

Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION

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*Elissa Kiggins – Achieving our goals together for a healthy active start to life
WABA WBW Photo contest 2014*

“If we valued breastfeeding as the birthright of each new member of our species, we would not continue inventing new breast milk substitutes that encourage mothers to abandon breastfeeding. We would not continue to pollute the earth, water and sky, and in so doing increase the body burden of hazardous chemicals carried by mother and child. We would not treat as normative workplaces that expect and champion mother-baby separation after a few scant weeks of maternity leave. We would not accept broken circles of support as “just the way things are.” And we would not settle for a world that continues to sicken its entire population by devaluing, dishonoring, dismissing and degrading our own biological connection to the natural world.”

– Molly Remer in Breastfeeding as an ecofeminist

<http://pathwaystofamilywellness.org/The-Outer-Womb/breastfeeding-as-an-ecofeminist-issue.html>

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MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Breastfeeding Support Groups are Irreplaceable

Pushpa Panadam, WABA MSTF Co-Coordinator

Recently I have been receiving more calls than usual from mothers, fathers and even family members seeking breastfeeding help. Sometimes these mothers are still in the hospital. Others call when breastfeeding has become too painful and there is a delicate balance as to whether breastfeeding will continue any longer. These mothers, fathers and family members do not deny the importance of breastfeeding; they know all the benefits. Yet in practice, it is not going well. There seems to be a gap as these concerned parents and family members search for the needed help. It is a gap of capable and competent breastfeeding supporters at every level, from health professionals to community members.

But there is also another gap, an important gap of which parents and family members need to be aware. While breastfeeding information is readily available on the internet, SUPPORT is not. I keep hearing in my head the voice of Edwina Froelich, La Leche League International (LLL) Founder, when she spoke at the LLLI-WABA Summit in Chicago, USA, 2007, saying that mothers do not receive support from the internet. Not the kind of support a mother really needs.

How true...Mothers and fathers need support from the early days of pregnancy, through birth and after birth. While pregnant, mothers need to hear stories and experiences from other mothers, fathers, grandparents, not only for encouragement but to be confident in their body's ability to breastfeed their baby. Many young parents attend birth and breastfeeding courses during the pregnancy period, yet do not recognize the importance of participating in support group meetings.

Breastfeeding support groups enable active participation of mothers and fathers in a non-threatening atmosphere, an atmosphere of learning and sharing. Support groups are facilitated by trained counselors who have breastfed or are breastfeeding their own babies. Some of them have overcome challenges and want to help others to have an enjoyable breastfeeding experience.

Finding a support group may be easier than one thinks. You just need to click on WABA's E-map at <http://www.waba.org.my/whatwedo/gims/emap.htm> to find a support group close to you. For those who support breastfeeding, running a support group is an act of love. Invaluable time is set aside for these meetings, for the sole purpose of helping mothers embark on their own breastfeeding journey. It's a good possibility that the mothers who are helped, will want to help other mothers enjoy their breastfeeding experience.

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2. MSTF Update – The Indian Experience

Prashant Gangal, WABA MSTF Co-Coordinator

In this issue, WABA MSTF focuses on Mother Support in India.

Based on my experience over the last 25 years in India, in order to protect, promote and support breastfeeding, the following activities are important:

1. Develop human resources for lactation counselling and working with the Baby Friendly Hospital Initiative (BFHI) at governmental and private maternity homes, as well as at the grass root level with home visits after hospital discharge and for home delivery.
2. Counsel, help and support mothers on breastfeeding and complementary feeding at immunization clinics.

Developing these human resources can be modeled after the apprenticeship model used in the industrial sector, where learning-earning starts simultaneously, there is hands on training, and the learning period is about one year.

In India, the following programs are carried out:

1. Ongoing Support:

- A. For the past two years, lactation consultants and counselors from Mumbai have covered 7 private maternity hospitals;
- B. For the past 20 years, more than 50 maternity homes in Mumbai and the suburbs have received breastfeeding support;
- C. Home visits were initiated and established on a large scale two years ago;
- D. Continuing medical education (CME) for mother support counsellors was initiated 15 years ago that was conducted every week, until the past 3 months when it has gone to every alternate Thursday.

2. Outreach Programmes:

- A. For more than 5 years (until 2013), UNICEF supported breastfeeding counseling at peripheral maternity homes in Mumbai. In May, 2014, the Breastfeeding Promotion Network of India (BPNI) Maharashtra began supporting this project at 5 peripheral municipal maternity homes. Each month, hundreds of mothers receive breastfeeding counseling;
- B. Training in the states of Chattisgarh, where Level 1 training was completed with the addition of growth charts, nutrition in emergencies, hygiene, etc., as well as updated information on infant feeding in HIV positive mothers, maternal nutrition and several other areas and in Odisha, where 30 district 'Asha' managers were sensitized by Dr. Prashant Gangal in a one day training (8 hours) workshop facilitated by UNICEF Odisha. Ashas are government grassroot health care workers who support village mothers. In Odisha, there are 30 districts, a population of 44 million and 4 million children under the age of 5;
- C. Active participation in World Breastfeeding Week with an inaugural program of Mumbai, awareness drives for schools and colleges, and the translation of the WABA pamphlet in the local language, plus other activities;
- D. Lectures and activities at an individual level, including
 - 1) Dr. Bhagat and Dr. Gangal contributed chapters on breastfeeding management after normal and cesarean deliveries for a handbook to be published by the Federation of Obstetric and Gynaecological Societies of India (FOGSI);
 - 2) On August 20th, Dr. Gangal presented a 1½ hour lecture to postgraduate students and the faculty of the Community Medicine Department of Seth G.S. Medical College and K.E.M. Hospital (Mumbai);
 - 3) In June, Dr. Gangal sensitized more than 50 postgraduate students in Infant and Young Child Feeding (IYCF) at the College of Physicians and Surgeons;
 - 4) Sixteen postgraduate students from the Seth G.S. Medical College and K.E.M. Hospital (Mumbai) participated in a 2-6 hour session in Dr. Gangal's clinic on the WHO child growth standard, IYCF counseling and correlating feeding practices with the growth curve.

The MSTF might consider the idea of formatting a modus operandi for the goals stated in the beginning of this article.

Prashant Gangal WABA MSTF Co-Coordinator, MD, DCH, IBCLC, Practicing Pediatrician since 1990, Mother Support and Training Coordinator for BPNI Maharashtra since 1995
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Editors' Note: WHO Combined course on growth assessment and IYCF counselling is available at: <http://www.who.int/nutrition/publications/infantfeeding/9789241504812/en/>

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Photographing Life to Treasure Memories

Angel Kay Murphy, USA

All my life I have been collecting things and saving them because they reminded me of an experience I treasured. I have always enjoyed looking back and remembering what I was like at that time in my life.

When my daughters were born, I began to focus on taking pictures of them. I enjoyed taking pictures of life. Not just what we looked like then, but what we did; who we were at that moment. It was the ultimate form of a memory box! I was not just saving odds and ends, or trinkets to help me remember the things my daughters did, but it allowed me to capture who they were and how they lived life.

When I began to seriously pursue my passion for photography as a business, I wanted to focus on the things I enjoyed. I realized that capturing moments with my children was one of the most amazing things about being a photographer. I would always be able to look back and remember who we were. I knew that I wanted to bring that same joy to other mothers as well.

I was nervous about breastfeeding my first two daughters. I was worried what others would think, or what I would do if confronted by someone while in public. It wasn't until I developed my own support system of mothers that I realized that by breastfeeding I was giving my children the most I could. I want to make sure that other mothers are aware of the benefits of breastfeeding and that it is something that they will cherish forever.

When I was nursing my first two children it was not a very widely acceptable thing to do in public. When my third daughter was born I decided to use my photography to help change that! I have done multiple different shoots showcasing the beauty of breastfeeding to show women that breastfeeding is a natural choice! I hosted a day of free breastfeeding pictures to any nursing mom to document the special bond between a mother and child. I did a group shoot for Black Breastfeeding Awareness Week to demonstrate to African American women, who have the lowest nursing rates of all women, that nursing is a choice! I also have another group shoot scheduled for any and every nursing mom in any form, exclusively pumping, feeding with donor milk, feeding a toddler, a 5 year old, a newborn..... anyone and everyone can breastfeed and should be supported!



My breastfeeding photo sessions are meant to allow women a chance to capture those moments and preserve them forever. They are also meant to be an inspiration to other women who might be wondering if they should breastfeed, or if it is 'acceptable' to breastfeed. I want them to know that breastfeeding is natural, normal, and needed.



I hope that my work has allowed women to make the decision to pursue breastfeeding and to look for support because it is available! I hope they enjoy nursing their child, knowing that they are doing the most they can for that child. It can be very challenging to breastfeed without the help of others! Let's support each other and normalize breastfeeding!

Angel Kay Murphy, a photographer, runs Angel Murphy Photography, from Grovetown, Georgia, USA, is mother to Scarlette (7 yrs), Ruby (5 yrs), Ember (1 yr). She homeschools her children.

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4. Breastfeeding Seminar

Barbara Cameron, Argentina



On Friday June 6, 2014, from 9.00 to 16.00hs (9 am to 4 pm), Barbara Cameron, IBCLC (International Board Certified Lactation Consultant), from Buenos Aires, Argentina, was invited to speak on Breastfeeding in SUM (Sistema Unico Municipal de Salud or Unique Municipal Health System) of the "Tomas Ponsone" Municipal Hospital, Coronel Moldes, Cordoba, Argentina. This event was organized by the Group of Mothers for the Municipal Nursery "Juntos Por Los Niños" (Together for the Children) to celebrate their 20th Anniversary. This Group of Mothers carries out activities to strengthen and protect infant and maternal health in the community by promoting breastfeeding.

The seminar was held for the entire staff of the hospital, dispensaries, childcare staff, health care promoters, members of the breastfeeding support group, and the staff of other hospitals and dispensaries in the zone. Among those who were present were: doctors, nurses, radiologists, psychopedagogists, pharmacists, administrators, dentists, psychologists, members of early stimulation, technical staff and gynecologists.

The focus of the seminar was to affirm that the best and incomparable food for babies and children, including premature and low birth weight babies, is "HUMAN MILK." It contains all the nutrients in the right amount that is needed for the growth of the individual babies. In this way, the present generation of mothers and their babies is protected and nature is respected. Barbara, emphasized:

"Most of the difficulties that arise in breastfeeding, both emotionally and clinically, can be solved by active listening and with appropriate practical tools necessary in each case."

"Breastfeeding is the only way that we have in providing early equal opportunities for all children, irrespective of their socio-economic, racial and cultural conditions and where they are born."

The main objective was to train health personnel to continue working towards the accreditation of the municipal hospital as a Mother and Baby Friendly Hospital. The Municipal Government will adhere to and collaborate with all actions to promote health in every way for the good of the community. This Breastfeeding Day was declared a Municipal Interest by the Mayor of Coronel Moldes.

Barbara Cameron, IBCLC, mother to 3 sons, La Leche Leader in Argentina for 30 years.

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www.lactanciamaterna.com.ar

www.corenelmoldes.gove.ar

5. Working with One Mother, One Family at a Time

Effath Yasmin, India

It is a blessing when breastfeeding in many sections of the society increases thanks to efforts by BPNI (Breastfeeding promotion network of India), UNICEF and other social media network facilitated by mothers. However, my motivation is addressing the lack of adequate clinical and counseling support in today's society.



Five years ago I became a La Leche league Leader and started my face to face and Online Facebook breastfeeding support groups. In my face to face group, mothers needed to be encouraged to attend the monthly meetings in Mumbai, yet the online forum on Facebook grew to more than 1,000 members in just a few years. It was difficult to motivate mothers to not give up, but to continue breastfeeding. I realized that working with one mother at a time is the best.

Persistent effort to educate one mother at a time slowly gained momentum as more mothers became members of the online community. While I continued to enjoy helping mothers to continue breastfeeding, I realised some of the feeding issues needed advanced clinical skills, so I studied and became an IBCLC in 2011, continuing with my perspective of Working with One Mother, One Family at a Time.

As an IBCLC, I worked with complex feeding issues, such as non-latching babies, relactation, adoptive breastfeeding, inadequate milk supply and oral motor issues. However, due to my personal breastfeeding experience, I concentrated on babies with oral structural anomalies, such as tongue and lip ties. My biggest challenge and deepest satisfaction comes from empowering parents with information and helping them to be personally responsible to find support in terms of diagnoses and treatment in this area.

I created a support network, connecting my clients in cities in India to help them get educated about the conditions and implications of tongue/lip ties and experiences from other parents. Parents were provided with clinical support on surgery, post care and rehabilitation. To facilitate interaction and cross global learning in order to help the IBCLC community to provide global standards of care, I set up a Facebook group page "Ankyloglossia Professional Support Group (APSG)", with Jennifer Tow, an IBCLC who practices holistic lactation. This group of more than 1,000 members that includes IBCLCs, Pediatricians, Surgeons, dentists, CranioSacral Therapists, Speech Pathologists, and Myofacial Therapists, has live discussions about cases we are working on. The doctors and surgeons with whom I have worked to support affected babies form my support network. They are Dr Suchatan Pradhan, Dr Anurag Singh, Dr Kripa Johar and Dr Vipin. I am extremely grateful to them for being willing to hear, empathize and help.

It is heartwarming when mothers share their experiences of establishing breastfeeding after a long and tough road. Isha, a mother, shared:

"Yasmin, it is only because of you that today I am able to exclusively breastfeed my daughter. There were days when I used to dread nursing her because of the pain but now am a pro at breastfeeding. Aditya and I would like to thank you once again for always being so patient with us. No doctor could relate tongue tie to breastfeeding challenges. People kept telling me that being a mother is not easy and all these pains are normal and part and parcel of motherhood but I knew that this cannot be normal. That time you were the only one who understood what I was going through. We are very grateful to you. Thank You!"

Her baby was the youngest newborn at 12 days to undergo a tongue tie surgery. This is just one example of resoluteness and determination on the part of the many amazing parents with whom I am blessed to work. I feel a deep sense of gratitude in doing this work.

Effath Yasmin, MA, HDSE, LLL Leader, IBCLC, Certified Lactation Educator CLEC (USA), founder/Director of Nourish & Nurture Lactation Care and Parenting Education under which she provides private Clinical Lactation Care to pregnant and nursing mothers and holds parenting communication skills sessions for parents. You can contact her at consult@nourishandnurture.in Visit her website www.nourishandnurture.in

6. The « Café La Leche » Hanny Ghazi Saint-Cloud, France

My name is Hanny. I am an Anthropologist, born in Colombia and living in France with my husband and our two-year-old son. His birth radically changed our lives and today our mission in life is to spread the word about feeding our babies with human milk and treating them with the respect and dignity they deserve.



Apart from Spanish, I speak English, Hebrew and French. I decided that one way I could contribute to this mission is to make information on breastfeeding and gentle parenting available to Spanish-speaking mothers. It is wrongly assumed that everybody speaks English and has access to information. However, this is not the case. Millions of people are left behind and do not receive the message.

With this project, once a week I will post an article related to breastfeeding/gentle parenting that has been published in an international magazine dedicated to these topics. In this way I can also introduce these magazines to the readers of my page. Once a month I will publish the review of a book/documentary film related to these topics.

Finally, I want to share my personal thoughts in the form of a short blog, which will allow me to get feedback from the people visiting my page. I think that these ideas might be a start towards breaking the language barrier that impedes many mothers around the world from accessing the right information.

I agree with what James Akre says in his book « The Problem With Breastfeeding », most mothers want the best for their children (with few exceptions), if they took the wrong decisions (such as substituting their perfect breastmilk with an artificial milk coming from another species) it was because they did not have access to the right information .

When a mother on the street asks me why I am still breastfeeding my two-year-old son when (she believes) it is so much easier to just give him a bottle... I know she didn't have access to the right information. And I want that to change. So, are you ready for a cup of coffee with me?

Hanny Ghazi Saint-Cloud, France is the Founder of « Café La Leche »
Website: www.cafelaleche.fr Facebook page: <https://www.facebook.com/cafelaleche>

7. A Breastfeeding Centre Lecheymiel: An Innovative Model for Private Breastfeeding Care: Antonieta Hernández, Venezuela

Today mothers want and decide to breastfeed because they know that it is the best they can give to their babies. However, without adequate information, many of them start supplementing with formula. This stops the growth of the mammary glands which later regress. As a consequence, breastfeeding is stopped with a sense of failure on the part of the mother.



This is why **lecheymiel** exists. It is a specialised breastfeeding centre for support for mothers and families from gestation and exclusive breastfeeding to incorporating other foods into the infant's menu.

I am Antonieta Hernández, Venezuelan, doctor, pediatrician and specialist in Breastfeeding and Infant Food and Nutrition. After many years of working in my country for Breastfeeding in the public sector at the national level, and starting nongovernmental organizations (NGOS) for the Protection, Promotion and Support of Breastfeeding, I realized that middle to upper class mothers, working women, university students, professionals, and businesswomen were being neglected. So I started a private project, the only one at that time to meet the needs of these mothers and their children: a private company, a breastfeeding

center, a private place, dedicated to Breastfeeding Protection, Promotion and Support in Caracas, Venezuela.

The idea of working with and supporting this group of mothers who are in a good economic position, was to create a CRITICAL MASS which would serve as a MODEL for economically disadvantaged mothers, who would then realize that breastfeeding is not a question of the poor, the marginalized or of animals, but is a strategy for the wellbeing of their children.



In 1998, my five children and I decided to create a Private Care Center for Breastfeeding – **lecheymiel**. It is a family business constituted as a Limited Company where my children and I are members. We started in 2002 and as a business have many cases of Corporate Social Responsibility.

“Searching for a name for my Project, I found a passage in the Bible: “...and on that day, the mountains will drip with sweetness and the Hills will flow with milk and honey.” in reference to the Promised Land. It is the Land that I dream of where all mothers breastfeed, where the breast is a hill from which milk and honey flows, the sweetness of all who encircle that mother who breastfeeds. That was the name I selected...”

After 15 years of existence, a high proportion of the mothers who come to **lecheymiel** are pregnant, as if “it is the fashion” to breastfeed your baby. Many obstetricians refer mothers to **lecheymiel** and many pediatricians have also begun to refer mothers. The success of **lecheymiel** lies in part in how warm and welcoming the building and rooms are. The walls are painted in the colors of our logo and covered with photographs and paintings of breastfeeding mothers and babies from around the world. Many of the photographs are taken at **lecheymiel** and show different stages of breastfeeding. During our consultations and talks with mothers, we refer to and show mothers the models “on the wall.”

Since the logo has bees on the honey (miel) part of the name, we sometimes give out “pots of pure bee honey” to the mothers. Our clinic is unconventional and looks more like a house to meet where visitors feel comfortable. We offer them coffee, tea and cookies and the mothers are treated like family.

We have more than 7,000 clinical histories. Many of the stories are of families, of mothers who have had two or three breastfeeding children and were supported in **lecheymiel**. The only strategy used to promote **lecheymiel** is by word of mouth. Although we are permanently in the press, radio and television, mothers arrive because another WELL TREATED mother has recommended our clinic. However, a few years ago, financed by various patients, we printed brochures with information to give to every mother who arrived. Sometimes we sent these brochures to the offices of obstetricians and pediatricians.



Three years ago, we started producing a Calendar of beautiful images of **lecheymiel** mothers breastfeeding. My daughter and three daughters-in-law have modelled for the calendar many times as they practiced extended breastfeeding. The calendar demonstrates the beauty of mothers breastfeeding. We include photographs of babies of all ages, mothers of different ethnicities, prolonged breastfeeding and twins breastfeeding. These images are permanently on our webpage.

lecheymiel is present in social networks: web pages, Facebook, twitter, and Instagram, managed by my sons and my daughters-in-law from Caracas (Venezuela), and the USA where most of them live. Every year, usually in August (coinciding with World Breastfeeding Week), my children and I, as members of the Board of Directors of “**lecheymiel** Lactancia Materna C.A.”, meet in Caracas or in some city in the US to hold an Assembly to define new strategies and actions.

The success of *lecheymiel* lies in the mothers themselves. When a mother comes to the sessions and consultations, she realizes that what we tell her does happen. The strategy is to generate confidence, not to face difficulty. In the end, we speak about Mother Nature and how mother nature is not wrong.

I published a work entitled: MIS RECOMENDACIONES PEDIATRICAS (MY PEDIATRIC RECOMMENDATIONS) and it was published in the social networks by parts. Soon after this, the webpage and Facebook statistics increased. With the support of my son VJ and his wife, we filmed 10 videos of which 4 are permanently on the web.

Antonieta Hernandez, pediatrician, specialist in Infant Food and Nutrition and Breastfeeding. She is a mother to 5 breastfed children and grandmother to 6 grandchildren and one about to be born, founder of 5 NGOs for the Protection, Promotion and Support of Breastfeeding in Venezuela: Amamanta Venezuela, AVE_LAMA (Alianza Venezolana Pro Lactancia Materna), IBFAN Venezuela, WABA Venezuela, lecheymiel Private Breastfeeding Center. Member of WABA International Advisory Council, Member of Academy of Breastfeeding Medicine

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Editors' Note: Part 2 of this article will be published in V13N1

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

8. Breastfeeding a Decision to Succeed

Shyana Broughton, USA

I have been nursing for almost four years straight to see that written still amazes me. I am Shyana Broughton, mother of three. My children are Paul (9), Nyeelah (3), and Noah (1). I breastfed my first two children...and I am currently breastfeeding my little guy. He will be eighteen months on September 25th (2014). I am so amazed at the milk in my breasts that help my children to grow. I love watching them grow. I believe wholeheartedly that breastmilk is what keeps them healthy.

I have received unwanted feedback about breastfeeding. My mother did not breastfeed and asks when I will stop nursing. My mother is not alone in voicing her negative opinion. Truthfully, I have become much better at handling those persons who seem to be against breastfeeding. I have actually enjoyed breastfeeding so much that I began counseling new breastfeeding mothers. I love to see their children grow as well. I feel like I have helped introduce mom and baby to the best option there is.

Nursing has not always gone smoothly. I have nursed through sickness and pain. I have had thrush and mastitis at the same time, but knowing how I felt about formula, I continued to breastfeed despite the pain.

I am so thankful that I chose to breastfeed. I feel it has made me more aware of the decisions I make in other areas for my children. I feel that it is my duty to pass my story along.



Shyanna with her 3rd baby when he was a newborn.

Shyana Broughton, Breastfeeding Counselor at I Am My Own Boss, South Carolina, USA
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9. Breastfeeding twins – How Did We Get This Far?

Liz Thompson, USA

My twins, Opal and Liesl, are now 22 months old, and still breastfeeding. How did we get this far? With a strong support network, my availability to be home with the twins, and their enthusiasm for nursing.

Opal and Liesl were great at nursing from the beginning. They latched on and nursed under a blanket as I was being wheeled from the recovery room (they were born by C-section.) Opal and Liesl were born at 40-weeks, so they didn't have any issues that come with prematurity.

Not that the beginning was easy. I was unable to sleep in the hospital, and I couldn't move easily because of the surgery. I relied on my husband, family and the nurses to do all of the baby care except for breastfeeding. I nursed the babies as much as possible, but they still began to lose weight. We supplemented with a little bit of formula fed with an eyedropper.

I was committed to breastfeeding after reading "The Womanly Art of Breastfeeding" as well as other books. I relied on this commitment to get through the early days of painful nipples and absolute exhaustion. I was on a schedule of feed one baby, feed the next, then pump, and repeat every three hours around the clock. The process took about 1 ½ hours, so that didn't leave much of a break for me. Especially considering all of the food and water I needed to consume.

Helpful and loving people were all around me. My husband, Peter, my mom, my mother-in-law and many friends delivered food, brought me cookies and tea while I nursed, helped with countless loads of laundry, and cared for the baby that I wasn't nursing at the time. Soon, I stopped pumping and fed the babies on demand. The babies nursed very frequently. Since the twins were sharing my milk supply, they didn't get a lot of milk at each nursing session. At night, Peter and I slept with the twins in our bed. When one baby woke up, I quickly moved over to that baby's side of the bed and nursed her back to sleep, so the other twin would not be disturbed. Switching sides eight times a night was common.

My (breastfeeding) job was rigorous, but rewarding. I knew that when one of the twins was given to me, she would be comforted and stop crying. I was lucky to have people available to help me at all times. Several generous people who loved babies were "adopted" into our family to help with the twins.

I didn't have much time to myself, but I knew the twins were getting good care. The twins learned to be comfortable with other people for holding, comforting, playing and diaper-changing.

Did I mention that the twins refused to take bottles? We gave them bottles at around six weeks, but we didn't make a habit of it. When we tried bottles again after not using them for awhile, neither girl would have anything to do with them. As a result, the twins were exclusively breastfed for the first six months of their lives, except for supplementing in the beginning in the hospital. I don't know if I would have chosen this path, but it is something that I can be proud of now.

I work at home part-time as a graphic designer. When the twins were small, I would nurse and work on the computer at the same time. Sometimes I would think of ideas while I was sitting in a rocker with a baby. Working moms need help with the housework. My husband took over the cooking and meal planning. We hired someone to come to our home every two weeks to clean the floors and bathrooms.

The twins grew and began eating solid foods. They gradually moved into cribs between 9 months and 14 months. I experimented with getting up and rocking them in a chair when they woke up at night. I abandoned this route, because getting up made it hard for me to fall back to sleep. We returned to nursing in bed, which was a godsend for me. When a baby woke up, my husband would bring her to me, and also



Liz breastfeeding Liesl and Opal at the farm.

move her back to her crib when she was done. This helped me feel like I wasn't doing the job alone, and I was able to fall asleep more quickly in between wakings.

Teeth came in, and I had to teach the twins not to bite. Increasingly mobile babies used my body as a jungle gym. Standing, twisting, lifting one leg...it was like a yoga class on my lap. The girls showed no signs of losing interest in nursing. Quite the contrary, they were passionate about it! At one point, when I thought I couldn't continue with nursing, a friend gave me a pep talk. She said, "It doesn't get easier just because you aren't nursing." That kept me going, and there were times when I was so grateful to have nursing as a powerful tool – to help babies go to sleep, to travel more easily and to comfort an inconsolable toddler.

My mother nursed both my brother and me in the 1970s when it was not popular to do so. My mother-in-law was a La Leche League Leader. Many friends had breastfed their babies, and I had access to Lactation Consultants in the hospital and afterwards. The people around me supported breastfeeding, and I felt free to nurse the babies anywhere. I didn't try to isolate myself and nurse only in private places. It wouldn't have been possible! I nursed in public constantly. People either didn't notice or were very discreet. I never felt shunned or shamed. If I received any disapproving looks, I probably didn't notice – I had twins to feed!

At 22 months, the twins don't nurse at night, but they still nurse during the day. When I feel especially tired, I wish they were weaned. The other day, Opal said, "Mommy sad sore nipples." But I still have beautiful nursing moments every day – a toddler on my lap, contentedly snuggling and nursing as I soak in her warmth and the smell of her hair. That helps me with the crazy moments when two wild monsters are tandem nursing and fighting each other for "the good side."

One thing I did not expect was that I developed a bad case of post-partum insomnia. When the babies started sleeping longer at night, I couldn't fall asleep, often all night long. I have had a hard time getting medical help. Doctors don't seem to know a lot about how nursing affects a mother's body, or they don't take the problem seriously. I have chosen to take medication, even though it does go into the breast milk. The twins don't nurse for 6-8 hours after I take medication, and they do not seem affected by it. I would rather be medication-free, but I didn't want to wean the twins before it felt like the right time. Medication helps me be a functional person so I can care for the twins. I was screened many times for post-partum depression after the twins were born, but no one ever mentioned post-partum insomnia or anxiety. These are real problems as well, and I wish there was as much awareness about them as there is for post-partum depression.

I'm not sure how our nursing story will end. I will be sad for that chapter of their childhood to be over. Opal and Liesl are learning to be independent. They spend one day a week at their grandparents' house, and one morning a week at preschool. Soon it will be time to give up the breast as well. I have the satisfaction of knowing that I gave them more breast milk than I ever imagined I would. Nursing built my confidence as a mother. I feel very hopeful that the bonds we created through nursing will stay strong for a lifetime.

Liz Thompson lives in Minneapolis, Minnesota with her husband, Peter, and her twin girls, Opal and Liesl. Liz grew up in a small town in southern Minnesota and attended the University of Minnesota in Minneapolis. She got her degree in English and pursued a career in graphic design. Liz currently specializes in customizable stationery and invitations. In her spare time, Liz enjoys treating herself to vanilla ice cream topped with almonds and olive oil.

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

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

10. Breastfeeding - The Most Natural Thing in the World

Ian Morrison, UK

Our son, Zack, was born six weeks ago. He's our first and he's amazing. He's ours and he's happy and healthy and a joy to both of us. He's a breastfed baby, which for me is not remarkable and let me tell you why.

My mother is a Lactation Consultant and has been working with mothers and babies almost my entire life. For me, breastfeeding is just the way it's done. I've never personally considered that a child would be fed any other way. My partner, Zack's mom, has done brilliantly at it as well. I can't speak for her, but she's made it look so easy. The first few times and I'd say even the first few days there was a learning process. Mother and son were new to each other and figuring things out. I helped and encouraged where I could in regards to positioning and soft words (mostly for mom – Zack didn't really seem to know what I was getting at) but it really came down to the two of them and they were great. It is after all, THE most natural thing in the world.

Feeding aside, the first few days with a new baby are daunting. You're all so new to each other and there is no routine to fall back on. You can try to be prepared, but in the end your baby is going to be unique and a unique relationship has to be created. We were pretty diligent during those first few days and nights.

The focus of both our lives was seeing Zack through from one feed to the next, keeping an eye on the clock but not sticking to a perfect schedule. He did keep to fairly regular feeding though and I can't remember more than a few times when we looked at the clock and said "Maybe we should wake him? It's been a while since he ate." If he wanted to feed more often than needed, then he did. It was the long gaps between feeds which we were anxious about.

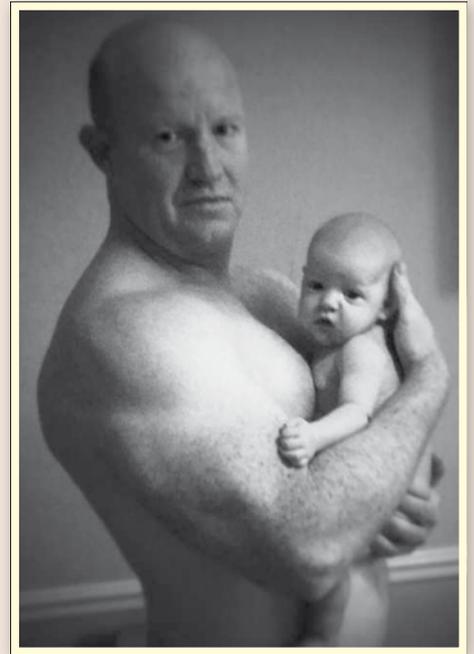
Now, six weeks later, Zack eats when he wants to. It's as simple as that. He makes a few lip smacking sounds, gets a bit fidgety and slightly bad tempered and that's mom's signal : - Food time! If she's not fast enough with his meal, he complains at first and then gets downright rude about it! So far he's never sent his food back though. In fact, most of the time he has seconds!

Zack sleeps in our bed. It works for all of us. We don't worry about him because we can see him at all times. He can feel our presence so he takes comfort from that and it's also easy to hear and see his signals which at this point are still mostly to do with wanting to be fed. When he's hungry, Mom simply scoops him up, props herself up on some pillows, offers him a breast, feeds him, puts him back down and goes back to sleep. The whole thing is so smooth that often I don't wake up and even when I do, it's a comfort rather than a disruption to watch mother and child doing their 'thing.'

That's pretty much the way it goes during the day as well. Zack feeds when he wants to which turns out to be quite regular: I don't even know the exact schedule because we don't do it that way. He's putting on weight, hitting all his growth targets, no health problems so far. He has good days where he's an angel and super cute and days where he's not so cute - just like a big person, but every day is a joy for us. It's going to be amazing to watch him grow and change.

Although I personally can't feed my son I don't feel that I'm missing out. There's no doubt that I've bonded with him in other ways. We play together already. I love just sitting and watching him. It's so interesting to see my expressions on his little face. He sleeps snuggled up against my chest at night. I bounce him on my lap and cuddle him. When he's hungry though, for now I hand him off to mom. As parents we have slightly different roles. Both roles are important and both are critical to giving Zack the best possible start in life.

This is just the way we're doing things. I don't actually know of any other way.



Ian and Zack.

Ian Morrison is a Systems Administrator originally from Harare, Zimbabwe and now living in Horsham, West Sussex. He loves motorcycles, guitar, cooking and hanging out with his family.

11. Supporting Liz in Breastfeeding our Twins

Peter Haakon Thompson, USA

Coming from a long line of La Leche League mothers, aunts and cousins, I was plenty familiar with the benefits of breastfeeding (or at least seeing it happen and hearing about it all the time). I knew Liz was interested in breastfeeding, but it's not until there are babies waiting to be born that the potential becomes a reality. She was doing tons of baby reading and I certainly wanted to support her, but was also slightly anxious about what I could do. After several baby classes including a breastfeeding one, it started to become clearer, or at least as clear as something you have never done before can be clear.

Some of the things I have done to support Liz in her amazing breastfeeding experience:

- My familiarity with breastfeeding made it easy for me to support her interest in breastfeeding from pregnancy on. Nursing twins is hard enough without having to convince some guy.
- Attending baby and breastfeeding classes together during pregnancy.
- After they were born, basically doing everything for the babies except nursing them.
- More of that when we returned from the hospital, also going together to all of our lactation consultant appointments to take notes and have another person there to take in all the info.
- In the early days assisting in getting them to latch well, helping tandem nursing by strategic pillow placement.
- Endless baby bouncing and holding so that Liz could nurse one at a time.
- Trying not to be too grumpy when waking up to bring a baby to nurse in the night.
- Doing pretty much all the meal planning, shopping and cooking for the first year. Having friends and family drop off meals those first few weeks was a total lifesaver.

As a father of twins, I have fortunately gotten to play a larger role in supporting breastfeeding than the typical singleton father. We joke that there is one baby for each of us, which is true! That has been great for me and a good thing to remember when I am occasionally jealous of the unique bond Liz shares with Opal and Liesl. My support was only one aspect of what has allowed us to survive and the babies to thrive, it is so much easier with a community of family and friends ready to add their support.

Peter Haakon Thompson is an artist based in Minneapolis, Minnesota whose primary mediums are participation, interaction and conversation. His works include, The A Project, Art Shanty Projects, Tent Services and most recently the Mobile Sign Shop a work designed to create name signs inspired by the cabin signs of Northern Minnesota for participants. He is the father of almost 2-year-old twin girls and in his spare time he plays table tennis.

12. The Wrong Way to Support Your Wife's Breastfeeding

John Kinnear

When my wife was pregnant with our daughter, there was one question that continually came up. "Do you plan on breastfeeding?"

In my pre-dad, super-excited-to-be-a-part-of-all-things-parenting mode, there were a few times towards the beginning when I hopped in and said, "Yes. Totally!" I realize now how silly I must have sounded answering a very personal, and gender specific, question for my wife. I obviously was not going to be breastfeeding our child, and that question was not really mine to answer. What I will say is that the breastfeeding question was generally asked within a series of "Are you" questions that did involve me. "Are you planning on putting her in day care? Are you set on a name yet? Are you excited to have a little girl?" Even though my wife was the one with the kid in her womb, we got used to answering these questions as a team.



*We joke that there is one baby for each of us,
which is true!*

(Photographer: Xavier Tavera)

My wife is a non-confrontational person. Instead of talking with me, she did what a non-confrontational person does when confronted with something, she internalized it and she worried. It wasn't until months later when, in the midst of me spouting off about how glad I was that "we" decided that she was going to breastfeed she quietly said, "I don't know if I want to breastfeed." I. Was. Shocked. I was flabbergasted. "But, we decided..."

"Actually, we didn't."

"But when we talked about..." And then reality came pouring in. We hadn't talked about it. I had assumed. I think the worst part of the whole situation was that even though I was the one who had overstepped, she was the one who was feeling guilty.

Next came a strange mix of emotions. I felt bad for assuming and I was disappointed that she might not breastfeed. I think the next thing I said went something like this: "I messed up. I assumed we were on the same page about this. I think you should breastfeed."

Here's what I REALLY should have said: "I messed up, and I made assumptions. I'm ready to listen."

We got there eventually (to me listening). It took a while of me explaining the benefits of breast milk (she already knew them), praising the other women in my life who had successfully breastfed (she had heard it before), and quoting every time in our relationship when she had mentioned the benefits of nursing (she remembered those too) before she was able to communicate to me, mostly with her eyes, that I was not the one whose input was missing from this conversation. My wife is a very patient woman. Eventually I just shut up and listened.

Here's what I heard.

She was nervous, but she was also a little grossed out by the idea -- which made her feel guilty. She was worried she couldn't do it, and she was feeling a ton of pressure that she had to or she would permanently hurt the baby. And she didn't want to disappoint me, because she really wanted to be a good mom... and then she started crying, and I started crying.

Then I said if she didn't want to breastfeed I would be totally OK with it. She said she knew that wasn't totally true, but appreciated me saying it. We danced like that for a bit and she suggested that we take a breastfeeding class together. The plan: She would consider my, the class's, her body's, and the baby's input and then make a decision as we got closer to having a mouth to feed. I would support her and love her no matter which decision she made.

The plan worked -- by empowering her to feel comfortable and happy with whatever decision she came to. The class was wonderful and informative. I kept my mouth shut and listened (not an easy task for me). She read a couple books, and when Duchess arrived she decided she wanted to breastfeed. It was really hard and frustrating at first. My first instinct was to cheer for her the way you would a tired athlete. "GO! YOU BREASTFEED THAT KID! WOOHOO!" But we had gotten better at communicating by then, and she told me what she needed. Whether it was a hug or small words of encouragement, a shoulder to cry on or some of those gel nipple pads, when she asked for it -- she got it.

Yes, I am proud of my wife's decision to breastfeed. It wasn't an easy task, especially when she went back to work and had to pump. I learned that being an active and involved father doesn't necessarily mean that I have a 50 percent share of every single decision -- especially ones that involve her body. She learned that if she looks at me long enough and slowly raises her left eyebrow I will eventually realize that I am rambling on and on and on. Joking aside -- she learned to talk more, I learned to listen more, and we met in the middle. Breast milk may be healthy for our kids, but I hope seeing us communicate like that will be healthy too.

Adapted from http://www.huffingtonpost.com/john-kinneer/the-wrong-way-to-support-your-wifes-breastfeeding_b_5663442.html

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
- Africa – Ray Maseko: maseko@realnet.co.sz
- South Asia – Qamar Naseem: bveins@hotmail.com
- Latin America & Caribbean – Arturo Arteaga Villaroel: arturoa36@hotmail.com

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

BREASTFEEDING ADVOCATES – New Directions

Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In **New Directions** we would like to honor MANY breastfeeding advocates. Please send 3-5 sentences (75 words or less) on the person you feel should be recognized for promoting, protecting and supporting breastfeeding. Longer articles are also welcome.

13. Tigers – Reflecting the Reality of Life

Patti Rundall, UK

Tigers is a 90-minute feature film by Oscar-winning Director Danis Tanovic, which will be on general release in 2015. It is already being well-received – and awarded – at festivals. It is based on the true story of former Nestlé salesman called Syed Aamir Raza, who took on the baby milk industry in Pakistan with the help of IBFAN after a doctor showed him that babies were dying as a result of aggressive marketing practices. *Tigers* is as relevant now as it has ever been.

I first heard of Aamir through the Network for Consumer Protection, the IBFAN group in Pakistan that helped him write his report called *Milking Profits* after he resigned from Nestlé. Aamir left Pakistan with the aim of launching *Milking Profits* internationally. He joined the IBFAN Code Training course in India before going to Germany and then on to the UK where he stayed for five months.

To have a Nestlé salesman – albeit an ex-salesman – stay in my home and come every day to our office – was one of the strangest experiences of my life. But what an opportunity to understand the practices I'd been trying to stop for two decades from the other side. It took a while for us to trust each other, but once we did we became firm friends.

I think Aamir began to understand what it meant to be part of the NGO world with the many speaking events in the UK, and especially perhaps when he gave evidence to the Ethical Trading Initiative. Nestlé Vice-President, Niels Christiansen, head of the company's anti-boycott team, walked in to give their side of the story and came up to shake my hand. Aamir just sat there not even looking up. This was not just his group brand manager, or his area brand manager – but the Head of Global Public Affairs for the whole company. And he didn't have to even acknowledge him. Fantastic!

We took Aamir to the World Health Assembly in Geneva where he met WHO Director General, Gro Harlem Brundtland. Then he left for Canada where he spent seven heartbreaking years apart from his family and struggling to get Canadian citizenship as it had become unsafe for him to return home.



*Patti is on the phone again. Aamir and his son Abbas looking at the announcement of Tiger's World Premiere with the actors representing them both in Variety magazine. (Toronto, 9th September)
Photo: Baby Milk Action.*

Meanwhile, back in the UK, soon after Aamir left, I got a call from a film producer called Andy Paterson who, together with scriptwriter Frank Cottrell-Boyce, wanted to make a movie of Aamir's story. (Frank's family had been Baby Milk Action members and boycott endorsers for years.)

We discussed how such a film could work. I told Andy about Aamir's account of coming home to find his wife Shafqat in the street – in her pyjamas and no shoes (a very shocking and shameful thing to do). Their son had fallen and had blood pouring from his head. It turned out to be nothing serious, but she was terrified.

Some months later he saw the same look of terror on the face of a mother. But this time her baby was about to die because she had been bottle-fed. This was the turning point in Aamir's life that changed everything. But would Aamir have noticed that look if he hadn't been a father? Up till that moment he was totally focused on hitting his sales targets with no thought to the consequences.

In 2006 Danis Tanovic, came on the scene. Andy and Danis went to Pakistan and saw the realities for themselves. The BBC investigated and confirmed that the problem was still happening. Danis and Andy resolved that they would never let this drop. How could they?

Throughout these long years when backer after backer ran away, I doubt that Aamir believed that the film would ever become a reality. There were too many false starts. Besides – when he met Andy for the first time he was wearing jeans and T-Shirt – not exactly bigshot film producer dress!

In January 2013 Prashita Choudhary came into the picture and agreed to fund the movie. Within weeks, shooting started in Patiala in India. I walked in on the scene where Aamir's character (in the film called Ayan) offers a nurse a bar of chocolate as he tries to extract information about the doctors he wants to target. I knew there and then that this was going to be an amazing film. Nothing under or over exaggerated and beautifully shot. Perfect. I just had to hug Danis. This little scene is still one of my favourites, watch for it.

Fast forward to September 2014. Aamir is on stage at *Tiger's* world premier in Toronto – revealed as the true Ayan to the first public audience. His stunned reaction to the spontaneous standing ovation was something I'll never forget.

I hope WABA members will help fill cinemas all over the world when *Tigers* goes on general release – and help reach people who would never watch a documentary or read a boring A4 report. *Tigers* (the movie) shows the hollowness of corporate promises and why strict regulation is the only way forward to end this cruel nonsense. For further information, screening dates and action to take, see: <http://www.babymilkaction.org/tigers>



Aamir in the middle - with his wife Shafqat, son Abbas and daughter Zara on the left next to Emraan Hashmi who plays him in the film. Bob Dechert MP, presenting Aamir with a certification of praise, and Danis Tanovic, Director of Tigers are on the right.

Patti Rundall trained as an artist and teacher and since 1980 has worked with the global network IBFAN (International Baby Food Action Network). She is currently the Co-Chair of its Global Council. She co-coordinates IBFAN's campaign to bring EU legislation in line with the International Code. She represents IACFO (International Association of Consumer Food Organizations) and IBFAN at Codex Alimentarius meetings (where global food safety, quality and labelling standards are set) and at the European Commission's Platform for Action on Diet and Physical Activity. In 2011 she helped found the Conflicts of Interest Coalition/Network at the UN General Assembly. Patti is a Trustee of Sustain, the alliance for better food and farming and the Secretariat of the Baby Feeding Law Group, an alliance of 23 UK health professional and mother support organisations.

Baby Milk Action has worked since 1980 to stop misleading marketing by the baby feeding industry. We work to bring in legally binding controls based WHA Resolutions, with the aim of protecting the rights of ALL parents – those who choose to use artificial feeding as well as those who breastfeed – to sound, evidence based and independent information about infant and young child feeding. We helped strengthen rules relating to the independence and transparency of the EU’s scientific advisory bodies and founded the Conflict of Interest Coalition.

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

NEWS FROM THE BREASTFEEDING WORLD

14. Breast Milk Banks In Brazil Slash Infant Mortality By Two-Thirds, Become Model For The World

Thirty years ago, poor Brazilian women were paid to give away their breastmilk, leaving their children at risk of malnourishment. Equipment at the few milk collection centers that existed was so costly it limited the country’s ability to expand the program’s reach. That has changed dramatically, thanks in part to João Aprigio Guerrade Almeida, a chemist who has turned the Brazilian Milk Bank Network into a model studied by other countries and credited with helping slash infant mortality by two thirds.

“Brazil is really the world leader in milk bank development,” said Dr. Lisa Hammer, a University of Michigan pediatrician who was part of a team visiting the Rio de Janeiro-based network last week.

Relatively rare in much of the world, donating breast milk is common in Brazil, where the network of banks works in much the same way as blood banks – testing, sorting and storing milk used mostly to feed premature infants in neo-natal units. When a mother is unable to breast-feed her baby, due to illness, drug addiction or other problems, the network steps in to offer free milk. Last year, it collected milk from some 150,000 women to nourish about 155,000 babies.

Reaching such success was not easy. Almeida recalled the trouble he saw on his first visit to a Rio milk bank in 1985, at the tail end of the country’s two-decade-long military dictatorship.

“What I saw frightened me,” he said. The system relied on “donations” from destitute mothers who often sold so much breast milk they were left without enough for their own infants.

Almeida lobbied for a ban on the sale of breast milk and sought alternatives to expensive imported equipment. High-end pasteurizing machines that cost \$25,000 were swapped for \$1,500 Brazilian-made machines used in food-testing laboratories. Jars made for mayonnaise or instant coffee were sterilized to store milk for freezing, replacing imported beaker tubes that had accounted for a whopping 89 percent of operating costs at Brazilian milk banks.

“We found ways of adapting the system to the reality of a developing country without compromising the quality and safety of the milk,” said Almeida, 57. “We also shifted the focus from the child to the mother, making her into the protagonist.” Brazilian women increasingly are choosing to nurse, with the Health Ministry estimating more than half of mothers now breast-feed exclusively for their children’s first six months of life. In the United States, that rate is 16.4 percent, according to the Centers for Disease Control, even though breast-feeding is widely seen as the best source of nutrition for infants.

Since 1985, Brazil’s infant mortality rate has plummeted from 63.2 per 1,000 births to 19.6 in 2013.

“For a small investment, we’re getting a huge return,” said Almeida. “We get better survival rates and overall health for babies that end up saving the health system money, and we get to reach out not only to mothers of premature babies, but all new mothers and teach them about breastfeeding.”

Public awareness campaigns feature the stars of prime-time soap operas urging new mothers to give milk. Toll-free hotlines and house calls by trained technicians teach would-be donors how to pump their breast milk, sterilize glass jars and keep the milk in home freezers. Home pick-up – by motorcycle messengers in some cities, firefighters, or even police officers in others – made donating easier and more widespread.

The network, with its 214 bank locations, is a rare success story in Brazil's strained public health system. It has helped set up similar programs in more than 15 Latin American and African nations, as well as in Spain and Portugal. The team visiting from the University of Michigan last week sought tips on setting up a bank at the university's hospital in Ann Arbor.

"There's a lot of government resources, marketing, advertising and money being put into promoting breast-feeding (in the US). But taking it to the next step and using donated human milk when mom's milk isn't available is not as widely known about or accepted," she said. "Here in Brazil, there's just so much awareness."

For the full article see: <http://latino.foxnews.com/latino/health/2014/09/04/brazil-breast-milk-banks-become-model-for-world/>
Published 4 September 2014

15. Paraguay Celebrates World Breastfeeding Week 2014 'Breastfeeding: A Winning Goal for Life': María de los Ángeles Acosta Faranda, Paraguay

The National Breastfeeding Programme by the Direction for the Integral Health of Children and Adolescents, Ministry of Public Health and Social Welfare of Paraguay, launched a series of activities to mark World Breastfeeding Week celebrations from the 1st to the 12th of August, 2014. The celebration started with the Campaign "**Dónalos, no los tires**" (Donate, do not throw) to collect glass containers with plastic covers for the Human Milk Bank. These containers are used for collecting, processing and storing the donated milk.

On 3rd of August, the First Edition of **Celebrating Life Breastfeeding** saw a gathering and registering of more than 100 breastfeeding mothers. The objective of the event was to restore a breastfeeding culture, where breastfeeding needs the support of an entire community. Parents, friends, siblings and grandparents were present on this day. On that occasion, thanks to "Photographers, Friends of Breastfeeding", we were able to capture the moment with not only a group photograph but also various snapshots of mothers and Paraguayan families. These photos now form part of the Photo Collection of the National Breastfeeding Programme. This event mobilized the main press medium of the country (written, digital, radio and television) and the event was featured on the cover page of one of the country's main newspapers. To date, the Facebook Fanpage, "Red Amamanta Paraguay" has exceeded 1,000 likes.



Celebrating Life Breastfeeding.



Breastfeeding Room in the Ministry of Health.

On Tuesday, 4th of August 2014, there was a seminar, “**Breastfeeding and Work**” for breastfeeding mothers and the staff of the Ministry departments. The topics discussed were the use of a breastfeeding room, extraction, conservation and transport of human milk, nutrition of the breastfeeding mother and raising children.

The main celebration for World Breastfeeding Week “Breastfeeding: A Winning Goal for Life”, was held on Wednesday, 5th of August. The official act was in the presence of the Minister of Health, Vice Minister of Health and the authorities from the Ministry as well as other authorities such as the Minister of Education, the Minister for the Secretariat for Children and Adolescents and International Organizations. At that event, a Resolution was presented, approving the Guidelines for a Breastfeeding Room for Public, Private Institutions and Businesses followed by the rehabilitation of the Breastfeeding Room in the Ministry of Health. Two important private companies (Telefonica Mobil TIGO and Banco ITAU) have joined this initiative and enabled Breastfeeding Rooms for their employees.



International Breastfeeding Conference with Dr. Carlos Gonzalez as the main speaker.

Finally on the 11th and 12th of August, an **International Breastfeeding Conference** was held where Dr. Carlos González, a Spanish pediatrician, breastfeeding advocate, and author of successful books on the care of children and breastfeeding – *Mi Niño No Me Come* (My Child Won’t Eat), *Bésame Mucho* (Kiss Me), *Un Regalo por Toda la Vida* (A Gift for Life) among others, was the main speaker. The conference was attended by health professionals of the MSPBS, pediatricians of the Paraguayan Pediatric Society and students, pediatric residents and doctors of the Faculty of Medicine of the National University of Asunción.

The experience of organizing World Breastfeeding Week activities for Paraguay taught us a lot and gave us the certainty that once able to take action, organizing World Breastfeeding Week goes forth on its own.

María de los Ángeles Acosta Faranda, Nutricionist, Coordinator of the National Breastfeeding Program of the Ministry of Public Health and Social Welfare.
 Email: mara.acostafaranda@gmail.com

16. California to Require Breastfeeding Rooms at Airports **Melanie Mayo-Laakso, USA**

California governor Jerry Brown has signed a bill that will require the state’s major airports to provide a breastfeeding room for mothers by 2016. The bill details that the rooms must be private and include a chair and electrical outlet for pumps—while those in newly built terminals will also be required to have a sink. No mention is made about whether multiple accommodations will be required for busier terminals.

The bill, which was recently introduced by Democratic Assemblywoman Bonnie Lowenthal, states:

- (a) On or before January 1, 2016, the airport manager of an airport operated by a city, county, city and county, or airport district that conducts commercial operations and that has more than one million enplanements a year shall provide a room or other location at each airport terminal behind the airport security screening area for members of the public to express breast milk in private that meets both of the following conditions:
- 1) Includes, at a minimum, a chair and an electrical outlet.
 - 2) Is located outside of the confines of a public restroom.

 See more at: <http://www.mothering.com/articles/california-require-breastfeeding-rooms-airports/#sthash.ObTWgT7f.dpuf>

17. Impact of Peer Counselors on Breastfeeding Outcomes in a Nondelivery

NICU Setting: Oza-Frank R, Bhatia A, Smith C.

Purpose: Although the independent effects of lactation consultants and peer counselors have been shown to improve breastfeeding outcomes, the joint effects have yet to be considered, particularly in the neonatal intensive care unit (NICU) in nondelivery hospitals. Therefore, the objective of this study was to assess the effect of lactation staff type on breastfeeding outcomes during hospital stay after the addition of peer counselors to a NICU lactation program.

Subjects: A total of 596 mother-infant pairs admitted to Nationwide Children's Hospital, Columbus, Ohio, pre- and postlactation program expansion.

Design: A descriptive pre-/post test study as conducted.

Main Outcome Measures: Differences in provision of any maternal breast milk, exclusive breast milk, or direct breastfeeding during NICU stay and at discharge were evaluated pre and postprogram implementation. Logistic regression was used to determine associations between lactation staff type and each outcome during hospital stay.

Results: Infants receiving any breast milk during NICU stay increased from baseline to postprogram year 1 (63% vs 73%; $P=0.03$). Direct breastfeeding increased from baseline to postprogram year 4 (42% vs 53%; $P=0.03$). Mothers seen by only peer counselors were less likely to provide any breast milk at discharge, provide exclusive breast milk during stay or discharge, to be direct breastfeeding during stay or at discharge compared with mothers seen by both peer counselors and lactation consultants.

Conclusions: NICU lactation programs should consider including both peer counselors and lactation consultants to improve breastfeeding outcomes during hospital stay.

1 Nationwide Children's Hospital, Columbus, Ohio (Drs Oza-Frank and Ms Smith); Department of Pediatrics, The Ohio State University, Columbus (Dr Oza-Frank); and Northeast Ohio Medical University, Rootstown (Ms Bhatia).

<http://www.ncbi.nlm.nih.gov/pubmed/25000101>

18. Secretory antibodies in breast milk promote long-term intestinal homeostasis by regulating the gut microbiota and host gene expression:

Eric W. Rogiera, Aubrey L. Frantza, Maria E. C. Brunoa, Leia Wedlunda, Donald A. Cohena, Arnold J. Strombergb, and Charlotte S. Kaetzela

Maintenance of intestinal homeostasis requires a healthy relationship between the commensal gut microbiota and the host immune system. Breast milk supplies the first source of antigen-specific immune protection in the gastrointestinal tract of suckling mammals, in the form of secretory IgA (SIgA). SIgA is transported across glandular and mucosal epithelial cells into external secretions by the polymeric Ig receptor (pIgR). Here, a breeding scheme with polymeric Ig receptor-sufficient and -deficient mice was used to study the effects of breast milk-derived SIgA on development of the gut microbiota and host intestinal immunity. Early exposure to maternal SIgA prevented the translocation of aerobic bacteria from the neonatal gut into draining lymph nodes, including the opportunistic pathogen *Ochrobactrum anthropi*. By the age of weaning, mice that received maternal SIgA in breast milk had a significantly different gut microbiota from mice that did not receive SIgA, and these differences were magnified when the mice reached adulthood. Early exposure to SIgA in breast milk resulted in a pattern of intestinal epithelial cell gene expression in adult mice that differed from that of mice that were not exposed to passive SIgA, including genes associated with intestinal inflammatory diseases in humans. Maternal SIgA was also found to ameliorate colonic damage caused by the epithelial-disrupting agent dextran sulfate sodium. These findings reveal unique mechanisms through which SIgA in breast milk may promote lifelong intestinal homeostasis, and provide additional evidence for the benefits of breastfeeding.

Proceedings of the National Academy of Sciences of the United States of America
<http://www.pnas.org/content/111/8/3074.short>

19. Black Breastfeeding Week

Black Breastfeeding Week (BBW) is celebrated from August 25-31. BBW was created because for over 40 years there has been a gaping racial disparity in breastfeeding rates. The most recent CDC (Centers for Disease Control/USA) data show that 75% of white women have ever breastfed versus 58.9% of black women. The fact that racial disparity in initiation and an even bigger one for duration has lingered for so long is reason enough to take seven days to focus on the issue, but here are a few more:

1. The high black infant mortality rate: Black babies are dying at twice the rate (in some places, nearly triple) of white babies. According to the CDC, increased breastfeeding among black women could decrease infant mortality rates by as much as 50%.
2. High rates of diet-related disease: When you look at all the health conditions that breast milk – as the most complete “first food,” has been proven to reduce the risks of – African American children have them the most. From upper respiratory infections and Type II diabetes to asthma, Sudden Infant Death Syndrome and childhood obesity – these issues are rampant in the black communities. And breast milk is the best preventative medicine nature provides.
3. Lack of diversity in lactation field: It is not debatable that breastfeeding advocacy is white female-led. For one, it unfortunately perpetuates the common misconception that black women don’t breastfeed. It also means that many of the lactation professionals, though well-intentioned, are not culturally competent, sensitive or relevant enough to properly deal with African American moms. This is a week to discuss the lack of diversity among the support community and to change our narrative. A time to highlight, celebrate and showcase the breastfeeding champions in our community who are often invisible and to make sure that breastfeeding leadership also reflects the same parity we seek among women who breastfeed.
4. Unique cultural barriers among black women: While many of the “booby traps”™ to breastfeeding are universal, Black women also have unique cultural barriers and a complex history connected to breastfeeding. From our role as wet nurses in slavery being forced to breastfeed and nurture the children of our slave owners often to the detriment of our children, to the lack of mainstream role models and multi-generational support, to our own stereotyping within our community – we have a different dialogue around breastfeeding and it needs special attention.
5. Desert-Like Conditions in Our Communities: Many African American communities are “first food deserts” – it’s a term I coined to describe the desert like conditions in many urban areas I visited where women cannot access support for the best first food-breast milk. It is not fair to ask women, any woman, to breastfeed when she lives in a community that is devoid of support. It is a set up for failure.

The above was slightly adapted from a post by Kimberly Seals Allers.

Please check this site for more information on Black Breastfeeding Week.

<http://blackbreastfeedingweek.org/why-we-need-black-breastfeeding-week/>

20. Lingual Frenotomy for Breastfeeding Difficulties: A Prospective Follow-Up Study

Introduction: Breastfeeding difficulties are sometimes attributable to tongue-tie with short-term relief after frenotomy. Limited follow-up is available, and predictors for unsuccessful frenotomy have not yet been found.

Patients and Methods: We recruited 264 mother–infant dyads who underwent lingual frenotomy for breastfeeding difficulties. Data regarding the indications, anatomy of the tongue, and the response of the infant were noted by the physician. Mothers were contacted by telephone at 2 weeks, 3 months, and 6 months after frenotomy to answer a questionnaire.

Results: Two weeks after frenotomy, 89% of mothers were still breastfeeding. An improvement in breastfeeding was reported by three-quarters of the mothers, but, unexpectedly, 3% reported worsening. At three and six months after the procedure, 68% and 56% of mothers were still breastfeeding, respectively. We could not find any predictor to indicate those infants in whom breastfeeding would not improve.

Conclusions: There are favorable long-term effects of frenotomy on breastfeeding. Lingual frenotomy does not always alleviate breastfeeding difficulties, and rarely worsening ensues. We could not find any predictor for successful breastfeeding after frenotomy. We speculate that because the procedure is minor, in the event of breastfeeding difficulties, lingual frenotomy should be considered as an effective tool to assist in long-term breastfeeding.

To cite this article:

DollbergShaul, MaromRonella, and BotzerEyal. Breastfeeding Medicine. July/August 2014, 9(6): 286-289. doi:10.1089/bfm.2014.0010. Published Volume: 9 Issue 6: 26 June 2014
<http://online.liebertpub.com/doi/full/10.1089/bfm.2014.0010>

21. Role of the American College of Obstetricians and Gynecologists in Supporting and Encouraging Breastfeeding – Obstetricians and Gynecologists association strongly supports breastfeeding

In an article in Breastfeeding Medicine, Mark S. DeFrancesco, MD, FACOG, president-elect of the American College of Obstetricians and Gynecologists (ACOG), outlines the mounting evidence regarding the value of breastfeeding. He included that, after discharge from the hospital, women should look to their OB/GYNs for advice and encouragement as well as suggestions of community resources available to support breastfeeding efforts. He said ACOG members are increasingly interested in the topic of breastfeeding and the college will continue to offer educational programs at its clinical and scientific meetings to inform clinicians about the latest research.

Role of the American College of Obstetricians and Gynecologists in Supporting and Encouraging Breastfeeding is available for download at: <http://online.liebertpub.com/doi/pdf/10.1089/bfm.2014.0069>

BREASTFEEDING RESOURCES

22. Hebatnya Susu Ibu!

Rita Rahyu, Malaysia

Wonder what the hype is all about on Breastmilk & breastfeeding? Did you know that breastmilk is really a miraculous thing? Written by a board certified lactation consultant (IBCLC) this book in the Malay Language, provides you with evidence based facts about breastfeeding compared to formula feeding. This colourful, easy to read format book contains excellent illustrations and pictures as well. It covers subjects such as tips on how to continue breastfeeding & working, breastfeeding after a cesarean, during illnesses, premature babies, breastfeeding challenges, extending nursing, breastmilk storage and much more which are all explained in layman's terms. There are also 6 stories shared by mothers which are truly inspiring.



Dato' Dr. Musa Mohd. Nordin Professor of Paediatrics Consultant Paediatrican & Neonatologist, Damansara Specialist Hospital:

"Rita writes this book with much love and passion in her triple advocacy role as a woman, a mother and a lactation consultant. She not only presents the science of breastfeeding but more importantly describes with much finesse and simplicity the art of breastfeeding. This is yet another invaluable contribution to the resurrection in the numbers of breastfeeding infants, empowering women and giving babies the best possible start in life. This noble initiative synchronises well with the various collaborative and international efforts, including the "Ten Steps to Successful Breastfeeding" of the Baby Friendly Hospital Initiative to protect, promote and support breastfeeding".

Rita Rahyu, is a mother of 4, CEO of Nurturing Concepts Sdn Bhd. An International Board Certified Lactation Consultant (IBCLC), she is currently a member of the International Lactation Consultants Association (ILCA), Lactation Advisors and Consultants Association in Malaysia, the Australian Breastfeeding Association (ABA) and the Malaysian Breastfeeding Peer Counselors (MPFPC). Since 2001, Rita has been helping nursing mothers and those with nursing difficulties to successfully breastfeed. She also answers breastfeeding related questions for the Ruangan Laktasi Column in PaMa Magazine (Malaysia's No #1 Parenting Magazine with a monthly circulation of 80,000 copies). A columnist for the "Ask the Experts" section of the Babytalk Magazine, she writes and edits articles on Breastfeeding for various magazines and books and has appeared frequently on television and radio to talk about breastfeeding.

23. The Black Woman's Guide to Breastfeeding

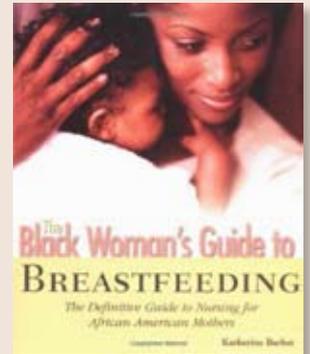
Kathi Barber, USA

Kathi Barber's **The Black Woman's Guide to Breastfeeding** (2005) is a guide that addresses the unique economic and social issues of black women while showing them why and how to breastfeed their children.

African American infants are twice as likely to die before their first birthday compared to white infants, have the highest rate of asthma of any race and have a 35 percent higher prevalence of childhood obesity than white children. African American women are 2.2 times more likely to die from breast cancer and 30 percent more likely to die from ovarian cancer than white women.

All of these health crises can be remedied to some degree with breastfeeding, but virtually all breastfeeding literature on the market fails to speak to the financial, educational and cultural realities of many African American women. The Black Woman's Guide to Breastfeeding addresses the importance of breastfeeding in the African American community and provides all the practical advice African American mothers need to succeed at breastfeeding.

http://www.amazon.com/The-Black-Womans-Guide-Breastfeeding/dp/1402203454/ref=pd_sim_b_1?ie=UTF8&refRID=07FDGD3H81WF3R1367CA



24. Lactation Management: Strategies for Working with African-American Moms

Kathi Barber, USA

Katherine Barber, founder of the African American Breastfeeding Alliance and author of *The Black Woman's Guide to Breastfeeding*, shares her experience and knowledge in **Lactation Management: Strategies for Working with African-American Moms**. Designed for health professionals, Barber discusses: The lower rate of breastfeeding and how prevalent diseases in the African-American community could be impacted by increased breastfeeding rates. The history of African women brought to America and how slavery has impacted breastfeeding in this population poses barriers to breastfeeding for the African-American mother. She then describes how to: Successfully communicate with and counsel your African-American clients. Help African-American mothers return to work and continue to breastfeed. Reach out to the African-American community to get their help in supporting breastfeeding mothers. This book is a must-read for everyone working with African-American pregnant and breastfeeding mothers.



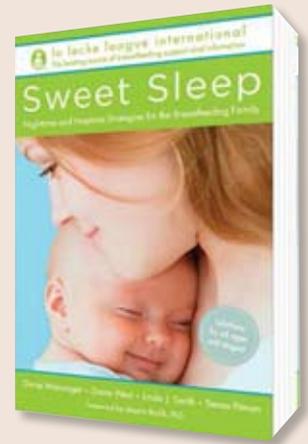
http://www.amazon.com/Lactation-Management-Strategies-Working-African-American/dp/1939847354/ref=la_B001JS1XL2_1_1?s=books&ie=UTF8&qid=1410881884&sr=1-1

25. Sweet Sleep- Nighttime and Naptime Strategies for the Breastfeeding Families

La Leche League International

Sweet Sleep is the first and most complete book on nights and naps for breastfeeding families. It's mother-wisdom, reassurance, and a how-to guide for making sane and safe decisions on how and where your family sleeps, backed by the latest research.

- Sleep better tonight in under ten minutes with the Quick Start guide;
- Sleep safer every night with the Safe Sleep Seven;
- Sort out the facts and fictions of bedsharing, SIDS, and suffocation;
- Learn about normal sleep at every age and stage, from newborn to new parent;
- Gentle your baby toward longer sleep when he's ready;
- Tailor your approach to your baby's temperament;
- Uncover the hidden costs of sleep training;
- Navigate naps at home and daycare;
- Handle criticism from family, friends, and physicians;
- Enjoy stories and tips from mothers like you; and
- Make the safest sleep decisions for your family and your life

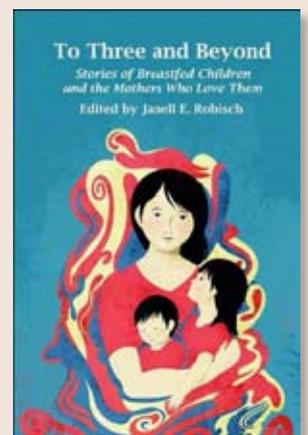


For further information see <http://store.lli.org/public/profile/876>

26. To Three and Beyond – Stories of Breastfed Children and the Mothers Who Love Them: Janell E. Robisch, USA

In the early years of parenting, mothers spend countless hours considering the best ways to raise their children to be happy and healthy. One of the first decisions they make is how to feed their babies. Once a mother has chosen to breastfeed, it may seem like that decision is all that is needed, but the question of how long to breastfeed a child is laced with controversy and conflict in society. It is rare to see a child nursing to 6 months, let alone into toddlerhood. What about children that are nursed past toddlerhood, children that are nursed to their third birthday and sometimes far beyond? What brings a mother to decide to continue breastfeeding for so long past the societal norm?

Children who breastfeed past their third birthday certainly exist. There are probably many more – even just in your own community – than you realize, but why don't we see these nursing children more?



In this collection of stories from mothers all over the world and from many walks of life, Janell E. Robisch takes you on an exploration of the reasons, joys, and challenges of full-term nursing from the perspective of the very mothers who have been there, done that.

<http://stores.praeclaruspress.com/to-three-and-beyond-stories-of-breastfed-children-and-the-mothers-who-love-them/>

27. Center for Disease Control (CDC), USA releases breastfeeding “report card” with state-by-state comparisons

The Centers for Disease Control and Prevention has released the 2014 Breastfeeding Report Card, which includes information on breastfeeding practices and support systems across the U.S. Breastfeeding rates are provided as a percentage of total births by state – for example Vermont is the top state for exclusive breastfeeding at three months with 60.5 percent of infants. The report also features breastfeeding support indicators in each state, including the percentage of births at Baby-Friendly Facilities, an accreditation that recognizes hospitals and birth centers that offer an optimal level of care for lactation. The Baby-Friendly initiative is sponsored by the World Health Organization and the United Nations Children's Fund. <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

28. Breastfeeding Today – La Leche League International

Breastfeeding Today is a La Leche League International magazine. Issue 25 September 2014 includes the following:

- The Safe Sleep Seven
- Mom to Mom: My Baby Bites!
- Mothers' Stories
- Book Review – Dr. Jack Newman's Breastfeeding Guide, Revised Edition
- Cluster Feeding

The pdf is available at <http://viewer.zmags.com/publication/b1adc42a#/b1adc42a/1> or you can order the hard copy. To contribute to the magazine, please email Barbara Higham at editorbt@lilli.org

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.

29. Interviewing My Children

Sabrina Sunderraj, Malaysia

Sabrina writes: I asked my daughters what they thought about breastfeeding and if it is good for them and for babies and why.

Alisha, six years old: "I think I liked Nu Nu (breastfeeding) because I can be close to mama. I think nu nu is good for all babies because it is from mama, mama gives love and makes their baby feel all cosy and cute." She got all cuddly and hugged and kissed me and said: "I love my mama. Thank you."

Atikah, four years old: "I love Nammi Nammi (breastfeeding) because it's yummy yummy from my mummy mummy!" Then she had a good laugh and jumped about and asked if she could breastfeed again, then she said she can't remember how to and was sad she can't breastfeed again... some sobs later Atikah was jumping around again.

To the question, "Is breastfeeding good for all babies?" her reply was: "Yes (head nod), because that's what babies do, they know it's good... yummy yummy nammi nammi."

Sabrina Sunderraj, Mother to Alisha and Atikah, Anthropologist, Research Consultant and Core Mother at MMPS, Penang, Malaysia.

30. Breastfeeding is Best for Mother and Baby

Vibhushan Muthuramu, Malaysia

Breastfeeding is the best for the mother and baby. Breastfeeding is natural and everyone can breastfeed. No matter any problem arises between the mother and the baby, breastfeeding is still possible. Breastfeeding gives strength, antibodies and love to the baby. It is the best food for the baby. But the most important thing in breastfeeding is to save the babies' lives. Many mothers give formula milk without thinking about their babies' health and future. Only those who realize, choose to breastfeed.

I am also a breastfed child. I was a fat, cute and chubby baby. I thank my mum for it. I was famous too. My weight was 8kg at six months. I was so heavy my mum can't carry me too long. I wish that I can be a baby again and drink milk from my mum. Love her so much.

Vibhushan Muthuramu (9 years old)
Penang Malaysia

31. I still wish I did but I promised

Savitthran Muthuramu, Malaysia

I was breastfed for almost six years. Now I have stopped. I love my mum so much for breastfeeding me and making me a strong boy. I want to hug her, I want to kiss her. She is my angel.

Do you know that breastfeeding makes your baby healthy, smart and strong? Like me! I regret stopping to drink milk from my mum. I should have stopped at seven years old but now I can't change it because I promised to do so. My mum is a great person.

My message to all mums is do not give formula even a sip to your baby. It is not good. Breastfeeding is important for health. I don't want to see in television any formula milk advertisement and I want to see all mums to breastfeed their babies.

Savitthran Muthuramu (six years)

M. Vibhushan (nine years) and M. Savitthran (six years) are sons of Vasumathi Muthuramu. Both of them were breastfed for more than two years. Vasumathi is a Certified Breastfeeding Peer Counselor and a Core Mother of Mother to Mother Peer Support (MMPS) in Penang, Malaysia.

GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

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. Grandmothers share their stories how they support their families welcoming their youngest member.

32. The Joys of Being a Grandmother

Pamela Morrison, UK

My husband and three sons have been the light of my life. I so enjoyed being a mother that I managed to make a career of it, becoming a La Leche League Leader a few months before my "babies" turned 10 and 5 respectively and then certifying as an IBCLC just a few years later, in 1990. Now that my eldest son has just become a father, my further long-held ambition to become a grandmother has finally come true.

Baby Zack arrived seven weeks ago. As a grandmother it has been an absolute joy to be a part of an expanding family with a tiny new grandson. As an IBCLC, having been privy to over 3,000 mother and mother-in-law stories, both good and bad, I hoped I had learned the difference between what might be helpful to new parents and what pitfalls to avoid.

Luckily, I've been allowed to share in my son's partner's pregnancy highlights, to hear about her antenatal visits, her worries and satisfactions with the care she's received before, during and after the birth, and how she feels about the day-to-day details of being my grandson's mother.

When you've worked with many babies with problems, then sometimes you know too much. Is he jaundiced? Is he "getting enough?" It's so important that everything should be perfect. To be called to help with strategies for latching your 6-hour old grandson is something unique. To watch again the miracle of cue and response as mother and baby learn together, especially when they're family, is a special treat. Sometimes it has been challenging to remember, first and foremost, that this is my grandson, and to resist writing up my notes, as I would with a client. But finally I'm starting to relax. Actually, to be truthful, I'm bursting with pride in the knowledge that thriving exclusively breastfed babies should gain about an ounce (or 30g) per day in the early months, but so far "our" baby has gained 45g (1 ½ oz)/day.

How was such an achievement accomplished? With very little difficulty. One of the most helpful strategies is for someone to mother the mother, so when I learned that mom's own mother would be coming to stay from overseas once Daddy's two weeks of paternity leave ended, I couldn't help but be pleased. There was the special bonus that the other grannie was really supportive of her daughter's efforts to breastfeed, even though I've seen many grandmothers become alarmed about what they perceive as the excessive demands of the baby on their own "babies." And for me, there was another family peer to share the fun with.

Grandpa and I have felt the constraints and uncertainties that are probably common to many grandparents. We're still learning, but we've tried very hard not to impose, not to make a nuisance of ourselves, and to give everyone space. We've tried to balance this by reassuring the new mom and dad that we're available any time to help with any chore or task. To our great joy, the new parents have rewarded us with more invitations to spend time with Zack, to hold him and play with him, than we ever dared hope for. And how privileged we feel to be able to share in such a unique and magical time as the three of them get to know each other and welcome us at the same time.

To observe my own son's unqualified enjoyment of his son, and his loving support for his partner, both reassures me as an IBCLC even as it melts my heart as a grandmother. This young couple's mutual pleasure in their baby is a joy to behold. I've been able to observe with considerable satisfaction how these loving new parents feel absolutely no conflict in responding to their baby's needs the minute he expresses them. They make parenting and breastfeeding seem so easy. Did they absorb by osmosis that it feels right to them to keep Zack in close body contact, day and night, or is there less pressure about "spoiling", "routines" and "schedules" these days? It has been a delight to observe the evolving response of the baby who rarely cries, because he doesn't need to, and to see how he is beginning to communicate instead with little coos and smiles. As a grandmother I'm becoming aware of the very strong foundation for happy family relationships that's being built hour by hour, day by day as this little guy grows chubby and strong. How lucky we are!

Pamela Morrison is the mother of three formerly breastfed sons, Ian 37 and Bryn and Shaun 32. She was an accredited La Leche League Leader in Zimbabwe from 1987 to 1997 and certified as an International Board Certified Lactation Consultant (IBCLC) in 1990. She and her family now live in England.

33. A Grandmother's Perspective

Marilyn Thompson, USA

From the very beginning, my son, Peter and daughter-in-law, Liz acted as a team to prepare for the twins' birth and then care for them. They read many books, sought advice from friends, took classes and Peter arranged his work so that he could work part-time for the first three months after the babies were born.

I went to their house two days a week to help and another friend went over the other two days. Plus some hours with another friend. Together we became known as the 'Grandmother Squad' and as I always say, "A baby can't have too many grandmothers." Peter and Liz determined that there needed to be one adult per baby all the time and truthfully I don't see how it could be any other way.



Gramma and Grappa with Liesl and Opal.

Another great support for them were the friends who committed to bringing a meal to the house for several weeks. I had frozen meals but realized after the babies were born that Peter and Liz would not have had the time or energy to even consider what to get out of the freezer. I must admit I had no idea of the amount of work two babies are and how consuming they are of time.

I can't say enough about my admiration for Peter and Liz. They grew in confidence as parents and followed their own instincts and what they learned about their own babies. Liz is incredibly patient nursing twins and it is quite a sight to see the two of them nursing in all the positions that toddlers can assume.

Since Liesl and Opal have been a little over a year old, they have been coming to our house for 1 day a week. We love having them and 'Grappa' has been able to form a closer bond with them. Now they are learning words and so much fun. Being fraternal, they have their own personalities and we are constantly amazed and amused with them. Recently Opal put a few things in a little bag, went to the door of her house and said, 'My going gramma, grappa house, yeah.' What could be more special?

Marilyn Thompson, USA, married 46 years, retired, mother to Peter and Ole, mother-in-law to Lauren and Liz, Gramma to Odin, Otto, Opal and Liesl, retired LLL Leader, enjoys knitting with friends, cooking, reading, and bicycling.

Email: marilyn_cinnamon@comcast.net

BREASTFEEDING, HIV and AIDS

34. Support for Relactation Among Mothers of HIV-Infected Children: A Pilot Study in Soweto

Mandisa Nyati, Hae-Young Kim, Ameena Goga, Avy Violari, Louise Kuhn and Glenda Gray

Objectives: Breastfeeding is accepted as the healthiest practice for human immunodeficiency virus (HIV)-infected infants, but decisions about infant feeding are made before the child's HIV status is known. We examined the feasibility of counseling to support breastfeeding for newly diagnosed HIV-infected infants, including relactation for those who had never initiated or who had stopped breastfeeding before the infant's HIV status was known.

Materials and Methods: Mothers of 30 HIV-infected infants <12 weeks of age were enrolled in Soweto, South Africa. Mothers were offered lactation counseling, including support for relactation. Mother-infant pairs were followed for 24 weeks with regular counseling. We evaluated feeding practices, attitudes, and maternal and infant outcomes, including morbidity and growth. All infants and mothers who met local eligibility criteria were started on antiretroviral therapy.

Results: Mother-infant pairs (19 of the original 30) were followed up for 24 weeks. Ten of 19 women (53%) reported some breastfeeding at enrollment, two had stopped, and seven had never breastfed. At 24 weeks post-enrollment, 11 of 19 (58%) were providing breastmilk for all milk feeds. All women produced milk and provided some breastfeeds during the initial weeks of the study, but eight reported difficulty overcoming infant latching problems and stopped all breastfeeding. Attitudes toward breastfeeding were positive at the outset but became more negative in those who did not establish or sustain breastfeeding. Three of the seven who had never breastfed before enrollment into the study were fully breastfeeding at 24 weeks post-enrollment.

Conclusions: Support for breastfeeding and relactation is possible among mothers of newly diagnosed HIV-infected infants but requires motivation from mothers and clinicians. Lactation counseling at the time of infant diagnosis is challenging as other issues predominate at this time. Improvements in antenatal infant feeding counseling are essential.

 Mandisa Nyati¹, Hae-Young Kim^{2,3}, Ameena Goga⁴, Avy Violari¹, Louise Kuhn^{2,3}, and Glenda Gray¹

1. Perinatal HIV Research Unit, Chris Hani Baragwanath Hospital and University of the Witwatersrand, Soweto, Gauteng, South Africa.
2. Gertrude H. Sergievsky Center, College of Physicians and Surgeons, Columbia University, New York, New York.
3. Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, New York.

<http://online.liebertpub.com/doi/abs/10.1089/bfm.2014.0049?journalCode=bfm>

35. Letter to the Editor-in-Chief Health Care of Women International

Ted Greiner and Pamela Morrison

In response to the article by Saara Greene and colleagues describing the challenges faced by Canadian mothers living with HIV, in particular the unwelcome surveillance they experience and their disappointment in not being permitted to breastfeed (Greene et al., 2014), we would like to offer the following observations.

While it is true that a 2009 systematic review (Horvath et al., 2009) demonstrates that exclusive breastfeeding almost doubles the risk of postnatal transmission of HIV, this is only true for HIV-positive mothers who have received no antiretroviral therapy (ART), a situation which is unlikely to pertain in Canada today. A growing body of research shows that effective ART can reduce both horizontal and vertical transmission of HIV. No cases of horizontal transmission of HIV were found during two years of follow-up of sero-discordant couples when the HIV-infected partner received and was adherent to full ART (Rodger et al., 2014). Similarly, vertical transmission to HIV-exposed infants can be virtually eliminated with maternal ART (Gartland et al., 2013; Ngoma et al., 2011; Shapiro et al., 2010). Maternal HIV testing during early pregnancy facilitates timely diagnosis and prompt provision of ART, which in turn ensures that HIV viral load can be reduced to undetectable within 13 weeks (Chibwesa et al., 2011) – well in time to permit normal vaginal delivery and safe initiation of breastfeeding.

Up to date World Health Organization (WHO) guidance recommends that all women diagnosed as HIV-infected should receive ART which should be continued for life (WHO, 2013). Outside the context of HIV, global recommendations endorse exclusive breastfeeding for all babies for the first six months of life and continued partial breastfeeding for up to two years or beyond (WHO, 2001). Current WHO guidance on HIV and infant feeding places a new focus on HIV-free child survival rather than merely a reduction in mother to child transmission of HIV by breastfeeding avoidance (WHO, 2010).

The assumption that because mothers living with HIV in Canada have access to clean water and safe infant feeding alternatives breastfeeding avoidance is free from risk is unfounded. This may in part stem from misleading reporting of research results (Smith, Dunstone, & Elliott-Rudder, 2009). In fact, there is substantial evidence of increased morbidity (Bachrach, Schwarz, & Bachrach, 2003; Duijts, Jaddoe, Hofman, & Moll, 2010; Glass, Lew, Gangarosa, Lebaron, & Ho, 1991; Ip, Chung, Raman, Trikalinos, & Lau, 2009; Ladomenou, Moschandreas, Kafatos, Tselentis, & Galanakis, 2010; Lambert et al., 2007; Quigley, Kelly, & Sacker, 2007; Vennemann et al., 2009) and even mortality (Bartick & Reinhold, 2010; Chen & Rogan, 2004) associated with formula-feeding in developed countries.

As outlined by Greene and colleagues, the British HIV Association (BHIVA) have placed a somewhat different interpretation on the shifting risk-benefit ratio of breast or bottle-feeding for HIV-exposed infants. Following extensive consultation, BHIVA published revised guidance in 2011 stating that when an HIV-positive mother with an undetectable viral load wishes to breastfeed, then she should be supported to do so (Taylor et al., 2011). BHIVA recommend that mothers who choose this option should practise exclusive breastfeeding for the first six months of life while receiving regular monitoring of maternal viral load and infant HIV status. A similar relaxation of a former absolute prohibition of breastfeeding and accompanying threats of imposition of child safe-guarding measures against mothers who did not comply occurred last year in the USA as well. In January, 2013 the American Academy of Pediatrics similarly revised recommendations to support breastfeeding by HIV-positive mothers when mothers are adherent to ART and achieve an undetectable viral load, when breastfeeding is exclusive for the first six months, and when the health of mother and baby are closely monitored and optimized (Committee on Pediatric AIDS, 2013).

When the risk of mother to child transmission of HIV in utero, during birth or during breastfeeding can be reduced to almost nil, it is no longer necessary for HIV-positive women to forgo their reproductive aspirations. Not only is it safe for them to embark upon a pregnancy and deliver their children vaginally, but research continues to document improved health outcomes for breastfed vs non-breastfed babies, even in the context of HIV. The World Health Organization describes this finding as “transforming”.

There should thus be no need for the rather radical step of discouraging general breastfeeding promotion. For the 45% of Canadian HIV-positive mothers who come from cultures where breastfeeding is the cultural norm, formula-feeding is particularly unwelcome, unnatural and stigmatizing. Some of them may also return to environments where artificial feeding is more dangerous while their child is still young. We would urge a re-examination of infant feeding advice in line with current evidence, as has been done in the UK and USA recently.

Sincerely,

Pamela Morrison, IBCLC, Independent consultant; and

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

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As appeared in <http://www.tandfonline.com/eprint/uNEGfuwWw6BuZDqjBQhj/full>

WEBSITES AND ANNOUNCEMENTS

36. Check out these Websites

Breastfeeding As an Ecofeminist Issue: Molly Remer, M.S.W., ICCE, CCCE

<http://pathwaystofamilywellness.org/The-Outer-Womb/breastfeeding-as-an-ecofeminist-issue.html>

The Real Cost of Infant Milk Formula by Jodesz Gavilan

An average family with at least one young child spends 18% more money on infant formula than on health services, such as maintenance checkups and vitamins. The situation is worse in families from the poor sector as they spend 70% more on purchasing infant formulas than other needs in the household. The decision to formula-feed an infant below six months old will take its toll on the child as he grows older and becomes more vulnerable to diseases. Families are more likely to spend more on his hospitalization to cure complications from lack of proper nutrients.

<http://www.rappler.com/move-ph/issues/hunger/66566-real-cost-infant-milk-formula>

Breastfeeding & Racial Disparities in Infant Mortality: Celebrating Successes & Overcoming Barriers

28 August 2014 by Kathleen Kendall-Tackett

<http://www.scienceandsensibility.org/?cat=169>

Online Newsletter by La Leche League Mexico, June 2014 (In Spanish)

http://issuu.com/marcelimon/docs/boletin_junio_2014semestral_de_III/0

Breastfeeding is great; but breast milk jewelry?

<http://www.greenprophet.com/2014/09/breastfeeding-is-great-but-breast-milk-jewelry/>

La Leche League New Zealand- Questions mothers ask

This section contains some mother's stories, and questions from mothers with a variety of responses covering many possible approaches.

<http://www.lalecheleague.org.nz/articles1>

Recommendations for Breastfeeding/Infant Feeding in the Context of Ebola- Centers for Disease Control and Prevention

<http://www.cdc.gov/vhf/ebola/hcp/recommendations-breastfeeding-infant-feeding-ebola.html>

Review shows that more breastfeeding increases protection against developing breastcancer at any age

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Breast-cancer/Review-shows-that-more-breastfeeding-increases-protection-against-developing-breast-cancer-at-any-age/>

World premiere of Danis Tanovic's Tigers gains standing ovation for Nestlé whistle blower

<http://www.babymilkaction.org/archives/1931>

Canada's Mississauga-Erindale MP Bob Dechert's attends international premiere of the film "Tigers"

<http://www.babymilkaction.org/archives/1974>

Right to Food and Nutrition Watch Press Release

http://www.waba.org.my/pdf/watch2014-pr_fact.pdf

WABA Press Release <http://www.waba.org.my/pdf/pr-watch2014.html>

Why Breastfeeding is important for Mom's Heart Health

<http://health.usnews.com/health-news/health-wellness/articles/2014/09/12/why-breast-feeding-is-important-for-moms-heart-health>

37. Announcements: Past and Future Events

- 23–26 July 2014:** 2014 ILCA Conference, *Breastfeeding in the Real World: Meeting the Challenges*, Phoenix, Arizona, USA
- 15 September–15 November 2014:** 5th iLactation Online Breastfeeding Conference, «*Let's Talk Breastfeeding and Human Milk*»
<http://www.ilactation.com/wp-content/uploads/2014/07/Conference-Programme.pdf>
- 3 October 2014:** *Breastfeeding Essentials for Physicians: What Every Doctor Needs to Know*, organized by La Leche League New Zealand, Waipuna Hotel & Conference Centre, Auckland, New Zealand
<http://www.lalecheleague.org.nz/physicians-seminar>
- 7 October 2014:** Live webinar at 1.00pm (Eastern Time) is hosted by Praeclarus Press brings *Understanding Inequality in Lactation Management* by Katherine M. Barber, author of *The Black Woman's Guide to Breastfeeding: The Definitive Guide to Nursing for African-American Mothers* and *Lactation Management: Strategies for Working with African-American Moms* <http://praeclaruspress.givezooks.com/events/understanding-inequality-in-lactation-management-2>
- 2–4 November 2014:** International Management Symposium (IMS) organized by LLLI Area Network, Costa Rica
- 6–7 November 2014:** La Leche League Latin American Breastfeeding Conference, San Jose, Costa Rica
- 12–16 January 2015:** 21st International Breastfeeding Conference, The Art and Science of Human Lactation Research and Breastfeeding Management, Orlando, Florida, USA.
<http://www.healthychildren.cc/conferences.htm>
- 19–29 March 2015:** 10th The Breastfeeding and Feminism International Conference, “*Breastfeeding, Social Justice and Equity: Reflecting, Reclaiming, Re-visioning*”, organized by The Center for Women's Health and Wellness and The Carolina Global Breastfeeding Institute. For further information see - <http://breastfeedingandfeminism.org/>
- 28–29 March 2015:** Global Health & Innovation Conference
 Presented by Unite For Sight, 12th Annual Conference
 Yale University, New Haven, Connecticut, USA. The Global Health & Innovation Conference is the world's largest global health conference and social entrepreneurship conference. This must-attend, thought-leading conference annually convenes 2,200 leaders, changemakers, students, and professionals from all fields of global health, international development, and social entrepreneurship.

38. To Remember:

We Remember Judy Torgus, LLL Pioneer: LLL Alumnae Association Council

Judy Torgus, our dear friend and respected colleague, died July 3, 2014. Judy was a La Leche League Leader, editor at LLLI for over 30 years, and a member of the LLL Alumnae Association Council. In 2011, Judy volunteered her time and talents as a Member-at-Large on the Alumnae Council.

“The Alumnae organization is very special to me because it keeps all of us in touch with a great group of friends who share a common bond. We can all be proud of the work we did together over the years and the hundreds of thousands of babies who were breastfed because of our dedication and love.”

– Judy Torgus, 2011

Judy joined LLL in 1959 and attended a meeting at Mary White's home (one of the seven LLLI Founders) while pregnant with her first child. She began her LLL work by volunteering to answer letters from mothers who had breastfeeding questions. She used her writing and editing expertise as a volunteer for many years before she became an employee of LLLI. Judy became the editor of publications about all phases of breastfeeding. During

her 30 years on staff, she edited dozens of LLLI publications including *The Womanly Art of Breastfeeding*, *The Breastfeeding Answer Book*, *Leaven*, and *New Beginnings*. She retired in 2007 as the Publications Director.

Judy Torgus wrote in remembrance of Edwina Froehlich, LLLI co-Founder, in 2008.

"I met her in 1960 when I was a young mother attending La Leche League meetings with my first son. After one meeting, I approached Edwina and hesitantly offered to help write letters. She enthusiastically accepted my offer and a few days later I visited her home to pick up a supply of books, stamps, envelopes, and letters from mothers. She gave me a quick course in how to reply to the letters and told me to call her if a mother wrote back with a question I could not answer. And that began my 48 years of volunteering for LLLI.

In 1964, I was invited to join the Founders on the LLLI Executive Board, which later became the Board of Directors. We usually met weekly in one of our homes and the discussions would often become intense and go beyond our time schedule. In 1977, when my term on the Board came to an end, I became a member of the LLLI office staff, working under Mary Carson in the Publications Department. But Edwina's office was just across the hall and she continued to be a source of information and support. At this point my questions were often about dealing with teenagers!

When I retired from the LLLI office staff as Executive Editor in 2007, it was again Edwina who helped me face the changes this would bring in my life. She told me, "You will soon love being home every day," and she was right once again.

What a legacy Judy has left.
<http://lllalumnae.org/>

NEWSLETTER INFORMATION

39. 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.

40. How to Subscribe/ Unsubscribe to the Newsletter

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

For further information, please write to: Pushpa Panadam pushpapanadam@yahoo.com and Rebecca Magalhães 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. 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 Arabic newsletter was started in 2011.

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 organisations 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
2. Information & queries: info@waba.org.my
3. World Breastfeeding Week: wbw@waba.org.my

Website: www.waba.org.my

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

If we valued breastfeeding as the birthright of each new member of our species, we would not continue inventing new breast milk substitutes that encourage mothers to abandon breastfeeding. We would not continue to pollute the earth, water and sky, and in so doing increase the body burden of hazardous chemicals carried by mother and child. We would not treat as normative workplaces that expect and champion mother-baby separation after a few scant weeks of maternity leave. We would not accept broken circles of support as “just the way things are.” And we would not settle for a world that continues to sicken its entire population by devaluing, dishonoring, dismissing and degrading our own biological connection to the natural world.

– Molly Remer in Breastfeeding as an ecofeminist

<http://pathwaystofamilywellness.org/The-Outer-Womb/breastfeeding-as-an-ecofeminist-issue.html>