

Mother Support Task Force (MSTF)

World Alliance for Breastfeeding Action



3 generations by Pili Peña, Paraguay

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A circle of women bring wisdom through their collective sharing and experience
- *Maryanne Stone-Jimenez, Canada*

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MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Support in any form and with anybody is always SUPPORT!: Paulina Smith, Coordinator, MSTF

As most of you know, I have been involved with breastfeeding support for a long time and through the years, I have come to recognize and value the **concept of support**. At this time, with the World Breastfeeding Week (WBW) theme, the word "support" is very prominent and so I would like to share with newsletter readers that I have started working here in Mexico at a home for pregnant adolescent girls (ages 13 to 16) who have either been abused, raped or who were on drugs. Although these words sound very strong and scary, the girls have a good possibility of coming through their sad and painful situations. The local organization that works with these girls is called "DAYA (Fundación Dar y Amar)" and the mission of this small organization is to do everything possible to break the pattern for the next generation; in other words, to enable these children to grow healthier, with education and with happiness in their heart and souls so that they do not return to the streets where their mothers lived.

I have been training the support staff who work directly with the mothers and/or mothers to be. I have given six Workshops in which I covered the following topics: pregnancy, nutrition, childbirth, special situations, techniques to decrease pain and fear, breastfeeding, family values and communication. I have also provided the staff with different methodologies on how to transmit this information to the "girls", with the main one being support groups. This past Monday (July 14) I was an observer while two of the support staff coordinated the first group. I am proud and pleased to say that it went extremely well. The "girls" participated, shared experiences, asked questions and were in general very interested in the subject matter and keen to participate in the next session. This is support at its best! The "girls" need support almost 24 hours around the clock (during the pregnancy and while feeding their wee ones.) I am very hopeful to be able to provide the necessary tools so that this organization can reach its objective and fulfill its mission.

I think we would all agree that SUPPORT can happen anywhere, anytime and with anyone!

Paulina Smith, Coordinator
WABA Mother Support Task Force
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2. MSTF Update: Celebrating WBW 2008 - in big and small ways, but all together!: Paulina Smith, Coordinator, MSTF

You may have already celebrated, or ... you are celebrating today, or you are about to celebrate. Whether past, present, or future, what is important is that we all celebrate Mother Support during the 2008 World Breastfeeding Week. To quote the Action Folder: *"Support a Mother to Provide a Golden Start for her Child! With Breastfeeding Everyone Wins!"* Breastfeeding mothers and breastfed babies everywhere in the world need to be celebrated and supported. It is through both great celebratory events and small gestures that we increase the awareness of the importance of supporting mothers in their desire to breastfeed their baby or while they are living a breastfeeding experience. Please take a moment to give a hug or say encouraging words to a mother who is breastfeeding. Let us join together to give many hugs! What a warming feeling comes over me to know that this is what we will do. Mothers can only benefit when supported.

Can we keep the objectives of this year's Breastfeeding Week at the forefront of our actions not only today but always? Yes, I know we can! These objectives are:

- Expand awareness of the need for and the value of providing support to a breastfeeding mother
- Disseminate updated information about support for breastfeeding mothers
- Encourage the creation of optimal conditions for the provision of mother support in all Circles of Support

If we implement these objectives, we will make **a big difference** to the health and the wellbeing of babies born this year and in many years to come. Let us use our collective power to make this difference and enable this to happen. Let us be a part of making a difference and *together* change the life of children worldwide.

For information on WBW around the world and to participate in WBW, go to www.worldbreastfeedingweek.org Support mothers in breastfeeding by participating in WBW 2008!

If you are interested in being a country contact for GIMS and the MSTF, please email Paulina smithpc@att.net.mx, Rebecca RMagalhaes@l11i.org, or Prashant psgangal@hotmail.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. A whole New Experience!: Josephine Nalugo, Uganda

Joan and I had our babies within a month of each other. We both wanted to breastfeed our babies for 2 years and more. However 3 months later, when my two daughters and I took *powdered silver fish to Joan, she told me: *"Josephine, I think I am pregnant!"*

Prosper, her baby, was only 3 months old! I started questioning Joan as if I were in a breastfeeding interview! *"Have you told Paul (Joan's husband) about it?"* She replied, "Yes." I said, *"How did he take it? How do you feel about it?"*

She answered: *"Scared and I do not know how I am going to manage"* then continuing: *"What would you do if you were me?"* I answered simply: *"Breastfeed. How many children do you want to have?"* She replied: "Three." Then getting into my favourite subject, I asked *"Are you still breastfeeding?"* She answered that she was, after which I said, *"Are you ready to continue breastfeeding?"* Joan answered: *"I am not sure about what to do because people have told me that my baby will fall sick if he breastfeeds when I am pregnant."*

I worried that Joan might listen to what others told her, but assured her of my support. I told her it was possible and normal to breastfeed while pregnant as long as she was in good health. I encouraged her to go to the hospital to check on the baby's growth and to be on a diet with lots of vegetables and fruits.

I brought her cards from my breastfeeding exhibition with information on nutrition for expectant and breastfeeding mothers. I had adapted them from the Ministry of Health Infant and Young Child Feeding Counseling cards 2006.

This was a new breastfeeding project for me and I was ready. During my breastfeeding experiences, I had educated myself about breastfeeding; making health changes in my personal life and helping others make changes too. I searched the web for information on breastfeeding through pregnancy and on tandem nursing and also contacted my friend Pushpa for information on this topic. I received emails from Pushpa with handouts and a long list of relevant websites.

Joan, Paul, and I met again to discuss how best to support her through this period because this was a whole new experience we were all going through. I also gave them printed handouts.

Joan successfully nursed through her pregnancy and on 16th March 2008, she had a normal birth (her third child). Soon after she gave birth she called me, yet, before hearing her good news, I thought to myself, "*What is the problem?*" The baby was not expected for another 2 weeks. In a very low tired voice, Joan told me, "*I have given birth to a baby boy.*" My first question was: "*Did you breastfeed within the first hour?*" Yes, she did breastfeed during the first hour and has continued to tandem nurse the new baby and Prosper. Joan sent me a lovely message that I still keep in my mobile phone "**Dear friend, thanks for your heart of GOLD. You have indeed stood by us in this trying period. May the good Lord reward you abundantly. Joan.**" I felt so appreciated.

Paul gives extra support to Joan, spending time with their 3 children: Patience, Prosper and Preston. He buys the foods that I recommended for Joan to eat and appreciates that I came and talked to them. He told me, "**I have learned a lot about breastfeeding from you. Thank you.**"

If all mothers had someone knowledgeable about breastfeeding to talk to them and provide them with the right information, we would save more babies, money and mother earth too. Unfortunately, due to minimal resources, many mothers are unsupported and the results are not pleasant!

With my support, Joan and Paul are happy and both babies are breastfeeding and healthy according to the World Health Organization Growth Chart. This makes me happy and inspires me to support more mothers, despite financial constraints. I wish supporting mothers was my full time job - I would certainly be on a constant look out for mothers who need my support.

Josephine Nalugo, Executive Director of Children In Africa, Single mother to 2 breastfed children.

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4. My challenges as a Breastfeeding Friendly Pediatrician: Dr. Balkees Abdul Majeed, Malaysia

I am a pediatrician and a lactation consultant with a passion to help mothers breastfeed their infants. In promoting breastfeeding I have had to face a lot of obstacles at all levels but I feel it is important to promote breastfeeding and help mothers successfully breastfeed their babies.

During my medical school, breastfeeding was not one of my subjects. I started my career as an houseman (resident doctor at the hospital) and later became a medical officer in Penang, Malaysia. I attended the compulsory 18 hour training on breastfeeding management at the Penang General Hospital. However, I felt it was not applied in practice. I told mothers to breastfeed, but when problems arose I did not know what to do.

In 1999, I moved to the private sector and later started working at the Women and Children Hospital in Penang. At this hospital formula feeding was the norm. Although I never encouraged formula feeding, my knowledge on how to help mothers in breastfeeding continued to be limited. Initially, although I never promoted any particular formula, I did give out samples to mothers. This hospital gave samples as goodie bags on discharge, but I felt giving samples was not right and that the medical professionals should not be used to promote formula.

It was during this time of turmoil that I read a newspaper article written by my colleague, a pediatrician and lactation consultant, on becoming a lactation consultant and how professionals can make a change in a mother's decision to breastfeed. It was then that my interest in breastfeeding accelerated. I put my foot down firmly and decided to initiate changes in my hospital.

I began by educating my staff, as they play a key role. It was not easy to change old habits. I also gave breastfeeding classes during antenatal talks. In postnatal rounds when I see mothers in their rooms, I talk to them and counsel them on breastfeeding even when mothers are not wanting to breastfeed.

The mothers who do not want to breastfeed say: *I don't have enough milk, I don't want to give night feeds, I am going back to work, the baby will be taken care by a baby sitter, I am going to a confinement centre* after discharge, etc.*

When I see mothers for a check-up after the first week, some of them have supplemented or given up on breastfeeding. The reason they often give is *I don't have enough milk and my baby cries*. This is one of the biggest obstacles I face.

I feel that In Malaysia cultural influence has a great impact in promoting breastfeeding, e.g. mothers from certain ethnic groups after delivery employ a confinement lady to take care of them and the baby or they go to a confinement centre. The confinement ladies do not encourage mothers to breastfeed as they want the mothers to rest during the night so they discourage breastfeeding at night. This decreases the mother's milk production. Even during the day when the baby cries, babies are supplemented with formula.

Some of the changes I have implemented at the hospital so far are:

- To initiate breastfeeding in the labour room
- To send baby to mother and to room-in unless the mother refuses
- If mother refuses or wants to feed later, baby is cup-fed 10 ml formula milk on the first day.
- Advised obstetrician to stop giving sleeping pills as a routine. (This practice caught me by surprise)
- Upon discharge, mothers are advised to contact the hospital when in need of help.
- Baby is seen one week after birth
- Stopped the hospital administration giving milk samples upon discharge. I feel NOT having the discharge formula samples was a big achievement.
- All leaflets and posters from formula companies were removed from the premises of my hospital.
- Initiated the formation of a mother support group* with enthusiastic mothers.

I hope the obstacles I face will decrease as I continue my journey in promoting breastfeeding.

Dr. Balkees Abdul Majeed, Pediatrician, Lactation Consultant, Advisor to Mother-to-Mother Peer Support Group, founded in 2008.

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Editors Note:

- *Confinement homes or having confinement ladies is a common practice among certain Malaysians for the first month after delivery.*
- *Since the beginning of 2008, the MtM support group in Penang has met the first Saturday of each month.*

5. SusuIbu. com - Supporting Mothers online: Nor Kamariah, Malaysia

When I started SusuIbu.com in 2004, it was to become a one-stop location for breastfeeding information, as well as local online support, primarily through online forums. At first, the online community grew slowly. However, as more working mothers visited the website, the number of registered members grew rapidly. At the moment, 4616 visitors are registered members.

Most of SusuIbu.com members and visitors log in to the portal to get help on breastfeeding, particularly by using the Online Forum Discussions. There are always some members who help them either through their own personal experiences or through knowledge they have learned. Mothers and members also benefit from reading the local and worldwide breastfeeding information that is posted on this portal. Mothers are updated on events and activities related to breastfeeding.

Besides getting information and news on breastfeeding, visitors can also purchase breastfeeding related products through the SusuIbu.com online shop. Mothers and members who have internet, can go to the online store from wherever they live, 24 hours a day.

We have come to realize that not all breastfeeding cases can be solved through emails and forum discussion. Most mothers, if given the choice, prefer to meet a counselor face-to-face, to guide them through their breastfeeding problems. Last year, we moved from being only virtual to having a physical presence. Today, Susuibu.com has a dedicated Lactation Support Centre located in Bandar Baru Bangi, Selangor, Malaysia.

Operating both virtually and physically, SusuIbu.Com hopes to be able to reach out to more people, especially mothers who need support in breastfeeding. Our aim is to achieve the Gold Breastfeeding Standard in our community in Malaysia!

Nor Kamariah Mohamad Alwi, Mother to 3 children, the youngest still breastfeeding, Breastfeeding Counsellor, Founder of SusuIbu.com
Email: kamariah@susuibu.com Website: www.susuibu.com

6. Travels, Adventures and Breastfeeding: Angelica Garcia, Colombia

My childhood was dominated by stories and books. My parents' daily routine was to read to me or to tell me stories. I never really liked fairy tales as compared to those of adventures that usually started with: "Once upon a time, a man took his bag and waved goodbye to his wife and left to see the world." After this prologue, the man lived a fascinating adventure.....

I have always wanted to do the same and so one day, at 27 years of age, I decided to resign my job and fulfil my dream. The most difficult part was telling my parents. I was not sure how they would react to the idea that I would leave everyone and everything and go on a 6 month journey.

When I told them, they looked at each other and agreed that it was more important to fulfil my dream than to keep to a work schedule. Immediately we started planning: My father helped me with the routes, the sites, and the maps and my mother, a La Leche League (LLL) Leader for 27 years, got in touch with the LLL network of nursing families in South America to look for places where I could stay. The answers that I received from the families who are LLL friends were impressive! Mothers from all the countries answered offering me their help, their home and a place in their family.

My travel was a total success - thanks to their help. I travelled by bus and hitchhiking from Colombia to Patagonia, Argentina going through Ecuador, Perú, Bolivia, Paraguay and Chile. Although I travelled alone, I always had a home where I could receive support - thanks to these LLL families!

When I think of writing something inspiring about breastfeeding and my travels, I think: How can I help other mothers to breastfeed without having the experience?

Of course, as my mother has been a breastfeeding counsellor for 27 years, the theory of breastfeeding is at my fingertips and I offer support to all mothers who cross my path. Perhaps as I still do not have children, I cannot speak from practical experience... but on the other hand, I have a lot of experience: I was that baby who was breastfed for almost three years.

My best form of supporting breastfeeding is with this evidence of my life and I believe that the fathers, mothers and families who welcomed me in their homes in all the countries that I visited this last year, see in me a little of that which in the future they wish to see in their children: happiness, security and independence.

Angelica Garcia, is the daughter of Vivian Montero, La Leche League Leader in Colombia. She is a veterinarian and lives now in Germany doing her PhD there. To read Angelica's South American adventure please visit:

<http://angelicaporsuramerica.blogspot.com/search/label/Paraguay>

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7. A Successful Hospital Experience at a Mother and Baby Friendly Hospital - Hospital Nicolás Abellaneda in Tucumán: Written account by Pili Peña on Ines' Experience in Tucumán, Argentina

In March this year, I met Inés, a midwife from Tucuman, Argentina at a meeting on Humanized Birth in Alem, Misiones. Being a representative of an NGO that works on Humanization of Birth, I often listen to talks on unique experiences of alternative labour in different countries generally occurring in alternative surroundings like in the homes of women or at birth places. However, Ines presented a successful experience of humanized labour taking place daily at a busy public hospital in Tucuman. Here, more than a hundred women a month have the opportunity of giving birth with dignity and breastfeed immediately after birth. I share with you Ines' experience at Tucumán.

The Mother and Baby Friendly Hospital, Nicolás Avellaneda of Tucumán, was inaugurated in 1997, with 40 beds. We work with 2 midwives and 2 doctors on permanent call with an average of 10 births per day. Since 1997, we have received various trainings on breastfeeding. Later, Dr. Celsa Bruenner began providing trainings on practical, alternative ways of labour. First we learned about the unnecessary routine application of episiotomy and immediately put our knowledge to practice. We were surprised at the results. Soon, gently and with respect for the medical professional, we began to allow companions into the rooms, creating an atmosphere of pleasure and wellbeing for the woman in labour. Before this, she was left alone, often scared and in pain. Dr. Celsa then returned from Brazil with information on vertical labour and squatting and immediately a group of midwives started practising it successfully.

This change process was also supported by scientific information available in many documents like the Declaration of Fortaleza*, the scientific recommendations of the World Health Organization (WHO) and books written by Michel Odent. The 2004 law 25929 "Protection of Pregnancy and Newborn" continues to be unknown to many women. Therefore, it is not always fulfilled, nor are the recommendations in the Care Guide published by the Ministry of Health which clearly expresses the following points: do not abuse the woman when in labour nor interfere in the physiological process except when deemed necessary, no routine episiotomy, no breaking of her waters, no use of medication, etc.

At the Tucuman hospital, although there is some interference from the medical professionals with regard to routines, the use of medications or misinformation, we midwives work with a lot of freedom. We do our best to create a humanized way to receive babies and slowly gain the respect and trust of the women, as well as the medical professionals.

During the midwives' night duty, the women give birth how and where they want. At this hour, we work calmly - there is no hurrying, no shouting and we guide the work of the medical residents in trying to transmit the necessity of respecting the woman's time and the importance of birth.

My life has changed in the last 8 years, due to this new vision of labour and birth, making me a very happy person. The energy of women during labour in an environment that is respectful and warm has filled me with life and modified my being.

I learn everyday the value of respecting others and I am thrilled and moved with every child I assist in being born. It is a privilege to receive a new life in my hands. I hope that my words can serve others to find the happiness that I have. The only thing left for me to say is "thank you to the life that has given me so much."

Inés Díaz is a midwife at the Hospital Avellaneda in Tucuman, Argentina. She is a member of Relacahupan, the Latinamerican and Carribean network for Humanization of Birth.

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* Document of Fortaleza, 3rd. Conference of Chief of States and Governments of Iberoamerican, June 1993

8. Support Group for Mothers in Penang, Malaysia: Pushpa Panadam, Paraguay

Having worked with mother support groups in Paraguay, my home for the past 15 years, it was wonderful to be able to work with mother support groups in my country of birth, Malaysia. Two years ago, I met Dr. Balkees, a paediatrician, through WABA and we had kept in touch. When I was home for 3 months recently to be with my mother who underwent surgery, Dr. Balkees, advisor to the Mother to Mother Peer Support (MMPS) invited me to their monthly meeting.

The MMPS was the outcome of the peer counselling training* implemented in 2007 in Penang. It was decided that the group would meet regularly, beginning March 2008. I attended the April meeting. It was really exciting to see the group in action, with a session on Breastfeeding Myths. I met the group again when WABA arranged for a meeting with Su Li who wanted training for the group. We met with the core mothers to learn how they support mothers, what they felt they lacked in supporting mothers and each other as volunteers etc. It was good to be able to explain how La Leche League groups function, to learn how phone help and home visits are handled.

A one day training workshop was planned to be held before I returned home to Paraguay. In the meantime I attended their June meeting. Many mothers, fathers, pregnant women attended this meeting, with the session coordinated by Fanny on the benefits of breastfeeding. Fanny's husband, Kenny, shared his experience as a supportive father.

The one day training was held at the State Ministry for Development of Women and Family Centre, the location of the monthly support group meetings. Thirteen mothers, including a mother-in-law, attended the training. The session started with a play inviting mothers to the support group meeting. Many topics were covered as a review: benefits of breastfeeding, positioning (mothers had their soft toys), breast anatomy, all of them implemented in a group sharing methodology where everybody participated actively. A delicious

Malaysian style lunch was served at midday. The second half of the day concentrated on role plays: counselling via phone calls, face to face and in a hospital setting. The mothers were able to comment on how they felt about the support given, whether there was too much information or not enough, whether feelings were addressed, etc. The group also decided on how best to continue growing and supporting families with regards to breastfeeding.

MMPS is providing a wonderful service to mothers and babies. They have just begun. We in La Leche League International also started small and now LLLI has crossed the 50th. Year mark!!

Pushpa Panadam, LLL Leader Paraguay, Member of Parhupar.

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* see V6N1

MOTHER SUPPORT - BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

9. Traveling in the First Year of Breastfeeding: Michelle Kouletio, USA

My daughter, Camden, was 8 months old and just starting to experiment with foods. She loves breastfeeding and she really relies on suckling herself to sleep, so when I learned about an upcoming 8-day trip to the country of Rwanda in Africa without her, I was terrified, but I had to make the trip. I had no choice.

Traveling with my pump and batteries, I hesitantly left my daughter with her well-trusted babysitter. My husband, uneasy about caring for her at night, visited after work everyday. Not having been able to store sufficient breastmilk, I left a supply of ready to feed formula.

During the trip I pumped every 3-4 hours, during breaks in the office in the capital city in Rwanda and during visits in the car to remote villages and in villagers' houses. Throwing out the milk was heartbreaking but safe storage was out of the question.

I worried about our reunion when I returned. I had heard that separation sometimes leads to breast rejection and Rwandan mothers told me that separation of three days resulted in a baby self-weaning. When I finally saw her upon my return, she welcomed me back with a big smile. That was encouraging!

I took her home, listened to our favorite tunes and slowly cuddled to nurse. For the first few minutes she tried to latch on but it was as though she had completely forgotten how. I kept my patience, reassured that she was trying. Suddenly, she latched on and by the end of the day she was nursing as though nothing had happened. At first I was sore but within a week it was comfortable again. I'm so grateful that my daughter and I are able to maintain our breastfeeding relationship.

Michelle Kouletio (MPH International Health, Rollins School of Public Health, Emory University) is the mother of Camden. Michelle is a health advisor for Concern Worldwide's reproductive and child health work in 22 countries in Africa, Asia and the Caribbean. She has 15 years experience in design, implementation, evaluation and dissemination of global health programs, including managing the Community Based Reproductive Health Project in Tanzania from 1998-2002. She is a former CORE Board Member and actively involved with its Social Behavior Change working group and the sustainability interest groups. She is currently backstopping three USAID Child Survival grants in Bangladesh, Haiti and Rwanda serving 430,000 children under-five years.

10. Being a Breastfeeding Mother and then encouraging and helping work colleagues to breastfeed: Bettina Schwethelm, Switzerland

As a staff member of Project HOPE (a US based private voluntary organization) and the person who supported the child survival programs for the organization,

I knew I would be “tested” when I became pregnant and delivered my first son at the age of 40. Project Hope promoted breastfeeding in its programs. I still remember a card of congratulations from Annie, my Child Survival (CS) Country Director in Haiti, which read: “*Congratulations, Bettina, on your first son, from your staff in Haiti. We hope you will breastfeed him for two years.*”

The pressure was on. I felt I had to achieve the exclusive and persistent breastfeeding indicators, while managing a professional life with no maternity leave, international travel, and child survival project deadlines or lose face with my CS staff in several projects around the globe. The first test came when I traveled with my one-month old baby to Minnesota, USA for a CS Headquarters workshop, where I breastfed through the whole workshop. Another test was more challenging, when I was assigned to go on a program development tour of four countries. My son, eight months old, loved to breastfeed. My breast pump failed to work, even with a converter, as I entered my hotel room in Warsaw, Poland in excruciating pain and great anticipation after an endless overnight flight. I was able to use methods not requiring electric currents. The trip stretched on, and my return was delayed even further by an unusual snowstorm on March 31 in Virginia, USA. However, when I returned to my son he quickly found his breastfeeding rhythm again, as if I had never left.

I breastfed my first son for 26 months and the second for four years. My second son arrived just before a project proposal deadline and breastfed his first weeks on my lap in front of the computer. I found that breastfeeding kept me closer to my children, as they went with me to workshops, conferences, and meetings. My European background helped me ignore the occasional strange looks and comments. With minor exceptions (forgetting the occasional cracked or sore nipples), the breastfeeding times remain in my memory as some of the most relaxing minutes and hours in my busy professional life. Nobody would disturb us, whether at home, or for my second child, in the office, and while my son was totally occupied with breastfeeding, I could pick up a book and relax or work.

Now I do my best to convey the joys of breastfeeding and the multiple benefits for mother and child with younger staff by sharing technical information and personal suggestions. I distribute information, bring lanolin where it is not available, provide a baby-friendly office, and share some of my solutions to problems and prepare my colleagues for this experience. Unfortunately, not all my subtle promotion efforts meet with success, as paediatricians continue to advise to stop breastfeeding when infants don't gain weight quickly enough or breastfeeding takes too much time for other young professionals -- time, I think I saved by experiencing fewer illness episodes with my children.

It is difficult not to be disappointed when a young mother I have tried to help gives up, mainly because I think that she misses out on creating this positive memory for herself. I realize how important the Project Hope staff in the various countries and the general child survival community were to my success in breastfeeding. The subtle, but gentle pressures to succeed, the readily available advice, and my role of promoting breastfeeding within our maternal and child health programs protected me from the many influences that others are exposed to on a daily basis. If we can focus more on creating positive environments and provide some of the necessary incentives, we will surely increase breastfeeding rates.

Bettina Schwethelm is the Executive Director of *Partnerships in Health*, a small Swiss Non-Governmental Organization (NGO) working on health issues in the Balkans and Central Asia. She lives with her husband and two boys (16 and 10) close to Geneva, Switzerland. She is hopeful that her breastfed sons, who are very comfortable with the topic, will promote it as future fathers.

11. From Mixed to Exclusive Breastfeeding: Jennifer Anthony, Malaysia

I am still breastfeeding my son Jaydern, 22 months old. I had a Caesarean and was only able to start breastfeeding him on the 5th day. He accepted it well but unfortunately

the supply did not seem to be enough for him and so I supplemented with formula feeding at each session. But my son had colic due to the mixture of breast milk and formula.

It was after the second month and when I was back at work that I became determined to fully nurse my son, partly to reduce the colic and also to give the best protection for my son.

I found time to express at least every 3 hours and managed to get my milk supply flowing at 3 months. That is when I started to fully breastfeed him without any formula and have done so since. With continued pumping and direct breastfeeding when I am at home, I have what he needs and I manage to keep a month's stock of my milk in the refrigerator.

My diet is balanced with milk, fish and vegetables, but not forgetting some chocolates too! I took oats, shark fish and fenugreek to boost my supply. To my surprise I did not put on any extra weight after my delivery and I maintain my weight through expressing the extra calories as breast milk for my son.

A few times I had a fever due to engorgement. This happens when I fail to drain my breast or have skipped a few sessions of expressing. The pain was bad, but I managed to soften my breasts with hot towel massage.

Other than this, I feel very comfortable feeding my son directly as it is easy and my milk is available and always at the right temperature. Furthermore, it is very convenient especially when I am travelling with my baby.

Jennifer Anthony, Mother to Jaydern, 22 months, Malaysia
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12. Breastfeeding My Son Required Determination: Jess Tang Yan Jun, Malaysia

Breastfeeding has been a journey well endured. If you ask me now, yes, breastfeeding is Great, Simple, Hassle-free, Healthy, Convenient, Cost and Time-saving. There isn't enough space to list all the positive adjectives. Yet, although I have been breastfeeding Arthur for more than 23 months, as a Malaysian Chinese, I feel it requires a lot of determination.

To begin with, I do not have many people around me who know the art of breastfeeding. Amidst the many negative remarks about it, as a book lover and a person who likes to research and gather information on everything she's doing, I decided to believe in what I have been reading rather than in what I am told.

From the moment Arthur was born, nurses and doctors encouraged me to breastfeed. However, most of the time, it seemed like they were just doing their duty as healthcare providers, encouraging breastfeeding, but not understanding the implications or the importance.

Because of my lack of information and confidence when Arthur was born, I failed to exclusively breastfeed for the first six months, even though that was my initial desire. Doctors and nurses advised me to feed him water as the weather was hot; relatives were concerned that my baby would bond with me too much (why be afraid of bonding with the baby??); there were relatives who believe in supplements as good and NECESSARY for babies; and a mother-in-law who keeps telling me that breast milk is not as good as formula....at birth, at 1 month old, at 3 months old, non-stop, every now and then...

As if this were not enough, Arthur developed breast milk jaundice, a condition which is not serious. I didn't know that until much later and was worried sick most of the first month. We went to the hospital and clinics for blood tests and to see blood drawn from my poor baby... well, you can imagine. However, I am thankful for these hospital visits, because otherwise, I would have stopped breastfeeding even before Arthur turned 1 month.

Thanks to Arthur's breast milk jaundice, I met Dr Amy (also pregnant at the time) at the University Kebangsaan Malaysia Hospital. She encouraged and gave me the confidence to continue breastfeeding, the courage to be determined and to make breastfeeding work for us. Dr Amy taught me to plan for expressing my milk and storing it for when I returned to work. I cannot thank this doctor enough for the care she showed me.

Unfortunately, it seems not many doctors are like Dr. Amy. There was a comment from a private child specialist that I cannot forget - when Arthur had a fever, as a routine, this specialist asked me what type of milk Arthur was on and my answer was **I'm breastfeeding...** To this, unlike so many others who seemed amazed at a Chinese woman who's breastfeeding her child, this doctor's answer was sadly, "Wow! If you can breastfeed your baby until now (Arthur was 4 months old), your whole family won't be needing to buy any milk powder!"

I am still breastfeeding, yet thinking of people I know, friends and family who gave up breastfeeding when their babies were less than a month old due to pressure from people around them. I feel it is a loss to everyone, especially the mother and the child.

As I definitely know more about breastfeeding now, I am more determined to make it work when my next baby arrives. I'll be the one who insists that my baby gets breastfed exclusively for the first 6 months

Jess Tang Yan Jiun, founder of Peekarobaby, an online business on baby wearing, member of the Mother-to-Mother Peer Support Group, Penang.

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13. Our Breastfeeding!!!: María Tatiana Lencina, Argentina

When we were pregnant, did we actually know what is always said or what is always studied, in comparison to what we know now? In relation to breastfeeding, we knew not even 1%...basically nothing. A few months before birth I was asked if I would breastfeed or bottle feed? I have seen very few women breastfeed their babies. Yet most of the time at the stores, you see gadgets and products - bottles, pacifiers, etc. All the drawings are "cute" and so much in style...but something in me always makes me trust my own intuition and instinct. After being informed, I wanted what is most natural for our son. We decided not to buy any of those gadgets. We decided that it will be breast on demand and no pacifiers. We knew that we wanted a natural birth, if possible, because it was the best for our son and for us and we would be better off if we started breastfeeding and bonding to unite us forever.

Therefore when labor would start, we thought we would stay home for as long as possible and that breastfeeding will not be that bad at the hospital and that the nurses will help us. We felt the nurses should know ...such innocent thinking!

When the big day came, after a calm, intimate and harmonious dilation at home, we ended up at the hospital for the childbirth. That was what traumatized us the most: humiliations, laughter, not being the protagonist and loneliness. According to hospital rules, our son was taken away while I was being sewn because of the unnecessary routine episiotomy. They showed him to me for a little kiss and then they took him and his father away. We were separated for 45 eternal minutes while I was listening to doctors talking about the game of Peru and Ecuador.

Finally when they took me upstairs, I felt that the 3 of us could be alone. This was in theory because many came to see the baby. We had asked for intimacy, but that did not work. I was obliged to receive the visitors. Again, I had to wait to put our son to the breast not knowing that our son was going to sleep more and more and me too, because of being tired and having insufficient support. I thought that when he nursed, he would cry. He did not. He slept with me in the bed.

The nurses told me "What did you think? Staying so long in your house when there is medicine in the hospital?" No nurse insisted that I put my baby to the breast and when I wanted to do so, he was asleep. I had a thousand doubts on many things: the episiotomy, my baby latched on and nursed so strongly that I did not know what to do!?!?...

We called the nurse on duty and on seeing my nipples she said: "Your breasts are useless." "Go and buy a nipple shield!" to my partner. He went and I put it on - what a horrible sensation... but not much came out... The nurse came again and expressed my nipples until one cracked, saying again to me "Nothing is coming out!", "Go and buy a bottle, let us put him on the drip!"

"If he does not drink, then we will have to hospitalize him." I almost died!!!

Later, the nurse asked that we buy formula and we did. We felt lost... he drank and vomited everything.

At last we were discharged and went home. The odyssey started. We wanted our baby to just take the breast. My partner Manu encouraged me, helped me put the baby to the breast, even changed the diapers so that I would only concentrate on giving the breast... but I had cracked nipples and cried from the pain. I could not take it anymore and told my partner to give the bottle. I left them alone and cried. Later, our son vomited all that he drank and that gave me strength! OUR SON SHALL HAVE THE BREAST AND ONLY THE BREAST!!! We got in touch with a lactation consultant, María Paula, to whom we are forever grateful. She helped us with correct positions, nursing on demand, no clocks, trusting my body and trusting in our son and all of the above ended. We have been breastfeeding now for 17 months, of which almost 8 were Exclusive Breastfeeding and we will continue until Ninito (our son) gradually does not want to nurse anymore.

I am becoming a lactation advisor!!!!

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María Tatiana Lencina, Mother of Ninito, Representative in Misiones for DandoLuz www.dandoaluz.net and RELACAHUPAN (Latinoamerican and the Caribbean Network for Humanization of Labour and Birth)
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FATHER SUPPORT

14. What it is to be a Supportive Father and Husband: Errol Yudko, USA

As a psychologist, I have a bit of insight into a woman's needs for emotional support from her significant other that most men lack. In general, when a woman reaches out for support, she is usually looking for somebody to simply agree with her, show her sympathy, empathy, and caring. However, men tend to misunderstand a woman's attempts to reach out, and try to help by giving advice or seeking solutions.

Over a year ago, I became a father. My wife and I plan to breastfeed for a full two years because we know the health benefits gained by doing so. We spent a couple of days in the hospital having our first child. We were confident that our choice of hospital was a good one. The nurses, we were told, were all certified lactation counselors. As it turns out, there is a difference between a lactation counselor and a lactation consultant. In fact, there is no lactation consultant residing within 100 miles of where we live. As it turns out, the nurses were trained in supporting breastfeeding activities for mothers who have no difficulties breastfeeding.

I soon discovered that my role was going to go beyond being a birth coach in delivery. I discovered that I was to be guardian of the child's feeding needs. We had made sure that written instructions were in place directing hospital staff to provide immediate contact between mother and infant after the birth, to begin attempting latch on as soon as possible, and that the child was to be exclusively fed her mother's milk. I found myself feeling the need to provide constant verbal reinforcement of these directives.

Immediately after our daughter was born, we began trying to find the best position for latch on. Having no breasts myself, I had to go by the pictures that I have seen over the years. We met varied success. We got some latch on, but only a little actual drinking. We weren't concerned. Human babies have a tremendous amount of body fat, including something called brown adipose tissue (which is designed to keep them warm, but also makes them sleep a great deal and provides much energy for the first couple of days of life.) During the first few days of a human infant's life his mother provides colostrum. Colostrum is a very concentrated form of milk designed to provide energy, nutrients, and immunoglobins in a volume small enough for a newborn's stomach.

During this very critical time for mother and infant to learn how to breastfeed, the nurses began to make demands about feeding the baby formula. I heard things like: "You have to give her formula for the first few days until the milk comes in," and "If you don't give her a bottle within the first week of life, she will never accept one." I tried to explain about colostrum and brown adipose tissue, but they didn't seem to understand. So I tried to explain that feeding the child from a bottle would only make it more difficult to get her to learn to use her mom's breast. In response they threatened to feed the baby intravenously if I didn't give her a bottle. You must realize that this was occurring about 12 hours after we got out of the labor room (where we had spent 22 hours.) So two days without sleep and I find myself arguing with medical professionals about what to feed my daughter. Eventually, I agreed to a compromise. I agreed to cup feed the child so that she wouldn't get confused by the wrong nipple. This would have the effect of inhibiting appetite, making the process of getting her to feed from the breast more difficult, but not impossible. In fact, I had to continue to cup feed her for the first two weeks of her life. I don't know if the difficulty that we encountered over those two weeks was caused by starting to cup feed her in the hospital or not. It may have been, but I can't be certain.

So, in those first few hours and weeks postpartum, I got to be what my male genetics wanted me to be: a problem solver. However, I also never forgot what my wife needed me to be for her: a sympathetic ear. I spent a great deal of time listening. My wife was the full time caregiver of our child. I gave support. I was the cook. I did the shopping. Slowly, over the ensuing months, as my wife began to return to her responsibilities at work, I became part time caregiver. Now, I spend 8 hours a day caring for my daughter. My wife has the other 8. The arrangement is rewarding, tiring, and enlightening. It gives me the chance to really learn who my daughter is from the very start. It also allows me to participate in one of the most important things that we as parents can do for the future mental health of our children - bonding. Forming bonds with our children from the earliest times in their lives helps to protect them from the impacts of the psychological stressors that they will encounter as they grow into adolescents and adults.

Errol Yudko holds a bachelor's degree in biology and a Ph.D. in psychology. He is a neuroscientist, teacher and researcher in Hawaii, USA. He is married to Irene and the father of Genna, 1 year old.

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15. Father and Mother Share Benefits of Skin-to-skin Contact for Baby Attachment: James Achanyi-Fontem, Cameroon

Mothers and fathers in Cameroon acknowledge the fact that skin-to-skin contact helps the baby and parents to reinforce baby attachment. Conversations with two couples living in separate health areas of New Bell and Grand Hangar in Douala indicate that the baby starts identifying not only his or her new environment through the touch of the mother's skin but also the different smell of the father. Also, the baby recognizes the difference between a bed and the skin of the parents, since the temperatures and smell are different.

These were observations made by Glory Agendia, a first-time mother, who a few hours after birth, was surprised to see her baby searching for the breast and when the child took the first gold liquid into her mouth, she immediately fell asleep for several hours. Glory was surprised too that the baby continued to sleep, not hungry for almost a whole day and hunger surfaced only when the baby excreted some dark waste from her body. It was very dark and I did not believe my eyes, Glory added.

From then on, the baby turned its head each time to the direction of the breast when she became hungry, since both mother and baby shared the same bed at the hospital, Glory explained. Her other surprise was that her baby did not stay too long on the breast during the first suckles, though she was breastfed on demand. Glory reported to the District Hospital mid wife that, "I did not understand why the baby would not stay too long on the breast, until a counsellor of Cameroon Link told me that at the beginning, the stomach of the baby is very small and there is space only for small quantities and that when the stomach develops with age the quantities of milk needed increase too. I finally understood that, as the baby was learning, I was also learning."

When the baby discovers that her food is in the breast, she does not want to be separated from the mother. This was visible when Aloysius, the father decided to take the baby from Glory after she had been fed. With the father's warmth, the baby remained quiet only for a very short period and then suddenly started crying. When this happened on several occasions it occurred to the parents that their baby was differentiating the smell of the father's chest and that of the mother. With time her attitude towards the father changed.

Generally after birth, the baby starts by recognizing the mother first and the father later. But the father must carry the baby often and when the baby becomes attached to the father, the baby does not cry anymore, except when he or she is hungry, Lucie Chounga in New Bell, Douala affirmed.

A very young baby has only three things to do: eat, sleep and get up when he or she is wet. Very often, when the wet diaper is changed, the baby returns to sleep immediately if he or she has been breastfed before the diaper change. At a certain age, when the baby is awake, is not wet nor hungry, the baby would not cry but remains in the bed playing and laughing alone, Lucie observed. Play becomes the child's fourth activity in life because it is the child that determines the time to eat and not the mother. The mother can have a feeding time contract with her baby from the start, by giving sufficient time for the baby to suckle. Lucie, who is a second-time mother with two boys, explains that with the second son, Junior, when he feeds well and goes to bed, visitors hardly know there is a new baby in the family. The baby sleeps for longer periods when well fed for between 15 to 20 minutes from the age of three to four months. In this case, the mouth muscles are gaining strength and the baby suckles for longer periods. However, the baby does not take all he needs in one suckle. The child suckles and takes a rest before coming back, until he is satisfied and goes to sleep, Lucie experienced.

Cameroon Link counsellor reminded me that no other liquid should be given during the practice of exclusive breastfeeding because the stomach of the baby is too small. When other liquids are given, this occupies the space reserved for human milk during each feeding. This explains why some mothers have to feed their baby almost every hour. "A mother needs to learn about her baby's habits."

James Achanyi-Fontem, National Coordinator of Cameroon Link,
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16. Snapshot of Men's Initiative on Support: James Achanyi-Fontem, Cameroon

In Cameroon, in approximately 70% of family situations, fathers are the breadwinners and mothers care for the children and the home. It is only recently that some women have started to work outside their homes. Gender equity promotion is helping women to understand that they do not have to be dependent on the man.

Men and women need to be well educated on gender issues, especially in reproductive rights for more harmonious families and communities. Pre-natal consultation and counselling sessions are only for mothers, carried out at the Mother and Child Care Centres in public and private hospitals. Counselling opportunities are not offered to fathers on a regular basis. The number of teen mothers is growing because girls see pride in early parenthood. The practice of early marriages (12-16 years of age) is increasing in Cameroon.

Men's support groups that focus on parenthood have existed for a long time but mainly on finance/economy for family social security. Counseling or other support in connection with divorce, separation, visitation and family violence, lies with the social welfare centres often attached either to the divisional offices or public security department for handling of violence. The divisional office social welfare services handle mother and child welfare issues. Poverty is often the cause of family conflicts and violence, and infants are victims of this circumstance.

The father-friendly hospital initiative is new and not well developed because there are not enough counselors in the social welfare centers. Most of the counselors are women who often lack the capacity to convince the men when it comes to behaviour change communication issues. This may also be because there are more serious issues affecting children between 0 to 5 years that need to be addressed in the hospitals.

The labour code is respected and parents are allowed parental leave by companies but it is very short and men get only three days. On the other hand, mothers are accorded breastfeeding hours in the morning and afternoon.

From what has been said above, we suggest the following:

- Gender mainstreaming in supportive activities would help change attitudes and behaviour regarding Infant and Young Child Feeding.
- Father support group Leaders should be trained on a number of issues including major obstacles to breastfeeding and strategies to overcome them (as the Father Support Micro-credit Initiative).
- Father Friendly Hospital Initiative should be started in Cameroon hospitals and health facilities.
- The various roles of a father should be included in the Baby Friendly Hospital Initiative and Community Baby Friendly Initiative protocols to encourage pre-natal and post-partum counselling.
- Fathers should be as educated as mothers concerning breastfeeding.
- Fathers should advocate strongly against actions that discourage breastfeeding.
- Co-workers and employers should be educated on the need for paid paternity leave and flexible work hours for fathers to be able to support mothers after delivery.
- Men should take the challenge to organize counselling sessions for the prevention of *breast ironing of their daughters.

In Cameroon's patriarchal communities, culture mandates that the man supports the family and is served by the woman. This needs to be corrected. Breastfeeding will only be fully supported when Cameroon communities understand that breastfeeding is a shared responsibility needing men's moral support in a pleasant environment. Having a baby is a joint decision. So, the responsibility of taking care of children should also be a joint responsibility. Much more has to be done in this area.

James Achanyi-Fontem, National Coordinator, IBFAN Cameroon Link Group
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**Breast ironing is a form of body modification practiced in parts of Cameroon. A pubescent girl's breasts are flattened, usually by the girl's mother, in an attempt to make her less sexually attractive to men. This practice is believed to help prevent rape and early marriage. Grinding stones, pestles, belts, heated objects and breast bands are used to press or beat down the forming breasts. Local non-governmental organizations are trying to call attention to this practice and stop it.*

The Global Initiative for Father Support (GIFS) was launched at the Global Forum II, Arusha Tanzania, 2002 to support Fathers of breastfeeding children.

In October 2006, in Penang, Malaysia, the WABA's Men's Initiative was born. To learn more about how you can be involved, please contact the Coordinator of the Men's Working Group (MWG) James Achanyi-Fontem, camlink2001@yahoo.com or the Regional Focal Persons:

Europe - Per Gunnar Engblom pergunnar.engblom@vipappor.se

Africa - Ray Maseko maseko@realnet.co.sz

South Asia - Qamar Naseem bveins@hotmail.com

Latin America & Caribbean Arturo Arteaga Villaroel arturoa36@hotmail.com

You can also go to the website: <http://www.waba.org.my/men/index.htm>

Editors' Note: *If you are a father supporting breastfeeding, or know of someone working with a father support group, please submit your story.*

NEWS FROM THE BREASTFEEDING WORLD

17. Meet Edwina Froehlich, Co-Founder, La Leche League International (LLLI): Mother Support Task Force

Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In this issue, the Editors and the MS TF would like to honor [Edwina Froehlich](#), Co-Founder, LLLI.

The breastfeeding community and the world lost an amazing woman when Edwina Froehlich, of Inverness, Illinois, USA, passed away in early June 2008, at 93 years of age. Many people knew about Edwina because she was one of the seven Founders of LLLI, but there were many people both inside and outside of the LLLI network who also knew Edwina as a person and as a friend. Although many put her on a pedestal, she would have not been comfortable up there! So, these are thoughts and words from 4 people who loved Edwina and will miss her as a friend!

Rebecca: Although Edwina was a mother (to 3 sons) and a grandmother (to 9 grandchildren), somehow she belonged to the world. It is as if she belonged to all the mothers she inspired and who benefited from her advice and counsel, directly and indirectly. Although I knew her as a Founder, I was also able to spend time with her and came to know her as someone who was an excellent cook, who liked a glass of wine to relax, who was a good listener, who had a sense of humor, and who was practical and sensible. Most importantly, though, she read the book my mother wrote, sent her a beautiful note and then took the time to come 3 hours and attend my mother's funeral a few months ago. Very simply, I enjoyed being with Edwina, my friend. I will miss her very much.

Paulina: I am glad for this opportunity to share what Edwina's friendship meant to me. Her name means "trusted friend" - so very true! Edwina entered my life over 20 years ago and I was fortunate and privileged to share **many** special moments with Edwina during this time.

Edwina taught me about birds, about flowers, about food and new recipes. She told me stories about the wonders of the organization she had founded and loved with her heart, body and soul. As a person who was born and raised outside of the USA, I was very grateful for these opportunities of learning with Edwina. Edwina **always** lent a listening ear, had a positive outlook, searched for solutions, and dealt with issues straight on. Edwina was beautiful inside and out and carried a permanent sparkle in her eyes and a smile on her face. Edwina had tremendous wisdom to share. It was wonderful sitting with her over a good glass of wine to hear her talk about her grandchildren and what each one of them was doing. I will miss her wisdom and her smile.

Pushpa and Pili: At the WABA/LLLI State of the Art of Mother Support Summit, July 18-19, 2007, Edwina was the keynote speaker and also participated in Summit sessions. In her Keynote, she vividly described how LLLI had grown from small and cozy support group meetings to an international organization with a presence in over 68 countries. She entertained us with anecdotes and stories of the last 50 years. For many of us attending the Summit who are in our 50s and 60s and thinking it is time to quit our breastfeeding activities, the best part was seeing Edwina, 92 years old, still learning, experiencing and sharing with others what she had learned. Later, after the Summit and the LLLI Conference, Pili and I saw Edwina again in Schaumburg, where she hugged us. She has a special hug, which we have since labelled "the Edwina Hug." We have shared The Hug with our families, friends and even via the internet - Rebecca has labelled it the "cyber Edwina Hug." Although Edwina's hug is special, any hug shared with a friend, a loved one, or a family member, is special. However, if we are together some time in the future, just ask and we will show you her hug!

Editors' Note: *If you know of a breastfeeding advocate [who works with mother support](#) that you would like to see featured in this newsletter, please submit an article describing the person and his/her work.*

18. Mapping Mother Support in Italy: Elise Chapin, Italy

Movimento Italiano Allattamento Materno- MAMI (the Italian Breastfeeding Movement) has been working on mapping mother support groups online since the spring of 2007. The idea came up at our annual meeting in March 2007, when one of our members suggested that we focus on Mother-to-Mother (M2M) support (before the World Breastfeeding Week, WBW 2008 theme had been chosen!) So during the summer, we worked on collecting information from the existing groups that we knew about, and also trying to include other groups. Thanks to the work of Valentina Gemetti, the volunteer coordinator of this project, there are over 74 groups listed, including a number of online forums where mothers can exchange information and find support, as well as the more traditional forms of direct M2M support groups.

Our website in general got almost 900,000 hits during 2007, which is not bad, considering we do no paid advertising. The M2M support pages are one of the most popular pages, 2nd after our home page. We encourage all groups to send us their information, and have made a conscious decision to include all types of groups (peer support, M2M groups, groups within the national health system as well as those that are strictly volunteer or have a religious background, and even some that request a fee.)

Our 2008 plan is to work to create a network between these groups to possibly form a federation and have an "official" voice, since the Italian government has just approved the new national Guidelines for Breastfeeding.

Elise Chapin, Coordinator of Mami

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Website: www.mami.org

M2M Support Page:

<http://www.mami.org/gruppi.htm>

19. Al Bidayah Center in Jeddah, Saudi Arabia: Razan Baker, Saudi Arabia

In spite of the importance of breastfeeding with studies showing that the practice helps babies develop an immune system preventing them from suffering various illnesses in the future, only two hospitals in the Kingdom are baby-friendly and encourage breastfeeding, said a leading Saudi breastfeeding consultant.

“We only have the Al-Shumaisi Hospital in the Eastern Province and the King Faisal Specialist Hospital and Research Center in Riyadh that encourage breastfeeding,” said Breastfeeding Consultant Anne Batterjee.

Anne is co-founder of the Al-Bidayah Center, established to spread awareness about breastfeeding. She has been running the Center since November 2005 with the help of her two daughters, Huda Batterjee, and Modia Batterjee.

“Al-Bidaya means the beginning. We want it to resemble that in all possible ways to help women come and spend some good, useful time,” said Huda.

Anne believes that many people complain and are terrified of the possibility of suffering from illnesses. Unknown to them, they have the cure but “unfortunately” do not take advantage of it. Anne is concerned that with hospitals being commercialized, formula feeding has been preferred over breastfeeding.

Oman has already managed to make all of its hospitals baby-friendly by encouraging breastfeeding, said Anne, who wants the Kingdom to follow suit.

Huda added that in order to spread awareness, the Batterjee family has developed new ideas and aims to encourage women to adopt healthy lifestyles by providing them with evidence-based information in a supportive and positive environment. The Al-Bidayah Center offers courses on CPR (cardiopulmonary resuscitation), heart saving, first aid, peer counseling, breastfeeding and the basics of nutrition. They also offer a range of prenatal education classes on breastfeeding, pregnancy, childbirth and yoga.

Modia works closely with the mothers as a lactation consultant; she is one of the only International Board Certified Lactation Consultants (IBCLC) in the private health care sector of the Kingdom. Modia enjoys her consultation visits and spends many hours with the mothers on the phone and after that providing the support and proper information they need to continue breastfeeding.

Anne, Huda and Modia continue with their efforts to one day see breastfeeding become evermore popular.

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The above article was submitted by Modia Batterjee, lactation consultant at the Al-Bidayah Center. It is from an article written by Razan Baker, a journalist for Arab News, published on Thursday 29 March 2007 in the Arab News.

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20. A Visit to Alem in Misiones, Argentina: Pili Peña, Paraguay

Last March, Parhupar, a Non-Governmental Organization (NGO), received an invitation from the Benigno Maesto Foundation, located in Misiones, Argentina to attend a day of activities on Humanized Birth. Curious to know the place and the people who invited us, Nelly, my friend and midwife of vast experience and I arrived in Alem, Misiones, after a long and tiring journey of 12 hours from Asuncion, Paraguay.

We were met by Mamen Maestu and Dr. Eneko Ladaburu, owners of this heavenly place, and Inés, a midwife from Tucumana, who had also come to share her experiences and promote this venture. Mamen and Eneko told us how they had migrated from Euskal Herreia, Spain to Argentina to start a project on alternative medicine. They settled in Misiones, fascinated by its scenery, the mild climate and the accessible land prices and founded Casa de Reposo y Escuela de la Salud (The Home of Rest and School of Health), O’paybo. The name Opaybo, in Guarani, the original language and culture of the place, means “to wake up.”

The vision of the Foundation, named in honour of Mamen's late father, is to search for alternative ways for the wellbeing of humanity on the basis of balance, natural treatment and harmony.

Motivated by the pregnancy of a friend (Ester), Mamen and Eneko decided to incorporate the humanization of birth as one of its areas for future intervention. Within this area, preparation and prenatal care, breastfeeding, natural nutrition and attachment parenting were included.

During our 24 hour visit, we toured a small portion of the 25 hectares of the estate. In the morning we enjoyed the large house with its galleries with comfortable hammocks, were provided comfortable rooms furnished with recycled wooden furniture from a neighbouring sawmill and objects and murals from recycled materials and ceramics. After a brief rest, we toured the flower gardens and decorations from recycled wood, an organic farm with seasonal crops, compost heap and a variety of herbs.

We also visited the library, available to all visitors. Being with La Leche League, I was touched to see in this remote place an updated copy of the Womanly Art of Breastfeeding and other key books like Nacimiento Renacido (Birth Reborn) by Michel Odent and magazines from the editorial Creavida. At night we attended a community event where various videos on labour were shown where birth occurred in an environment that was emotional, warm, respectable, harmonious and even joyful. Later Ines, the midwife from Tucuman, spoke of her experience on applying the principles of humanized birth at a public hospital in Tucuman where more than 3,000 births per year take place. Ines and Nelly were interviewed by the local television, and the interview was televised later as part of the local news in which both stated the importance of humanized labour and childbirth.

Nelly and I returned home with renewed ideas for future projects and initiatives on pro humanization of labour and with hopes of future meetings. A few days later, I received a beautiful digital photo that showed a happy mother breastfeeding her newborn. The mother was Ester and the newborn was "Ara", the baby who, before being born, had inspired Mamen and Eneko to start on this journey of pro humanization of labour and birth for a future that is more dignified and humane for all.

Thank you, Mamen and Eneko, for the invitation. I hope that this article will serve to interest future visitors. Anyone can visit the Foundation of Benigno Maestro to not only have a humanized birth in a warm atmosphere and breastfeed in harmony with nature at this place, but also to visit the library, enjoy the simple but beautifully decorated dishes from the locally grown products prepared by Mamen and as the name indicates find "health and rest."

If in any case, the above does not convince you, you can also visit the place simply to see the lovely environment and I doubt that you will be disillusioned. It is not in vain that this landscape of leafy forest long ago served as an inspiration to Horacio Quiroga to write his wonderful Cuentos de la Selva* (Tales of the Forest), stories that, after 15 years, I still tell my children on special occasions.

My best wishes that this lovely couple continues to do their important work.

Pili Peña, Coordinator of Parhupar, Leader of LLL Paraguay, Editor of MSTF E-Newsletter.

Email: vapena@pla.net.py

* Cuentos de la Selva, Horacio Quiroga, 1918.

21. Mali Ratifies ILO Convention on Maternity Protection, No. 183: Elaine Petitat-Cote, Switzerland

We are pleased to announce that on 5 June 2008, the country of Mali ratified the ILO (International Labour Organization) Convention on Maternity Protection, No 183, 2000. It is the 14th country, and the first in Africa, to have done so. Other countries that have ratified are: Albania (24.07.04), Austria (30.04.04), Belarus (10.02.04), Belize (09.11.05), Bulgaria (06.12.01), Cuba (01.06.04), Cyprus (12.01.05), Hungary (04.11.03), Italy (07.02.01), Lithuania (23.09.03), Moldova (28.08.06), Romania (23.10.02), Slovakia (12.12.00). All of these countries provide paid maternity leave for at least 14 weeks.

There are two other ILO Conventions on maternity protection: C3 (1919) and C103 (1952), but the most recent one, adopted in 2000, is the strongest. It requires that states provide women workers, including those working in atypical forms of work, 14 weeks of paid leave (at 2/3 of salary at least). It asks that the health of these workers be protected at the workplace during pregnancy and lactation and that they receive health benefits (free care and medication). It also stipulates that female workers cannot be discriminated against because of their age or reproductive capacity and that workers on maternity leave be entitled to the same or equivalent job when they return to work after their leave. Lastly the Convention makes paid breastfeeding breaks a woman's right: a breastfeeding worker can take one or more breaks or reduce the length of her work day, in order to breastfeed. ILO recommendation 191 (2000) suggests that countries adopt legislation providing 18 weeks of paid maternity leave (at 100% of salary) and breastfeeding facilities in the workplace.

Unfortunately, maternity protection is not a very popular measure because it is seen as costly both to employers and to the authorities. This explains the low number of ratifications. Examine your country's maternity protection law, compare it to C183 and push for ratification if this is feasible.

The Maternity Protection Coalition, composed of breastfeeding advocates, is working specifically on maternity protection at the workplace. Coalition members are: Academy for Educational Development (AED), IBFAN (International Baby Food Action Network), ILCA (International Lactation Consultant Association), LLLI (La Leche League International) and WABA (World Alliance for Breastfeeding Action). For more information on the MP Coalition, contact Elaine Petitat-Cote <elaine.cote@gifa.org> or Chris Mulford <chrismulfo@comcast.net>

websites: IBFAN<www.ibfan.org> WABA<www.waba.org.my>

Editor's Note: *We recently received information from Elaine Cote regarding maternity protection in the Philippines which are:*

- 1) *Daily breastfeeding breaks will soon be 30 minutes per day longer*
- 2) *Employers are requested to establish a "lactation station" at all workplaces*
- 3) *August of every year has been declared "breastfeeding awareness month" Congratulations to the Filipinos and the Filipino government!*

23. 3rd. National Photographic Contest: Fanny Mora, Peru

For the 3rd consecutive year, La Leche League Peru is organizing the 3-rd. National Photographic Contest on Breastfeeding under the patronage of the Ministry of Health and UNICEF Perú. For more information please email: concurso@ligadelalecheperu.org
www.llli.org/Peru.html

BREASTFEEDING RESOURCES

24. Mother Support Stories: Paulina Smith, MSTF Coordinator

We want to thank those of you who wrote and sent in Mother Support Stories. We would like to remind everyone that the first group of stories are on the WABA website on the Mother Support section, in English, French and Spanish. See: <http://www.waba.org.my/whatwedo/gims/mothersupportexperiences.htm>

Please go to the MSTF section of the WABA website and read the many wonderful breastfeeding experiences that were shared with us. Very soon we will upload a new group of stories. We hope you enjoy!

Paulina Smith, Coordinator
WABA Mother Support Task Force
Email: smithpc@att.net.mx

24. Breastfeeding May Reduce Mothers' Risk of Rheumatoid Arthritis: Baby Friendly Initiative, UNICEF

A new study has suggested that women who breastfeed may reduce their risk of developing rheumatoid arthritis by half.

Sweden's Malmo University Hospital compared 136 women with the condition with 544 who did not have it. Women who had breastfed for 13 months or longer were half as likely to develop rheumatoid arthritis as those who had never breastfed. Those who breastfed for between one and 12 months had a 25 per cent decreased risk.

http://www.babyfriendly.org.uk/items/research_detail.asp?item=525

CHILDREN AND BREASTFEEDING

25. When a 5 year old knows more: Maria Briceño, USA

My youngest child, who is 3 years old, had a doctor's appointment. As we waited in the waiting area, my 5 year old noticed something new to him. He was staring at a mother whose baby was crying. The mom had her baby on her lap, bottle in one hand, formula in the other and preparing the feed. My son told her "hurry, hurry, baby hungry, just pull your shirt up" but she kept getting frustrated with the baby and the people in the waiting area just kept looking at her. My son then asked me, "Mom, what's that? what is she doing?" I explained it to him but he couldn't understand why the mother was taking so long to feed the baby. I found it so cute that my 5 year old knew what to do more than the baby's mother.

26. A Little Girl and a Flowered Shirt: Vicky Suarez, LLL Leader, Texas, USA

I have a 2 year old girl in addition to my 11 year old and 7 year old boys and it is really a different world with my girl. My daughter has a verbal sweetness; it's so amazing how much she can already say and sing! She's much more strong-willed, too. She has this tattered and stained flowered shirt that she insists on wearing at all times. Luckily she will wear it *under* her clothes, but it's almost impossible for me to get it away from her to wash it. Last night she had a bath, got on her pajamas without remembering the flowered shirt, and as I nursed her to sleep she said, "I want my flowered shirt!", but fell asleep without getting up and demanding it. I was able to wash it, and the first thing she said upon awakening this morning was, "I want my flowered shirt!" At least now it's clean again.....for awhile.

Editors' Note: *If you have special memories of what your children did or said when breastfeeding or if your children themselves would like to contribute what they feel about breastfeeding or the actions they have taken to promote breastfeeding, please write to the editors.*

NEWSLETTER INFORMATION

27. Check out these Websites

<http://www.babymilkaction.org/press/press2jun08.html> Baby milk companies attack UK government recommendation to warn parents of formula risks

<http://health.usnews.com/articles/health/healthday/2008/05/13/breast-feeding-might-shield-women-from-rheumatoid.html>

Breast-feeding might shield women from rheumatoid arthritis. Childbearing had no such benefit if baby was bottle-fed, researchers noted.

<http://health.usnews.com/articles/health/healthday/2008/05/13/breast-feeding-might-shield-women-from-rheumatoid.html>

Breast-feeding might shield women from rheumatoid arthritis. Childbearing had no such benefit if baby was bottle-fed, researchers noted.

World Breastfeeding Week Calender in Italian is available at:

http://www.mami.org/sam/sam_08/2008.html both as an htm fiel and pdf

http://www.mami.org/sam/sam_08/cal_italian08.pdf

The GIMS +5 Statement in Italian <http://www.mami.org/altrepag/gims.htm>

<http://www.elcomercio.com.pe/EdicionImpresa/pdf/2008/03/09/ecdc090308b12.pdf>

El Comercio (In Spanish) is an online newspaper Defensa del Consumidor. Article on Lactancia Materna: Un Derecho Vale la Pena Defender (Breastfeeding: A Right worth Defending), Bebe de Pecho o de biberón? (Breast Baby or Bottle ?)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5723a1.htm>

Breastfeeding-Related Maternity Practices at Hospitals and Birth Centers --- United States, 2007

Dr. Jack Newman's updated website <http://www.drjacknewman.com/>

<http://keepabreastphils.blogspot.com/>Keep Abreast - A Journal of Breastfeeding Advocates in the Philippines

<http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm>

Breast-feeding triggers pulses of feel-good hormone

<http://www.sciam.com/article.cfm?id=breast-feeding-triggers-p&SID=mail&sc=emailfriend>

28. Announcements

Past and Future Events

1 August, 2008: Deadline for nominating children for the International Children's Peace Prize*. For further information, please email Stijintje Schreurs at:

info@childrenspeaceprize.org

Check websites at: <http://www.childrenspeaceprize.org/en/> ,

www.kidsrights.nl,

**The International Children's Peace Prize is awarded to a child between the ages of 12-18 years. He/she has devoted a lot of energy in improving the rights of children.*

1-7 August, 2008: World Breastfeeding Week, "Mother Support: Going for the Gold".

www.worldbreastfeedingweek.org

3-8 August, 2008: XVII International AIDS Conference (AIDS 2008), México City, México. The theme *Universal Action Now* underscores the continued urgency of the pandemic and reminds us to take individual and collective action. For scientists, researchers, people living with HIV and other civil society leaders and professionals working in the field of HIV/AIDS, AIDS 2008 is an ideal opportunity to meet new colleagues and learn from the experiences of others engaged at the local, national and international levels.

<http://www.aids2008.org/>

3-5 September 2008: 61st Annual DPI/NGO Conference: *Reaffirming Human Rights for all*,

Paris, France. This 61st annual Conference is organised by the Department of Public Information in cooperation with the NGO community. The conference is assisted by the United Nations Educational Scientific and Cultural Organisation (UNESCO), the Office of the High Commissioner for Human Rights and the Government of France.

<http://www.un.org/dpi/ngosection/index.asp>

1-7 October, 2008: World Breastfeeding Week in Belgium and in Canada

2-4 October, 2008: 11th. Argentinean Congress on Social Paediatrics and the 6th. Argentinean Congress on Breastfeeding at the Centro de Docencia y Capacitación Pediátrica (Centre for Teaching and Paediatric Training), "Dr. Carlos A. Gianantonio" (Salguero 1244)

y Palais Rouge (1441), Buenos Aires, Argentina. Please check the website of the Argentinean Paediatric Society. Guest speakers include Dr. Ruth Lawrence, Professor of Pediatrics, USA and Dr. Joao Aprigio Guerra de Almeida, Food Engineer, Dr. in Woman and Children's Health, Brazil

4-5 October, 2008: Academy of Breastfeeding Medicine's 2nd European Regional Meeting for Physician, 's 2nd European Regional Meeting for Physicians. For further information email: ABM@KM-Potsdam.de

6-7 October, 2008: 1st European Conference on the Kangaroo Mother Care (KMC) Method: *Why KMC in a high tech setting*, in Uppasala, Sweden.

<http://www.waba.org.my/pdf/KangarooMotherCare.pdf>

8-11 October, 2008: 7th International Workshop on Kangaroo Mother Care (KMC). Uppsala, Sweden

<http://www.waba.org.my/pdf/KangarooMotherCare.pdf>

11 October, 2008: 11.00am, 3rd. La Grande Tétée in Different cities in France, See website:

<http://www.grandetete.com/index.php>

14-17 November, 2008: 11th. Association of Women's Rights in Development (AWID) International Forum on Women's Rights and Development: *The Power of Movements*, in Cape Town, South Africa. Registrations from March, 2008. For details see: <http://www.awid.org/forum08/>

3-7 January 2009: World Congress: *Giving Children a Voice - The Transforming role of the family in a global society*, New Delhi, India

<http://www.civicus.org/new/media/WorldCongress2009.doc>.

To Remember: Dr. Josefina Garcia Coen

Dr. Josefina García Coén, Paediatrician and Professor of Medicine passed away in the Dominican Republic (DR) on Wednesday, 9th. July, 2008. A teacher to generations of health professionals in her country, she was a pioneer in promoting breastfeeding as part of a natural diet. The coordinator of the National Breastfeeding Commission in the DR, her mission in life was that mothers know the benefits of breastfeeding. Dr. Clavel Sanchez, a close friend and colleague shares with us the following:

Dr. Josefina Coën served the children of her country and the world during her lifetime, giving without waiting, with a firm conviction to serve. She occupied many public positions using them for human development; each place, each space, each situation was an opportunity to give fully to humanity.

She was Mother to Breastfeeding in the Dominican Republic, declared teacher to the paediatrics by the Dominican Society of Paediatrics, teacher of medicine, an honour given by the Dominican Medical Collage and declared Women of the Year 1992 by the Ministry for Women among others.

In her teaching, clinical service to the public, advocacy for public politics in favour of the needy, practical support for the rest accompanied by her incomparable sweetness and youthful spirit made her an exceptional woman.

She was full of humility and simplicity. Her greatness and knowledge expanded when she sat equally with youth and adults at meetings and trainings, learning from others and sharing her wealth of knowledge and teaching about life. She fully expressed her love and care in her acts and in her words.

She directed all her energy in her work in favour of breastfeeding. She had a futuristic vision for public health. About 12 years ago the World Health Organization recommended Exclusive Breastfeeding until 6 months - Josefina Coën had already encouraged and achieved that it be part of the national laws in her country.

She is a person who gave her body, her life and her death to the service of people. Many of Dr.Coën's dreams are yet to be fulfilled, one of which is that Breastfeeding is promoted and that mothers are supported. Now it is up to us to realize her dreams.

29. Readers Share

I felt very emotional on receiving this new mail full of information on breastfeeding and on what is being carried out to promote breastfeeding in many parts of this world. Congratulations and hugs!

María Cristina, LLL Colombia, Nuevo Comienzo

I just read through all of the newsletter and discovered the announcement section with up coming events very interesting. Your team did an excellent job and we congratulate the editorial team.

Best wishes

James Achanyi-Fontem, Cameroon Link

I love reading the newsletter. When it comes out in Spanish I always copy it to the LLL Leaders and mothers of La Leche League Guatemala (LLLG).

Hugs and thanks to you and Pili.

Mimi de Maza, LLL Guatemala

Dear Editors,

Thank you so much for publishing my article.

You gave me the spirit that I can write you an article for the next issue as well.

Saber Perdes, Afghanistan

Editors Note: *Dr. Saber's article appeared in V6N1 of the MSTF E-Newsletter.*

Dear Rebecca,

I received the latest WABA MSTF newsletter. It was SO timely. I was just asked to start teaching breastfeeding classes for an Obstetrician/Gynecologist (OB/GYN) that has a practice at Good Samaritan Hospital of mainly mothers from India and Pakistan. There was information in this MSTF newsletter that was helpful to me. Also, since I lead a LLL Group for Couples, I especially enjoyed the article by Qamar Naseem, from the dad's point of view.

Katy Lebbing, LLL Leader, IBCLC, USA

I just read the latest issue of the MSTF newsletter. It is great!

Elise Chapin, Italy

30. Submission of Articles and Next Issue

We would like to receive articles of interest for this newsletter. The themes of interest should refer to any actions taken, specific work done, investigations and projects carried out from different perspectives and from different parts of the world which have provided support to women in their role as breastfeeding mothers. In particular, please send articles that support GIMS for Breastfeeding and also articles that address father support.

The guidelines for contributing an article are as follows:

Up to, but not exceeding 250 words.

Name, Title, Address, Telephone, fax and e-mail of the author

Affiliation

Brief biography (5-10 lines)

Web site (if available)

Please be specific in including details where relevant: names of places, persons and exact dates.

To be received by the date specified in each issue.

If there is a lot of information, please write a summary of 250 words or less, provide a website url or link for readers to access the full report or article or send the full report/article and the MSTF will send it to WABA to place on the WABA website.

The deadline for submitting articles for consideration for the **September-December 2008** issue is **October 1st. 2008**.

If you submitted an article and it didn't appear in this issue, it is being reserved for a future issue. **Volume 6, Number 3**, will be sent on **November 1st. 2008**.

31. How to Subscribe/ Unsubscribe to the Newsletter

Please share this newsletter with your friends and colleagues. If they would like to receive the newsletter, please ask them to email: gims_gifs@yahoo.com and specify the language (English, Spanish, French, and Portuguese) in which they would like to receive the newsletter.

For further information, please write to: Pushpa Panadam pushpapanadam@yahoo.com and Pili Peña vapena@pla.net.py

Support Breastfeeding -Support the MSTF E-Newsletter: MSTF Coordinator and Editors

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003 and the newsletter is beginning its 5th full year. The first 8 issues of the newsletter were published in 3 languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005.

The newsletter is a means of communication that reaches out to breastfeeding mothers, fathers, organizations and supporters sharing stories and information. The newsletter helps all of us who work in breastfeeding to feel supported and appreciated in what we do and to improve how we help mothers, fathers, families and communities in breastfeeding.

However, our newsletter needs support too. You can help by disseminating each issue of the newsletter and letting us know:

1. how many are receiving it directly from the newsletter editors
2. how many are downloading it from the WABA website
3. how many are receiving it through you, a subscriber
4. how many are reading the newsletter through printed copies from your organization when there is no easy access to internet.

Acknowledgement: The editors and the MSTF would like to thank Herraide Hemmerdinger of France for promoting the newsletter.

The opinions and information expressed in the articles of this issue do not necessarily reflect the views and policies of WABA, the Mother Support Task Force and the Newsletter Editors. For further information or topic discussion, please email the authors directly.

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organizations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLLI), International Lactation Consultant Association (ILCA), Wellstart International, and the Academy of Breastfeeding Medicine (ABM).

WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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E-mail: waba@streamyx.com,

Website: www.waba.org.my

The MSTF is one of seven task forces that support the work of the World Alliance for Breastfeeding Action.