

# Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



*Carmen Pfiyo Cahuan-tico, WABA 2011 WBW Photo Contest*

## Volume 9 Number 2

Published twice a year in English, Spanish, French, Portuguese and Arabic

## October 2011

<http://www.waba.org.my/whatwedo/gims/english.htm>

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[gims\\_gifs@yahoo.com](mailto:gims_gifs@yahoo.com)

Coordinator WABA MSTF: Anne Batterjee (Saudi Arabia)

Co-Coordinator WABA MSTF: Pushpa Panadam (Paraguay), Dr. Prashant Gangal (India)

Editors: Pushpa Panadam, Rebecca Magalhães (USA)

Translators: Spanish - Marta Trejos (Costa Rica)

French - Juanita Jauer Steichen, Stéphanie Fischer (France)

Portuguese - Anely Uriarte (Paraguay), Pajuçara Marroquim (Brasil)

Arabic – Susu Basrawi (Saudi Arabia)

*I believe breastfeeding is far more than a health issue. For me, it was a way to take care of myself and my babies, not just a way to feed them. It was an activity, a life stage, that shaped me as a person and permeated my relationships with my children, family, and friends.*

– Chris Mulford, February 2011

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## MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

### 1. Renewed Energy to Save a Lifesaving Art: Anne Batterjee, Coordinator WABA MSTF

Last night was a special time, the last day of a holiday before everyone rushes back to work and school. It marked the beginning of a new school year after a long hot summer break. Our family gathered in a local restaurant at the edge of the Red Sea and settled in to enjoy the sparkling water and an occasional burst of fireworks. Our small talk and discussions with the kids over what to order from the menu was suddenly disturbed by the cry of a very new little person. For a few moments, I had to smile to myself as I marveled at the uniqueness of the tiny cry and the ability to recognize it as a newborn.

The mothering part of my mind immediately started wondering about the cause and rushed through the usual check list: Is baby hurting? Does baby need a change? Is that a cry of fear, exhaustion or being startled for some reason? And then my mind settled on the fact that it was a cry of hunger. Surely the mother will comfort baby soon. Maybe she needs help, support or an extra hand.

At that moment, I looked into my daughter's face sitting across from me at the table. She is an experienced mother and an IBCLC and it was clear that her mind had been rushing through thoughts similar to mine. Without my asking, she told me that she could see a woman stiffly holding an infant straight upright. When I casually turned around, I could see women at a very private table in a corner of the room surrounded by every possible piece of support equipment that anyone could take into a restaurant; stroller, bags, toys and sure enough just as I was thinking how easy it would be for the mother to slip baby under her heavy veils and breastfeed her screaming baby, out came the bottle, formula powder, measuring spoons, bottled water and bibs. My heart broke to think that the women around her found this preferable to breastfeeding. It certainly was not subtle, which is the usual excuse so often used that it would be embarrassing to breastfeed.

Seeing something like what I have described above increases my desire to work even harder to promote, support and protect breastfeeding. It also gives me renewed energy as the Coordinator of the MSTF and then I remember all the wonderful activities WABA and this task force have done and continue to do.

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 Anne Batterjee, Coordinator  
 WABA Mother Support Task Force  
 Email: [annebatterjee@gmail.com](mailto:annebatterjee@gmail.com)

### 2. MSTF Update: Anne Batterjee, Coordinator WABA MSTF

I opened my computer this morning to find an article posted on [cafemom.com](http://cafemom.com) by Amy Keyishian (Aug. 13, 2011) which she titled "Breastfeeders are an Endangered Species". In her article she says, "According to the Centers for Disease Control\*(USA), less than 4 percent of hospitals give moms the support they need to start off breastfeeding right. And only 14 percent of women exclusively breastfeed for the 6 months recommended by the World Health Organization."

She also added that, "Eighty percent of hospitals give babies formula, water, or sugar-water (!!!) as a matter of routine. Only half offer skin-to-skin contact in the first hour after birth. Only one-third allow the baby to stay in your room. Worst of all, almost 75 percent of hospitals don't provide at-home breastfeeding support after the moms go home."

These are terrible truths one can find in almost any part of the world. Globally, the women who breastfeed and breastfeeding continue to be at risk.

All of this has helped me to remember just why I joined LLLI, why I have become involved in WABA and why the Mother Support Task Force (MSTF) is important. Health care services are an important component of mother support, but we should remember how important it is to empower mothers. If we want to help with change, we can work at helping one mother, one baby at a time and empower women /mothers to make informed choices for themselves. Women must be provided education and support so that they can make their own decisions on whether to accept or reject a hospital practice or advice that causes more harm than good. We should be encouraged to work harder and stronger together to change the world.

For all of you who spend so many hours in the various roles necessary to protect, promote and support breastfeeding, whatever your role may be, please know that if you have helped even one infant benefit from breastfeeding, you have accomplished a lot. For those of you wondering what mother support is all about or what you can do, please visit MSTF WABA at [www.waba.org.my/whatwedo/gims/index.htm](http://www.waba.org.my/whatwedo/gims/index.htm) or write to us. You are welcome to join our efforts: We need you to help make the world a kinder and healthier place. May our numbers grow in strength.

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Anne Batterjee, Coordinator  
WABA Mother Support Task Force  
Email: [annebatterjee@gmail.com](mailto:annebatterjee@gmail.com)

## MOTHER SUPPORT FROM DIFFERENT SOURCES

### 3. ILCA Conference Experience – A Rewarding Journey of Love, Friendship, Passion and Lifelong Dedication! Rita Rahayu Omar, Malaysia



*Glenna, Hiroko, Rita and Amy at  
the ILCA 2011 Conference*

**T**here is a saying, “Everything we go through in life brings us to where we were meant to be.”

I truly believe that. Who would have thought that my change in profession would bring me to where I am today. In 2008, I made the decision to quit my corporate job to focus on becoming a Lactation Consultant. I fell in love with breastfeeding in 2001, when I had my first child, Adam. Since then, I have been involved with helping mothers and babies to successfully breastfeed through an informal mother-to-mother support network. Some people thought I was wasting my skills as a trained IT (Information Technology) Professional but in my heart, I knew what I wanted. I have never once regretted the decision. Being a lactation consultant will not make me rich but it is the lives that I touch that will enrich me as a person. There is nothing more rewarding than that!

As a scholarship recipient, the opportunity to attend the International Lactation Conference Association (ILCA) conference from July 13<sup>th</sup> to 17<sup>th</sup> 2011 in San Diego, California, USA, for the first time was a life enriching experience for me. Despite having to travel for more than 24 hours, it was well worth it! I met wonderful people who have dedicated their life’s work towards the protection, promotion and support of breastfeeding, maternal and infant health. I was able to learn from top notch professionals in the field – Dr. Peter Hartmann, Dr. Jane Morton, Marsha Walker, Catherine Watson Genna, Kathy Kendall Tackett and so many others who were so generous and willing to share their knowledge. It was a truly humbling experience.

When I was at the conference, I saw International Board Certified Lactation Consultants (IBCLCs) and La Leche League Leaders who came to the conference in a wheel chair, with a cane or with a walker. Their dedication and passion for knowledge truly inspired me.

I loved the Presidential Address and short sketch by Cathy Carothers and Kendall Cox which was about 2 IBCLCs growing old together. It was both hilarious and touching, with much laughter and tears! How often does one experience a roomful of “oxytocin” and emotions going around? How often does a person see a hall full of warm, caring and loving people? It’s truly amazing! I later fantasized my colleagues and I attending the conference together when we grow old. How wonderful that would be! (It would be good, though, if the conference were closer to home!)

There are times when I am overwhelmed with the work that we do, with the politics of breastfeeding, and fighting a system that seems to undermine a woman’s ability and right to breastfeed. Sometimes, my colleagues

and I feel lost or alone in this sacrifice and struggle. Sometimes, I feel people do not understand why we do the things we do. But being at the ILCA Conference, listening to all these people and their stories of struggle and sacrifice makes me stronger. It reminds me of why we must continue doing what we do - we are not alone. It's not a lost battle because we can always draw on the strength of others who have gone before us, allowing us to stand on the shoulders of giants! We will continue this journey as we nurture future generations of mothers and leaders. This is a promise!

A few days ago, I was invited to give a talk on breastfeeding in conjunction with World Breastfeeding Week. A mother with a baby in her arms and a little girl walked up to me and said "Puan (Mrs) Rita, do you remember me? I asked for your help 5 years ago when my daughter was still a baby." Looking down I saw a beautiful little girl who smiled at me with the most amazing smile. "Thank you for helping me. I couldn't have done it without your help. Now I'm breastfeeding my second child and I hope I would be able to do the same or even better!" Masya Allah.... what a feeling! People may forget what you said, people may even forget what you did but people will never forget how you made them feel. I will never, ever forget that feeling for the rest of my life!

I ask that Allah (God) guide me and give me the strength to continue doing what I love most and I hope to be able to do this for many more years to come....for the rest of my life. Insya Allah (God willing)....

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Rita Rahayu Omar, BSc Computing Informatics Systems, CISA, IBCLC, Completed 18 and 40 hours Lactation Courses by Ministry of Health Malaysia, Health E-Learning Breastfeeding Education Courses (Australia), LLLI Peer Counselor Program Administrator, Founding member of Malaysian Breastfeeding Peer Counselors Program ([www.mbfpc.org](http://www.mbfpc.org)). CEO Nurturing Concepts Sdn Bhd  
Email: [rita@thenurturing.com](mailto:rita@thenurturing.com) Websites: [www.momslittleones.com](http://www.momslittleones.com); [www.susuibu.com](http://www.susuibu.com)

**Editors' Note:** *Rita's grandmother died while Rita was at the ILCA Conference. See under **GRANDMOTHERS and GRANDFATHERS SUPPORT BREASTFEEDING** where Rita shares what her grandmother meant to her.*

#### 4. Breastmilk Courier, Working Moms' Savior: Novia D. Rulistia, Indonesia

For working mothers in Jakarta, Indonesia, breast milk couriers are known as the "saviors", helping keep babies healthy while mothers are in the office.

Amanda Ramdariani, 26, was thankful when she discovered this service existed as she wanted to exclusively breastfeed her baby for six months but also needed to work. "I used the breast milk courier service when my baby was five months old because I could not provide enough breast milk for my baby at home while I was doing my job," the mother of a 1-year-old daughter said.

She said her breast milk shortage was caused by the decreasing production of her breast milk while her daughter's appetite remained high. Amanda said her baby needed at least six 100 milliliter-bottles of breast milk every day, while she could only produce four bottles.

"To ensure my baby was exclusively breastfed for six months, I had to deliver the milk I pumped at the office to home," she said. "But my office was far from home, it was impossible to get it there in time myself."

The courier usually came to pick up the bottles at her office in Palmerah, West Jakarta, around lunch time and directly delivered the bottles to her house in Bintaro, South Jakarta, Indonesia.

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The above article was taken from The Jakarta Post. For the complete article, see:  
<http://www.thejakartapost.com/news/2011/08/25/breast-milk-courier-working-moms%E2%80%99-savior.html>

## 5. A Breastfeeding Culture Starts with Educating Children: Maria Lúcia Futuro Mühlbauer, Brasil

In V9N1 Pushpa (Panadam) wrote an article sharing her worry in relation to the tragedy in Japan and her concern in reaching out to mothers before breastfeeding started in order for them to be better informed. After reading that article, I started thinking about all the effort mothers put into protecting their children and their solidarity towards other women so that all children are well taken care of.

More than 15 years ago, a group of mothers felt that to change society in relation to breastfeeding one must focus on the child, on his education and on his life experience. Breastfed children know about breastfeeding through experience, but even they are subjected to the influence of toys that come with bottles, children's books that show bottle feeding and contact with a culture that does not value breastfeeding. Imagine children who have never breastfed! When I and others in the group discussed how to accelerate this paradigm shift, we decided to develop an educational project based on play, imagination, and the fantasies children like to perform.

We put together a project that allows for the building of a path that is positive for breastfeeding when the time comes. It consisted of children playing, reading, reacting towards breastfeeding references in both human and animal situations, without this being presented as radical, but through experience and play. In the years it has been used, both PLEC (Community Learning through Play Project – Breastfeeding, a right to all/ Projeto Lúdico/Educativo na Comunidade-Amamentação direito de todos) and the workshops related to PLEC have had good results and increased the chances of children, breastfed or not, to be in contact with a breastfeeding experience.

Based on the Monographies “Breastfeeding is Play” and “PLEC POF FOCA burp” that give humor and play, knowledge in Education, Neuroscience, Pedagogy, Psychology applied in the educational Project and workshops, I feel that it would be interesting to anticipate an even more positive attitude toward breastfeeding in the first years of life. The monographies are related to postgraduate papers in Education and Public Health from the Federal University of Rio de Janeiro (Universidade Federal Fluminense- Rio de Janeiro 1996) and Play and Education at ISE Vera Cruz São Paulo, 2011.

I have read about the work of boys and girls who support breastfeeding in Africa and this has made me wonder if the projects by Amigas do Peito, PLEC and its workshops could help them out. As project coordinator and specialist in Learning through Play, I would like to work on initiatives of this kind and exchange experiences with people from other places, by sharing monographies and my time.

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Maria Lúcia Futuro Mühlbauer – Mother to 5 adult breastfed children. Amiga do Peito since 1984, member of IBFAN Brazil since 1987, Specialist in Education through Play and author of children's books.

Email: [mluciafuturo@gmail.com](mailto:mluciafuturo@gmail.com) Website: [amigasdopeito@amigasdopeito.org.br](mailto:amigasdopeito@amigasdopeito.org.br)

## 6. The High Life of a WIC Breastfeeding Peer Counsellor: Star Rodriguez, USA

The Women, Infants, and Children (WIC) Program/USA decided, in the early 2000s, that they needed to get serious about promoting the normal way of feeding a child – breastfeeding. They initiated a pilot program of peer counseling. They would hire women – women who were or had been in the WIC Program that the other moms could relate to, who had successfully nursed babies. They would provide training and education and these peers would give support and advice to other women. They would also, they hoped, get more mothers to breastfeed.

Most peer counselors make between US\$8 to US\$10 per hour. As a peer counselor, I get no sick days, no health insurance, no paid vacation time. I run a Facebook group for peer counselors, and I have never heard one of

them discuss the awesome benefits or salary of the job, so I'm pretty sure that this is country wide. I can bring my child to work with me until she's two, but that's my office and not reflective of every WIC office. Sometimes my boss buys cookies. I once got a t-shirt.

My typical day - I arrive at work, check voicemail, counsel prenatal moms about the benefits of breastfeeding, what to expect, and what to do when they go back to work. I rent our breast pumps. I do feeding assessments if moms are concerned about baby not getting enough. I call clients. I evaluate latches. I teach classes. I leave notes in the files so that other staff knows what is going on with the client.

At four, I leave work and go home. Then I turn on my cell phone for calls which I don't get paid for. I run my own warmline for my clients. Sometimes, I don't get a lot of calls. Sometimes I do. I have taken calls that have lasted hours. I have taken middle of the night calls. I have taken text messages on the phone. I have taken calls on major holidays, most notably Christmas Eve. I took a call when my daughter was in the hospital and I was frazzled and upset and kind of really wanted to let it just go to voicemail.

I also make calls, from home, from the road (when someone else is driving). I stuff envelopes with breastfeeding information. I ask local businesses to donate prizes to the mom's group. I advocate at businesses. I talk to the media. All of which I rarely get paid for.

I took this job because I have a passion for breastfeeding and helping families; to help low income mothers who can't get help elsewhere.

My clients are students, full time workers, moms with babies in the NICU (Neonatal Intensive Care Unit), totally committed to breastfeeding, despite the challenges. Moms whose babies never latched yet they pumped and struggled for months because this is important to them. Moms with breast injuries unable to produce enough milk still doing as much as they can. Mothers who have lost their babies and are still pumping, donating milk, for other babies. My clients are diverse and wonderful, black and white and Asian and Hispanic. They are lesbian and straight. They are teen moms and forty and older moms. They are incredible parents and they humble me every single day.

I took this job because I care.

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The above article originally published in The Leaky Boob, was adapted with permission from Star Rodriguez and lightly edited by the MSTF e-Newsletter editors.

<http://theleakyboob.com/2011/06/the-high-life-of-a-wic-breastfeeding-peer-counselor/#comments>

Email: [starmc05@yahoo.com](mailto:starmc05@yahoo.com)

<http://theleakyboob.com>

## **7. Can I Breastfeed if I am Exposed to Radiation and/or Radioactivity?: Veronica Garea, Argentina**

External radiation such as X-rays or gamma rays have no effect on breast milk and mothers can breastfeed without any concern.

Exposure to radioactivity following an event where radionuclides have been released to the atmosphere presents a different scenario. In a scenario involving an accident at a nuclear reactor, the radionuclide of most concern is Iodine 131 (I-131). I-131 concentrates in milk at higher than plasma levels. If the mother has not been subjected to evacuation and officials have informed that they can remain in the area, they can and should breastfeed their babies. If there is risk of exposure to I-131 and the mother has been given potassium iodide (KI) for her and her baby, she should follow directions and both should take it. KI taken by the mother will not protect baby via breast milk. KI saturates the thyroid with stable iodine and prevents the uptake of I-131. In preventing uptake of I-131, KI will also minimize the amount of I-131 that will be present in breast milk.

Mothers should avoid consumption of contaminated foods and follow directions with respect to consumption of water. Mothers should not take KI if not directed to do so by officials and they should not take any other product containing iodine.

In the aftermath of the two most serious nuclear accidents in history, Chernobyl and Fukushima, breastfeeding remained the safest way to feed babies.

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The above article, written by Veronica Garea, was published in WirbelWind of LLL Switzerland. Veronica is an LLL Leader in Argentina, mother of 2 teenagers, ME Nuclear Engineer, PhD Engineering Physics and is a Nuclear Safety Specialist  
Email: [vgarea@gmail.com](mailto:vgarea@gmail.com)

### 8. Breastfeeding Sculpture in a Restaurant: Carolina Tredinick, Venezuela

Look what I found in a restaurant in a shopping centre in Caracas, Venezuela – a beautiful sculpture of a mother breastfeeding her baby and her daughter playing beside her. The sculpture called Porvenir is by Venezuelan artist, Rosella Ostilla.

I later found out from the gallery that this artist has another life size sculpture in another part of the country. It also must be beautiful. To see the work of the artist, you can check <http://rosellaostilla.com/>



*Photo by Carolina Tredinick*

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Carolina Tredinick is mother to 2 breastfed children, Luigi Alberto, 6 years old and Isabella, 2 years old, wife, LLL Leader in Venezuela, lawyer and breastfeeding counselor.  
Email: [carotre@gmail.com](mailto:carotre@gmail.com)

## MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

### 9. Your Child Still Breastfeeds?: Liz Marisol Moreno, Paraguay

**M**y daughter is 33 months old and yes, she breastfeeds. In a society where most people stop breastfeeding at about 9 to 10 months, a child older than a year who continues to breastfeed is unusual for many and is a cause for surprise.

In the beginning, breastfeeding my daughter was not easy. Sofia Montserrat arrived on 26 October 2008 at 5 in the morning. She was 35 and a half weeks and was born via emergency caesarean as her head was lodged in the birth canal and her cardiac rhythm was low. As a precaution, she was placed in an incubator for an hour. My baby was given to me 6 hours after birth.

At the hospital it was a constant struggle as they wanted to give her artificial milk because I “did not have milk.” Another point of disagreement was that I had requested for my baby to stay with me in my room and not in the nursery where newborns are kept, as I was told that I needed to “rest.”



*Liz and her family*



A month after her birth at a routine appointment, the paediatrician confirmed that my baby had gained almost no weight. The reason, according to the paediatrician, was that “I had no milk.” At that moment I felt that I had failed in something I wanted so badly – to nurse my daughter. I left the paediatrician’s office crying, with his recommendation to buy “a very good” formula.

My husband, who had supported me all along, put me in touch with La Leche League Leaders who showed me correct breastfeeding techniques and also recommended internet sites on breastfeeding. I learned that WHO recommends breastfeeding children for a minimum of 2 years, information I had not been told.

I also learned about co-sleeping or family bed, which I now highly recommend, as it helps a lot in breastfeeding. Co-sleeping allows a mother to rest better with her baby breastfeeding by her side.

The highlight of my experience is the effect that it has on my daughter. Sofia is intelligent, healthy, with a lot of energy and above all is a very happy child. Through breastfeeding, we have developed a strong and affectionate bond that fills me with happiness and pride.

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Liz Marisol Moreno, Architect, mother to 3 children, Adrián, 21 years, Leandro, 14 years and Sofía, 33 months, is married to Guido Prieto, IT (Information Technology) specialist from Asunción, Paraguay.  
Email:lizmoreno@hotmail.com

## 10. Breastfeeding and the Medical Profession: Nadrah Arifin, Malaysia

I am a mother of two and a medical officer in a general hospital in Malaysia with a hectic working schedule. I believe that a mother should do everything she can to ensure her baby gets the best parental care and that starts with breastfeeding.

My interest in helping mothers to breastfeed started in 2004 when I was assigned to a postnatal ward caring for new mothers and newborns. I lacked breastfeeding knowledge and only provided obstetric care for them but I was grateful when a nurse in-charge taught me basic breastfeeding knowledge to assist mothers under my care. That seemed easy until I gave birth to my daughter Amni in 2006.

I made breastfeeding plans and gathered as much information as I could from the internet including the proper handling of expressed breast milk and how to transport it. This was an important step for me as I lived far from my workplace (80km/ 50 miles). That year, I was a medical officer in an Accident Emergency Unit working a daily 7 to 8 hour shift. However, things did not happen as I had planned, because four days prior to my delivery, I had chicken pox. After delivery, I was separated from my baby for two weeks, no skin-to-skin contact and she was spoon-fed with my expressed breast milk by her kind-hearted grandmother and her willing-to-learn babysitter who visited us regularly.

I experienced breast engorgement with fever, cracked and bleeding nipples and baby’s rejection even though no artificial teat was introduced. I was all alone trying to combat all the problems not knowing any person who could give me breastfeeding advice at that time. Everything however went smoothly when I returned to work. The breastfeeding plans that I worked out earlier helped me greatly. I breastfed Amni for 5 months 3 weeks exclusively and then started solids continuing to breastfeed until she was 2 years and 6 months.



*Nadrah and her 2 daughters,  
Amni and Amna*

At 6 months the babysitter fed Amni formula milk but she breastfed when I was with her. Like some mothers I thought that it was fine to introduce formula milk to babies at 6 months. So, it became part of her daily food intake and she breastfed when she was with me until I became pregnant in 2008. She was then 1 year 2 months. I breastfed Amni through my pregnancy and her sister was born when she was 1 year 10 months. She tandem nursed with her sister, and I could see her excitement when she was getting more breast milk. I encouraged her to breastfeed to help me relieve engorgement and also to increase my milk supply.

With my second baby, I was a medical officer in the Obstetric Gynaecology Unit, which required a lot of commitment due to its high risk discipline nature. In those days, we had few doctors and everyone worked daily from 8 am to 5 pm. On-call days were as frequent as two to three times per week. I needed to stay at the hospital for 32 hours per session and get back to work after 17 hours of rest and time with my children. I upgraded my Exclusive Breast Milk (EBM) storage system during my second pregnancy because I was aware of this upcoming daily schedule. I expected to face difficulties in storing and transporting the EBM due to my long working hours and long travelling distance.



*Nadrah with husband and her two daughters*

However, my plans went smoothly, until once during an on-call day I experienced severe engorgement and breast pain due to long hours without expressing my breast milk. At the same time, I had to perform emergency Caesarean operations which could not be delayed. While waiting for the patient to be transferred to the operation theatre, I found a long bandage (something like a long gauze-fabric) to help me stabilize my hands-free breast pump. With a simple modification on that cloth and within less than 5 minutes, I managed to 'wear' my breast pump underneath the attire and put on my sterile operation gown without anyone knowing that I was expressing my breast milk. I knew after this valuable experience that I could do anything for my children.

My second daughter, Amna was exclusively breastfed for 6 months and she has tolerated solids very well since then. Although I thought I should give her artificial infant formula as part of her diet after 6 months as I did with her elder sister, I am grateful she did not take it.

When she was 8 months of age, I became involved with breastfeeding advocacy and promotion work. It was only then that I realized that my babies did not need artificial milk at all. She was on solids and juices and breastfed when I was with her. I last expressed my breast milk when she was about 8-9 months old. At the age of 1 year 6 months, she adapted well to family food. To me, this is an example of feeding that should be introduced to all our babies, and my belief that our babies do not need artificial milk has grown stronger since then. I successfully proved it to myself and to those around me.

Amna is still breastfeeding. She is already showing signs of weaning and I have decided to let it be gradual and guide her accordingly.

I would like to assure all mothers in this world that breastfeeding can help you be a confident and creative person. Breastfeeding taught me to be a patient mother and to strengthen my inner ability and personality to help me with my children.

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Nadrah Arifin, mother to 2 daughters, medical officer in Obstetric Gynaecology Unit, Malaysian Breastfeeding Peer Counsellor, lactivist, facilitator for a 20-hour course at hospital, resource person for Perak State,

breastfeeding counsellor at maternity ward at the hospital. She does home visits, telephone counselling and facilitates monthly support group meetings.

Email: drnadrah@yahoo.com

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

## FATHER SUPPORT

### 11. Ten Ways Dads can Help Ensure Breastfeeding Success: Healthy Children Center for Breastfeeding, USA

The USA Surgeon General's *Call to Action* about breastfeeding noted that family members were important people in a new mother's life; that dads needed to have the opportunity to learn just as much about breastfeeding as the new mom ... and needed to learn how to support her in a way that helped her continue breastfeeding.

Here are 10 simple steps Dad can take to help support Mom on her breastfeeding journey.

1. **Be active, be vocal, and know the facts.** You really need to be there in a big way, including reading breastfeeding books and attending classes with her -- not just asking her to give you the run-down afterward. Remember that breastfeeding helps your baby be healthier in so many ways; reduced risk of diabetes, less ear infections, reduced risk of childhood obesity, increase in IQ and on and on. Breastfeeding is the best start you can give your baby.
2. **Learn how to give the right support.** Dads are often the first to offer the "relief" bottle, thinking it's helping their wife who is tired and struggling. Unfortunately, that "relief" bottle is the first in a long downward spiral and can make life much harder for the new mom. Knowing instead to bring her food, water, the TV remote, help her set up a "nest," and have her involved with the family even if she is sitting down is very important. Women in a survey said they wished their husbands wouldn't even mention formula.
3. **Let her know how much you appreciate her.** Breastfeeding can be hard work and mentally exhausting at first. Telling your wife that you think she's amazing and that you're proud of her can mean so much to her and really help her feel supported.
4. **Get up with the baby at night even if you're not feeding him or her.** You can still change the diaper, rock the baby, and help mom in many ways.
5. **Take other baby responsibilities off her plate.** So you aren't the food source -- that's okay. Babies still need to be carried, bathed, talked to, loved, and all of that can be done by you. It's also the best way you can bond with baby.
6. **Take over household responsibilities as well.** Help with cleaning the house, getting dinner ready, paying bills, doing dishes ... especially if you're on paternity leave. Try to make your wife's only responsibilities be healing her own body and helping your newborn transition into the big world and get off to the best start by breastfeeding. The more mom doesn't have to worry about, the less overwhelming the demands of breastfeeding seem.
7. **Don't allow her to fall prey to sabotage.** If you get free formula in the mail or from a well-meaning friend, donate it to a food shelter or give it to a formula-feeding friend. Even having it in the house is akin to having a cake on the counter when someone is on a diet. Also, get rid of any "breastfeeding" literature that comes from formula companies.

- 8. Keep out negative “help.”** If your mother starts talking to you or your wife about breastfeeding in a negative way, such as telling you she needs to supplement, kindly tell her that kind of talk isn’t welcome or appreciated, and if she can’t be supportive, she will be asked to leave.
- 9. Know when your wife needs help.** If she’s suffering with bleeding nipples or is convinced she’s not making enough, call up the local La Leche League Leader or a certified breastfeeding counselor to make a house call and help out.
- 10. Crack appropriate jokes.** Don’t make cow comments -- just don’t. But whipping your own shirt off and declaring it a nudist colony in your house or going out and making jokes about the things you’d say if anyone dared say anything about her nursing can help lighten the mood while also showing support.

The above list is reposted in part from CafeMom.

You can help! We can help! Send this to **the soon-to-be or new fathers** that you know.

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Healthy Children Project, East Sandwich, Massachusetts, USA  
www.healthychildren.cc

## 12. Book for Father Group Leaders: Peter Breife, Sweden

Peter Breife, a member of the WABA Men’s Initiative, has written a book about fatherhood. It was released in May 2011 and was produced during a father group project initiated by the Swedish NGO Men for Gender Equality\*.

The book is written in Swedish and the title in English would be *Book of Methods for Father Group Leaders*. As the title suggests the main purpose is to guide and inspire practitioners who want to lead father groups, primarily groups of men in the transition period into parenthood. But it is also designed to be useful for a wide variety of readers: first-time fathers, University students, personnel at antenatal clinics and child welfare centres, and others.

Focus is on the psycho-social aspects of becoming and being a father. The two most prominent themes are fathers’ involvement in child care, and parental relation and communication. One chapter in the book addresses breastfeeding.

There has been interest to translate the book into English and Spanish. Hopefully these translations will be realized in the future.

Another interesting thing that has happened in Sweden this year is the beginning of a national network for father group leaders. We expect over 50 people to attend our first big conference, in Stockholm on November 14<sup>th</sup> 2011.

Early next year Peter will launch his second book, co-written with Göran Lindén, a colleague. It concerns fatherhood from a different perspective: domestic violence. Abusive behaviour within families is a problem highlighted more and more in many parts of the world.

*Father group leaders in Göteborg: Tomas B Lindahl, Yoshi Frey, Peter Breife, Mats Linde and Göran Zachrisson*



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Peter Breife, a musician and psychologist, lives in Göteborg, Sweden. Since 1994 he has been working in various organisations and activities supporting and treating men and fathers. Peter is a divorced father, half of the time living with his two fantastic teenage boys, both of them breastfed until they were nearly two and a half years old.

Email: [peter.breife@comhem.se](mailto:peter.breife@comhem.se)

**\*Men for Gender Equality** (Män för Jämställdhet) is a Swedish national NGO working to promote gender equality and to prevent violence. **Men for Gender Equality** develops policy, runs campaigns, performs training services and develops and runs programs and interventions at the group and individual levels. Men for Gender Equality is a member of the steering committee of the global MenEngage Alliance." Web site: [www.mfj.se](http://www.mfj.se)

### 13. Male Influence on Infant Feeding in Rural Guatemala and Implications for Child Nutrition Interventions: Anita N. Chary, Sarah E. Messmer, and Peter J. Rohloff

#### Abstract

**Background and Aims:** Guatemala has one of the highest rates of child stunting in the world, which especially impacts rural indigenous agricultural communities. Despite decades of intensive nutrition research and interventions, only rarely have nutrition programs successfully lowered the rate of stunting in these settings. The bulk of nutritional interventions in Guatemala are targeted at the education of female caregivers. However, women's ability to implement best practices in infant breastfeeding and complementary feeding are often constrained by external factors. This study evaluated the knowledge, beliefs, and practices of female caregivers, as well as the attitudes of fathers, toward breastfeeding and infant feeding in a rural Guatemalan village.

**Methods:** Clinical work, participant-observation, surveys, interviews, and focus groups were conducted in a rural Guatemalan village in conjunction with a child feeding program from August 2008 to January 2011.

**Results:** Male employment status, mental health, and attitudes towards child rearing and parenting responsibilities are often principal factors in infant growth failure.

**Conclusions:** Successful child feeding programs must include educational elements for men and should consider structural elements that provide a safety net for unexpected changes in domestic finances.

<http://www.liebertonline.com/doi/abs/10.1089/bfm.2011.0015>

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Anita N. Chary,<sup>1,2</sup> Sarah E. Messmer,<sup>2,3</sup> and Peter J. Rohloff<sup>2,4</sup>

BREASTFEEDING MEDICINE Volume 6, Number 4, 2011

C Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2011.0015

1. School of Medicine & Department of Anthropology, Washington University in St. Louis, St. Louis, Missouri.
2. Wuqu' Kawoq, Santiago Sacatepe'quez, Guatemala.
3. Harvard Medical School, Boston, Massachusetts.
4. Department of Medicine, Brigham & Women's Hospital and Children's Hospital, Boston, Massachusetts

### 14. Breastfeeding Message to Men: James Achanyi- Fontem, Cameroon

Breastfeeding a baby is beautiful. Breastfeeding is essential to a child's health, yet few mothers are able to reach their breastfeeding goals. Reaching out to women while they are still pregnant to inform them of breastfeeding support is one of the keys to helping them succeed. Supporting these women once they have their babies is

one of the best things we can do. Let's support women around the globe who are wanting to breastfeed, are breastfeeding, have breastfed or wanted to breastfeed as well as those who support these women.

Staying 'abreast' of breastfeeding issues, i.e. the benefits to mom and to baby, the politics around breastfeeding and how to stay encouraged while breastfeeding, are some of the topics we cover in the MI (Men's Initiative) e-newsletter.

Each time a new article is written, you will receive it through this e-newsletter. Enjoy and be empowered as men and women!

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The above article by James Achanyi-Fontem, Coordinator of Men's Initiative, is from the WABA MI (Men's Initiative) E-Newsletter Vol 3 No 5, January –June 2011. [http://www.waba.org.my/whatwedo/mensinitiative/pdf/mi\\_e\\_jan2011\\_eng.pdf](http://www.waba.org.my/whatwedo/mensinitiative/pdf/mi_e_jan2011_eng.pdf)

**The Men's Initiative E-Newsletter**, published twice a year, aims to create an enabling environment where men participate with women to support breastfeeding and care for infants and young children.

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. 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](mailto:pergunnar.engblom@vipappor.se)*

*Africa - Ray Maseko [maseko@realnet.co.sz](mailto:maseko@realnet.co.sz)*

*South Asia - Qamar Naseem [bveins@hotmail.com](mailto:bveins@hotmail.com)*

*Latin America & Caribbean Arturo Arteaga Villaroel [arturoa36@hotmail.com](mailto:arturoa36@hotmail.com)*

For further information on the WABA Men's Initiative see: <http://www.waba.org.my/whatwedo/mensinitiative/index.htm>

## BREASTFEEDING ADVOCATES

### 15. Meet Penny van Esterik – Empowering Women through Breastfeeding: Sarah Amin/Malaysia, Ted Greiner/Korea, Maria Innes Fernandez/The Philippines and Alison Linnecar/Switzerland

*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 Penny van Esterik, Canada. Sarah, Ted, Innes and Alison contribute how Penny has promoted, protected and supported breastfeeding.*

***Penny van Esterik – Model, Mentor and Friend!: Sarah Amin, Director/WABA, Malaysia***

**W**hile I met Penny during my university days at York University in Toronto, Canada, I really only got to know her after she brought me into WABA 20 years ago. Penny was on the newly formed WABA Steering Committee as well as being the coordinator of the WABA Women and Work Task Force. Penny brought to WABA, and to the breastfeeding discourse, the entire gamut of women's issues: from

women at work, women's empowerment, women and the environment, gender and HIV, to Breastfeeding and Feminism(s), among other related issues around breastfeeding, such as food and nurturing.

She spearheaded the second World Breastfeeding Week (WBW) theme in 1993 by introducing, for the first time, the Mother-Friendly Workplace Initiative (MFWI) specifically phrased in the framework of women's rights to breastfeed. The MFWI became a significant WABA contribution to the breastfeeding movement following the BFHI as it filled a gap no other group was addressing globally in a systematic way. To make the MFWI work, Penny conceptualized the women and work seed grant project which ran for many years following the WBW 1993 and brought many achievements at both national and community levels, engaging over 30 country groups.

"Every woman is a working woman" was one of Penny's many famous lines that has remained through the years in our work, as well as "Breastfeeding empowers women." She bridged theory and practice so gracefully... like a gymnast on a trampoline! Penny understands women in their unique situation, yet has the skill to theorize breastfeeding issues in a way that gives WABA and breastfeeding advocates the conceptual tools and advocacy messages to bridge diverse movements and reach more and new audiences. She gave WABA the tools to reach out to the women's movement and the environment movement, as well as the gender and HIV groups.

As an activist-academic, Penny has been an invaluable representative for WABA over the years, speaking at critical international events, such as the Fourth World Conference on Women in Beijing in 1995 and the World Food Summit in Rome in 1996. Penny has written various documents, position papers and activity sheets for WABA over the past two decades that have moved our collective consciousness and work forward with passion, creativity and freshness of thinking.

Penny is totally dedicated as a sound academic – always threading new frontiers by creating exciting theoretical frameworks and ground-breaking conceptual links which are always grounded in people's lived experiences.

As a person, Penny is wonderfully kind, generous, down to earth, funny and caring. I have learned so much from Penny and cannot thank her enough for putting me on this journey called WABA. Many would agree that Penny has been invaluable to WABA and has helped make WABA the galaxy of issues and persons it is today!



*Penny with husband John Van Esterik*

#### **Breastfeeding Community Activist:**

***Ted Greiner PhD, Professor of Nutrition at Hanyang University in Seoul, South Korea***

Penny van Esterik caught my eye as a breastfeeding advocate in the 1970s and, though she was only a graduate student at the time, I strongly urged Professor Michael Latham to hire her for a job, as I knew he was recruiting for Cornell University an anthropologist to work with a USAID-funded infant feeding research project. She and I had only a few years together as colleagues, but during that time we coauthored two important papers with Michael, one on women at work and breastfeeding and one on the perceived infant feeding syndrome. Both papers were trying to counter infant formula company efforts to show that their promotion was not the cause of any breastfeeding decline. (The dogmas the companies were trying to spread were that breastfeeding was already doomed by women working and that women no longer being willing to put up with the constant body contact supposedly needed for breastfeeding to succeed – both complex issues to deal with and lacking in much research base at that time.)

From that time on, Penny became increasingly active in the “breastfeeding community”, bringing her amazing energy, wisdom, and great sense of humor to research, policy discussions and meetings, as well as continuing to publish widely, bringing clarity to our thinking on many key issues and their links to breastfeeding, ranging from gender to baby food company behavior to the environment. She has been a stalwart among breastfeeding activists for over 3 decades and highly deserving of recognition from WABA and the WABA MSTF.

***Penny's Legacy to Breastfeeding: Maria Innes Fernandez, Arugan Founder, The Philippines***

**P**enny van Esterik was my first co-coordinator in the WABA Women and Work Task Force.

She is full of life, in a quest to write thoughts as we speak on anything she inquires. Her notebook and pen are her companions wherever she goes. On evenings of fun, brandy is on hand.

When I told her I was into recapturing indigenous foods, she invited me to study in York University for a masters study under her program. She is generous in sharing her creative and brimming thoughts.

She acts out her thoughts on gender issues and puts them into tangible action, authoring books of knowledge to share with the world.

Penny's legacy is the numerous books that touch on Breastfeeding and Women that are very useful for women and mothers of all generations and across continents.

***An Anthropologist Perspective to Breastfeeding: Alison Linnekar, Convenor/IBFAN global working group on chemical and microbiological contaminants in infant feeding products, Switzerland***

**P**enny is a great pioneer as well as being an eminent academic, a professional anthropologist and a lot of fun.

She has led the way for the work on breastfeeding and the environment, bringing an anthropological perspective to the study of the advantages of breastfeeding in a polluted world. Her phrase “the canary in the mine” illustrated how breastmilk is a sensitive indicator of residues of man-made chemicals, alerting us to the burden of chemicals that all of us carry in our bodies.

I was privileged to work with her on ways to counter the media alarms every time a report showed levels of chemicals detected in breastmilk. The media scares revealed the deep-seated negative attitudes towards women and their body fluids such as breastmilk.

Penny was the lead author of Towards Healthy Environments for Children: Frequently Asked Questions about Breastfeeding in a Contaminated World, and Risks, Rights and Regulation: Communicating about Risks in Infant Feeding. She reviewed IBFAN publications such as the position statement on Dioxins in Breastmilk, also reviewed by WHO. We worked to disseminate the WHO positions that “Human milk is recognized as the preferred matrix because it has several important advantages” and “WHO continues to strongly recommend that breastfeeding be encouraged and promoted.”

Her book, Risks, Rights and Regulation: Communicating about Risks in Infant Feeding, was translated into French by my daughters and into Spanish by Marta Trejos. All these publications, and we hope



many more to come, can be found on the WABA site and in the Breastfeeding Gateway in the section on Environmental Awareness.

On a more personal note, Penny's work on cloth and textiles (Cutting up Culture or the Transformative Power of Cloth in Southeast Asia) was an inspiration for me as we explored the streets of Hong Kong and Bangkok for unusual items of clothing.

## 16. Rosimar Macedo Teykal – Working Tirelessly for Breastfeeding: Maria Lúcia Futuro Mühlbauer, Brasil

*We have an opportunity to highlight another individual – Rosimar Macedo Teykal – who is working faithfully and with dedication to support mothers in Brasil.*

Rosimar Macedo, together with Bibi Vogel, Claudia Orthof and other mothers, co- founded Amigas do Peito in 1980. She coordinates Amigas do Peito's longest running mother support group in Tijuca, Rio de Janeiro, Brasil. You can count on the fingers of one hand the number of mothers' meetings she has **not** coordinated. All mothers who attend her group immediately sense her ability to not judge what has happened but to understand that the exchange of experiences is special and can overcome problems.

Rose has two breastfed daughters and a lovely grandson. Her ability to tolerate what does not come under the "predicted", to listen to endless conversations on the phone, to help organize things in the face of adversity, is legendary. She is currently encouraging young mothers to take on more tasks, providing volunteer support to families who wish to breastfeed.

She has been involved for 31 years as a volunteer and host mother for a support group and with valuable activities in Amigas do Peito projects: AmamentARTE, Plec (Recreational Educational Project in the Community -Breastfeeding Right for Everyone), Exhibition on Graphic Humor and Breastfeeding, organized I Encontro Nacional de Aleitamento Materno no Brasil (1<sup>st</sup> National Breastfeeding Meeting of Brazil), Dial Breastfeeding, Support via letters (PO Box Project, now in E-mail) participating in "Citizens Days" promoted by the municipality of Rio de Janeiro, lectures and conferences.

Rose has worked a lot and is slowly withdrawing to allow new people to take her place. She has wisdom through intense experiences and observation, is a pride to her colleagues, and an example to be followed.

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Maria Lúcia Futuro Mühlbauer, Mother to 5 adult breastfed children, Amiga do Peito since 1984, member of IBFAN Brazil since 1987, Health educator specialist in Recreational Education (Educação Lúdica).

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

**New Directions in 2012:** *We would like to honor MANY breastfeeding advocates to begin 2012. Please send 3-5 sentences (75 words or less) on the person you feel should be recognized for promoting, protecting and supporting breastfeeding.*



*Rosimar facilitating a support group meeting*

### 17. Apology to the authors of *Two Sides of Breastfeeding Support*: MSTF Editors

The Editors would like to apologise to the authors of *Two Sides of Breastfeeding Support* - experiences of women and midwives: Anette Ekström, Caroline Bäckström, and Elisabeth Hertfelt Wahn, Sweden. This article was published in the MSTF E-Newsletter V9N1. Article no.18 mistakenly states Stina Thorstensson as one of the authors of the above article. The mistake was rectified in the Spanish, French, Portuguese and Arabic V9N1 newsletters.

The study **Two Sides of Breastfeeding Support - experiences of women and midwives** is available at <http://www.internationalbreastfeedingjournal.com/content/5/1/20>

### 18. World Breastfeeding Week 2011 – Feed the Future: WABA MSTF E-Newsletter Editors

WABA and the Penang Mother-to-Mother Peer Support Group (MMPS) closed the World Breastfeeding Week (WBW) 2011 by organizing a Flashmob on Sunday 7 August 2011 at the Gurney Plaza, Penang, Malaysia.

More than 100 Penangites surprised shoppers with a 3 minute flashmob led by youths. The impromptu dance, titled **Feed the Future!** was a fun and invigorating way to involve the entire community to support and normalize breastfeeding.

The Flashmob delivered the message that breastfeeding is natural and normal! The organizing team collaborated with local musicians Dhanen Mahes (Ksatriya) and Samwise Wee Kee to create a hip and powerful original song called **Stand Up Everybody** calling on people to listen and take notice of how breastfeeding has been distorted by major milk powder and baby food companies which market their products unethically to mothers and families and by sexual connotations.

The video of the Flashmob at Gurney Plaza, Penang

[http://www.youtube.com/watch?feature=player\\_embedded&v=WgdQGUe42g](http://www.youtube.com/watch?feature=player_embedded&v=WgdQGUe42g)

Feed the Future Flashmob dance <http://www.youtube.com/watch?v=3a0mi063qvo&feature=related>

### 19. A small action during WBW 2011: Rebecca Magalhães, USA

During World Breastfeeding Week 2011 I was on a train. Accompanied by my sisters, 2 cousins, and a husband of one of the cousins, we were headed to the state of Montana, USA, to explore the beauty of the Glacier National Park. It was a 36 hour ride, so I had many opportunities to observe other passengers – one of them a mother with a baby and a young child. The first time I noticed her, she had a blanket thrown over her chest and I surmised that she was breastfeeding! After a few times of walking by her seat, smiling at her, telling her how cute her baby was, and talking to the baby, the mother took the blanket off and was nursing her baby for all to see. Of course, I congratulated her on breastfeeding, but hope that she had begun to feel comfortable with her breastfeeding because of my “mother” attention! It felt good to take an action, albeit a small one, during WBW!

Rebecca Magalhães, mother to 5 adult children, 12 breastfed grandchildren, LLL Leader and co-editor of the MSTF e-Newsletter, USA

Email: [beckyann1939@yahoo.com](mailto:beckyann1939@yahoo.com)

If you or your organization have organized WBW activities in your country, send in your activities report\* to WABA at [wbw@waba.org.my](mailto:wbw@waba.org.my) and get a WBW certificate.

The Report form can be downloaded at <http://www.worldbreastfeedingweek.org/index.shtml>

## 20. Make Penang Breastfeeding Friendly Campaign: Penang MMPS, Malaysia

Mother-to-Mother-Peer-Support (MMPS) members hosted the launch of a major campaign – **Make Penang Breastfeeding Friendly**. The launch took place on Sunday 9th October 2011, from 3:15pm to 5pm, at Straits Quay, Penang.

Make Penang Breastfeeding Friendly is an initiative supported by the Penang State Youth and Sports, Women, Family and Community Development. The aim of the initiative is to create an enabling environment for women to choose breastfeeding and establish a community that regards breastfeeding as the first and normal infant feeding method. MMPS believes that Breastfeeding is a gift to our babies that lasts a lifetime.

For more information see: <http://pgmmmps.wordpress.com/>

## 21. Red Amamanta Paraguay: Pushpa Panadam, Paraguay

Red Amamanta Paraguay, modelled after Red Amamanta Brasil, consists of a strategy to address breastfeeding and complementary feeding in primary care at Family Health Units. The strategy, based on constructing a new paradigm for teaching breastfeeding, recognises the participant's background knowledge and respects his/her perceptions on the topic. The reality of each situation is taken into consideration and respected. The two main aspects of Red Amamanta are its permanent or continuous education and Critical Reflexive Education.

The Paraguayan National Breastfeeding Policy in promoting, protecting and supporting breastfeeding involves 6 main actors: Baby Friendly Hospital Initiative (BFHI) with its 18 BFHs since 2000; Human Milk Bank – 1 established last year and more to be established; Monitoring (BFH evaluators and code monitoring); Policies related to protecting breastfeeding, campaigns and social communication through media and other means; Red Amamanta and the Family Health Units. Although much has been carried out over the years to raise exclusive breastfeeding (EBF) rates, EBF is still low: 21.9% in 2004 and 24.4% in 2008\*. The Red Amamanta working at the Family Health Units providing primary care at the community level is seen as the answer to increasing EBF, linking all other social actors, in order to meet the 2015 Millennium Goals.

Putting the national policy into action, 6 tutors of Red Amamanta, trained in Brasil last year, trained 28 participants in this strategy from September 12<sup>th</sup> to 16<sup>th</sup> 2011. The 5 day, 40-hour training programme by the Ministry of Health, sponsored by UNICEF, used problem based pedagogy in the teaching and learning of breastfeeding. Part of the training programme was preparing the participants to carry out workshops on breastfeeding in this methodology at the Family Health Units. A 6 hour workshop was carried out in 4 Family Health Units by the trainees and Red Amamanta Paraguay was launched.



*Tutors of Red Amamanta Paraguay*

\* *Encuesta Nacional de Demografía y Salud Sexual y Reproductiva (ENDSSR) 2004, 2008*

Pushpa Panadam, LLL Leader, Parhupar member, Tutor, Red Amamanta Paraguay  
Email: [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com)

## 22. Call for Papers – 7<sup>th</sup> Breastfeeding and Feminism Conference: Carolina Breastfeeding Institute, USA

Carolina Breastfeeding Institute, USA is calling for papers advancing the Surgeon General's Call to Action for the 7<sup>th</sup> Breastfeeding and Feminism Conference to be held from March 29-30, 2012 Greensboro, North Carolina, USA.

Papers should be on research, practice, policy, programming, and advocacy that protects, promotes, supports the breastfeeding dyad and breastfeeding mothers in the six "key areas of action":

1. Mothers and Families
2. Communities
3. Health care
4. Employment
5. Research and Surveillance
6. Public health infrastructure

Presentations should discuss the ways in which to implement programs, policies, research or other actions that engage women, empower women, build upon and value women's knowledge and experiences, and keep women's needs and gender issues at the forefront as we advance the call to action.

For information contact Paige Hall Smith at [psmith@uncg.edu](mailto:psmith@uncg.edu) or check the websites: [www.uncg.edu/hhs/cwhw](http://www.uncg.edu/hhs/cwhw) and <http://cgbi.sph.unc.edu/>

## 23. Does Free Formula at Hospitals Undermine Breastfeeding?

Jessica Ewald brought more than a new baby boy home when she gave birth earlier this year. Like many new moms, she got a hospital goody bag, with supplies including free infant formula and formula coupons.

Ewald, 32, of Oakbrook Terrace, Illinois, (USA), the daughter of a breastfeeding activist (Kathy Baker) who fought to get those goody bags out of hospitals, says hospitals sending newborns home with formula can really undermine a woman's determination to breastfeed.

Borrowing a line from a blogger, Ewald says hospitals sending newborns home with formula "is like giving somebody divorce papers at their wedding." It can really undermine a woman's determination to breastfeed, she said.

Read the complete story on:

<http://www.dailyherald.com/article/20110926/business/110929889/>

[http://www.washingtonpost.com/national/health-science/hospitals-get-incentives-to-stop-giving-free-formula-amid-claims-it-undermines-breast-feeding/2011/09/25/gIQADDdPwK\\_story.html](http://www.washingtonpost.com/national/health-science/hospitals-get-incentives-to-stop-giving-free-formula-amid-claims-it-undermines-breast-feeding/2011/09/25/gIQADDdPwK_story.html)

Nancy Mohorbacher comments on the newspaper articles: ***No Such Thing as a Free Lunch***

Formula company spokespeople were given the last word, noting that "it's good to have a back-up" and characterizing it as "irresponsible" **not** to give new mothers free formula in the hospital.

What was not reported was the true cost of this "free" formula to parents and the impact of hospital formula marketing on breastfeeding. The most recent study on the effect of hospital distribution of infant formula found that the mothers who received formula samples at discharge were less likely to be exclusively breastfeeding during each of their baby's first 10 weeks as compared with women who did not receive them. <http://www.ncbi.nlm.nih.gov/pubmed/21949146>

For Nancy's complete report see

<http://www.nancymohrbacher.com/blog/2011/10/2/no-such-thing-as-a-free-lunch.html>

## BREASTFEEDING RESOURCES

### 24. International Code Documentation Centre (ICDC) Legal Update – July 2011

From the ICDC desk in Penang...

The first half of 2011 saw three new publications. The office also fielded constant orders for the Breaking the Rules, Stretching the Rules 2010 (BTR). While the BTR is unlikely to ever make the bestseller's list, steady interest in the report and other publications keeps our office administration on its toes.



*(left) ICDC Director Annelies Allain speaks on Code violations to the media at the CI World Congress in Hong Kong. (Right) Country delegates from Fiji and Eritrea with their copies of the State of the Code by Country 2011 at this year's World Health Assembly.*

BTR itself was launched officially at the Club de Presse Suisse on May 12, 2011 to commemorate the 30th anniversary of the Code. Our counterpart in Geneva, IBFAN-GIFA, hosted the celebrations in conjunction with this year's 64<sup>th</sup> World Health Assembly (WHA).



*ICDC Legal Advisor Yeong Joo Kean and ICDC Consultant Jean-Pierre Allain (front row, right) with health professionals at the national Code workshop in Kuwait*

ICDC Legal Update -July 2011 can be downloaded at: [http://www.ibfan.org/art/LU\\_July\\_2011.pdf](http://www.ibfan.org/art/LU_July_2011.pdf)

### 25. Is breastfeeding really invisible, or did the health care system just choose not to notice it? Chris Mulford\*, USA

There are innumerable myths and misconceptions about breastfeeding that minimize its importance; these often keep health workers from providing effective care to support and protect breastfeeding. They are compounded by lack of basic and applied research, and by the cultural invisibility of breastfeeding in the United States. This paper highlights some of the blind spots and suggests the importance of an approach that places breastfeeding promotion and advocacy within the context of women's lives. As we work to ensure that the health care system provides good breastfeeding care, we need to guard against letting the medicalization

infant feeding keep us from remembering that breastfeeding is something that mothers and children do, in all the aspects of their private and public lives.

The electronic version of the complete article is available online at: <http://www.internationalbreastfeedingjournal.com/content/3/1/13>

\* *Chris Mulford passed away 23 August 2011. For more on Chris see No. 30. Announcements: to Remember*

## **26. An Exploration of the Attitudes and Experiences of Mothers in the United Kingdom who Chose to Breastfeed Exclusively for 6 Months Postpartum: Amy Brown and Michelle Lee, United Kingdom**

### **Abstract**

*Background:* Levels of exclusive breastfeeding are negligible in the United Kingdom despite World Health Organization recommendations to practice exclusive breastfeeding for the first 6 months postpartum. Although numerous studies have explored the reasons behind low levels of breastfeeding, few have examined the behaviors of women who do breastfeed successfully. However, understanding the influences upon the decision to breastfeed exclusively is important in supporting women to continue breastfeeding.

*Methods:* In the current study, 33 women with an infant 6–12 months old who exclusively breastfed for the first 6 months postpartum took part in an interview to explore their motivation and experiences while breastfeeding. The interview explored issues such as sources of support, difficulties, and familial and peer behavior.

*Results:* Mothers reported high levels of confidence and determination in their decision despite difficulties in reaching their goal and discussed a range of techniques they adopted to overcome issues faced.

*Conclusions:* Ingrained and strong beliefs that their choice of feeding method was the normal and healthiest way to feed an infant enabled mothers to overcome problems and continue breastfeeding.

<http://www.liebertonline.com/doi/abs/10.1089/bfm.2010.0097?>

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Amy Brown and Michelle Lee, College of Human and Health Sciences, Swansea University, Swansea, United Kingdom.

Email for correspondence: [a.e.brown@swansea.ac.uk](mailto:a.e.brown@swansea.ac.uk)

## **27. Impact of education and training on type of care provided by community-based breastfeeding counselors: a cross-sectional study Elizabeth M. Sullivan, Whitney E. Bignell, Anne Andrianos, Alex K Anderson**

### **Abstract**

*Background:* Studies using community-based breastfeeding counselors (CBBCs) have repeatedly shown positive impact on breastfeeding initiation, exclusivity and duration, particularly among low income mothers. To date, there has not been a comprehensive study to determine the impact of CBBC attributes such as educational background and training, on the type of care that CBBCs provide.

*Methods:* This was a cross-sectional study of a convenience sample of CBBCs to ascertain the influence of counselor education and type of training on type of support and proficiency of CBBCs in communities

across the United States. Invitations to participate in this online survey of CBBCs were e-mailed to program coordinators of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), La Leche League, and other community-based health organizations, who in turn invited and encouraged their CBBCs to participate. Descriptive analysis was used to describe participants (N = 847), while bivariate analysis using  $\chi^2$  test was used to examine the differences between CBBC education, training received and breastfeeding support skills used. Multivariate logistic regression was used to assess the independent determinants of specific breastfeeding support skills.

*Results:* The major findings from the research indicate that overall, educational attainment of CBBCs is not a significant predictor for the curriculum used in their training and type of support skills used during counseling sessions, but initial training duration was positively associated with the use of many breastfeeding support skills. Another major influence of counselor support to clients is the type of continuing education they receive after their initial training, with higher likelihood of use of desirable support skills associated with counselors continuing their breastfeeding education at conferences or trainings away from their job sites.

*Conclusions:* Our results show that different programs use different training curricula to train their CBBCs varying in duration and content. Counselor education is not a significant predictor of the type of training they receive. Continuing breastfeeding education is a significant determinant of type of counseling techniques used with clients. Further research is therefore needed to critically examine the content of the various training curricula of CBBC programs. This may show a need for a standardized training curriculum for all CBBC programs worldwide to make CBBCs more proficient and efficient, ensuring successful and optimum breastfeeding experiences for mothers and their newborns.

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 The above article is available at <http://www.internationalbreastfeedingjournal.com/content/6/1/12>  
 Email of corresponding Author: [anderson@fcs.uga.edu](mailto:anderson@fcs.uga.edu)

## **28. Research Task Force (RTF) e-Newsletter August 2011: Amal Omer-Salim and Khalid Iqbal, Co-coordinators of the WABA RTF**

We are pleased to share with you the third issue of the WABA Research Task Force (RTF) E-newsletter. See <http://www.waba.org.my/whatwedo/research/pdf/rtfnl-aug11.pdf>

This issue focuses on a few aspects of clinical breastfeeding and some of the determinants of breastfeeding behaviour. Hepatitis B in breastfeeding mothers is a hot topic for discussion as well as issues related to diarrhoeal morbidity and mortality. The issue also deals with the main determinants of exclusive breastfeeding in a few selected countries and how self confidence in breastfeeding can be improved among trained health workers. Finally, we present an article that describes the profiles of working mothers who practice exclusive breastfeeding in Indonesia.

*About the newsletter:* There is an abundance of research and much of this can be accessed through journals and databases such as Medline. This newsletter aims to present some of this emerging research in a comprehensive and easy-to-read format. For each issue, we will choose a few current topics where we ask key researchers/programme experts to summarise the latest research and explain how these findings can be applied in the real world.

You will also find abstracts and commentaries on a few research studies and links to the full text articles for further reading. We hope that this newsletter will enhance your work, whether programme, clinical or advocacy, as well as stimulate discussion about research findings, methodologies and ethics. Your comments on the current topics and articles are most welcome! If you have any suggestions for future topics, please let us know.

The Research Task Force e-newsletter will be issued three times a year.

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Amal Omer-Salim & Khalid Iqbal

Co-coordinators of the WABA RTF

Emails: Amal: [amal.omer-salim@kbh.uu.se](mailto:amal.omer-salim@kbh.uu.se) Khalid: [kitfeed@gmail.com](mailto:kitfeed@gmail.com)

## 29. e-WABALink Issue 1/2011: Juliana Lim Abdullah, Malaysia

The terrible tragedy in Japan (March 11 2011) reminds us that we need to continuously advocate to relief agencies, health care providers and rescue workers to include breastfeeding support as a vital part of disaster relief and humanitarian aid efforts. Breastfeeding is a vital emergency response. Are we truly ready?

Our prayers are with the people of Japan. May we all continue to do our best to help and support them in any way we can. This issue of e-WABALink we are also introducing our new Mother Support Task Force team and activities of our Youth from the WABA Youth Initiative.

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From the editorial by Julianna Lim Abdullah, IBCLC, Editor, e-WABALink

e-WABALink can be downloaded at [http://www.waba.org.my/resources/wabalink/pdf/ewaba\\_link\\_0511.pdf](http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_0511.pdf)

**Editors Note:** e-WABALink is a current awareness service with the mission of sharing news and useful key documents with its global network of supporters.

[http://www.waba.org.my/resources/wabalink/pdf/ewaba\\_link\\_0511.pdf](http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_0511.pdf)

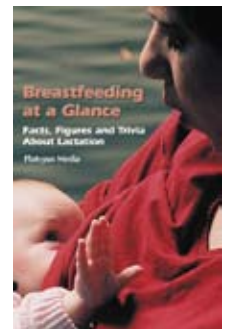
## 30. Resource Materials from Platypus Media



### i. Breastfeeding at a Glance

Booklet answers frequently asked questions about breastfeeding; lists benefits for the mother, baby and community; provides breastfeeding rates; information on mammal lactation and breastfeeding and the law; resource list and more. Over 20 charts, tables and illustrations, fully referenced. A fact-filled breast-feeding overview in a handy format!

24 pages, 8½ × 5½", ISBN 10: 1-0930775-05-9, Price: USD 5.95



### ii. Increasing Breastfeeding Success is just what you need!

This unique product provides you with 10 PowerPoint presentations. Each one is a self-contained lecture topic that can be used for staff and/or client education. We provide the content, the handouts, guidelines for discussion, even the posters and session evaluation forms. All you do is provide the presenter and the audience!

Two-CD set includes 10 one-hour PowerPoint presentations, and supporting materials. UPC: 013964165203, Price: USD149.95.





### iii. If My Mom Were a Platypus: Mammal Babies and their Mothers

Your baby — just as all mammal babies—needs to travel the path from helplessness to maturity. This beautifully illustrated, full color, award-winning book shows families how 14 baby mammals—including humans—eat, sleep, grow and learn.

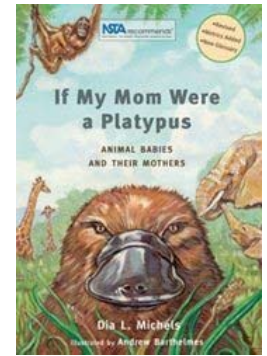
*A wonderful book to explore birth and breastfeeding in nature!*

64 pages, 7x10" Price: USD 9.95

Also available in Spanish.

For more information, price quotes or review copies contact

[Info@PlatypusMedia.com](mailto:Info@PlatypusMedia.com) or [Info@ScienceNaturally.com](mailto:Info@ScienceNaturally.com)



### 31. Passionate Journey: My Unexpected Life by Marian Leonard Tompson, Melissa Clark Vickers

What does it take to change established childbirth practices, hospital procedures, infant nutrition standards, and cultural norms that work against the best interests of mothers and their babies?

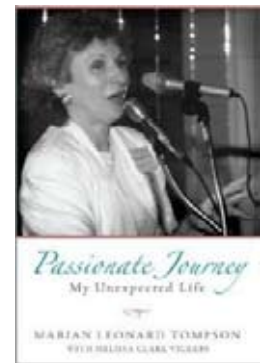
Paperback, 176 pages, Published June 19th 2011 by Hale Publishing

<http://www.amazon.com/Passionate-Journey-My-Unexpected-Life/dp/0983307571>

Book Review -

<http://www.babygooroo.com/index.php/2011/09/27/book-review-passionate-journey-my-unexpected-life/>

<http://aras.ab.ca/articles/popular/201107-TompsonAutobiography.html>



## CHILDREN AND BREASTFEEDING

*Please send us your children's breastfeeding stories, quotes, or experiences. This could be something your breastfed child said or did; something an older child did to promote breastfeeding, or even a story you saw or read that pertained to children and breastfeeding.*

### 32. Going Out: La Leche League News, Jan-Feb 1979 by Charlotte Walkowski, Houston, Texas

*First Baby:* Dad waits patiently while Mom nurses baby before leaving the house. They arrive late and leave early to get home in time for the next nursing

*Second Baby:* Baby nurses in the car on the way while Dad drives slowly. They leave when baby gets fussy—nursing all the way home.

*Third baby:* They arrive on time and stay as long as the other guests. Baby has nursed before leaving home, in the car, several times while there (and no one even noticed), and will probably nurse all the way home, too. Everybody's relaxed and they all had a good time!

### 33. LLL Leader in the Making: Ashley Price, USA

My 20 month old is suddenly fascinated with the whole process of breastfeeding. She'll nurse for awhile, and then pull off to stare at the nipple intensely. She then starts talking about the milk that's coming out, and poking at it, and it seems like she's just trying to figure it all out.

And right now she's sitting in her high chair "reading" the Breastfeeding Answer Book. She's been at this for about 20 minutes now.

I think I have a LLL Leader in the making :)

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Ashley Price, Urbana, Illinois, USA  
Email: [ashrprice@gmail.com](mailto:ashrprice@gmail.com)

### GRANDMOTHERS and GRANDFATHERS SUPPORT BREASTFEEDING

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*If you are a Grandmother, Grandfather or an older person, please send in your stories on how you provided support for mothers and babies. You can also write and tell us how you were supported by your grandparents or an older person.*

### 34. Mak, I will miss you: Rita Rahayu, Malaysia

While I was at the International Lactation Consultant Association (ILCA) conference from July 13th to 17th 2011 in San Diego, California, USA, I received the sad news of the death of my beloved grandmother. Before I left, I had promised to take care of her when I returned from the conference but sadly I did not get the chance to say goodbye.

"Mak" as I fondly called her died peacefully at the age of 78. I will never forget her words of encouragement to me throughout my breastfeeding journey for all my children. She was always the one to cheer me on! After all, she was a breastfeeding mother herself! She used to share the lovely and sometimes funny stories of her breastfeeding my mom (whom by the way breastfed for 7 years!) I will miss you "Mak", I will miss you dearly.....

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Rita Rahayu Omar, Malaysia  
Email: [rita@thenurturing.com](mailto:rita@thenurturing.com)

### 35. Supporting My Daughters and Daughter-in-law: Jolene Riley, USA

My experience as the grandmother of breastfed babies/children goes back about 24 years! My oldest 2 granddaughters are the daughters of my oldest daughter Therese. They were both breastfed, and it is my loss that they lived quite some distance away because my oldest granddaughter was born in Australia. My youngest daughter Erin, then about 15 years of age went to Australia as doula. We discussed duties of assisting her sister to make sure she got her rest and was free to breastfeed as the new baby Natisse required. Just over 2 years later, - Therese then lived in California- Genevieve was born. Luckily, I could be there for Genevieve's birth.

My second child is a son. He and Cindy's three sons have all been breastfed. Baby carriers and slings are commonplace in their household. Erin and I went to their home after the youngest baby was born to doula by following their request of grocery shopping and doing the cooking of meals.

My daughter Cecilia is the mother of three boys--all breastfed. They lived with me for three years, arriving just after the birth of her youngest son. I got a lot of grandmothering experience on a daily basis! I treasure that special time.

My daughter Erin--remember her going to Australia to doula?--is the mother of Sofia who is 4 1/2 years of age. Of course she is breastfed and Erin is a LLL leader who enjoys helping other mothers.

I have 2 other sons, no children for either of them--yet!

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Jolene Riley writes: *I read about LLL in Reader's Digest when they published excerpts from Karen Pryor's book about breastfeeding\*. That must have been about 1963. I later was able to join LLL and became a LLL leader. I remained active in LLL for over 20 years. All 6 of my children were breastfed--anywhere from 1 year to 4 years.*

\* *Nursing your baby* by Karen Pryor, 1963

## BREASTFEEDING, HIV and AIDS

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### 36. National Department of Health Breastfeeding Consultative Meeting: Rosemary Gauld, South Africa

A Breastfeeding Consultative Meeting was held in Gauteng, South Africa, on 22 – 23 August 2011 because of concerns that inappropriate feeding practices were a major obstacle to attaining optimal nutrition, growth and development, health and survival of infants and young children.

The Aims and Objectives listed for this meeting were:

- To reposition promotion, protection and support for breastfeeding as a key child survival strategy in South Africa
- To build consensus on the direction that the South African Government should take following the WHO recommendations on infant feeding in the context of HIV and AIDS and
- To mobilize support and call for action to improve infant feeding as a key component of child survival.
- The focus of the meeting was to be on evidence based strategies aimed at improving systems at both facility and community level.

I was fortunate to attend this Meeting as a representative of La Leche League South Africa.

Since 1985, when the first reports of HIV-transmission through breast milk were made known, HIV-infected mothers were recommended not to breastfeed. The emphasis was placed on HIV-transmission rates rather than on health outcomes. The intervening years have led to frightening statistics in South Africa, of increased infant morbidity and mortality when the focus of Infant and Young Child Feeding shifted from the promotion, protection and support of breastfeeding to supporting formula feeding. A staggering figure of R204 million (USD 25, 581, 765.71)\* being spent annually by the Government on the free supplies of formula to HIV-infected women on the PMTCT (Prevention of Mother to Child Transmission) scheme, was revealed at the meeting.

In many areas in South Africa, where there is a high incidence of HIV-infection, the AFASS (Acceptable, Feasible, Affordable, Sustainable and Safe) conditions are not met and yet mothers are still counseled not to breastfeed. The supplies of free breast milk substitutes to mothers on the PMTCT scheme, influence their choice not to breastfeed. The acronym AFASS has now been replaced with 7 criteria that mothers need to meet in order to safely formula feed. In the MDG (Millennium Development Goals), Countdown to 2015, South Africa is one of the 12 out of 68 countries not on track to reduce infant mortality.

<http://www.countdown2015mnch.org/documents/2010report/Profile-SouthAfrica.pdf>

A positive outcome of the meeting is that it has been identified that there is an urgent need to reduce child mortality through breastfeeding and especially exclusive breastfeeding for 6 months. It is now proposed that South Africa follow the International Guidelines of having one breastfeeding policy for all mothers. The minister said: "We will thus also be discontinuing the distribution of free breast milk substitutes through health facilities, as this cannot be reconciled with an exclusive breastfeeding strategy."

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Rosemary Christine Gauld, Registered Nurse (RN), Registered Midwife (RM), IBCLC since 1990, WHO / UNICEF Training of Trainers in Lactation Management, Childbirth Educator, 1989 – Present (ICCE- International Childbirth Certified Educator -2003, Re-certified 2007, 2011)

Consultant to pilot phase of Study of Exclusive Breastfeeding in the era of HIV in Uganda 2004 Peer Counselor Coordinator, 1997 – 2005.

Rosemary lives in Bellville, South Africa, is married to Neil for 40 years. She has 3 daughters, 3 grandsons and 1 granddaughter

Email: [rosegauld@mweb.co.za](mailto:rosegauld@mweb.co.za)

\*The Conversion rate used was 1 USD = 7.97443 ZAR (South African Rand)

### **37. Prevention of Human Immunodeficiency Virus Breastmilk Transmission with Copper Oxide: Proof-of-Concept Study: Gadi Borkow,<sup>1</sup> Chandice Y. Covington,<sup>2</sup> Bibha Gautam,<sup>2</sup> Omu Anzala,<sup>3</sup> Julius Oyugi,<sup>3</sup> Meshack Juma,<sup>3</sup> and Mohamed S. Abdullah<sup>4</sup>**

#### **Abstract**

*Background:* Human immunodeficiency virus type 1 (HIV-1) transmission through breast milk is the chief modality through which HIV-1 is transmitted from HIV-1-infected mothers to their babies in developing countries, where alternative feeding options lack practical feasibility. The development of an approach to inactivate the HIV-1 virions ingested by an infant on a daily basis through breast milk is thus of critical importance.

*Methods:* Copper has potent virucidal properties. Stoichiometric concentrations of copper ions inactivate the HIV-1 protease, which is essential for viral replication. Cell-free and cell-associated HIV-1 infectivity is inhibited when the virus is exposed to copper oxide in a dose-dependent manner. Passage of high titers of a wide range of HIV-1 isolates, spiked in culture medium, through filters containing copper oxide powder resulted in their deactivation.

*Results:* In the current study, we demonstrate that the infectivity of three different HIV-1 isolates, spiked in breast milk obtained from HIV-1-seronegative donors, or of wild-type isolates found in breast milk obtained from HIV-1-seropositive donors, is drastically reduced (>98%) when exposed to copper oxide.

*Conclusions:* This study is proof of concept that copper oxide is efficacious against HIV-1 found in breast milk and serves as the basis for further research aimed at determining the possible effects that copper may have on the nutritional and anti-infective properties of breast milk. Furthermore, this supports the continuing study of the feasibility of developing a filtering device, such as an "at-the-breast" disposable shield that can be used discreetly and safely by HIV-1-infected mothers during breastfeeding.

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<http://www.liebertonline.com/doi/abs/10.1089/bfm.2010.0090>

BREASTFEEDING MEDICINE Volume 6, Number 4, 2011 <sup>a</sup> Mary Ann Liebert, Inc.

DOI: 10.1089/bfm.2010.0090

1. Cupron Scientific, Modi'in, Israel.
2. School of Nursing, Texas Tech University Health Sciences Center, Lubbock, Texas.
3. Kenya AIDS Vaccine Initiative, University of Nairobi, Nairobi, Kenya.
4. Department of Medicine, Aga Khan University Hospital, Nairobi, Kenya.

### **38. Time for new recommendations on cotrimoxazole prophylaxis for HIV-exposed infants in developing countries? Anna Coutsooudis <sup>a</sup>, Hoosen M Coovadia <sup>b</sup> & Gurpreet Kindra <sup>a</sup>**

WHO's policy on cotrimoxazole prophylaxis was developed at a time when determination of HIV-risk status was based on maternal HIV-positive antibodies and risk of mother-to-child transmission of HIV was relatively high. Since that time much has changed. First, molecular diagnostic techniques make it possible to diagnose HIV early on in infancy and the logistics have been considerably simplified because the blood sample can be collected by a spot of blood from a heel prick which is stored on filter paper until tested by polymerase chain reaction. Second, there are far better options for prevention of mother-to-child transmission, i.e. ante- and intra-partum antiretroviral therapy as well as postpartum nevirapine prophylaxis for the infant during breastfeeding. Furthermore, several recent well designed prospective cohort studies have highlighted some of the detrimental effects of cotrimoxazole prophylaxis. Thus, on balance, WHO's policy has not evolved to accommodate this new information. While a year of cotrimoxazole prophylaxis may still be offered in situations where the likelihood of HIV transmission remains high, in other settings this recommendation no longer makes much sense.

Therefore we call for a thorough reappraisal of the current policy to limit the unnecessary use of cotrimoxazole prophylaxis in HIV-exposed infants. In addition, we add our voice to many calling for increased efforts in encouraging early diagnosis of HIV-infection in infants. This will allow timely introduction of antiretroviral treatment and cotrimoxazole prophylaxis for infected infants while limiting cotrimoxazole exposure in the uninfected group.

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 The full study is available at: <http://www.who.int/bulletin/volumes/88/12/10-076422/en/index.html>

a. Department of Paediatrics and Child Health, University of KwaZulu-Natal, Private Bag 7, Congelia, 4013, South Africa.

b. Reproductive Health Unit, University of Witwatersrand, Johannesburg, South Africa.

Correspondence to Anna Coutsooudis: [coutsoud@ukzn.ac.za](mailto:coutsoud@ukzn.ac.za)

### **39. Breastfeeding in HIV Exposed Infants Significantly Improves Child Health: A Prospective Study: Kindra G, Coutsooudis A, Esposito F, Esterhuizen T. Source, South Africa**

#### **Abstract**

Breastfeeding has been shown to benefit both maternal and child immune status. The impact of exclusive breastfeeding in the presence of HIV infection on maternal and child health is still unclear. Socio-economic factors make breast-feeding an important source of nutrition for an infant 6 months and under in the developing world. A prospective study was conducted to examine the impact of feeding mode on various maternal indices including anthropometry; body composition indicators (using FTIR); haematology and biochemical markers; as well as incidence rates of opportunistic infections and clinical disease progression. In infants we examined

the impact on growth, development and morbidity. AFASS criteria (affordable, feasible, accessible, sustainable and safe) were fulfilled by 38.7% of the formula feeding mothers. No significant differences between the formula feeding and breastfeeding groups in terms of haematological, immunological and body composition changes were seen. Breastfeeding mothers had significantly lower events with high depression scores ( $P = 0.043$ ). Breastfeeding infants had a significantly lower risk of diarrhoea and hospitalisation at 3 months ( $P = 0.006$  and  $0.014$  respectively). Breastfeeding was significantly associated with better development scores and growth parameters. Breastfeeding is not harmful to the mother in the presence of HIV infection. Mothers are still choosing formula feeding inappropriately despite counselling about the AFASS criteria. Breastfeeding is beneficial to the infants especially in the first 3 months of life.

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Department of Paediatrics and Child Health, Nelson R Mandela School of Medicine,  
University of KwaZulu-Natal, Room 257, DDMRI Building, Congella, Durban, 4013, South Africa  
Email: gurpreetkindra@gmail.com

## NEWSLETTER INFORMATION

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### 40. Check out these Websites

**Breastfeeding: 'Media get it wrong'**, Wednesday 31 August 2011 11:52

SPEAK OUT: By Rosemary Gauld, Leana Habeck, Ellen Kamman, Erica Nesper

<http://www.sabc.co.za/news/a/1a46c5004828a400b005fa40c7a3fa19/Breastfeeding:-'Media-get-it-wrong'-20110831>

**Breastfeeding: The Most Effective Way to Save a Baby's Life**

In his Wednesday op-ed column in the New York Times, Kristof described the surprisingly low rates of exclusive breastfeeding by mothers in the developing world. **Exclusive breastfeeding – feeding the child only breast milk, and no other food or liquids, not even water – for the first six months of life is the single most effective way to save a baby's life.** If 90 percent of the world's mothers followed this practice, an estimated 1.3 million more children could survive every year.

[http://www.healthynewbornnetwork.org/blog/breastfeeding-most-effective-way-save-baby%E2%80%99s-life?utm\\_source=Healthy+Newborn+Network+Newsletter&utm\\_campaign=f41499e1df-HNN+Newsletter\\_June+2011&utm\\_medium=email](http://www.healthynewbornnetwork.org/blog/breastfeeding-most-effective-way-save-baby%E2%80%99s-life?utm_source=Healthy+Newborn+Network+Newsletter&utm_campaign=f41499e1df-HNN+Newsletter_June+2011&utm_medium=email)

**How would you feel if someone is staring at you when you eat?**

Archive: NHS iBreastFeed viral (HD)

<http://www.youtube.com/watch?v=X9PDqLpKcAs>

**International Journal of Childbirth Education**

VOLUME 26 NUMBER 3 SUMMER 2011

Supporting LGBTQ Families: A Brief Cultural Competency Guide for Childbirth Educators and Doulas

Doing Our Part: The Surgeon General's Call to Action to Support Breastfeeding

First-Time Breastfeeding Mothers: Perceptions and Lived Experiences with Breastfeeding

<http://www.icea.org/sites/default/files/Summer%202011.pdf>

**Breastfeeding Today – La Leche League International**

- Issue 8 September 2011  
<http://viewer.zmags.com/publication/2d5231a6#/2d5231a6/1>
- Issue 9 September 2011  
<http://viewer.zmags.com/publication/6f0fd029#/6f0fd029/1>

**Neonatal Mortality Levels for 193 Countries in 2009 with Trends since 1990: A Systematic Analysis of Progress, Projections, and Priorities**

[http://www.healthynewbornnetwork.org/sites/default/files/resources/Oestergaard\\_PLoS.pdf](http://www.healthynewbornnetwork.org/sites/default/files/resources/Oestergaard_PLoS.pdf)

**The Chamber of Congress in Chile, South America, voted unanimously to extend maternity permission to 6 months postnatal**

<http://www.lanacion.cl/posnatal-voto-unanime-en-la-camara-para-la-extension-a-6-meses/noticias/2011-09-14/144505.html> The Citizen's Movement of the Extension for 6 months Postnatal is a network that brings together citizens and more than 48 social organizations, professionals, students, and others. <http://postnatal6meses.cl/>

**California Passes Groundbreaking Public Health Law Supporting Breastfeeding**

<http://www.emaxhealth.com/9744/california-passes-groundbreaking-public-health-law-supporting-breastfeeding>

**41. Announcements: Past and Future Events**

**13-17 July 2011:** ILCA (International Lactation Consultant Association) 2011 Conference, "*Raising the Bar – Enhancing Practices and Improving Health Outcomes*", San Diego, California, USA

<http://www.ilca.org/i4a/pages/index.cfm?pageid=3798>

**1-7 August 2011:** World Breastfeeding Week 2011 Theme: Talk to me! Breastfeeding - a 3D Experience. For further information see <http://www.worldbreastfeedingweek.org/>

**6 August 2011:** At 10:30am in venues across Oregon and Washington, nursing mothers will gather to celebrate World Breastfeeding Week and try to break the record for the most women breastfeeding simultaneously!

<http://www.biglatchon.org/1/archives/08-2011/1.html>

**24-30 September 2011:** Milk Sharing Week- Goal is to celebrate milk sharing and to promote human milk as the biologically normal nourishment for babies and children.

<http://www.worldmilksharingweek.org/p/home.html>

**1-7 October 2011:** World Breastfeeding Week in Canada

**9 October 2011:** Mother-to-Mother-Peer-Support (MMPS) members launch *Make Penang Breastfeeding Friendly State* campaign, 3.15pm to 5.00pm at the Straits Quay, Penang, Malaysia

**12 October 2011:** IBFAN's 32nd Anniversary

**16-20 October 2011:** World Breastfeeding Week celebration in France

**20-21 October 2011:** Australian Breastfeeding Association International Conference, *Step Up, Reach Out – developing an inclusive breastfeeding society*, Canberra, Australia

<http://www.breastfeeding.asn.au/news/2011.html>

**29-30 October 2011:** Regional Workshop on Respected Birth-*No a la Violencia Institucionalizada* (No to Institutionalized Violence), Costa Rica. For information, email: [rumba.lac@gmail.com](mailto:rumba.lac@gmail.com)

**3-6 November 2011:** Academy of Breastfeeding Medicine (ABM) Annual 16<sup>th</sup> International Meeting in Miami, Florida, USA, focuses on the most authoritative and up-to-date clinical information on breastfeeding, spanning both maternal and child health issues. A one-day course, "**What Every Physician Needs to Know About Breastfeeding**" will be offered. <http://www.bfmed.org/Meeting/ConfDetails.aspx>

**11-14 November 2011:** 1st National Seminar on Humanized Labour and Birth (I Seminário Nacional sobre Humanização do Parto e Nascimento), Rio de Janeiro, Brasil <http://www.rehuna.org.br/>

**11-17 November 2011:** National Breastfeeding Week in United Arab Emirates

**14 November 2011:** 1st National Conference on Father Group Leaders, Stockholm, Sweden. For further information email Peter Breife at [peter.breife@comhem.se](mailto:peter.breife@comhem.se)

**9-13 January 2012:** Healthy Children's 16th Annual Conference in Orlando, Florida. Pre-conference Workshops include Skills Lab: 1. Interpreting Non-Verbal Cues: Skin to Skin, Latch, and Communication Strategies 2. Assessing the Feeding: Infant Oral, Motor Challenges For more information about Healthy Children's Center for Breastfeeding, please visit at [www.healthychildren.cc](http://www.healthychildren.cc) or email at [info@healthychildren.cc](mailto:info@healthychildren.cc)

**9-14 January 2012:** 2<sup>nd</sup> Red Iberoamericana International Congress on Attachment (2<sup>o</sup> Congreso Internacional de Red Iberoamericana sobre Apego), Santiago de Chile, Chile. For further information, email [congresoria@udd.cl](mailto:congresoria@udd.cl)

**14 February 2012:** WABA celebrates its 21st anniversary

**23 February 2012:** Wellstart International celebrates its 26<sup>th</sup> Anniversary

**29- 30 March, 2012:** 7<sup>th</sup> Breastfeeding and Feminism Conference, Greensboro, North Carolina, USA, Carolina Breastfeeding Institute. For information contact Paige Hall Smith at [pmsmith@uncg.edu](mailto:pmsmith@uncg.edu) or see - [www.uncg.edu/hhs/cwhw](http://www.uncg.edu/hhs/cwhw) and <http://cgbi.sph.unc.edu/>

**21-22 April 2012:** Global Health & Innovation Conference 2012, Presented by Unite For Sight, 9<sup>th</sup> Annual Conference, Yale University, New Haven, Connecticut, USA <http://www.uniteforsight.org/conference>

**25 – 29 July 2012:** 2012 ILCA (International Lactation Consultant Association) Conference and Annual Meeting Call to Action: *New Perspectives in Human Lactation*, JW Marriott Orlando Grande Lakes Orlando, Florida, USA <http://ilca.omnicms.com/ilca/2012ILCA/collection.cgi>

### To Remember:

**Chris Mulford, LLL Leader, IBCLC, WABA Women and Task Force Second Coordinator and Author**

*Chris Mulford passed away on August 23, 2011 after suffering a stroke while hiking with her husband, George Mulford in Wyoming, USA. She leaves behind two children, Zoe and Toby.*

*Chris was a La Leche League Leader, among the first IBCLCs, International Board Certified Lactation Consultants (IBCLCs), the second coordinator for World Alliance for Breastfeeding Action Women and Work Task Force since the 1990s, served on the board of the International Lactation Consultant Association (ILCA) for 5 years and was on the International Advisory Council (IAC) of World Alliance for Breastfeeding (WABA) since 1997.*

<http://www.waba.org.my/news/chrism.htm>



Chris Mulford entered WABA's life in 1996 at the first WABA Global Forum in Bangkok and never left! It was Renee Hefti of ILCA, our very first long term international volunteer who spent several months in Penang in 1994 working to develop the WBW 1994 action folder on the Code, who introduced Chris to the WABA Secretariat team. Chris became a regular, long term volunteer for WABA involved particularly in writing and documentation of conferences, meetings and task force reports. Chris became the second Women and Work Task Force Coordinator after Penny van Esterik "passed the baton on" to her in the late 1990s. In this role, one of her major contributions included working with the Women Count Network to value women's reproductive work, particularly care work and breastfeeding, and linking them with WABA.



*July 2009 at the ILCA Conference*

Chris paved the way for the WABA-ILCA Fellowship by being an exemplar of a fellow, having spent several months each year in Penang volunteering at the WABA Secretariat almost annually. She would do in-house training among the staff, the local breastfeeding contacts, and also offered breastfeeding support to local mothers whenever the need arose.

Though Chris had come from the LLLI and ILCA traditions of mother support and lactation consulting, she quickly immersed herself into WABA's work and became a skillful advocate. She was a significant member of the lobbying team at the ILO conferences in 1999 and 2000 which helped to ensure that the new ILO Convention 183 on Maternity Protection (MP) recognised breastfeeding as a working woman's reproductive right and extended maternity leave from 12 to 14 weeks. Using her training ground at WABA on the MP issue, Chris continued to be a key advocate for MP in the USA and wherever she went; and continued to be instrumental in developing MP resources for ILCA and the WABA Task Force.

For those who knew Chris, it was easy to see that she was a repository of creativity, poetic writing, acting and song, among her other more professional talents. Chris was much loved by the WABA Secretariat and her many other social and professional networks. We will always remember Chris for her kindness, humour, hard work and sensitivity. Thank you Chris for giving so much to WABA and to the mothers and children worldwide!

*Sarah Amin, WABA Director, Malaysia*



*WABA representatives at Women Deliver June 2010 - pencils in hand!*

Chris was very committed to the breastfeeding promotion movement and worked very hard, paying a lot of attention to minute details in planning and organising workshops and meetings. I remember Chris as a very sensible, calm and patient person, even in times of extreme stress and crisis. She was good fun to be with and it was a pleasure to work with her. I have fond memories of the two of us working on WABA publications, such as Innovative Initiatives and Grinding Realities.

*Lakshmi Menon, India*

**H**ow wonderful that Chris has become such a meaningful link between ILCA and WABA, and that she thought of WABA in her memorial bequests. Her memory will be extra rich because of that. She contributed so much to both organisations, and only recently she helped me with the Women and Work chapter in the revised WHO Breastfeeding Counselling course.

*Felicity Savage, Chairperson, WABA steering Committee Chairperson*

#### Articles by Chris Mulford

- It's great to be a mammal <http://thisibelieve.org/essay/60358/>
- Attitudes Can Change: Supporting Mothers and Their Babies in Public Nursing [http://www.searchmothers.com/features/editorial\\_nursingbabies.php](http://www.searchmothers.com/features/editorial_nursingbabies.php)
- Is breastfeeding really invisible, or did the health care system just choose not to notice it? <http://www.biomedcentral.com/content/pdf/1746-4358-3-13.pdf>

#### 42. Readers Share

Dear Pushpa and Rebecca,

Hi! Greetings from BPNI (Breastfeeding Promotion Network of India) Maharashtra. It was nice to see the WABA E-newsletter and the work under the editorship of both of you. I still remember the golden moments during Malaysia Conference. Wishing you and the whole WABA team a bright success. I am also fond of writing. I love it. Give me an opportunity in future if I can help you in this noble cause.

*Dr. Alka Kuthe, Past President B.P.N.I Maharashtra, Gynaecologist, LL.B. IBCLC, Kuthe Hospital, Maharashtra, India*

From this year 2011, we have started forwarding your E-newsletter to some one thousand NGO leaderships, development activists, government officials, human rights activists, and private families working and living within Pakistan and world-wide for their use.

Below is a self-explanatory cover letter sent by us to the above audiences along with your unique newsletter.

**NOTE:** Our elder daughter Maha Neakakhtar (20 years old) [mahaneakakhtar@gmail.com](mailto:mahaneakakhtar@gmail.com) has decided recently to become an active member of the WABA Youth Initiative for Pakistan. Please guide and link her directly with this WABA Youth Working Group. Wishing you deep peace and endless joy wherever you are.

*Hidayatullah Neakakhtar & Amatul Wadood Nazli*  
Resource Centre for Development Alternatives

Subject: [The NGO World] **Share it with Pregnant, New Mothers and Breastfed Women**

Dear Change-Agent Friends,

Attached is one of the best existing e-newsletters in the world suitable especially for pregnant, new mothers and breastfeeding women. You can directly subscribe to this free e-newsletter of World Alliance for Breastfeeding Action and forward it to the above audience to support strong mother-child relationships.

You may please consider incorporating the concepts of these vital subjects of Breastfeeding and Infant & Young Child Feeding into your community oriented women programmes.

Together, turning concepts into action.

*Hidayatullah Neakakhtar*

Resource Centre for Development Alternatives

Faraz House, D-237, Ghazikot-Township, Mansehra 21300, Khyber-Pakhtunkhwa, Pakistan

Tel: 0997-303601 Email: ResourceCentre.Pakistan@gmail.com

Recently matrice (www.matrice.wordpress.com) did a research on the duration of breastfeeding among mothers of the matrice list. The result was published in our blog. I asked the mother who compiled this data, Ana Amorim to write an article for the newsletter. I think perhaps matrice could contribute more regularly, what do you think? How many texts a year would you need?

*Bjocas, Fabíola Cassab*

Mother, lawyer and activist

<http://fcassab.blogspot.com> [www.matrice.wordpress.com](http://www.matrice.wordpress.com) [www.ibfan.org.br](http://www.ibfan.org.br)

My name is Andreia Mortensen, a Brazilian mom living in the US and am also an advocate and promoter of breastfeeding on virtual sites for Brazilian mothers. I saw the WABA E-Newsletter in Portuguese -[http://www.waba.org.my/pdf/mstfnl\\_v8n3\\_por.pdf](http://www.waba.org.my/pdf/mstfnl_v8n3_por.pdf) and thought it was wonderful! I immediately thought of reproducing parts of it (always citing the source, of course) on the virtual communities for breastfeeding moms where I am moderator, mainly on orkut and Facebook. I imagine that your goal is that this information reaches a large number of mothers, but would like to ask for permission to reproduce the information on our virtual communities. Looking forward to hearing from you. Thank you.

*Andreia C. K. Mortensen*

Blog: <http://lucaseisabella.blogspot.com/>

Site Soluções para noites sem choro:

<http://solucoes.multiply.com>

Wonderful job! Today our virtual community has more than 1,500 mothers, including countries such as Portugal, Spain, Argentina, Chile, Peru and other Latin American countries. It would be a great honor to contribute to the dissemination and I want to say that our space is fully available. How do I do this?

*Simone de Carvalho,*

Masters in Educational Psychology from PUC, Sao Paulo, Brasil

Administrator of Virtual Community: "Aleitamento Materno Solidário (Breastfeeding Solidarity)" on Facebook

Official Site: <http://www.amsbrasil.com/>

Personal Blog: <http://www.paisexcelentes.blogspot.com>

Is it possible to share with other people this bulletin? Also, if you need any help translating documents into Portuguese, please count on me.

*Best, Bianca Balassiano Najm*

Consultoria em Amamentação, [www.possoamamentar.com.br](http://www.possoamamentar.com.br)

### 43. Submission of Articles and Next Issue

We welcome articles of interest for this newsletter which may be 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. We are interested in articles that support GIMS for Breastfeeding and that address support from fathers, children and grandparents.

The guidelines for contributing an article are as follows:

Up to, but not exceeding 250 words.

Name, Title, Address, 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.

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.

### 44. 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](mailto: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](mailto:pushpapanadam@yahoo.com) and Rebecca Magalhães [beckyann1939@yahoo.com](mailto:beckyann1939@yahoo.com)

### 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 entering its 9th 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

Please be informed that WABA has now changed its email address to the following:

1. General matters: [waba@waba.org.my](mailto:waba@waba.org.my)
2. Information & queries: [info@waba.org.my](mailto:info@waba.org.my)
3. World Breastfeeding Week: [wbw@waba.org.my](mailto:wbw@waba.org.my)

Website: [www.waba.org.my](http://www.waba.org.my)

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

*I believe breastfeeding is far more than a health issue. For me, it was a way to take care of myself and my babies, not just a way to feed them. It was an activity, a life stage, that shaped me as a person and permeated my relationships with my children, family, and friends.*

– Chris Mulford, February 2011