at one week (49% versus 6%) and day 21 (46% versus 8%).

By its very nature, La Leche League and its members is an immensely powerful peer support network, with a global reach. To date, there are 5,962 LLL Leaders in over 70 countries worldwide. By reaching mothers at both the prenatal and postpartum stage and offering face-to-face support along with phone and social media support, La Leche League has engaged in what health researchers have deemed to be some of the most effective peer support practices. The free monthly in-person support meetings are important aspects of this, as interventions relying solely on phone support have showed mixed results in improving rates of initiation, duration and exclusivity compared to interventions offering both face-to-face and telephone support (Chapman *et al*, 2010). This is what makes organisations like LLL incredibly effective and distinctive, particularly in the Asia and Middle East regions where breastfeeding peer support (and breastfeeding

resources in general) are scarce and have only recently been gaining in popularity and recognition.

Countless mothers have sung the praises of LLL and the peer support that it can offer. Sometimes it can make the difference between a mother continuing to breastfeed or giving up. Melissa Khairallah of Lebanon describes how peer support helped turn her difficult breastfeeding experience into one of positivity and joy: "I found a LLL Leader's number in a magazine for moms by coincidence when I was struggling with breastfeeding my one-month-old newborn, not wanting to give formula and crying from the pain I was going through when breastfeeding. I thank God I called that person who came to the rescue. My nightmare of breastfeeding turned into a dream of two years and four months that I enjoyed so much."

Rose Marie Habchi of Lebanon explains the positive impact peer support had on her breastfeeding experience, encouraging her not to give up and to listen to her natural mothering instincts: "After two months of breastfeeding, I was done. My baby was pulling off and crying and I was constantly being told, 'She is hungry! Your milk is not enough!' I believed them and started pumping milk, then feeding her my milk by bottle. I eventually decided to look for a support group on social media to encourage me to keep going and get my baby back to nursing. I found the LLL breastfeeding support group in Lebanon. The ladies were all so supportive, told me my milk was enough and to keep persevering. I didn't give up thanks to these ladies and now I've been breastfeeding for five months and will not give up."



If it wasn't for this group, I would have stopped breastfeeding three months ago."

Mirna El-Sabbagh, now an LLL Leader in the UAE, echoes these thoughts: "I found having a friend going through the same phase crucial to my breastfeeding success. I loved knowing that what I was going through was normal versus feeling all alone and that what I was doing was abnormal. It has helped me immensely to find someone to talk to about the nitty-gritty details of what was happening."

Perhaps most importantly, the communities formed and nurtured through mother-to-mother peer support create a sustainable, positively reinforcing cycle of support, encouragement and empowerment. As Rose Marie noted, "Before joining the LLL Group, I had limited knowledge about the importance of breastfeeding and was taught by other women from my circle that I must time feedings and not feed the baby at night, for example. I later learnt that these women only breastfed for one month. With the knowledge I gained from other ladies at the LLL meetings, I was able to educate them."

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Websites

- ¹ http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
- ² <http://www.llli.org/mission.html>
- ³ <http://www.llli.org/lad/talll/talll.html>

Najat Bou Nader of Lebanon emphasises the value of breastfeeding to her own mothering and relationship with her children, and reiterates the significance of peer support in her breastfeeding journey and, in return, her desire to help those around her breastfeed: "Since I am a working mama, I think that breastfeeding my baby is a commitment, a source of support for me, especially when I feel exhausted from work and feel stressed. I also think my baby and I exchange courage, happiness, feeling safe, and sure, LOVE. I am also happy that I have encouraged many mom friends of mine to breastfeed when the idea of breastfeeding was totally rejected in their entourage."

Peer-to-peer support is unique in the fact that it not only helps one mother to breastfeed, but helps her create a growing wave of support that could potentially help many, many more in the future.

Would you like to make a positive impact on breastfeeding rates in your city, country or region? Are you passionate about breastfeeding? Would you like to use your personal breastfeeding experience and gain more breastfeeding knowledge to help support and encourage others? If so, consider becoming an LLL Leader! See [Thinking about LLL Leadership](#)³ for more information.

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!



Alex, our eldest, was a slight “surprise” and a very difficult pregnancy. After I gave birth to him, the doctors gave us what felt like an “ultimatum” to have another one soon or run the risk that it may never happen (for medical reasons). So, thinking it may take a while and not wanting an only child, we started trying straight away. To everyone's surprise, I fell pregnant very quickly, resulting in the boys being only 15 months apart.

It was really hard but I love how close they are now. We tried again for a third baby but it took us a while to get pregnant again. There is a little over three years between Max (our middle child) and baby Elise. If I am to have another, I'd like a short spacing if possible because I like the bond it has helped to create in our case. Our boys love their sister but although they fight they are as thick as thieves and inseparable most of the time. It has been hard work but if I had to do it over, I would keep them close together in age. – *Laura Pegorie, Beijing, China*



My husband and I didn't get together until we were both in our late 30s and then we didn't waste any time before trying to start a family. Amazingly, I became pregnant as soon as I stopped contraception, even though we were living thousands of miles apart at that time. I was 41 by then. I had two miscarriages before a successful pregnancy, and our first child was born when I was 42.

If my husband and I had met when we were younger, we both agree that we would have liked to have four children. We love being parents. But obviously having a first baby at 42 meant this was highly unlikely. We decided to try for a second. We couldn't really worry about spacing; we just had to try our luck and see what happened. As I was breastfeeding, my period didn't

return until our daughter was nine months old and we have never used contraception since. I initially became pregnant when our daughter had just turned one, but miscarried. I had another miscarriage when she was about 18 months old. Then – third time lucky again – I had a successful pregnancy and our son was born when our daughter was two years and seven months. This time, I was six weeks away from my 45th birthday.

Two and a half years is actually a great age gap. They get on really well. Our daughter was old enough to be a little more independent than she would have been if my earlier miscarried pregnancies had been successful, and old enough to be a loving big sister, which she mainly continues to be. They are now aged nine and almost seven.

Whilst we would have loved to have had more children, we recognise how lucky we are to have two beautiful, healthy children in our 40s. Also, living in Asia, we have so many opportunities to travel, which would be much more expensive and logistically challenging with a bigger family. And we have two males and two females in our family so we are evenly matched! – *Caroline Carson, Hong Kong*

Not exactly through our own planning but more through what my body allowed, we have ended up with five years between our older two and (soon to be) 4.5 years between the younger two. While at times I felt impatient during the wait, I recognise that there is a certain wisdom, for our own family dynamics, in having just one very young child at a time. Even now, as I contemplate life with a newborn again, I can feel overwhelmed at the idea of being pulled in too many directions at once. This spacing has allowed me to fully experience each baby without the intense demands of a toddler pulling at me, has allowed each child to feel completely secure before another sibling comes along, and has allowed us to discuss in depth how life is about to change. While I wouldn't tout this spacing as "better" than any other, it has worked very well for our family. – *Kim Adams, Oman*



We have a 23-month baby boy named Drona. Even before Drona was born my husband, Kiran, wanted to restrict our family to only one child. We were friends for a long time before we eventually got married, so he has seen me with my parents and I'm the only child for them. He feels having only one child was good for me, but I feel it is good to have a sibling. He has an older sibling with an age difference of one year and five months. Having seen many siblings in other families, and living with my cousins who have various age gaps between the siblings, I feel a gap of three to seven years is good. Since one year after Drona's birth, I have convinced Kiran that if Drona wants a sibling, we would love to extend our family with another child. It will be completely Drona's decision. – *Varsha Kiran, Chennai, India*

OVER TO YOU in September 2016

Partners – do they make a difference? How has your partner helped with your breastfeeding journey? Did they provide encouragement and/or practical help? Alternatively, did you need to overcome a definite lack of partner support to breastfeed, or have trouble persuading them that it was worthwhile? What ways did your partner find to bond with your baby? Whatever your experience has been, we'd love to hear about it and share with other *Close to the Heart* readers. Contributions should ideally be 100 to 300 words and be accompanied by a suitable photo. Please send to jennyllhk@gmail.com by 1st August 2016.

Wean Me Gently



I realised with a start this morning: I can't remember the last time my daughter nursed! This makes me a little sad, yet I am ready for this new stage (mostly).

She has skipped days before, and this time it has probably been only two days, but I simply can't recall. I do remember one afternoon recently she crawled into my lap and asked to nurse; I said yes, but then asked her whether that was what she really wanted. To my surprise she said no and jumped down. That might have been the last request, but I am not sure.

Less than a week ago, I was feeling a little irritated and frustrated that her nursing had increased (it can be quite unpleasant and painful now, in mid- to late-pregnancy). I was also concerned about how she would cope while I would be away on a business trip two months later, if she wanted to breastfeed frequently.

Less than six weeks ago, an acquaintance stopped me to enquire how long we will breastfeed – wasn't I worried about making her too dependent, wasn't I worried she would never stop, wasn't I making efforts to quit? (I hadn't even realised anyone outside our household knew she wasn't completely done!) I reassured her that I was worried about none of those things and that we would

Wean Me Gently

by Cathy Cardall

I know I look so big to you,
Maybe I seem too big for the needs
I have.
But no matter how big we get,
We still have needs that are
important to us.

I know that our relationship is
growing and changing,
But I still need you. I need your
warmth and closeness,
Especially at the end of the day
When we snuggle up in bed.

Please don't get too busy for us to
nurse.
I know you think I can be patient,
Or find something to take the place
of a nursing;
A book, a glass of something,
But nothing can take your place
when I need you.
Sometimes just cuddling with you,
Having you near me is enough.

I guess I am growing and becoming
independent,
But please be there.
This bond we have is so strong and
so important to me,
Please don't break it abruptly.

Wean me gently,
Because I am your mother,
And my heart is tender.

continue as long as we both wished.

And now perhaps she is done.

If she is finished, I will be very glad that it happened on her own terms. I had been less willing recently, due to nipple pain during pregnancy, but only a few times had I completely refused. It is very rewarding to watch her grow into a new stage as she is ready.

When she turned four years old, we started putting her to sleep in her own bed, and she quickly got comfortable falling asleep with my husband instead of me. When she came to our bed in the middle of the night, she often did not nurse. That was only one month ago. During the following month, she was sick and increased nursing and I wondered how long it would go on.

Suddenly, it may be over.

As I reflect on this week, I remember that she was more clingy than usual. I had attributed that to a traumatic event that has affected our entire community, but perhaps it was her need for extra snuggles as she gave up nursing. So this morning I spent a few extra minutes stroking her skin as we shared those lovely first moments of waking up together. Then I revisited one of my favourite poems (see side-bar), which made me cry as usual.

I won't be surprised if she asks to nurse again. It may be today, or next week, or after the baby arrives. I'm not sure what I will say; it will depend on my mood and what else is going on. Just like the rest of our parenting journey, we will take it one moment at a time.

The inspiring series of FREE online talks continues at www.iMothering.com.



May & June's TALK is by **Maggie Dent**, commonly known as Australia's 'queen of common-sense'. Maggie is an author, educator, and parenting and resilience specialist with a particular interest in the early years and adolescence. This TALK, [*Go-Slow Parenting*](#), explores how to calm our children's lives. She explains that stress is a new challenge to children's health and social wellbeing in our modern world and gives tips for soothing, calming and relaxing children.

There is also a bonus TALK in May & June by **Julie Schneider**, which is a chance to re-listen to her TALK [*Child's Play: Science Learning at its Best*](#). Julie discusses the evidence of learning and the imminent challenges which parents, educators and policymakers face when considering early childhood education.

Be sure to log on before the end of June to avoid missing out! If you have missed out, simply check the website to find out who the future speaker(s) are.

Pumping and working at 30,000 feet

After giving birth to my daughter Ruby, I knew my time at home with her was going to be much shorter than I had previously had with my son. My paid maternity leave would soon run out and due to financial commitments I would have to return to work earlier than I would have liked. As many new mothers with careers temporarily on the sidelines know, the thought of going back to work and balancing breastfeeding hangs over you like a dark shadow. As the looming date of my return to work raced towards me, my angst and trepidation increased. How was I going to do this? Of course my heart was breaking at the thought of leaving Ruby and of course my toddler son Jeremy.

As a fairly new and junior flight attendant, I knew I really didn't have many options available to me. This was a job I had fought hard to get, which gave us good financial security, and I didn't want to give it up. But I was determined to breastfeed Ruby, as I had done her elder brother. Towards the end of my pregnancy, I had been given work on the ground in crewing, which had allowed me to work right up until I gave birth, which suited me perfectly.

Secretly, I was hoping my ground work would continue after I gave birth, or that I might at least be able to get a part-time roster, so that I could easily pursue my strong desire to breastfeed. But ultimately this wasn't going to happen. I found there were no alternatives available except quitting. After taking as many days without pay as I could, and using all my sick leave, I set about making plans to return to work.

Perhaps I was young and naive to think that I could breastfeed/pump and fly, but I was determined to give it a wholehearted go. I knew the immense benefits of breastmilk, and I was also feeling very guilty about going back to work so early (when Ruby was about 10 weeks old), which made me really want to give it my best shot for her. At that stage, I only knew one other flight attendant who was doing what I was about to attempt. She was lucky because she was older and more senior than I, and her seniority enabled her to get a part-time roster – my dream. We would often cross paths and crew the same flights. It was nice to have someone else to compare notes with, compare soaking wet work shirts with, and discuss the best places to pump milk in peace.



Everyone else I knew simply gave up breastfeeding before they returned to work.

Because flight attendants' rosters were (and, as far as I know, still are) allocated according to seniority, and I had only been working for the airline for four years, my rosters ended up being some of the most gruelling and least desired routes available. I would desperately hope for day trips only, but I would inevitably end up with eight or nine overnights per month from our Sydney base, including red-eye Perth and Bali trips, which were known as the party flights. They meant huge toilet queues, marauding drunks, and lots of passengers

hanging around the galley. Day trips were much more manageable for me, although four sectors on some days called for quick pumping sessions at the back of the plane behind a curtain, or in a toilet on the plane or in the terminal.

The tricky part for me was always the lack of privacy, and pressure not to be in the toilet pumping for too long. Trips on the smaller planes were the worst, as there were only two toilets with long queues. Sometimes I would hide behind the curtain in the galley with my hand pump, but passengers would still tap me on the shoulder and ask me for a gin and tonic! Perhaps they didn't notice I had a pump attached to my breast? But I am sure they were not expecting the flight attendant to be pumping milk in the galley. But how could I expect a private room on a plane, where space is at a premium?

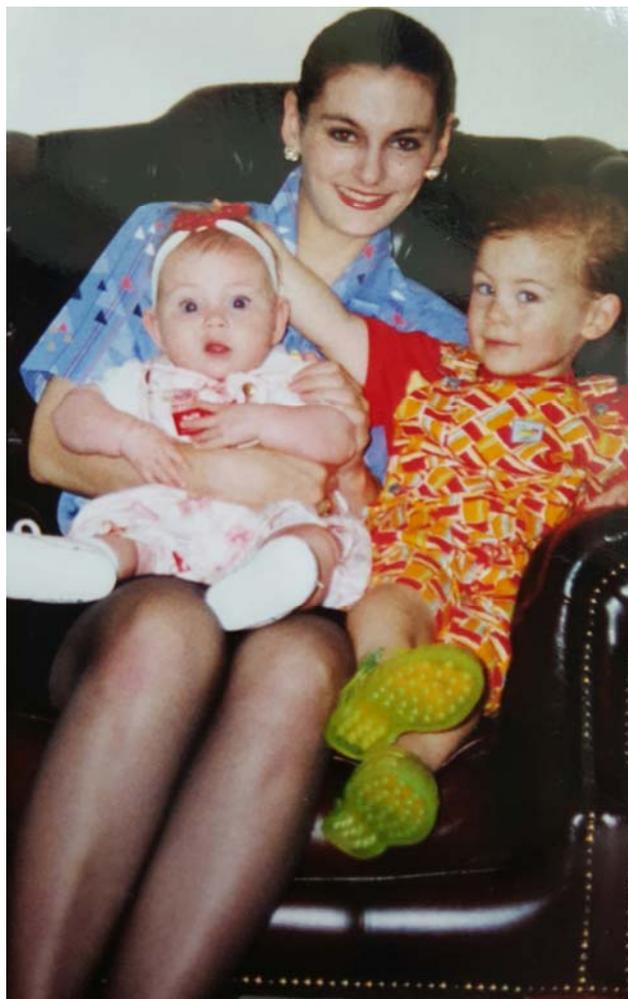
Thankfully, I found the crew to be incredibly supportive; everyone went out of their way to help me. I would store my milk in the bar cart, on dry ice, until the end of the flight, and then transfer my milk to the hotel fridge. Sometimes it worked perfectly but other times were a disaster. It was truly exhausting and definitely stressful at times. On crowded flights, I couldn't pump when I needed to. That was my biggest problem. On one nightmare trip, I couldn't pump for eight hours, ended up with severe mastitis, and was offloaded in Brisbane by an ambulance.

It was at that point, and after taking even more sick leave, that I knew my days breastfeeding were numbered. By that stage, my darling Ruby had decided she really preferred the bottle, and fussed so much at the breast that I often couldn't get her to latch on when I got home from trips, even half-day trips. My milk supply had suffered due to the constant stress and lack of continuity. I persevered until about six months, and was still able to entice her with occasional breastfeeds, but due to recurring mastitis, low milk supply and my job taking me away, breastfeeding gradually wound down until she finally refused to take the breast at all.

I felt so devastated and missed our cosy breastfeeds; the guilt was also overwhelming. Ruby continued to thrive and seemed blissfully unaware of the heartache I felt when she stopped breastfeeding. Unfortunately, I suffered from postnatal depression as a result of not being able to continue breastfeeding. It was a difficult time but I got through it. Looking back now, I feel proud that I achieved so much in spite of the circumstances and I realise it was truly worth the effort and persistence.

When I got pregnant with my third baby, it was after 9/11 and the Bali bombings. With the downturn, the airline offered voluntary redundancies which I jumped at. I went on to successfully breastfeed my third child, Toby, at home, without any of the stress or postnatal depression. Then, when I got pregnant with twins (my fourth and fifth babies), and gave birth at 32 weeks, I breastfed them straight away. Placed on my chest, Finn crawled onto my breast and latched on himself. It was amazing.

Ironically, now I own my own maternity nursing business. I see so many mothers struggle with guilt, balancing careers and breastfeeding. We talk a lot about their apprehensions about motherhood. It's extremely challenging here in Hong Kong because many mothers return to work after only the statutory 10 weeks of maternity leave, plus a couple more weeks of holiday if they can manage that. It's a real balancing act, there is no doubt about it. But from personal experience, I encourage you to embrace it, and take breastfeeding as far as you can go, not only for your baby's best start, but for your own wellbeing too.



Questions Mothers Ask

Q: My baby is now three months old. Everyone has told me that my “baby weight” would easily fall off while breastfeeding, but it hasn't. Why am I not losing the weight I was expecting?

A: Congratulations on the birth of your baby! Your body has been changing in different ways since early pregnancy. These changes cannot be reversed overnight – it will take time and patience to lose the weight you gained. However, with some understanding of lactation needs and nutrition, you can move one step closer every day.

We know that milk production definitely burns calories. Producing 750ml of milk (which is roughly the amount that breastfeeding babies need per 24 hours) requires around 500 calories, with every millilitre of breast milk burning around 0.67 calories.



However, breastfeeding alone is definitely not a magic weight-loss pill. It does help, but diet and lifestyle also play very important roles in gaining or losing weight. People (all people, not just breastfeeding mothers) who are finding it hard to lose weight are usually somehow taking in more calories than are going out. In their efforts to balance calorie input and output, new mothers have an extra challenge because their lifestyles have usually become suddenly much more sedentary than before. They tend to spend more time indoors, more time sitting down to breastfeed and are more likely to snack. If they don't have help at home, they often lack the time or are too tired to shop for fresh produce and cook healthy meals. Sleep deprivation has also been proven to inhibit weight loss and encourage unwise food choices.

Bottle-feeding mothers face those challenges just as much as breastfeeding mothers. Whilst the number of minutes per day that they spend sitting or lying down feeding their babies may be slightly less, bottle-feeding takes more time than breastfeeding in other ways: preparing, washing and sterilising bottles. Of course, mothers who have help at home with household chores and childcare may have more opportunity to go out to exercise without her baby. However, ultimately we understand that the long-term health of our babies and the close mother-baby bond we enjoy through breastfeeding are definitely worth paying a small price for a short time – and it's debatable whether any price needs to be paid at all.

You will probably find that your weight DOES eventually drop off with the help of breastfeeding, although this may not be noticeable until towards the end of your baby's first year. Eating sensibly and being physically active will certainly help.

In the early days of sleep deprivation you may be eating whatever is close to hand and requires minimal effort to prepare, especially if you don't have much help at home. It's hard to resist junk food if you suddenly find yourself desperately hungry at 2am! The first step is to make sure you have healthy snacks on hand, such as mixed nuts, various fruit, or vegetable sticks with a nutritious dip such as hummus.

As for mealtimes, eating home-cooked food is almost always more healthy than eating out, because restaurants tend to use a lot more fat and sugar than we would use at home, often serve excessive portions in some countries, and rarely

serve whole grains. Home cooking of foods as close to their natural state as possible is also a great habit to develop before your baby is ready for solids at six months. With a little planning, healthy eating doesn't need to be time-consuming. There are time-saving tips galore on the internet, including shopping lists and meal planners. La Leche League also has some super resources, including some great [articles about nutrition](#) and [cookbooks](#) which make it easy to eat natural foods without breaking the bank.

We can also eat more healthily by utilising tricks such as drinking a glass of water before eating, eating off a smaller plate to reduce portion sizes, and avoiding refined carbohydrates as far as possible. Whole grains, healthy proteins and fats, and fruit and vegetables are not only more nutritious but should help you feel fuller for longer.

Severely restricting calories and/or cutting out entire food groups is not recommended, partly because you need to be well nourished and eat a variety of foods while breastfeeding for the sake of your own health. A low-calorie diet can also impact milk supply, as it causes the body to go into "starvation mode" and expend fewer resources on milk production. A small reduction in calorie intake should not impact your milk supply, and if you think it does then you may be mistaken. If your baby fusses after a feed, it's easy to assume that he must be unhappy with your milk, but your baby is more likely to be gassy or overtired. If you are pumping and notice a decrease in output, it may be a result of you being anxious. The amount mothers can pump has been proven to be easily affected by the state of mind of the mother: anxiety (such as about the possible effect of a new diet) causes the quantity to go down. If you only make small and gradual changes in your diet, you will have nothing to be anxious about.

The other important element of gradual weight loss is exercise. This not only burns calories during exercise, but also prevents the loss of muscle weight that can occur if we lose weight via diet alone. Increasing lean body mass boosts our metabolism and ensures we continue to burn more calories throughout the day and not just when we are actually exercising.

If you are suffering extreme sleep deprivation, it may be hard to find the energy for exercising. But you can start as slowly as you like, and you will probably find that exercise makes you feel more energised. If you live near somewhere that's pleasant for strolling, a short walk is definitely better than nothing, and you can increase the time, pace and distance as you have more energy. With a stroller or suitable baby carrier, you can take your baby with you.

Figure out what time of day is best for you to exercise, and whether or not you like to exercise with a friend. Some find it motivating to be accountable to another person to keep on track and find it more enjoyable to have company; others like the release of stress and "down time" that an invigorating walk alone can provide. If forms of exercise you used to enjoy are not practical at the moment, consider alternatives closer to home which involve less travel time. There are also some great home workouts available on YouTube, including some which use your baby as a weight. Or just turn on your favourite music and do some crazy dancing in your living room, which your baby may enjoy as much as you do!

Difficulty losing weight is not just an issue for breastfeeding mothers but is a worldwide concern. In the last few decades, our bodies have become used to larger portions, driving more than walking or cycling, and eating more processed foods with high fat and/or sugar content. Having a new baby and wanting to get our bodies back in shape can be a good catalyst to get back on track with a healthier lifestyle which is not only beneficial to the mother but to the whole family. Set realistic goals and if you don't achieve them at first, be kind to yourself, remembering that by nourishing your baby you are doing an incomparable job and giving your child the best possible start in life.

Pause for Thought

“When a child is starting to be independent, to be able to come back to the mother and hold on, they are processing things when they are nursing. The world is a big place for us; imagine what it is for them. For children, it’s a nurturing, cuddly place to come back to that’s safe, where they can process the world that they are in.”

Kelly Rutherford (Actress)

13 Great Things To Say To A Sleep Deprived Mother

As a friend or family member of a new parent, it may be important to you to say and do the right things. After all, a supportive, caring person who understands the needs and wants of a new parent is more likely to be asked to visit more often – and more visits mean more baby time! Taking care not to say anything insensitive, hurtful or judgmental during your visit is always a good start. But if you want to really impress a sleep-deprived parent, throw in a few of the following phrases:

#1: “Would You Like Me To Bring Anything?”

Not even through the door and you’re already a contender for ‘Guest of the Year’! Ask if they need you to pick anything up on the way – toothpaste, sanitary towels or tea bags – it’s much easier for you to pop into a shop on the way round than it is for them to make a special trip.

#2: “You Look Well”

You could even go the extra mile here and say ‘gorgeous’ or ‘beautiful’. Chances are the new mamma will dispute it, but will no doubt appreciate that you have said it (and will secretly hope it is true at least until the next time she catches sight of her eye bags in the mirror).

#3: “I Cooked You This”

Babies are pretty demanding. They need feeding, changing or holding pretty much constantly. Sleep-deprived new parents often lose track of the time, and can go most of the day without eating anything other than ginger nut biscuits. What they really want is a nice home-cooked dinner, but it’s difficult to find the time or energy to cook a big meal when you are caring for a newborn. Cook them something that morning, and take it around when you visit. Make sure it’s in a freezer-friendly container and can be reheated easily. This will get you at least an extra million brownie points.



#4: “I Brought Some Fruit”

If you don’t have time to cook something, just buy a couple of things to give them. Avoid biscuits, crisps and other unhealthy snacks; they are probably living off those at the moment and craving something healthier. A selection of fresh fruit is a great option, and will ensure they are getting some vitamins and minerals to counter the sleep deprivation. Nipping to the supermarket isn’t easy when you have a newborn, and by taking fresh produce you can save them a trip.

#5: “Consider Me Your Maid!”

New parents spend their days feeding, changing and looking after a newborn baby, and tidying up for the next set of guests to arrive. Save them some of the hassle by helping out with the odd chore while you’re there. Offer your services – laundry, vacuuming, washing up, cleaning out the rabbit hutch and cleaning the bathroom – tell them you’re happy to do whatever they need. If they insist there’s nothing you can do to help, and you don’t know them well enough to do it regardless, at least clean up after yourself. Wash up your tea cup before you leave, put the wrapping paper in the bin, and put the card you bought them on display with the other cards.

#6: “Can I Get Anyone A Brew?”

Let the new parents have a sit down whilst you sort out the drinks. New dads often report feeling a bit like a butler during the first few days of parenthood, as they spend a lot of it fetching drinks for various guests. Let him spend some time enjoying his new family whilst you sort the drinks out.

#7: “Your Baby Is Beautiful!”

New parents never tire of hearing this; feel free to say it as often as you like.

#8: “You Are Such A Natural!”

It can take a while for new parents to build up their confidence. Give them a helping hand by letting them know you think they are doing a great job.

#9: “I Can Watch The Baby For A While If There’s Anything You Need To Do?”

Some parents will want to kiss and hug you as you say this, before jumping straight in the shower or disappearing for a nap. Other parents may not fancy the idea of being away from their precious bundle, but it’s always worth offering. Even just 20 minutes off duty can be long enough for new parents to feel refreshed. Don’t take it personally if the offer is refused; some mamas can’t bear the thought of being away from their newborn babies, and that’s perfectly normal. Those mamma-bear hormones are working beautifully, ensuring she’s always nurturing or protecting her baby, so don’t think badly of her for it – it’s mother nature at her best.

#10: “Would You Like Baby Back Now?”

If the baby starts crying during your cuddle, offer the baby back to the parents. Whilst some may be happy for you to try and soothe the baby yourself, others will prefer for the baby to be handed straight back at the first sign of tears. Especially for a new mother, her baby’s cries can evoke a response in her body, giving her a strong urge to respond to her baby.

#11: “He/She Is Such A Happy Baby!”

All any parent wants for their child is for them to be happy. Babies don’t smile until sometime around week six, so parenting can be a pretty thankless job until then. Make up for it by exclaiming how happy the baby seems, and commenting on the close bond they all seem to share.

#12: “It Gets Easier, I Promise”

If you have children yourself, offer the new parents hope by telling them that sleep gets easier. Eventually their baby will start to sleep for longer stretches, and they will feel more like themselves again. Refrain from offering unwanted advice, because they’re probably getting this from every direction at the moment.

#13: “I’m Here For You, Whenever You Need Me”

Before you leave, let them know that they can count on you for support. Whether they want your company, babysitting services or just 20 minutes of help so they can grab a shower, let them know when you’re available. Maternity leave can be quite daunting at first, especially once one parent returns to work. For those first few weeks of solo parenting, a new mamma might find comfort.

Editor’s note: If you are a sleep-deprived mother yourself, share this article with your extended family and friends! The original article can be found at <http://www.bellybelly.com.au/baby-sleep/things-to-say-to-a-sleep-deprived-parent>

Postcard from SUZHOU, China



My husband was transferred to China five years ago and I followed him the next year. Suzhou is a major city in Eastern China, about 100km from Shanghai. We had previously been living in his home country of Japan, where the culture and environment are very different from here, and both are very different from my home country, Canada.

Pollution levels in Suzhou are not great, so at first we were hesitant about trying to have a baby in such an environment. But then we realised that we might be living here for many years, and we didn't want to wait too long. We saw that millions of babies are somehow thriving in spite of the high pollution levels, so we decided not to wait any longer. Pollution has added to my motivation to breastfeed, to make my baby's immune system as strong as possible. Since our baby has been born, I read a study which suggested that breastfeeding for

more than four months gives babies some protection against the harmful effects of PM2.5 (fine particulate matter) and nitrogen dioxide, which was very welcome news.

There are many countries in which formula milk is marketed strongly and often pushed on new mothers in hospitals. I was concerned that this might happen when I gave birth, but that wasn't the case at all. We found a Taiwanese hospital close to us that is breastfeeding-friendly and keeps mother and baby together during their hospital stay. It was comforting to have a doctor who would support me to breastfeed after having a Caesarean. We had a rocky start due to the surgery and latching problems, but having the doctor and nurses on my side – telling me I have lots of milk, encouraging me to offer the breast a lot instead of pushing me to feed my daughter a bottle – made a

huge difference to our breastfeeding success. I don't know what mothers' breastfeeding experiences are in other hospitals in Suzhou, but mine was a very positive one.

I went to my first La Leche League meeting in Suzhou when my baby was still a newborn. It was inspiring, empowering, encouraging, moving – the sisterhood that I hadn't known I'd longed for. I felt comfortable nursing during the meeting among the other mothers, but wasn't sure if breastfeeding in public was acceptable in China, so I hesitated to nurse in public without a cover at first. However, like many babies, my daughter hated to be covered while she nursed and we attracted more attention from her screaming and me fumbling with the cover, so I gave that up pretty quickly. Since then, I have breastfed my daughter anywhere and everywhere, and nobody has ever criticised me for it. Most people don't even notice, and those who do comment are usually grandmothers or mothers with older children, with a look of fond memories.

In general, it seems that breastfeeding in China is much more accepted than in the West. I have nursed my daughter in public while visiting Canada a few times and received some disapproving looks. Breasts are so sexualised in North America and breastfeeding in public is seen as taboo. In contrast, breastfeeding in Suzhou has been a wonderful experience for me.

No matter how I felt about being here in the beginning, becoming a mother in China has made me feel much more positive about living here. Children are so highly valued here, and there is nothing that brings people together more than little ones, even across cultures and languages. The wonderful mothers and grandmothers who have

shared their stories and hearts with me, the supportive women I have met at LLL meetings, the freedom to nurse and mother my daughter openly without judgment, I would never have known existed had I not had a baby in China. Being out of our comfort zone can be a good thing, and I might not have had these great experiences if I had stayed in my home country.

Although we don't know when, we are likely to be moving back to Japan soon. I wonder how my experience will compare if we have another baby. I wonder if nursing a toddler, in public, without a cover, will be accepted. But I am looking forward to the next chapter of breastfeeding in a new country.



Sarah Nishi
Suzhou, China

Spotlight on Translations

by RuthAnna Mather
Area Coordinator of Leaders

Translations have played a vital role in La Leche League Asia and the Middle East from its beginning. With Leaders and Groups currently spread out over 21 countries, with potential growth into additional countries and languages, translations will continue to be an integral part of LLL activities in Asia and the Middle East.

In many countries around LLL Asia and the Middle East, LLL Groups were set up when expatriate Leaders moved in and established English-speaking Groups. But in order for them to extend information and support to the local community who don't speak or read much English, translating LLL resources into the local language is essential. For example, Noura Khoori in Abu Dhabi has observed, "The Arabic translations are extremely handy with mothers whose mother tongue is Arabic and who know little or no English (or only very simple spoken English). They have been exceptionally good to have at hospitals in rural areas where most native people know almost no English."



The publication of Simplified Chinese (used in mainland China) and Traditional Chinese (used in Hong Kong and Taiwan) translations of La Leche League International handouts, FAQs and articles began in the 1990s. Chinese Leader Daisy Zhong Yu in Beijing claims, "We can say the information from LLL is the earliest correct breastfeeding information in Chinese. Mothers now know, when they have breastfeeding problems, they can rely on LLL to get support and encouragement." The first Hindi translations were completed in October 2009 and the first Arabic translations in January 2011.

In February 2015, the first Indonesian information sheet *Breastfeeding Tips* was published, just in time to be distributed at the third meeting of the first ever LLL Group in Indonesia, in Bandung. Leader Fatimah Monika, who returned to Indonesia from the US, has commented, "Reliable resources about breastfeeding in the Bahasa Indonesia language are very limited. The

translation of the LLL information sheet has helped deliver useful information about breastfeeding to Indonesian mothers."

Translations into Korean also began early this year, and one information sheet is in the review stage. Leader Joy Hye-Jung would like to see a lot more LLL information in the Korean language. She says, "There are some accurate breastfeeding resources in Korean although they are not well known. One is published by the Korean Committee for UNICEF and the other is written by paediatricians, but they are not written in a mother-friendly style like LLL materials; I find them neither practical nor easy to read."

Translating LLLI publications into languages other than English is a little more complicated than other translation work. In addition to making sure that the translation is accurate, it is also important that the LLL philosophy, warmth, and mother-friendly style come across in the translated language.

There are times when cultural adaptations are needed so that the information will be meaningful and practical for the mothers who will be reading the publication. In particular, the translation of the information sheet *Introducing Complementary Foods to your Breastfed Baby* into Hindi required quite a number of adaptations. As Mumbai Leader Effath Yasmin explains, "We have a vast population of vegetarian households in India, so dietary considerations had to pertain to both purely vegetarian as well as non-vegetarian dietary choices. Cultural considerations of locally grown fruits and vegetables, including local grain references, also came up." Regarding Arabic translations, Abu Dhabi Leader Noura Khoori observes, "In the translation of one information sheet, we decided to change a bit about 'nurse baby even if he had just finished a meal; he may just want dessert.' In Arabian culture, it is common to give infants drops of honey or mashed soaked dates or date water, and the translation team were worried that

some readers might take the word 'dessert' literally and offer those sweets."

Articles specific to certain cultures have also been translated, such as an article about pregnancy and nursing during Ramadan which has been translated into Arabic by our Arabic translation team. An addendum to *The Womanly Art of Breastfeeding* addressing issues such as confinement, family support and traditional Chinese medicine (TCM), compiled by Leaders in Mainland China, Hong Kong and Taiwan, has been reviewed and is waiting to be added to a revised and adapted Simplified Chinese version of *The Womanly Art of Breastfeeding*.

Replacing some or all of the photos with mothers and babies of relevant ethnicities can also be a means of helping mothers relate more closely with the information being presented. Where a language is spoken by multiple ethnic and cultural groups, this has meant using a variety of photos so that all groups can relate to the information.

Although the work of translating can be difficult and time-consuming, it is actually the review process that entails the most work. Firstly, translations need to be reviewed for general proofreading errors, just as for LLL publications which are not translated. They will then need to go through a Leader review, preferably by at least two or three Leaders. The biggest challenge is when only a few Leaders (or in some cases only one) are fluent in the language. This is where back-translation becomes necessary.

Back-translation is when a Leader works closely with somebody, preferably a mother who is familiar with breastfeeding terminology, who is willing to translate back into English the translation that needs to be reviewed, either orally or in written format. *Close to the Heart's* editor, Jenny Buck, found herself unexpectedly helping with the back-translation of *Breastfeeding Tips* into Bahasa Indonesia, in spite of not knowing more than a few words of that language. Jenny explains, "I initially got involved because I knew an Indonesian mother in Hong Kong who I persuaded to help with the back-translation. Since only one Leader spoke Bahasa Indonesia, a Leader review was also required, and I was asked to help with this. At first, I had no idea how I could possibly make myself useful in that endeavour! But once I started, I realised how being a native English speaker helps to spot instances where the nuances of the original meaning had got lost in translation. For instance, there is one sentence in the English original that mentions breasts being tender, meaning sore. In the back-translation, it had been translated to mean soft.

This can very easily happen since there are so many words in the English language that have multiple meanings. I've learned that 'latch' and 'supply' are words which always need careful consideration!"

There has been global cooperation to expand the number of Arabic resources in recent years. Since Canada has experienced a recent influx of refugees from the Middle East, Noura Khoori has been asked to help LLL Canada review their Arabic translations, and both LLL entities are sharing their completed translations with one another.

Several natural disasters in the region have also led to translations amongst different LLL entities being very much needed and shared. In the aftermath of the Nigata-Chuetsu earthquake in Japan in October 2004, the Sichuan earthquake in May 2008, the Christchurch earthquake in New Zealand in February 2011, the Tohoku earthquake and tsunami disaster in Japan in March 2011, the April 2015 earthquake in Nepal and the April 2016 earthquake in Kumamoto, Japan, new documents have been created, translated between English/Japanese/Chinese, and shared among affected countries. These documents have enormously assisted LLL Leaders and others to support breastfeeding families affected by the disasters. Leaders in LLL Asia and the Middle East have been instrumental in providing disaster and emergency breastfeeding information in a number of languages to LLL International, which can be accessed at the following link:

<http://www.llli.org/resources.html>.

Our translation efforts are part of a huge global translation effort going on in other LLL Areas, including Israel and Japan, which have so many LLL Groups that they have their own administrative regions even though they are geographically within Asia and the Middle East. English-speaking Japan is in fact part of LLL Asia and the Middle East, not LLL Japan, but obviously has close ties with LLL Japan, which typifies the fact that there are overlapping connections between many LLL Areas. We are all part of a global effort (encompassing many European languages) to share resources which can be accessed by your local La Leche League Leaders when they encounter expatriates from those countries in their communities.

We hope to see the continued growth of translations in Arabic, Hindi, Simplified and Traditional Chinese, Bahasa Indonesia and Korean. Likewise, when possible, we hope to see translations into other languages in the region, so that mothers and families everywhere can be informed and supported in a language familiar to them.

In the News

LLL Korea expanding

You might remember from the previous issue that Joy Hye-Jung was accredited as the first Korean-speaking Leader in Korea late in 2015. She really hit the ground running and is already leading two meetings every month. One is a Korean-speaking Series Meeting and the other is a Korean-speaking Enrichment Meeting. The latter involves the discussion of a topic based on LLL information sheets in English, which Joy provides a rough oral translation of, then discussion of the topic takes place in Korean. Joy plans to build up a library of LLL books with the help of the Heathy Family Support Center in Seoul.



We are also delighted to announce that a second Leader has been accredited in South Korea, Sharon Couzens Helewa. Originally from the USA, Sharon has been living in South Korea for about six years and used to attend English-speaking LLL meetings along with Joy, when they were led by Ginger Chun, who held meetings in Seoul from 2012 to 2014 before she moved back to the USA. Living in Pyeongtaek near Osan Air Force Base, about 60km from Seoul, Sharon plans to set up a new LLL Group and start up English-speaking meetings. She reports, “I’ve been involved in the birthing community here for about three years, teaching childbirth classes and helping women after they give birth. I know there are many families in Osan who do not know where to get breastfeeding help in English, and I’d like to change that. Although I’ve already been leading a non-LLL breastfeeding support group, now being able to use the LLL name and resources is great.”

Other New Leaders and Groups

We reported in the last issue that the number of Hong Kong Leaders has been somewhat depleted recently. So we are very pleased to announce that Kirsty Sullivan has become accredited as the latest LLL Leader in Hong Kong. Originally from Canberra, Australia, Kirsty has been living in Hong Kong for seven years. Both her children (aged 3.5 and 1.5) were born in Hong Kong. She says, “I have enjoyed attending English-speaking meetings on Hong Kong Island for over three years and I’d like to help those continue to flourish. I would also like to help by providing an example of natural-term breastfeeding.”



A new Leader has also been accredited in nearby Guangzhou, China. Victoria Li was born and raised in Guangzhou but has also lived for six years overseas, studying and working in the USA and Europe. She now has a 31-month-old son, with whom she has been attending La Leche League meetings since April 2014. Victoria became a LLL Peer Counsellor in July 2014. After the Guangzhou Group was temporarily closed in the summer of 2015 when its sole Leader Janice Hu moved to the USA, Victoria and another Peer Counsellor have kept the support group meetings going, although those meetings without a Leader could not be called La Leche League meetings. She is very happy to be able to officially re-open the Guangzhou Group.

Three meetings a month now held in Lebanon

Since March 2016, a third LLL meeting has been taking place in Lebanon every month, at My Gym in Zouk Mosbeh. La Leche League has been present in Lebanon since 2012, and they are now happy to be able to offer mothers a third location and date to attend meetings in or near Beirut. The other two meetings are held in Sin el Fil and Antelias. Details of all the meetings can be found in LLL Lebanon's Facebook page: www.facebook.com/groups/LLLofLebanon/



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.

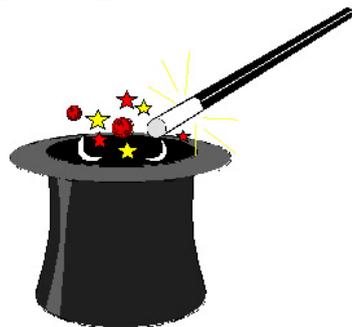
Kick-off Ceremony of Breastfeeding Friendly Shopping Mall campaign in Hong Kong

Three Hong Kong Leaders (Caroline Carson, Molly Grenham and Cecilia Wong) attended an event at the Elements shopping mall to launch a Breastfeeding Friendly Shopping Mall campaign. The event was organised by the Hong Kong Committee for UNICEF as part of its *Say Yes to Breastfeeding* campaign, with the support of government departments (the Food and Health Bureau and Department of Health), and with La Leche League listed as one of the participating organisations. The Elements mall announced that they would facilitate mothers to breastfeed their children in all public areas inside the mall, a measure which UNICEF Hong Kong hopes will set a new trend in the industry and encourage more shopping malls to join the movement.

In addition to showing our support for malls welcoming breastfeeding in public, this event was also an opportunity to show La Leche League's solidarity with other breastfeeding support organisations in Hong Kong. Caroline observed, "I met some great women from the Breastfeeding Mothers Association and also La Leche League's Peer Counsellor Programme, plus an undersecretary from the Department of Health who I asked about Hong Kong's compliance with the WHO Code."

The *Say Yes to Breastfeeding* campaign has had a number of successes since its launch in August 2015. Over 60 corporations have pledged to be Breastfeeding Friendly Workplaces, and more than 60 restaurants have joined as Breastfeeding Friendly Public Premises. UNICEF Hong Kong is hoping that encouraging mothers to feel more comfortable breastfeeding in public, combined with more breastfeeding-friendly workplaces, will help mothers breastfeed for longer, and boost Hong Kong's exclusive breastfeeding rate which currently lags behind other parts of Asia.





Protecting Against Breast Cancer

We have already known for some time that breastfeeding helps protect against breast cancer and many other cancers – as highlighted in a [Close to the Heart article in 2013](#) (see the last page of that issue).

But while [one large study in 2009](#) found that women with a family history of breast cancer who have ever breastfed reduce their risk of getting premenopausal breast cancer by nearly 60%, for women in general, breastfeeding reduces a woman's risk of getting breast cancer by only 4.3% per year of total breastfeeding (in addition to 7% per pregnancy even if you don't breastfeed). While that 4.3% has huge public health implications, for an individual woman who typically (in modern post-industrial cultures) has only one or two children and breastfeeds them for under two years in total, a less than 10% risk reduction may not seem like much.

But the latest research has found even better news for breastfeeding mothers. A [2015 study published in Annals of Oncology](#) found that women who have breastfed also have a substantially reduced risk (up to 20%) of developing an aggressive form of cancer known as hormone-receptor negative (HRN). HRN breast cancers are more likely to be aggressive and life-threatening because they tend to be diagnosed at later stages, respond to fewer treatment options, and are less likely to be cured by current therapies. The subtype is more commonly diagnosed in women under age 50. In the United States, HRN breast cancers represent about 20% of all breast cancers.

"Further evidence to support the long-term protection of breastfeeding against the most aggressive subtypes of breast cancer is very encouraging and actionable", says Dr Marisa Weiss, president and founder of Breastcancer.org. "Breastfeeding is a relatively accessible, low-cost, short-term strategy that yields long-lasting natural protection."

Dr Paolo Boffetta, associate director for population sciences at Mount Sinai's Tisch Cancer Institute, added, "We need to encourage women who are able to breastfeed to do so for their breast health, in addition to the health of their children. Further prospective research will be necessary to further understand the full impact of breastfeeding duration and its effect on other subtypes."

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