

Mother Support Task Force (MSTF)

World Alliance for Breastfeeding Action



WABA WBW Photo Contest 2007
Ali Budiman Lo "Breast is Best", October 2007

Volume 7 Number 1
Published 3 times a year in English, Spanish,
French and Portuguese
January – April 2009
<http://www.waba.org.my/whatwedo/gims/english.htm>
To subscribe please email:
gims_gifs@yahoo.com

COORDINATOR WABA MSTF: Paulina Smith (Mexico)
CO-COORDINATORS: Rebecca Magalhães (USA), Dr. Prashant Gangal (India)
EDITORS: Pushpa Panadam, Maria (Pili) Peña (Paraguay), Rebecca Magalhães (USA)
TRANSLATORS: Spanish – Maria (Pili) Peña, Pushpa Panadam, Monica Casis (Argentina);
French – Juanita Jauer Steichen, Herrade Hemmerdinger, France
Portuguese – Analy Uriarte, Pajuçara Marroquim, Brasil

***“Only through our
connectedness to others can we really
know and enhance the self. And only through working on the self
can we begin to enhance our connectedness to others ” – Harriet Goldhor Lerner***

IN THIS ISSUE

MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Making Connections: Paulina Smith, Coordinator, WABA MSTF
2. Mother Support Task Force Update: Paulina Smith, Coordinator, WABA MSTF

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. The Parenting in the Workplace Institute: Carla Moquin, USA
4. Mothers of Breastfeeding Support Groups Interact with University Students: Laura Rosa Pascual, Argentina
5. Bringing Baby Along – The Baby Room: Kylie Horsfall, China
6. Promoting Breastfeeding in the Office Setting – Breastfeeding – Best for Baby and Mother: Laura Viehmann, USA

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

7. My Personal Story of Holistic Change: Amatul Wadood Nazli, Pakistan
8. My Experience with Breastfeeding: Liz Moreno and Guido Prieto, Paraguay
9. The Importance of Breastfeeding to My Premature Baby and Me : Jilly Newnham, Wales
10. Beauty and Breastfeeding – The Mrs. Texas Beauty Pageant: Leigh Blankenburg, USA

11. A Travelling Breastfeeding and Working Mum: Ng Bee Ting, Malaysia

FATHER SUPPORT

12. A Call for Articles: Men's Working Group: James Achanyi-Fontem, Cameroon
13. A Father's Support for a Breastfeeding Mother: Jerome Smith, Chile

NEWS FROM THE BREASTFEEDING WORLD

14. Meet Marta Trejos – Feminist, Breastfeeding Activist and Friend: Lakshmi Menon, India
15. University of Queensland Research Finds Breastfeeding Stops Neglect: Dr. Lane Strathearn, Australia
16. Guidelines for Gender Sensitive Materials and Advocacy: WABA, Malaysia
17. News Items for your Interest and Information: MSTF Coordinators
18. MMPS Photo Contest: Lee Su Li, Malaysia
19. Carrying Expressed Milk on Airlines: MSTF Coordinators
20. World Social Forum and Breastfeeding: Amigas do Peito, Brasil
21. Public Radio and Breastfeeding: Chris Mulford, USA
22. Maternity Protection at Work: Elaine Cote, Switzerland

BREASTFEEDING RESOURCES

23. Breastfeeding Exclusive: Miriam Labbok, USA
24. A Magazine for Breastfeeding Mothers: Claude Didierjean-Jouveau, France
25. Nutrition News for Africa: Christian Fares, USA

26. Study Online! Earning Continuing Education Credits in Breastfeeding: Carol Kolar, USA
27. Contaminants in Human Milk: Weighing the Risks against the Benefits of Breastfeeding: M. Nathaniel Mead, USA

CHILDREN AND BREASTFEEDING

28. Coping with the Jealousy of a Toddler Sibling towards a Newborn Baby: Laura Probst and Twink Lester, USA

FEATURING BREASTFEEDING, HIV AND AIDS

29. WABA HIV and Breastfeeding: Pamela Morrison, England
30. Another look at Breastfeeding, HIV and AIDS: Marian Tompson, USA
31. Survival of Infants Born to HIV-Positive Mothers by Feeding Modality, in Rakai, Uganda: Joseph Kagaayi et al*
32. Infant Feeding in Guatemala within the HIV and AIDS Context: Irma de Maza, Guatemala

NEWSLETTER INFORMATION

33. Check out these Websites
34. Announcements: Past and Future Events
35. Readers Share
36. Submission of Articles and Next Issue
37. How to Subscribe/Unsubscribe

MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Making Connections: Paulina Smith, Coordinator, WABA Mother Support Task Force

I would like to relate my words today to the quote that heads this e-Newsletter because so often we are not aware of the connecting threads created while we live our daily lives. We do not give ourselves the time to stop and think or reflect on the diversity of connections we make through our work or our personal environment. This quote made me take a pause in my workday today to think back on the many connections I have experienced and how each of these connections has led me along a variety of decisions. One activity that stands out in my mind is the e-dialogue that happened prior to the 2007 Summit on the Art of Mother Support. When I wrote the first message, in my wildest imagination, I did not foresee the number of connections that would stem from that message. I connected with people from over 25 countries and information was gathered through a process of connected thoughts: one expressed thought sparked a connecting thought from another dialogue participant. This connected thought-process gave us the confidence to speak up to continue sharing and coming to consensus ideas. When several of us came together in Chicago at the Summit, we were already connected; we knew each other's wishes for the breastfeeding community at large. These prior connections helped immensely to facilitate the work that was done at the Summit and it made me grow in my commitment to do my best so that the three Summit Actions* would become realities.

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

* The 3 Actions refer to World Breastfeeding Week to focus on Mother Support, the interactive map, and the compiled Mother Support document. See Update on MSTF, V6N2

2. Mother Support Task Force Update: Paulina Smith, Coordinator, WABA Mother Support Task Force

It is my honour to provide an update on various tasks pertaining to this Task Force.

1. A draft of the Mother Support Document has been completed and forwarded to the WABA Secretariat. As I have written in past Update articles, one of the 2007 Summit Actions was to identify and extract articles and wording on Mother Support from as many national and international documents as possible and compile this information, plus the history of mother support, in a Mother Support document. The publication will be a tool that can be used as an entry point for breastfeeding promotion, education and advocacy as well as for easy reference of mother support information and history. But, more importantly, this publication will bring mother support to life!

After months of gathering information, examining national and international documents, contacting various individuals, writing, editing and reviewing the material, the draft is in the hands of the WABA Secretariat. None of this could have been accomplished without the enormous help and work of Melissa Vickers who took on the actual compilation task with the support of Rebecca Magalhaes and myself. We thank her!

2. WABA has hired a webmaster and one of his first tasks will be to finalize the interactive map to be posted on the WABA website, which we have talked about in many E-Newsletters. It is so good to know that this will become reality very soon. This is a very exciting piece of news because we all know how very useful this map is going to be for the public at large worldwide (mothers, fathers, health professionals, breastfeeding advocates, etc.).
3. Very soon we will upload the last group of mother support stories written for the 2008 World Breastfeeding Week. Please check regularly on the WABA website. www.waba.org.my

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

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. The Parenting in the Workplace Institute: Carla Moquin, USA

The Parenting in the Workplace Institute - <http://www.parentingatwork.org> - was created to provide resources for sustainable business programs in which parents can bring their children to work with them every day and care for them while doing their jobs.

The Institute is currently focused on babies-at-work programs and maintains the website *Babies in the Workplace*, which contains detailed information about programs in more than 120 organizations (<http://www.babiesatwork.org/companies>) in which babies can come to work until approximately 6 to 8 months of age or crawling, whichever comes first. The Institute provides template documents for effective implementation of baby programs (<http://www.parentingatwork.org/files>).

Babies-at-work programs are highly successful and provide numerous benefits for businesses and families when they are carefully structured. Benefits for businesses include enabling new mothers to return to work earlier if they so choose; improving retention, morale, and long-term productivity; enhancing teamwork and collaboration; lowering health care costs; recruiting new employees; attracting new customers; and inspiring increased loyalty among existing customers--all for nominal costs to the organization. The programs provide extensive benefits for families, including enabling breastfeeding, promoting parent-baby bonding, increasing financial stability, lowering day care costs, creating a social network for babies, and lowering feelings of isolation and role conflict for new parents.

For further information or assistance, please contact Carla Moquin at carla@babiesatwork.org or (801) 897-8702.

Carla Moquin, founder and president of the Parenting in the Workplace Institute, based in Framingham, Massachusetts, USA. She has two daughters, ages 3 and 7, both breastfed past one year of age.

4. Mothers of Breastfeeding Support Groups Interact with University Students: Laura Rosa Pascual, Argentina

In previous decades, the importance of support groups in making changes towards a culture that values breastfeeding has taken on different formats. The Baby Friendly Hospital Initiative (BFHI) has recognised the essential role of support groups and encouraged their development in the area of health. However, participation of these groups in activities at educational institutions has been less than adequate, especially at the university level.

Here is a description of an experience in a basic science course (1st Course of Cellular Biology, Histology and Embryology) at the Faculty of Medical Sciences, National University of Cordoba, Argentina.

Since 2003, a breastfeeding course (Optional Module of Breastfeeding) has been given to students in the final three years (4th, 5th, 6th) of their medical education. In one of these encounters entitled *Accompanying Breastfeeding*, representatives from the groups *Retoño* and *La Liga de la Leche* are invited to a panel. The classroom is set up with posters and other objects. After being introduced, the mothers share how they started their work, describe World Breastfeeding Week activities and give out printed materials. The students then ask questions and active interaction begins with the sharing of information and experiences. At the end of the course, the students fill out an opinion survey where they relate what they felt as they became aware of the activity of mothers supporting other mothers. They reflect on the topic from a new perspective. The perseverance and conviction of the support



Medical Students at the Breastfeeding Course

group members make the objective “The community transmits to future professionals how they wish to be sustained/taken care of during the breastfeeding period” a reality.

Dr. Laura Rosa Pascual, International Board Certified Lactation Consultant (IBCLC), Medical Doctor, Doctor in Medicine (PhD), Assistant Professor of Cellular Biology, Histology and Embryology, Teacher of Optional Module on Breastfeeding at the Faculty of Breastfeeding Medicine at the National University of Cordoba, Argentina.

EMAIL: lpascual2005@hotmail.com

See website on:

Optional Module on Breastfeeding in Spanish

<http://www.fcm.unc.edu.ar/catedras/1biolcel/Modulos.htm>

Grupo de Apoyo Retoño de la Fundacion clacyd

http://www.clacyd.org.ar/grupodeapoyo_activ.htm (in Spanish)

5. Bringing Baby Along – The Baby Room: Kylie Horsfall, China

I am a mother of two and have exclusively breastfed both of my children. When I returned to work with my first child, six years ago, I continued to breastfeed. She was eight weeks old when I went back to work, and even though continuing to breastfeed her was definitely possible and worth all the hassle, it wasn't exactly easy. I had to pump during all my breaks and then have the child minder (babysitter) feed her my expressed breast milk.



The Baby Room

I spent nearly all my free time locked in a stuffy room on my own, pumping. With my current baby, things have been much easier. I again returned to work when my baby was very young, and I continued to breastfeed. But this time, I bring my baby to work with me. I am a teacher and I am lucky enough to work in a school which has developed a “Baby Room,” something which I believe could be replicated in any workplace.

What is a Baby Room? It is a room for babies and their mums and nannies. A Baby Room at work means that my son is close to me. I know he is safe and well looked after, and I can continue breastfeeding him without the hassle of pumping and sterilising so many bottles. I am happier and I have more time to spend with my baby. My little one gets to see me more often. It benefits my employer because I am more focused on my work, knowing my son is safe and happy just down the hall. It also pays off for my employer because I came back to work after three months, rather than taking a longer maternity leave.

In the beginning I felt like a wet nurse to my baby, as I seldom got time to do anything with him during my breaks except feed him. This feeling lasted for about a month, until we became a more efficient feeding “team.”

Having my son in the Baby Room is better than other alternatives. Last month, my baby was ill and stayed at home for five days. On the first two days, I stayed with him, but by the third day although he was no longer really ill, he couldn't accompany me to work, because he couldn't be in contact with the other babies. On these days I went to work and left him at home with his nanny. I pumped every morning and evening to make sure there was enough expressed breast milk for him, and I rushed home in a taxi every day at lunchtime to feed him.

On the first day, I only just made it back to work on time. On the second, he was fast asleep and wouldn't feed while sleeping or wake to feed, and on the third day, it took me 20 minutes to find a taxi to bring me home, so I only ended up with 10 minutes to spend with him. These problems made me realise that feeling like a wet nurse or missing out on the lunchroom gossip are minor issues!

Our Baby Room was initiated, organized and funded by us as parents. We supply our own equipment, and we decide our own policies. The nannies are all hired and paid by the individual baby's parents. The school merely provides an empty room. This means that the school is not legally responsible should anything happen.

Our policies are simple:

- Only babies, nannies, and parents are allowed in the room;
- Only six babies can be registered to attend at any one time; and
- Once a baby turns one, they can no longer be in our Baby Room.
- All parents must supply basic equipment for their baby, such as a cot, bedding, toys, nappy changing gear, and a play mat for the floor.
- Every baby must have their own nanny, and if a baby is ill s/he must stay at home so as not to infect the other children.

Parents contribute a very small monthly fee towards necessary improvements for the room. This money has been used for painting a mural on the wall and purchasing a fridge, steriliser, microwave, cupboards, storage tubs, a sealed rubbish bin, a water dispenser etc. The school paid for the room to be carpeted, and had an air-conditioner/heater installed.

The idea is so simple, and yet so unusual. I have never heard of another workplace having such a room. I wasn't involved in the planning stages, but I am so grateful to those mums and dads who had the idea and convinced the administration to let us implement it. I hope this article encourages more parents to lobby for a Baby Room at their own workplaces. It never hurts to ask! Sometimes the best ideas are the simplest!

The above article, written by Kylie Horsfall, LLL Shanghai Group, China is printed with permission from *Close to the Heart* Late-Year 2008, page 3. Close to the Heart is available to members of La Leche League Asia or Middle East region. To contact LLL groups in China, please email lllhk@hotmail.com.

6. Promoting Breastfeeding in the Office Setting – Breastfeeding – Best for Baby and Mother: Laura Viehmann, USA

Physicians who have not had training or experience in breastfeeding may feel that they should not give breastfeeding advice. Families listen for opinions from their physicians, and a lack of advice may lead them to think that breastfeeding is not valuable or not valuable enough to attempt. Families can recognize when physicians are uncomfortable or uncertain discussing breastfeeding and may turn elsewhere for advice that may or may not be up-to-date.

Some ways to promote and support breastfeeding are similar to the ways we pediatricians let teens know that they are still welcome in our practices. Have posters about breastfeeding and avoid any displays of formula, formula names, or pictures of babies drinking from bottles. A notice that breastfed babies are welcome sends a strong message to families about your support for breastfeeding. I have always had a policy of moving infants out of a waiting room full of sick children as quickly as possible. This practice lends itself to inviting mothers to nurse their babies in the examination rooms with comfort and privacy. When new mothers come in with a family member, I encourage the other adult to check out at the front desk, allowing the mother a few more minutes to nurse the baby before getting into the car.

Different practices will find different solutions that work. A rural practitioner may find learning more about breastfeeding essential so that he or she may have more nights at home with his or her family because of fewer hospital admissions. A group practice may be able to rely on the expertise of one physician who sees all the newborns initially and is allowed enough time to assess the latch and identify the mother's breastfeeding goals and concerns. Knowing the availability of lactation consultants and breastfeeding support groups in your area can spread the workload, leaving only the more challenging cases for physician management.

Laura Viehmann, MD, FAAP, SOBr Member, RI CBC, and SOBr EC Member, USA

This article appeared in the Summer 2008 edition of the American Pediatrics (AAP) Section on Breastfeeding Newsletter. It was slightly adapted and reprinted with permission. Promoting Breastfeeding in the Office Setting - Breastfeeding - Best for Baby and Mother: Laura Viehmann, USA <http://www.aap.org/breastfeeding/Summer08Newsletter.pdf>

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

7. My Personal Story of Holistic Change: Amatul Wadood Nazli, Pakistan

Recently my friend's sister-in-law gave birth to a baby boy. I went to her home and shared with her many tips for successful breastfeeding. She did not know about exclusive breastfeeding. So, this was a very right time to share with her.

There was another friend of mine who had a problem with sore nipples. When I shared with her some tips of positioning, she was so surprised to know that the areola has a great function in feeding. These kinds of experiences are now part of my routine life.

My Personal Story of Holistic Change

I married in 1989 and joined my husband in Goettingen-West Germany where he was a student of 'organic farming.' I became a vegetarian like my husband and started eating organic food and raw milk products. In 1990 I became pregnant but did not know anything about pregnancy and breastfeeding. My husband, who was more informed, gave me a book on natural pregnancy. This book inspired and empowered me. Then I joined a group of pregnant women. The second book he gave me was about breastfeeding. I became active in both fields. The experienced breastfeeding mothers helped

me a lot. My husband and I joined a parent's group and took part in a course called 'healthy pregnancy and easy delivery.' We decided to have a home delivery and with breathing techniques I gave birth to a healthy baby girl at home with the help of a midwife. My husband helped me a lot during my first delivery. I breastfed exclusively for 8 months and was very happy and satisfied. During breastfeeding, I read more books on breastfeeding and other information on holistic mother-child care.

We came back to Pakistan after my husband completed his studies and our natural way of living continued. In 1993, I gave birth to our second baby boy in Chitral, Pakistan. His birth was also at home with the help of a midwife and my husband again helped me during my labour. I exclusively breastfed my baby boy for 8 months. When my son was only 6 weeks old, I was so motivated that I started talking (in-person, through informal workshops and presentations at girls' high schools) to open-minded women of all ages, in rural as well as in urban environments about female issues in order to bring a holistic change for a better life for these women. Because I was now an experienced and informed mother, I was able to help many mothers.

In 2003, my 3rd baby, a boy, was born prematurely at 34 weeks in Mansehra, Pakistan at home with the help of a midwife and my husband assisted me once again during my labour. This was a unique experience and I did exclusive breastfeeding with him for 8 months. He is now a healthy and very intelligent boy. All of my deliveries were without any complications and I enjoyed my natural pregnancies and easy deliveries.

Amatul Wadood Nazli, trained as a Breastfeeding Counsellor by La Leche League International in 2006, is mother to 3 breastfed children.

EMAIL: rcda@brain.net.pk

8. My Experience with Breastfeeding: Liz Moreno and Guido Prieto, Paraguay

Sofia came to the world 4 weeks before her due date by an emergency cesarean as she was stuck in the birth canal and her cardiac rhythm was falling dangerously. After birth, as a precaution she was in the incubator for an hour.

Breastfeeding my baby in this case was not easy as it had been with my 2 older children. At the hospital she was given the bottle on the pretext that she was hungry as I still did not have milk. On returning to my house, my baby slept a lot and nursed little. At the 3-week medical check up, the pediatrician told me that my baby had hardly gained any weight and that was because I did not have sufficient milk. I was advised to supplement with formula (artificial milk). On leaving the doctor's office I felt discouraged. I also received well-intended advice from some of my family members and friends who also said that my milk was insufficient and that I should give formula to my daughter.

Through all this, my husband supported me to continue giving our daughter only my milk. He put me in touch with the La Leche League Leaders who advised me on how to improve my breastfeeding techniques. Moreover, I changed my pediatrician. Now my baby is a real chubby baby, healthy and happy as I give her the best that I can give – my milk.

Breastfeeding from the father's point of view: Guido Prieto

For me the importance of breastfeeding is in the protection of babies from a lot of diseases and this I can see in my daughter who is strong and healthy. Also, the bond between the mother and baby is strengthened. That is why I give my support to my wife reinforcing her self-esteem in that her milk is good and enough to feed our daughter.

Liz Marisol Moreno, architect, mother to 3 children, Adrian, 18 years, Leandro, 12 years and Sofia, 3 months, is married to Guido Prieto, a computer consultant.

EMAIL: lizmmoreno@hotmail.com

9. The Importance of Breastfeeding to My Premature Baby and to Me: Jilly Newnham, Wales

Kate Elizabeth was born two months prematurely and weighed only four and a half pounds. She was in the special care baby unit for two weeks and for a further week with me in the hospital because they wouldn't discharge us until she weighed five pounds (2.27kg).

All this time, I breastfed her, even though at first the health professionals told me she'd be too weak to suckle and that it would tire her out. She found my breast almost immediately when I was allowed to hold her - she was two days old. I insisted she be given my milk and not formula while she was being tube fed.



Nazli and her family, taken in 2006

I was very weak postpartum after an emergency caesarean section and there were three floors between the special care unit and my ward. I would grab a wheelchair and lean on it to go up in the lift (elevator), and then shuffle along to give my expressed milk to my daughter. We had a bit of a battle after I learned she had been given formula milk a couple of times. I shed tears when I found out. Their excuse was that they didn't want to disturb me as I needed to rest. Kate continued to breastfeed and gained sufficient weight to be discharged. We carried on nursing happily, Kate thriving until, at around four to six months, we encountered a hiccup when a health visitor told me her cries at six o'clock every evening meant she needed supplementary feeds of formula. I followed her advice but Kate still cried and developed eczema too.

Then I discovered La Leche League (LLL): what a revelation! My local Leader encouraged and supported me. I attended the meetings and realised that my baby was getting all she could possibly need from me with no formula required. The eczema disappeared once we stopped giving formula. I don't know what caused the colic but we survived it and it disappeared overnight two months later.

Kate continued to nurse throughout her pre-school years through chickenpox, vaccinations and upsets. My breasts provided the wonder cure! She is now an outgoing, bright, articulate, confident, independent child, who is taller than average despite her premature birth. I am sure that breastfeeding contributed greatly to Kate's well being.

I was 46 years old when Kate was born and am now 52, am active and healthy with enthusiasm for life. Before Kate was born I'd suffered three miscarriages and had almost given up hope I'd ever have a second baby – my firstborn, Lee, was already 25 years old by then. I conceived Kate naturally and share this as encouragement to those who may despair of conceiving later in life.



*Jilly Newnham
and her daughter*

The above story by Jilly Newnham of LLL Swansea, Wales, is printed with permission from Breastfeeding Matters, #166, July/August 2008. Breastfeeding Matters is the bi-monthly members' magazine of La Leche League (LLL) Great Britain. For further information on subscribing to Breastfeeding Matters, see: www.lllgbooks.co.uk or email wendy.laleche@btconnect.com

10. Breastfeeding and Beauty – The Mrs. Texas Beauty Pageant: Leigh Blankenburg, USA

Beauty pageants/contests are held in many countries around the world, including in my own country (USA). In fact, in the USA, there is more than one kind of beauty contest! As a married woman with a child, I entered a "Mrs." beauty pageant.

To my great joy, I was selected as Mrs. Lee County International 2009 and will advance to the next level in the Mrs. Texas International pageant on March 22, 2009 in San Antonio, Texas, USA. I chose Breastfeeding Education and Awareness (BEA) as my platform/cause that I will promote state-wide if I win the pageant. As a wife and mother who is practicing extended breastfeeding with our son (who was exclusively breastfed), I hope to encourage others to recognize that breast milk is the best first gift after birth a mother can give her child for a healthy start and that mother's milk continues to be the best source of nourishment and comfort for a child until weaning occurs.



*Leigh Blankenburg,
Mrs Texas Beauty*



*Leigh Blankenburg,
the breastfeeding mum*

If I am selected as Mrs. Texas International, I plan to promote BEA by being an ambassador/spokesperson for La Leche League International, Weston A. Price Foundation, WABA World Breastfeeding Week and Mothers' Milk Bank at Austin. The Mothers' Milk Bank is my charity of choice as it is indescribable how wonderful it is giving donated breast milk to premature and sick babies. Throughout everything, I plan to be a model of a holy family (along with my husband and son) to promote Year of the Family in the Austin Diocese*. I pray that we can give support to other families to do their BREAST for their children to give them a healthy start.

You can read more at the following link: <http://www.mrstexasinternational.com/>

Leigh Blankenburg, mother to 1 son, Briscoe, and wife to Charles "Ace," graduated from Texas A&M University with a B.S. in Food Science and Technology. She worked as a Research Assistant II in disinfection technology for 5 years before becoming a homemaker and stay-at-home mother.

**Diocese: administrative division of the Catholic Church*

11. A Travelling Breastfeeding and Working Mum: Ng Bee Ting, Malaysia

Are travelling breastfeeding and working mums like me really a rare species? So rare that people who set civil aviation rules can ignore our needs?

Post Sept-11, 2001 attack, a set of terrorist-detering rules for air travel was devised and it was decided that human milk should only be allowed on the plane when mothers travel with their breastfed babies. They forgot this rare species of travelling breastfeeding and working mothers until a woman from Minneapolis, USA created a huge outcry after witnessing her breastmilk being discarded by airport security on a work trip. She eventually succeeded in getting the USA transportation authorities to change the rules and allow expressed breastmilk to be carried on a flight when mothers travel without their infants. This took place in August 2007. The USA now has the most liberal air travel security rules in the world in relation to breast milk!

Everyday during my monthly work trip to Japan, I would dutifully pump out my breastmilk, request hotels to store my milk in their freezers, carry it around along with the many cooler bags and ice packs as I travel to a few cities during each trip.

When it is time to board for the 7-hour return flight to Malaysia, I would be stopped by airport security as breastmilk is only allowed if I have my infant with me. They don't understand that if my baby was with me, I would not need to express my milk! They don't understand that breastmilk needs to be chilled; otherwise it will spoil. They don't know that the cargo area would not have suitable conditions for the bottled milk. Rules are rules, they always say.

I think the rules need to be changed!*

Ng Bee Ting who is in real estate management is tandem nursing her 2 children who are 9 months old and 2 years old.
EMAIL: bting9@gmail.com

** See No. 19. Carrying Expressed Milk on Airlines.*

Editors' Note: *If you have breastfed your baby or are breastfeeding your baby or know of someone who is breastfeeding their baby, please share with us your/their experience.*

FATHER SUPPORT

12. A Call for Articles: Men's Working Group: James Achanyi-Fontem, Cameroon

The Men's Working Group (MWG), coordinated by James Achanyi-Fontem, Cameroon Link, Cameroon, is busy developing an electronic MWG newsletter. This newsletter will share information on the role of men who support breastfeeding, starting with their own family, but including support activities at the community level. There is power in learning about others and what they have done and experienced. If you, as a father, have an experience to share or if you have information that you feel would be interesting or useful for other fathers, please submit your article or the information to James at camlink2001@yahoo.com Help to make this MWG e-newsletter a success!

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 Men's Initiative was born (<http://www.waba.org.my/whatwedo/mensinitiative/index.htm>). To learn more about how you can be involved, please contact James Achanyi Fontem <camlink2001@yahoo.com>, Coordinator of the Men's Working Group (MWG) 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*
-

13. A Father's Support for a Breastfeeding Mother: Jerome Smith, Chile

When my partner, Gladys, and I knew she was pregnant, a special feeling came over me. Here was a new being who wanted to come into this world and live. I felt that already he had a strong desire to live, a will so strong that it was more powerful and important than anything we planned or wanted. We didn't make him, he was coming to this world through us, but we were not his creators. Here was a new being, fragile and defenceless, who had been placed in our hands to care for and ensure his health and happiness in this world. What an important and wonderful responsibility!



Alan, Jerome and Gladys



Alan

Gladys and I both knew that breastfeeding is extremely beneficial for babies, because of its nutritional value, and also because of the emotional connection between the baby and the mother. Therefore we decided with absolute certainty that our baby would be breastfed.

Ever since our baby Alan was born, seven months ago, I have participated in many breastfeeding sessions. While Gladys nurses him, I talk to him and stroke his head gently so that he feels loved and protected by both his parents. When he has finished, I hold him and pat him on his back to get his burps out. At all other times I do what most fathers do: I play with him, talk to him and soothe him when he cries. I know that at this age it is very important to give him a lot of security, and I do these things with lots of love and affection.

Another aspect that I feel is very important is supporting Gladys directly, since I realize that being a mother can be tiring and stressful. I try to give her lots of love and emotional support. Gladys does the same for me. She knows that I'm the breadwinner of this family (for the moment) and that I need to be effective in my work so she doesn't expect me to wake up at night and makes sure that I get a good night's sleep.

During these first seven months of Alan's life we have been so surprised and delighted to see how well he is! He has grown really well, and has really surprised his paediatrician. He has never been ill, not even a cold. Alan always seems so cheerful and happy, and he is always smiling! We adore our baby Alan, but the most extraordinary thing is that so does everybody else, including absolute strangers! People in the street stop and touch him, exclaiming, "what a cute baby!" On some occasions we have walked into a shop and all the sales-people have gathered around him, calling all their co-workers to come and look at this adorable baby! They forget all about asking us what we want to buy!

Being a father has turned out to be a wonderful experience. I am utterly surprised at myself because I didn't use to be like I am now; being a father to my son has exceeded all my expectations. I adore my baby son and feel so happy that he is in my life!

Jerome Smith, born in the United Kingdom, has lived most of his life in Santiago, Chile. He is the father of Matías, 19, who is studying in Mendoza, Argentina and new father to Alan, 7 months old. His partner, Gladys Baez, was born in Paraguay but lived most of her life in Buenos Aires, Argentina. They have been living together for two years in Santiago. Gladys has three children from her first marriage.

EMAIL: jerosmith@gmail.com

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

14. Meet Marta Trejos – Feminist, Breastfeeding Activist and Friend: Lakshmi Menon, India

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 MSTF would like to highlight breastfeeding advocate Marta Trejos of Costa Rica.

Marta Trejos's concern for women is evident in her long involvement in women's issues. She is the co-founder and Executive Director of CEFEMINA (Centro Feminista de Información y Acción), a women's information and action centre founded in 1974 in San José, Costa Rica. CEFEMINA is dedicated to improving the quality of life and creating equal opportunities for women. CEFEMINA was instrumental in bringing health issues of women in the developing world into international focus, and also in giving a new and wider perspective to these issues by linking health issues to the larger problems that poor women faced. This it did by organizing the 5th



Marta and her grandchild

International Women's Health Meeting (IWHM) in San Jose in Costa Rica in 1987, which was the first time this international meeting was held in a developing country; and organizing a series of local meetings to gain a better understanding of women's problems – which besides health, included livelihood, housing, education, water, etc., and then focusing on them at the international health meeting.

Marta is also the co-coordinator of the 'Woman and the Environment' movement in Central America. She led a campaign, "Homes, not slums" to prevent new "shanty-towns" from being erected and to build improved housing with schools and a dispensary located nearby. She understands that women, as mothers, want to work, but also want to give the best to their children, especially in terms of nutrition and education.

Since the late 1990s, I have had many opportunities to meet and interact with Marta at various WABA international meetings. I have also had the good fortune to work with her since 2003 as the co-coordinator of the WABA Gender Programme. While working with Marta, I realized the reasons for her charisma. She clearly understands the situation of women -- especially the problems of poor women and her kind and gentle ways with people and her impassioned speeches touch the right chord in everyone's heart. Marta's projects have always sought to make life easier for women, especially for disadvantaged women.

As the co-ordinator of the WABA Gender Programme, she has been able to convince breastfeeding advocates about the need to work with women in poor communities and to understand their problems. Together, we have worked towards making breastfeeding advocates aware of the stark social and economic realities which hinder breastfeeding for the majority of women and to look for suitable solutions. Our long experience in the women's and health movements has made both of us realize that breastfeeding promotion needs to be grounded in the realities of women's lives; that for breastfeeding to succeed, women's well-being is important, and this includes education, nutrition, livelihood, shelter and access to healthcare.

While women are her main concern, Marta believes that there is a strong need to work with men and involve them in women's breastfeeding issues. However, she emphasizes that we must be careful not to let men take the leading role or impose "their" thoughts on the way "mothers" should do things. Instead, she says that men need to support women. She points out that men's groups should also take measures to prevent violence against women.

Marta also got youth involved in gender sensitization in Latin America and this led to the formation of RUMBA (Red Unida Madres, Bebés y Alimento / United Network for Mothers, Babies and Nutrition) -- a network of young people who help promote the culture of breastfeeding. In 2006 the youth group participated in a WABA gender training workshop and formed the WABA YOUth initiative. Marta believes that young couples are happier if they discuss and share on equal terms the issue of having a child. She points out that only when young men understand and become part of the physical and emotional processes that women go through in pregnancy, can they share and support women.

Marta is the IBFAN Regional Coordinator for Latin America and acts as the WABA Regional Focal Point for Latin America and the Caribbean, and is also a member of the WABA Steering Committee.

There is much more that can be said about Marta, though she would, with her characteristic modesty, say: "It isn't I who is important. It's the team that does the work"

Despite her hectic daily schedule, Marta is devoted to her family. Marta always made sure she had time to attend to the needs of her mother, who passed away recently. She revels in the company of her beautiful granddaughter. Marta and I have been together innumerable times but we have barely had enough time for personal interactions, even as we promise ourselves more time at the next meeting. I sincerely hope that time will come sometime soon.

Lakshmi Menon, Co-coordinator, WABA Gender Programme, Indian Women's Health Movement
Mumbai, India.

EMAIL: menonlak1@gmail.com

Editors' Note: *If you know of an individual who works diligently and enthusiastically in promoting, protecting and supporting breastfeeding from your country, your region, your city, or your neighbourhood please take the time to write about this person and submit your article to the MSTF E-Newsletter.*

We would like to also recognize all those who indirectly support breastfeeding, through their support OF a breastfeeding advocate! Thank you!

15. University of Queensland Research Finds Breastfeeding Stops Neglect: Dr. Lane Strathearn, Australia

When a mother breastfeeds she is essentially protecting her child from herself, according to University of Queensland (UQ) researcher and developmental paediatrician, Dr Lane Strathearn.

By linking data from the <http://www.socialscience.uq.edu.au/?page=15531> – Australia's largest longitudinal study tracking mothers and their children - with reports of maltreatment recorded by the Department of Child Safety, Dr Strathearn found mothers who breastfed were less likely to neglect their children.

"Mothers who didn't breastfeed were almost four times more likely to be reported for maternal neglect than mothers who breastfed for four or more months," he said.

In what is believed to be the first population study to provide statistics on the rate of child abuse in Australia, seven percent of children were identified as victims of maltreatment.

"The difficulty with this research subject is that you can't randomly assign a woman to breastfeed her baby and another one not to, so there's always potential for bias," he said.

"But, these results make sense biologically because breastfeeding is associated with oxytocin release, and we know from animal studies that oxytocin is produced in the brain and helps activate areas of the brain that are involved in maternal care and behaviour."

While the biological function of oxytocin offered a logical explanation, Dr Strathearn said the physical bond created between the mother and baby during breastfeeding could also be a contributing factor.

"I think for a long time we've thought anyone can feed the baby as long as it's expressed breast milk," he said. "But this is saying well hold on, it's not just the milk, it's that relationship that's important." Breastfeeding may simply promote that interpersonal bond between a mother and her baby - the physical touch, the holding, the eye-to-eye contact.

A UQ medical graduate, Dr Strathearn is currently Assistant Professor of Paediatrics at the Baylor College of Medicine in Texas
The above article is available at http://insciences.org/article.php?article_id=1685

16. Guidelines for Gender Sensitive Materials and Advocacy: WABA, Malaysia

WABA is mainstreaming gender in its policies and programmes as per its Strategic Plan 2008-2012. As part of our efforts to fully realise gender mainstreaming at all levels we have developed "Guidelines for Gender Sensitive Materials and Advocacy" to be used in all WABA programmes, publications and other materials as well as to encourage its use by WABA partners, endorsers and breastfeeding advocates in general in their work on breastfeeding protection and promotion.

Please view the Guidelines available in both English and Spanish at <http://www.waba.org.my/whatwedo/gender/publications.htm> and let us know when and how you use the Guidelines in your work. Do let us know if you have any questions regarding their application.

We have also successfully uploaded a Gender Quiz which you will find interesting and fun at the Gender section of the WABA website, see <http://www.waba.org.my/whatwedo/gender/quiz.htm>

We look forward to your engagement in making breastfeeding advocacy more gender sensitive.

Lakshmi Menon, Coordinator WABA Gender Programme,
Sarah Amin, Co-Director WABA,
Revathi Ramachandran, Coordinator, WABA Gender, Women and Work Programme
EMAIL: waba@streamyx.com

17. News Items for your interest and information: MSTF Coordinators

- World Breastfeeding Week (WBW) 2009: The World Alliance for Breastfeeding Action (WABA) has announced the 2009 WBW theme: Breastfeeding: A Vital Emergency Response. Are you ready? For more information, check regularly at the WABA website www.worldbreastfeedingweek.org Please note, also, the instructions on submitting a photo or photos for possible inclusion in the 2009 WBW Action Folder.
- Join the One Million Campaign – Support Women To Breastfeed. This campaign, initiated by the International Baby Food Action Network-Asia (IBFAN-Asia) will bring together people from all over the world in supporting women to breastfeed, from signing petitions, to pledging to support one woman (friend, neighbor, relative, co-worker), to endorsing the Global Initiative for Mother Support (GIMS for Breastfeeding). Information on the Campaign is at www.onemillioncampaign.org and information on GIMS is at <http://www.waba.org.my/whatwedo/gims/index.htm>
- Press Release by WABA for the International Women's Day 2009 on the theme 'Women and Men Unite to End Violence against Women and Girls' is available at http://www.waba.org.my/pdf/IWD_Press_Release_09.pdf to be adapted according to your needs.
- The United Nations Breastfeeding Advocacy Team (UNBAT) prepared a statement for the 53rd meeting of the Commission on the Status of Women (CSW) 2009 on the theme 'Breastfeeding and the equal sharing of responsibilities between women and men'. The document is available at <http://www.waba.org.my/pdf/csw2009.pdf>

18. MMPS Photo Contest: Lee Su Li, Malaysia

To welcome 2009, the Mother-to-Mother Peer Support (MMPS) Group in Penang, Malaysia organised a photo contest. The participation from mothers was overwhelming. Entries were posted on the website: <http://pgmmmps.wordpress.com/> for public viewing. The winner was selected on the basis of the highest votes.

To learn more on the activities of MMPS please email pgmmmps@gmail.com

19. Carrying Expressed Milk on Airlines: MSTF Coordinators

Bee Ting is a breastfeeding mother who lives in Malaysia and travels for her job. She has communicated with various organizations, groups and international agencies on the issue of breastfeeding women flying without their breastfed babies/ children and wanting to carry their expressed breastmilk onboard.

One of the proposed strategies is to have a global petition that could be used with as many airlines as possible. This would serve as a proactive approach. It would be posted to begin with on the WABA website. If you would like to help with this task, please email Bee Ting btting9@gmail.com and Paulina Smith smithpc@att.net.mx If you have information that would be helpful or if you have another idea, strategy or an approach that might change the current situation on many airlines, please also let Bee Ting and Paulina know.

20. World Social Forum and Breastfeeding: Amigas do Peito, Brasil

The Amigas do Peito (Rio de Janeiro - RJ), AMAMEN (Belém-PA), IBFAN Rio (RJ), La Leche League Brasília and the Group Ishtar (Belém-PA) promoted Breastfeeding at the World Social Forum 2009, that took place in January, 2009 in Belém, Brasil. They organized and coordinated a workshop, Breastfeeding: Another World is Possible, where participants were invited to reflect on the various themes and how breastfeeding is related to them and to represent these connections creatively. They all demonstrated their creations in a Breastfeeding March that resembled a Brazilian samba school. A video on YouTube <http://www.youtube.com/watch?gl=BR&v=fB32WV2w1Zo> shows this group and breastfeeding.

For more information on the breastfeeding activities that were carried out at the World Social Forum, please contact Amigas do Peito amigasdopeito@amigasdopeito.org.br. Those who participated would like to publicly thank WABA, which provided funding to make this all possible.

21. Public Radio and Breastfeeding: Chris Mulford, USA

The radio series "This I Believe" started back in the 1950s. I remember hearing some of the early essays on the radio when I was a kid. It featured short essays written by famous people and ordinary people. You can read more about it at <http://www.thisibelieve.org/aboutus.html>

When the series was revived a few years ago, I thought "I should send something about how breastfeeding has shaped my life." But of course I kept putting it off...until I heard an announcement that the broadcasts will soon be ending. So I spent a happy evening writing about my belief in breastfeeding, and now my essay is posted on the website... and YOU can read it here. http://www.thisibelieve.org/dsp_ShowEssay.php?uid=60358&lastname=Mulford&yval=0&start=0

Chris Mulford, BSN, IBCLC
Project Coordinator, the PA-BC Business Case for Breastfeeding
Chair, Workplace Breastfeeding Support Committee, US Breastfeeding Committee
Co-coordinator, Women & Work Task Force, World Alliance for Breastfeeding Action
Mother of 2 adult children, both breastfed.
EMAIL: chrismulfo@comcast.net

22. Maternity Protection at Work: Elaine Cote, Switzerland

Good news concerning maternity protection at work: 2 new Member States (the Netherlands and Latvia) have ratified ILO Convention No 183 (2000) on maternity protection at work on 15 January 2009 and 9 February 2009 respectively. That makes it 17 countries in all. In alphabetical order they 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), Latvia (09.02.09), Lithuania (23.09.03), Luxemburg (08.04.08), Moldova (28.08.06), the Netherlands (15.01.09), Romania (23.11.02) and Slovakia (12.12.00).

With the exception of Belize, Cuba and Mali, these countries are all European.

Also, the European Union is presently revising its Maternity Protection Directive which focuses on health and safety at the workplace before and after giving birth.

At a time when more and more women and young women are entering the workforce it is essential that they be protected during their pregnancy, and for several months afterwards, in order to cope well with both their professional and their family responsibilities. This goes for fathers too. It is therefore a priority to fight for stronger maternity protection laws for all women workers. You can join other women's groups and trade unionists to push your country towards adopting improved maternity protection legislation. Please feel free to contact Elaine Petitot-Cote for assistance. She will also relay information about what is happening in your country or region to interested parties worldwide.

For more information concerning the ILO Convention, the EU Directive and maternity protection in general, please feel free to contact Elaine at [<elaine.cote@gifa.org>](mailto:elaine.cote@gifa.org)

BREASTFEEDING RESOURCES

23. Breastfeeding Exclusive: Miriam Labbok, USA

The Carolina Global Breastfeeding Institute (CBI)* is happy to announce the launch of a new quarterly newsletter, "*Breastfeeding Exclusive*". A publication of the CBI, it is intended to serve as an update of organizational activities, as well as report on related activities and issues in North Carolina, in the USA and worldwide.

The CBI is funded by an endowment from a very generous North Carolina USA family, and other donors and grants. The founding director is Miriam Labbok, MD, MPH who, in the past, served as Senior Advisor on Infant and Young Child Feeding and Care for UNICEF. Mary Rose Tully, MPH, known internationally for her work on Human Milk Banking, serves as the Clinical Support Advisor, and Emily Taylor, MPH, as Senior Program Director.

The CBI serves to "Nurture our Future" through four action areas that promote, support and protect breastfeeding:

- Training future leaders
- Carrying out applied research and technical assistance
- Developing and implementing breastfeeding-friendly health care approaches
- Facilitating Change: Partnering and leveraging political and programmatic action at the local, state, national and international levels.

Breastfeeding Exclusive, published in English, highlights CBI activities, and will also include brief reports on activities and accomplishments of CBI friends and associates. If you wish to be added to the distribution listserv, please email your contact information to cbi@email.unc.edu

Miriam H. Labbok, MD, MPH, FACPM, IBCLC, FABM, Professor of the Practice of Public Health Director, Carolina Breastfeeding Institute (CBI), Department of Maternal and Child Health UNC, Gillings School of Global Public Health, CB#7445, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

EMAIL: labbok@unc.edu

WEBSITE: <http://www.sph.unc.edu/breastfeeding>
(associated blog -<http://enabling-breastfeeding.blogspot.com>)

* *The Carolina Breastfeeding Institute (CBI) was established January 2006 as the Center for Infant and Young Child Feeding and Care. CBI exists to further statewide, national and global understanding and support for the mother/child dyad as key to the achievement of optimal infant and young child feeding and associated reproductive health.*

24. A Magazine for Breastfeeding Mothers: Claude Didierjean-Jouveau, France

Since 1989, La Leche League France has published *Allaiter aujourd'hui (AA)*, a quarterly magazine for parents. Every issue contains the "Our Readers Write" column, news in brief, and recent book reviews on parenting and breastfeeding. At the heart of each issue is a featured theme that is further supported by testimonials and stories submitted by mothers.

Since its creation, the aim of the magazine has been to be not only a magazine on breastfeeding and mothering, but a useful resource for breastfeeding mothers. From reading the letters sent in by mothers, this purpose is clearly being met. Many mothers write that it was through reading AA that they learned about continuing to breastfeed upon going back to work; that they first heard of the possibility of tandem nursing; that they discovered how to introduce solids in a more relaxed manner; and that they realised they had a strong let-down reflex and how to cope with it.

In the words of one mother who wrote in the January 2009 issue, "The Leader handed me the issue of *Allaiter aujourd'hui* entitled *Trop de lait, trop vite, trop fort* (too much milk, too fast, too strong). I read it practically in one sitting, and what I read was a revelation to me! I recognised our situation in several mothers' stories. To understand what was happening, to read all these stories and to see that there were a whole range of solutions, some very easy to apply, was extremely comforting!"

Claude Didierjean-Jouveau has three adult sons and a 23 month-old grandson, still breastfeeding. She has been a Leader with LLL France since 1986, editor of *Allaiter aujourd'hui* since 1989 and is currently a member of the LLLI Board of Directors.
Email: claudedidierjean-jouveau@wanadoo.fr

25. Nutrition News for Africa: Christian Fares, USA

Nutrition News for Africa is a monthly electronic newsletter whose aim is to disseminate state-of-the-art research and policy papers to scientists, program planners, policy makers, and opinion leaders working in the field of public health nutrition in Africa. The newsletter is prepared as a collaborative effort of Helen Keller International (HKI) and the Program in International and Community Nutrition (PICN) of the University of California, Davis, USA.

Some Articles from the December 2008 issue:

Effects of early, abrupt weaning on HIV-free survival of children in Zambia. Kuhn L, Aldrovandi GM, Sinkala M, Kankasa C, Semrau K, Mwiya M, Kasonde P, Scott N, Vwalika C, Walter J, Bulterys M, Tsai WY, Thea DM; Zambia Exclusive Breastfeeding Study. *N Engl J Med.* 2008 Jul 10;359(2):130-41.

Extended antiretroviral prophylaxis to reduce breast-milk HIV-1 transmission. Kumwenda NI, Hoover DR, Mofenson LM, Thigpen MC, Kafulafula G, Li Q, Mipando L, Nkanaunena K, Mebrahtu T, Bulterys M, Fowler MG, Taha TE. *N Engl J Med.* 2008 Jul 10;359(2):119-29.

Breast-feeding, antiretroviral prophylaxis, and HIV. Gray GE, Saloojee H. *N Engl J Med.* 2008 Jul 10;359(2):189-91.

To subscribe to this newsletter please send an e-mail with your name and electronic address to Christian Fares, Managing Editor, Nutrition News for Africa, Helen Keller International (HKI) cfares@hki.org

26. Study Online! Earning Continuing Education Credits in breastfeeding: Carol Kolar, USA.

Try La Leche League Independent Study Modules online. You can download learning objectives and educational materials written by lactation professionals and read them at your own pace, then take an online test that will earn continuing education credits and receive your score immediately. You will receive a certificate by email and your credits will be recorded to your

accrediting organization. Find the LLLI Independent Study Modules online at www.llli.org. Study Modules range in cost from US\$20 to US\$50, depending on the specific module. For additional information, email Carol Kolar at CKolar@llli.org

27. Contaminants in Human Milk: Weighing the Risks against the Benefits of Breastfeeding: **M. Nathaniel Mead, USA**

The research to date indicates that, despite the health risks posed by these contaminants, breastfeeding nearly always remains the optimal choice for infant feeding. Mothers in conflict and disaster situations also are advised to continue breastfeeding rather than use commercial infant formula.

For the full article by M. Nathaniel Mead, please see Environmental Health Perspectives (EHP), Vol. 116 No.10 October 2008. <http://www.ehponline.org/members/2008/116-10/EHP116pa426PDF.PDF>

Editors Note: *We apologize for the error in V6N3 Newsletter in Breastfeeding Resources - Breastfeeding Matters, the correct website is: www.lllgbbbooks.co.uk*

CHILDREN AND BREASTFEEDING

28. Coping with the Jealousy of a Toddler Sibling towards a Newborn Baby: Laura Probst and Twink Lester, USA

Some breastfeeding mothers report jealousy on the part of a toddler sibling when there is a newborn baby in the home. Following is advice on handling this kind of situation:

Laura Probst, LLL Leader, Michigan USA, mother to 2 grown daughters writes:

Something that a LLL mom said once really seems to work: When baby is happy to be set down for a while and older sibling is within earshot, mom puts baby in his safe spot while saying "I'm sorry baby, but you are going to have to entertain yourself for a while. I need to play with Susie now."

Twink Lester, Retired LLL Leader, Vermont, USA, mother to 5 children, grandmother to 5 grandchildren and former volunteer administrator for La Leche League shares:

My Co-Leader used to say things when the baby was asleep in her arms after nursing and her toddler was in the room – "gosh, baby, you take up so much of my time. I miss the time I used to have alone with toddler. Guess we're a family now and we are all trying to adjust to having a new one in our midst." She would just be musing to herself. In a few days her toddler said, "It's ok, Mom, I love baby and we'll learn how to make him feel loved like me."

Editors' Note: *Please write to us if you have special memories of:*

- *what your children did or said when breastfeeding,*
- *any breastfeeding positions that you have nursed in,*
- *or if your children themselves would like to contribute what they feel about breastfeeding or the actions they have taken to promote breastfeeding.*

FEATURING BREASTFEEDING AND HIV AND AIDS

29. WABA HIV and Breastfeeding: Pamela Morrison, England

Can an HIV-positive mother breastfeed her baby? This is the most common question received by the WABA Breastfeeding and HIV Task Force. To help answer queries about breastfeeding in the context of HIV, in 2005 we began collecting Journal articles, reports, conference abstracts, opinions and reviews for an HIV Database. Today this fast-growing library contains over 1800 items; since January 2008, we have added another 400.

How do we use the Database? The ability to look up original research whenever we need accurate, up-to-date information, or to check a fact when a controversial question comes up, is invaluable. We can send articles to colleagues who seek clarification, or share facts with advocates who want information to write an article of their own. Thanks to the Database, we are able to answer a question for an HIV and Infant Feeding Counsellor in Belgium, or give an HIV-positive mother in South Africa information about her baby's risk of acquiring HIV should she decide to breastfeed.

How does it help in the development of WABA HIV and breastfeeding materials? Thanks to this large body of research, we can see at a glance the latest important findings, in order to issue timely updates, which we hope are useful. For example, see <http://www.waba.org.my/pdf/WorldAidsDay-PressRelease.pdf>
http://www.waba.org.my/pdf/World_AIDS_Day_2006_WABA.pdf
<http://www.waba.org.my/pdf/worldAIDSday2007.pdf>

How can the Database build bridges and make connections? One of the most rewarding, unexpected benefits to our painstaking collection of data has been to extend our network of friends and colleagues, and build bridges between WABA and the research community. One author now sends us her new articles as they are published, without a prior request. Every article and report, no matter how large or how small, is welcome! The most important full-text articles are disseminated to a closed list of over 600 breastfeeding advocates. If you would like to receive updates, or have items to share, please contact me - Pamela Morrison, Co-coordinator of the Breastfeeding and HIV Task Force, at pamelamorrisonibclc@gmail.com

Pamela Morrison, currently residing in England, has lived in Kenya, Uganda, Tanzania, South Africa, Rhodesia (now Zimbabwe), Malawi, Zimbabwe and Australia. She is the mother of 3 (formerly) breastfed sons, 31 yrs. old and 26 years old (twins) She has no grandchildren yet, but lives in hope! Retired LLL Leader, IBCLC 1990 to current date, WABA Human Rights TF Co-coordinator 2000 – 2002, WABA BF & HIV TF Co-coordinator April 2005 – 13 February 2009.

30. Another look at breastfeeding and HIV and AIDS: Marian Tompson, USA

In March of 1998, the World Health Organization (WHO) came out with a draft entitled HIV and INFANT FEEDING; A REVIEW OF HIV TRANSMISSION THROUGH BREASTFEEDING. While noting the role of breast milk in protecting infants against morbidity, the draft stated that, "The most effective method of preventing breast-milk transmission of HIV is breast-milk avoidance." This contrasted sharply with WHO's earlier statement that the decision as to whether or not an HIV+ mother should breastfeed her baby was to be decided on a case by case basis. After an unsuccessful search for research validating this change, I decided to found AnotherLook (www.anotherlook.org) in 2001 as a nonprofit organization dedicated to gathering information, raising critical questions and stimulating needed research about breastfeeding in the context of HIV and AIDS.

Our goal is accomplished through presentations for health professionals and LLL Leaders around the world, through position papers and other information posted on the AL website, through a private international chatlist that includes health professionals, researchers, and health counselors working with HIV positive mothers as well as interested LLL Leaders. We also answer inquiries from anyone seeking information on this topic. A research team has been formed to find out if HIV virus in breastmilk is actually infectious. The team is waiting on funding to begin work. We are moving forward on a research project to survey the policies and practices of Child Protective Services in the USA toward HIV+ mothers who wish to breastfeed. A Masters Level student in Public Health will do the study as a practicum.

Those of us actively involved in AnotherLook feel that we are making an impact. Our abstract, **Breastfeeding in the context of HIV/AIDS: Where is the Evidence base supporting policy recommendations?** was accepted and presented at a poster session at the 2006 International AIDS Conference in Toronto. Our abstract **HIV and Infant Feeding Recommendations: Political? Science** was accepted for publication on the CD-Rom from the 2008 International AIDS Conference that took place in Mexico City.

If you would like to be on the AnotherLook e-list for periodic updates, please email me at mt@anotherlook.org.

Marian Tompson, LLLI co-Founder; Founder and President of AnotherLook; Member, WABA International Advisory Council; Member, WABA Breastfeeding and HIV and AIDS Task Force; mother of 7 children and grandmother of 16 grandchildren; great-grandmother of 5 great-grandchildren.

31. Survival of Infants Born to HIV-Positive Mothers by Feeding Modality, in Rakai, Uganda: Joseph Kagaayi et al*

Background: Data comparing survival of formula-fed to breast-fed infants in programmatic settings are limited. We compared mortality and HIV-free (survival) of breast and formula-fed infants born to HIV-positive mothers in a program in rural Rakai District in Uganda.

Methodology/Principal Findings: One hundred and eighty-two infants born to HIV-positive mothers were followed at one, six and twelve months postpartum. Mothers were given infant-feeding counseling and allowed to make informed choices as to whether to formula-feed or breast-feed. Eligible mothers and infants received antiretroviral therapy (ART) if indicated. Mothers and their newborns received prophylaxis for prevention of mother-to child HIV transmission (PMTCT)* if they were not receiving ART. Infant HIV infection was detected by PCR (Roche Amplicor 1.5) during the follow-up visits. Kaplan Meier time-to event methods were used to compare mortality and HIV-free survival. The adjusted hazard ratio (Adjusted HR) of infant HIV-free survival was estimated by Cox regression. Seventy-five infants (41%) were formula-fed while 107 (59%) were breast-fed. Exclusive breast-feeding was practiced by only 25% of breast-feeding women at one month postpartum. The cumulative 12-month probability of infant mortality was 18% (95% CI = 11%–29%) among the formula-fed compared to 3%

(95% CI = 1%–9%) among the breast-fed infants (unadjusted hazard ratio (HR) = 6.1 (95% CI = 1.7–21.4, P-value, 0.01). There were no statistically significant differentials in HIV-free survival by feeding choice (86% in the formula-fed compared to 96% in breast-fed group (Adjusted RH = 2.8 [95% CI = 0.67–11.7, P-value = 0.16]).

Conclusions/Significance: Formula-feeding was associated with a higher risk of infant mortality than breastfeeding in this rural population. Our findings suggest that formula-feeding should be discouraged in similar African settings.

** Joseph Kagaayi, Ronald H. Gray, Heena Brahmhatt, Godfrey Kigozi, Fred Nalugoda, Fred Wabwire-Mangen, David Serwadda, Nelson Sewankambo, Veronica Ddungu, Darix Ssebagala, Joseph Sekasanvu, Grace Kigozi, Fredrick Makumbi, Noah Kiwanuka, Tom Lutalo, Steven J. Reynolds, Maria J. Wawer.*

For the full article of the abstract please email Joseph Kagaayi at jkagayi@rhsp.org

Note: Antiretroviral therapy (ART) is the treatment given to HIV positive persons to help reduce the amount of virus in their blood and subsequently boost their immunity. Prophylaxis is a preventive treatment. Kaplan Meier time-to-event methods and Cox regression are statistical methods used to analyze time-to-event data. CI means Confidence interval – a measure of statistical significance.

***WABA encourages the use of the term “Paediatric HIV”!** instead of mother to child transmission (MTCT). This is because NO OTHER DISEASE is named for the route of transmission.

<http://www.waba.org.my/whatwedo/hiv/index.htm>

Current WHO/UNAIDS Guidelines recommend exclusive breastfeeding unless formula feeding is “acceptable, feasible, affordable, sustainable and safe.” The full statement is at this link:

<http://www.who.int/reproductive-health/stis/mtct/infantfeedingconsensusstatement.pdf>

32. Infant Feeding in Guatemala within the HIV Context: Irma de Maza, Guatemala

Guatemala is among the countries that ratified the resolutions adopted in the World Summits on Nutrition, on Food and on Children's Rights. However, childhood malnutrition is a major barrier for progress in Guatemala. The 2002 National Survey of Maternal Infant Health (NSMI) shows that 22.7% of children under 5 present global malnutrition, a percentage far superior to that of El Salvador at 17%, Honduras at 13%, Nicaragua at 12%, Costa Rica at 8% and Panama at 2%.

These unacceptable levels of childhood malnutrition partly results from inadequate infant feeding practices, especially breastfeeding practices. Scientific investigations show that human milk and breastfeeding favour the physical growth and mental development of children while protecting their health and that of their mothers. In Guatemala, the infant mortality rates continue to be very high, especially among children from the lower socio-economic level.

Epidemiological studies show that in infants who were not breastfed exclusively for 6 months, the risk of death from diarrhea is almost 6 times higher compared to those exclusively breastfed. These same studies reveal also that for children given breastmilk substitutes the risk of death from diarrhea is 14 times higher than those exclusively breastfed.

It is for this reason that the National Health Policy, the World Health Organization and the International Scientific Community recommend that all children be fed exclusively on breastmilk for the first 6 months and that they do not receive any food or additional liquids, even water.

Unfortunately 39% of Guatemalan children have stopped breastfeeding exclusively before the age of 2 months. This signifies that a very high proportion of Guatemalan children are deprived of essential nutrients for their growth and development apart from being exposed to attack by microorganisms, increasing their risk of disease and death.

The most recent Ministry of Health data reveals that 36% of the deaths of Guatemalan children below the age of one is partly due to diarrhea and acute respiratory infections, as a very high percentage of children are not breastfed adequately.

Of children between 17 to 23 months, 37% are not breastfed. This early suspension of breastfeeding partly explains the progressive increase in the levels of growth retardation in children below the age of 2. The NSMIH in 2002 reveals that 57% of children at 2 years present growth retardation. This is especially frequent among children from poor families.

Based on the situation in Guatemala and taking into account the WHO recommendation: the substitution food has to be **AFASS** if considered an option that is more adequate to exclusive breastfeeding:

- **Acceptable**
- **Feasible**
- **Affordable**
- **Sustainable** and
- **Safe** for the mother and her baby

The National HIV/AIDS Programme and the Programme of Safe Food and Nutrition have coordinated to elaborate on the Norms of Care in food for children of HIV positive mothers. After elaborating and making the Norms official, the 2 programmes have united to coordinate with WHO to adapt the recommendations and elaborate the Guide for the orientation on feeding of babies of mothers with HIV, cards for counselling and tri-folds for the mothers.

In 2008 the HIV/AIDS programme trained all personnel of the Integral Care Unit of HIV in hospitals and other second and third levels of care services in counselling skills. The Programmes of Safe Food and Nutrition support those workshops that reinforce breastfeeding, adequate techniques of breastfeeding, the use of cups and manual expression of breastmilk.

All these efforts have been achieved by specialists of the Ministry of Health who are aware that in Guatemala there exists a great risk in the indiscriminate use of breastmilk substitutes that places the health and the life of many Guatemalan children of HIV positive mothers in danger.

Irma de Maza, LLL Leader for 25 years, Mother of 4 and grandmother of 6, Educator, Lactation Consultant, Responsible for the Breastfeeding Component in the Nutrition Program in the Ministry of Public Health, The Baby Friendly Hospital Initiative, Human milk banks and breastfeeding education.
Email: mimimaza@hotmail.com

Note: *The Ministry of Health of Guatemala decided that the first option is artificial milk and the second option is Exclusive breastfeeding. This is different from the WHO which recommends Exclusive Breastfeeding unless the family has the possibility of giving breastmilk substitutes that are accessible, feasible etc.*

NEWSLETTER INFORMATION

33. Check out these Websites

Birth Without Borders is the vision of a group of dedicated women who have been intricately involved in the International Birthing and Public Health community for years. <http://www.birthwithoutborders.org/>

<http://www.breastfeeding.com>

Salma Hayek in Sierra Leone talking about tetanus & breastfeeding another mom's newborn (Salma's baby is a year old). <http://abcnews.go.com/Entertainment/story?id=6804291&page=1>

<http://www.breastfeeding-magazine.com/index.html>

Newborn's 'desire to communicate'
http://news.bbc.co.uk/2/hi/uk_news/scotland/tayside_and_central/7787450.stm

Breast milk used in cancer fight
<http://www.thedaily.com.au/news/2009/jan/13/breast-milk-cancer-fight/>

Natural Childbirth Makes Mothers More Responsive To Own Baby-Cry- A new study has found that mothers who delivered vaginally compared to caesarean section delivery (CSD) were significantly more responsive to the cry of their own baby, identified through MRI brain scans two to four weeks after delivery.
<http://www.medicalnewstoday.com/articles/120171.php>

University of California San Diego Studies Mother's Milk For Tiny Babies
<http://www.medicalnewstoday.com/articles/117923.php>

Unraveling Breast Milk – Analytical scrutiny reveals how complex fluid nourishes infants and protects them from disease. This article analyzes the composition and benefits of breastmilk, specifically looking at fat molecules and implications in food production and development for adults.

<http://pubs.acs.org/cen/coverstory/86/8639cover.html>

The Youngest Market: Baby Food Peddlers Undermine Breastfeeding

by Annelies Allain and Yeong Joo Kean <http://www.multinationalmonitor.org/mm2008/072008/allain.html>

<http://www.forosalud.org.pe/documentos.html> in Spanish, studies related to Rights to health:

- The right to health: Resource Manual for NGOs - Judith Asher / Commonwealth Medical Trust
http://www.forosalud.org.pe/reddepacientes/Manual_del_derecho_a_la_salud.pdf
- Fatal Delays, Maternal Mortality in Peru. A focus on Human Rights for a Safe Maternity
http://www.forosalud.org.pe/reddepacientes/Demoras_Fatales.pdf
- Poor and excluded women. Negation of right to Maternal Child Health – Amnesty International
http://www.forosalud.org.pe/reddepacientes/Peru_Mujeres.pdf

Breastfeeding cuts baby girls' pneumonia risk <http://www.reuters.com/article/healthNews/idUSTRE51G5C520090217?feedType=RSS>

34. Announcements: Past and Future Events

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

The Congress brings together a range of distinguished contributors from across the globe to consider the latest knowledge about these challenges, offering suggestions and plans on how they can begin to be understood and addressed. www.childparentrelation.com

27 January – 1 February 2009: World Social Forum 2009, Belém, Pará, Brasil

Information is available in 4 languages: English, Portuguese, Spanish and French. For English see: http://www.forumsocialmundial.org.br/index.php?cd_language=2&id_menu=
Read # 20 above for more information.

5 – 6 February 2009: LLL Asia and Middle East Conference in Hong Kong, *Breastfeeding -Traditional Food the Natural Way.*
<http://www.lllhk.org/>

14 February 2009: 18th Anniversary of WABA. Happy Anniversary WABA!

2 – 13 March 2009: 53rd Session of the Commission on the Status of Women (CSW) New York City, New York, USA <http://www.waba.org.my/pdf/csw2009.pdf>
<http://www.un.org/womenwatch/daw/csw/53sess.htm>

4 March 2009: 7th annual IBCLC Day – a day to highlight the work of International Board Certified Lactation Consultants (IBCLCs). The theme for 2009 chosen by ILCA (International Lactation Consultant Association) is IBCLCs: *Beyond Borders* to focus on the diverse work settings of IBCLCs around the world. See www.ilca.org, <http://www.ilca.org/ibclcdays.html>

5 – 7 March 2009: CIMS (Coalition for Improving Maternity Services) 2009 Mother-Friendly Childbirth Forum: *Speaking with One Voice for Mother-Friendly Childbirth*, in San Diego, California, USA. For further information on program updates and registration details, see <http://www.motherfriendly.org/forum.php>

8 March 2009: International Women's Day 'Women and Men Unite to End Violence against Women and Girls' is available at http://www.waba.org.my/pdf/IWD_Press_Release_09.pdf

10 – 11 March 2009: *Rethinking Global Health: Political and practical challenges from foreign and security policy*, Chatham House, London. http://www.chathamhouse.org.uk/global_health/
EMAIL: conferences@chathamhouse.org.uk

18 March 2009: *Breastfeeding Support: Everyone Wins* – Online Conference, The Australian Breastfeeding Association. If you have any general questions about the on-line conference please Email: melbourne@lrc.asn.au, <http://www.lrc.asn.au/2009seminars/online.php>

- 26-27 March 2009:** *4th Breastfeeding and Feminism Symposium*. The Breastfeeding and Feminism Symposium is designed to bring together scholars, advocates, practitioners and policymakers interested in Breastfeeding; Women's rights at home and at work; Reproductive health and rights; and Family planning and child health. For information please send an email to cwhw@uncg.edu
- 27-29 March 2009:** II WABANA Meeting (WABA North America) , Greensboro North Carolina, USA, facilitated by La Leche League International, WABA North America Focal Point and co-sponsored by the Carolina Breastfeeding Institute.
- 30 March – 3 April 2009:** Global Symposium on Engaging Men and Boys in Gender Equality, Rio de Janeiro, Brazil. For more information contact Gabriela Aguiar, Conference Organizer at symposium2009@promundo.org.br
- 7 April 2009:** World Health Organization - World Health Day
- 27 April – 1 May, 2009:** 12th World Congress on Public Health, *Making a Difference in Global Public Health: Education, Research and Practice*, organized by World Federation of Public Health Associations and the Turkish Public Health Association, Istanbul, Turkey.
WEBSITE: www.worldpublichealth2009.org
- 30 April, 2009:** Deadline extended for WABA WBW Photo Contest. www.worldbreastfeedingweek.org
- 30 April – 1 May 2009:** OVLC (Ottawa Valley Lactation Consultants) 2009 Annual Conference, *The Wonder of Human Milk*, Ottawa, Ontario, Canada. The speakers are Lars Hanson MD PhD and Judy Hopkinson PhD IBCLC. For further information please email Sheryl Hamilton (registrar) Sheryl@hamiltoncrew.com, www.ovlc.net
- 3 - 9 May 2009:** Global Online Lactation Discussion's GOLD09 is the 3rd. online conference sponsored by the international breastfeeding education group, Health e-learning <http://www.health-e-learning.com/>. The conference will be held at the website: <http://www.gold09.net/>. The online format means that you can listen to, and interact with, international speakers from the comfort and convenience of your own home. You are also able to listen to all the recordings of the speakers during the conference. Registration costs are less than equivalent face-to-face conferences and there are no travel and accommodation expenses, plus you earn Continuing Education Recognition Points (CERPs) as a bonus. For more information and to join the mailing list, see <http://www.gold09.net/#mailingList>
- 7 -10 June 2009:** 3rd WHO International Conference on Children's Health and the Environment: *From Research and Knowledge to Policy and Action*, Busan, Republic of Korea.
The conference will include topics such as new epidemiological trends, the early origins of disease, the value of longitudinal cohort studies, intensified international and interagency collaboration, enhanced training and education for health and other professionals. Also, how to turn international agreements and conventions that take into consideration children's needs into local strategies that include effective policies. www.ceh2009.org , <http://www.who.int/phe/eNews04.pdf>
- 22-26 July 2009:** ILCA (International Lactation Consultant Association) Conference and Annual Meeting, 2009, <http://www.ilca.org/conf2009Orlando.html> Relating Evidence to Practice: An International Perspective, Orlando, Florida, USA
- 1 August, 2009:** Deadline for nominating children for the International Children's Peace Prize. Please contact info@childrenspeaceprize.org for further information. For the newsletter see: <http://www.kidsrights.info/img/Nieuwsbrief%20KVP%20ENG%20A4%20def%20LR.pdf>
- 1 – 7 August 2009:** World Breastfeeding Week: **Breastfeeding: A Vital Emergency Response. Are you ready?** www.worldbreastfeedingweek.org
- 1 – 4 October, 2009:** Lamaze International 2009 Annual, *Celebrating the Magic of Normal Birth*, at Walt Disney World, Florida, USA, www.lamaze.org
- 23 -25 October, 2009:** The Midwives Alliance and the California Association of Midwives present Midwives Alliance 2009, Monterey, California, USA <http://mana.org/>

35. Readers Share

Hello Pili, You and your colleagues are doing a beautiful job. Thank you. Much love and hugs.

Angelina Martinez, Mexico

Greetings from all of us here in Cameroon and congratulations to your MSTF e-newsletter team for the very pro-active initiatives. We are very delighted to say that the last e-newsletter produced by your team caught the eyes of many very positively. it was very instructive with beautiful and attractive pics. It was printed for those who visit our documentation centre, though the electronic version was circulated in the national network.

James Achanyi Fontem, Coordinator of the MWG, WABA

To WABA,

First, I would like to congratulate the people responsible for the WABA newsletter. I received from ABENFO-RJ (Brazilian Association of Midwives and Obstetric Nurses, Rio de Janeiro) the latest news in the (breastfeeding) field and was informed on how to subscribe to the newsletter. I feel it very important since as a teacher at the UFSM Nursing School (Santa Maria Federal University in Rio Grande do Sul, Brazil) I teach child nutrition with a strong emphasis on breastfeeding. This newsletter is extremely useful to me.

Kind Regards

Stela Maris de Mello Padoin, Assistant Professor, Nursing Department, Santa Maria Federal University, Rio Grande do Sul, Brazil

I would like to thank you very much for including our work in WABA's newsletter. Warm regards,

Elba Sanchez, Argentina

36. 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 May – August 2009 issue is May 31, 2009.

If you submitted an article and it didn't appear in this issue, it is being reserved for a future issue. Volume 7, Number 2, will be sent on July 1, 2009.

37. 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 6th 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.

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 (LLL), 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).

WABA, PO Box 1200, 10850 Penang, Malaysia

TEL: 604-658 4816 FAX: 604-657 2655

EMAIL: 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

“Only through our connectedness to others can we really know and enhance the self. And only through working on the self can we begin to enhance our connectedness to others ”

– Harriet Goldhor Lerner