

# Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



Kathryn Palmateer © WABA 2011

Kathryn Palmateer,  
WABA 2011 WBW Photo Contest

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*In every era, mothering skills have spread like ripples of a pond,  
mother to mother to mother. Someone's ripple touches your life,  
you learn, and you send out ripples of your own.  
It's a method of sharing as old as humankind.*

– *The Womanly Art of Breastfeeding (2010), p. xxiv*

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**MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION**

### 1. To Volunteers – the Heart and Hands of Breastfeeding Support Pushpa Panadam, Co-Coordinator WABA MSTF

The phone rang and the caller asked whether I could go to a teen's home to help a 16 year old girl who lives there and had been discharged from the hospital with her two day old baby. I was willing to help, but also knew I could not go that day due to a family priority. I provided the caller with the names of

people she could contact to get the help the young girl needed. I was able to help the girl a week later when I visited the teen's home. Thankfully, she was giving her baby her breastmilk but she was giving it in a bottle. Since I had time, I stayed for an hour to help her and when I left, I was satisfied that she had learned how to nurse the baby directly at the breast. At a recent mother support group, this teen mother shared with the others, although very briefly, how she is breastfeeding the baby and not expressing her milk nor using the bottle.

I began to reflect on the role of volunteers around the world who provide breastfeeding support and help, while at the same time juggling family and work (at home or outside), but are willing to go the extra mile to give pregnant women and mothers information, support and help with breastfeeding. It is important to remember, however, that, in addition, volunteers provide other kinds of help to a mother: listening to her anxieties and doubts, seeking additional information for her, giving her the necessary boost or help, visiting her in the hospital or in her home, running a mother support group or even stopping in a store or on the street to give an encouraging smile to the mother who is breastfeeding her baby. I believe volunteers do all of this because they have had similar experiences of being helped in their breastfeeding journey, or have overcome challenges in order to make breastfeeding work or have struggled and failed due to lack of information and support and, even if they do not have babies, they possess sufficient knowledge and experience to help others.

To all these women and men, I salute you. Sometimes the mothers you have helped may not call and thank you... yet, as they enjoy that special moment with their babies, they may be mentally sending you a big THANK YOU! Or, when the mothers you have helped come across another mother struggling to feed their babies in the normal way (breastfeeding, of course!), the helping hand that they provide to that mother is really thanks to YOU.

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 Pushpa Panadam, WABA MSTF Co-Coordinator  
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## 2. MSTF Update

**Pushpa Panadam, WABA MSTF Co-Coordinator**

When the mother calls or emails you asking for help with breastfeeding, you discover that the mother does not live in your area or even your country. What can you do? As a member of an organized mother support group, you may be able to refer the mother to a support person close to her. Otherwise, please check the E-map for mother support groups on: <http://www.waba.org.my/whatwedo/gims/emap.htm>

If your group is not on the map please check on Criteria and Guidelines Framework for Inclusion on the WABA Mother Support E-Map.

You may have faced challenges in breastfeeding your child. However, overcoming the difficulties, you experienced a marvelous breastfeeding relationship until your child weaned himself past 2 years old. Share your story, encourage other women to breastfeed, support them by emailing [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com) or [beckyann1939@yahoo.com](mailto:beckyann1939@yahoo.com)

Your breastfeeding story will be published in six languages – English, Spanish, French, Portuguese, Arabic and Chinese. [www.waba.org.my/whatwedo/gims/index.htm](http://www.waba.org.my/whatwedo/gims/index.htm). The *E-Newsletter V9N1* and *V9N2* are now available in Arabic thanks to Anne Batterjee, Seham Basrawi and Modia Batterjee. *E-Newsletter V9N1* is available in Chinese thanks to Ivy, Jenady Chen and her team of volunteer mothers with Malaysian Wong Hui Juan.

Each of the newsletter language (web) pages is now available in its respective language. Yes, MSTF is now international.

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## MOTHER SUPPORT FROM DIFFERENT SOURCES

### 3. Just keep trying! Location makes the difference!

Lisa Thompson, LLL Leader, USA

Two years ago, our local evening support group meeting was dying. We were lucky to get one mother attending our meeting. Many nights I would sit all by myself in the church basement waiting in case someone unexpectedly came. We were starting to think that we should drop the evening meeting. But we had a feeling that working moms needed the meeting and that they would come if we figured out the answer to the puzzle.

At the La Leche League Leader Day in Avon, Indiana, USA, there was a session on recharging your Group and I eagerly attended. We talked about atmosphere and reasons mothers might not come back to meetings. I realized that our night meeting in a dim church basement wasn't the right atmosphere. I began to think about some reasons why mothers weren't attending, such as: Who wants to drag a newborn baby to a poorly lit parking lot at an abandoned looking church on a cold dark evening? Then, once inside, who wants to walk down the stairs through a concrete wall maze to a gloomy room with dull light? No wonder mothers were not coming! Even I didn't want to be there!

I called one of our members and asked if she could attend our next evening meeting to talk about improving things. Wendy Masters, one of our long time Leaders attended, and another mother also came. We learned that the time of our meeting (7:00pm) wasn't good for working mothers. They felt rushed for time getting home, fixing dinner, spending time with their children and then getting to the meeting on time. A small shift to 7:30pm would make a world of difference. This was a simple change, so we made it!

When we asked what sort of location they would prefer, the answer was very clear – someplace pleasant so that it felt like a girl's night out. It was time to hunt for locations. We had a good idea about possible locations, but we hadn't been to many of them. We recruited a regular group attendee to scope out locations.

One place, new in town, had a meeting room, but it would cost to rent the space. We really liked the idea of having a private area so that women would feel comfortable nursing their babies there. Another member offered to pay for three months worth of meetings so we could try this new location. We are so lucky to have great support from our regular daytime group mothers! We decided to put out a box and request small donations to help pay for the space. We were nervous and worried. Would it work?

Our first meeting in the new location was awesome! Eight mothers attended and had a wonderful time! Tea and pastries did not hurt our cause. The donation box overflowed. We had enough cash to pay for another whole meeting there! Our biggest problem was that nobody wanted to leave!

We used this location for about six months and the meetings were booming. A couple of times we ran out of chairs! It was such a huge difference. But as the months passed, we realised there was a problem. The café started to book live music on the same night as our meeting. On a few nights they double booked the room and we were forced out into the café. There weren't many spots for a large group to sit together and the owner was not hospitable. It was time to hunt for a new location.

Very quickly, we found a brand new café downtown. One of our moms went there on a regular basis and approached the owner to see about having the meeting there. The owner was excited! She really wanted her



*Mother Support Group Meeting in a Café*

place to be a family location. The meeting would take place where customers were sitting, making us obvious in a great big room, mixing with other patrons. Would that drive out moms? Unfortunately, we had no other choice. This place was free. It was time for another experiment!

On the evening of our first meeting, the café owner moved all of the comfortable couches and chairs into a big corner for us. She put up a reserved sign and served us complimentary hors d'oeuvres. Lots of regular daytime mothers came to support us. They all nursed publicly and openly. Many of the new mothers came with breast covers. They weren't sure about nursing so openly. But when they saw the experienced moms nursing comfortably, they were encouraged. The owner and the staff were friendly. They were thrilled we were there and treated us like honored guests. No funny looks, no snide remarks. It worked. The meeting was a success!

We have continued to have good evening meetings ever since. Was it a risk? Absolutely! But it's been an awesome extension to our Local Group. I haven't seen a (breast) cover in at least six months. Pregnant mothers who are still working attend on a regular basis, too. The café still loves us. And the community is being exposed to openly breastfeeding mothers. I look forward to our meetings now. I really believe the location made all the difference!

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**Lisa Thompson** is an LLL Leader in Valparaiso, Indiana, USA. Valparaiso is a small university town near Chicago, Illinois. She is the Coordinator of Leader Accreditation (CLA) of Indiana.  
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#### 4. Breastfeeding Support after the Great East Japan Earthquake Hiroko Hongo, Japan

On 11 March 2011, people in East Japan felt something out of the ordinary had happened. Due to the massive earthquake in the *Tohoku* area of Japan, all public trains and subways stopped in Tokyo, Japan. It took me five hours to walk home and I was unsure what was going to happen next. My family was lucky to be able to contact each other by phone and to come together safely at my parents' house that night. I felt very happy to have a warm meal and a hot bath! Big waves of tsunami had occurred at *Tohoku* and many families lost their houses and family members. We could not believe what was happening in Japan.

The next day, *the Special Committee for Supporting Mothers and Children Under the Stress of Natural Disasters* (the Special Committee) re-activated its electronic mailing list to discuss how to help mothers with babies during the emergency. *The Special Committee*, started in 2004 right after *Mid-Niigata Prefecture Earthquakes* in Japan, is run by members of *La Leche League Japan, Breastfeeding Support Network of Japan (BSN)* and *Japanese Association of Lactation Consultants (JALC)*.

All TV programs featured emergency news with no commercials. People began to request infant formula (powdered milk) donations for the affected areas without realizing the risk involved in using contaminated water and bottles. On 23 March, the *UNICEF* Japan office and the *Japan Committee for UNICEF* officially requested to prepare a joint statement and to establish a joint helpline with *the Special Committee* and *Japan Liaison Council of Breastfeeding Organizations (Japan Society of Breastfeeding Research, Japan Breast Feeding Association and Japanese Association of Lactation Consultants)*. After discussing infant feeding issues among representatives from the breastfeeding organizations, a joint statement was released on 6 April and a toll-free infant nutrition helpline was established on 12 April where 43 LLL Leaders took shifts to help. The toll-free helpline called "UNICEF infant nutrition hotline" continued for six weeks, in operation from 10:00 am to 10:00 pm, Monday through Saturday except holidays until 31 May 2011.

*The Special Committee* started *Twitter*, opened its own website and *Facebook* page to spread information. Three thousand copies of UNICEF posters and 10,000 copies of UNICEF booklets with information and the toll-free hotline number were printed and distributed. Mothers and families who contacted the helpline reported that they got the number from newspapers, radios, TV and internet.





Aside from the joint effort of the *Special Committee*, the individual organisations within the committee played different roles. *BSN* uploaded the Japanese translation of the *WABA 2009 Action Folder* "Breastfeeding: a vital emergency response." *JALC* uploaded information on cup feeding and information on breastfeeding and radioactive substance on its website. *LLL Japan* released translated information on infant feeding during emergency (*Bartle, C. (2011) Infant Feeding in Emergencies: Fact sheets for parents and support workers. Christchurch, New Zealand*) on its website and on the mobile site. *LLL* made wet tissue/wet wipes\* with printed information on them to distribute to mothers, using donated money from abroad.

On 23 March, following the earthquake, the tsunami and the nuclear plant accident caused by the earthquake and tsunami, the government warned against infants drinking tap



water in the Tokyo area due to radioactive substance in water. (This recommendation stopped after two days.) People began to worry about the radioactive substance in breast milk. *JALC* prepared Q & A (Questions and Answers) for mothers so that *LLL Leaders* helping the hotline could use the information for mothers. After 20 March when non-profit civil organizations called for breast milk investigation and released information on breast milk contaminated with radioactive substance tested in March, many people became worried about breast milk safety and the hotline received many inquiries.

Many well-intended people outside Japan sent ready-to-use formula and disposable bottles to Japan after the cities started to recover and when safe water and Japanese formula was already available in April. Because there is no monitoring system in Japan for donated infant formula and bottles, they were routinely distributed to all mothers at health check-ups in some places, regardless of their feeding methods.

This was exactly what I had been trying to prevent. I was sad and felt helpless when this happened. *JALC* released "A proposal about the use of Ready to Use Infant Milk and disposal bottles" on the website to warn of the potential risk. We do not have information whether those products encouraged breastfeeding mothers to use the infant formula, or how helpful our efforts were to encourage breastfeeding. But in an emergency situation, we can only do our best to protect, promote and support breastfeeding during this disaster.

Some people criticized the active breastfeeding promotion during the emergency. This may have been because they had failed to breastfeed in the past resulting in feeling depressed under this current disaster. It is true that breastfeeding support and protection is always necessary under normal times before any disasters may occur. No mother should be blamed for not being able to breastfeed as she desired.

Under these unusual circumstances, due to stress, people may easily get depressed or angry. Many people feel that their feelings are not understood. They may feel blamed or guilty and may get angry. It is equally hard to deal with anger or criticism toward us during the stressful time. We need a network of love, not a chain of anger. We really appreciate the love, encouragement and support we received through the global breastfeeding community network.

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**Hiroko Hongo**, *LLL Leader* since 1992, and *International Board Certified Lactation Consultant (IBCLC)* since 1995, is a founding member of the *Japanese Association of Lactation Consultants (JALC)* and a founding member of the *Breastfeeding Support Network of Japan (BSN)*. She is the chair of the *Special Committee for Supporting Mothers and Children Under the Stress of Natural Disasters* which was formed by the above three organizations in 2004. She is a mother to two grown-up children and is currently studying at the *Community and Global Health Department, Faculty of Medicine, The University of Tokyo, Japan*.  
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**Editors' Note:** \* *Wet tissues or wet wipes are paper or cloth saturated with solutions anywhere from gentle cleansing ingredients to alcohol based 'cleaners'. Baby or diaper wipes are used to cleanse the sensitive skin of infants. They may be sold in plastic tubs that keep the cloths moist and allow for easy dispensing.*

## 5. It's All about Research

Diane Wiessinger, USA

There is a fundamental, near-universal error in the way breastfeeding is presented. And it has a straightforward fix: Insist that infant feeding researchers focus on the experimental group. Scientific rigor demands it and the success of breastfeeding promotion requires it.

Breastfeeding is not “best for babies”; just as air is not “best for breathing”. Breastfeeding, like breathing air, is our biological norm. Formula-feeding is by definition the experiment. Properly performed research focuses on the experimental group.

Consider what happens when research confirms that breastfeeding is ideal: No one really cares. When I ask mothers, “How many of you are ideal mothers?” they laugh. Ideal is not achievable. Normal is always good enough. And every “advantage” of breastfeeding proclaims formula-feeding to be both normal and good enough. Hospitals happily distribute this good-enough food. Marketers of all kinds use the good-enough bottle as a symbol for babies. Dolls come packaged with a good-enough way to feed them.

Now imagine a world in which we apply international pressure for journals to accept only correctly-framed articles, with no further breastfeeding promotion by us. Journals and researchers resist mightily at first, because of the loss of revenue from the formula industry. Scientific method simply doesn't allow for breastfeeding-centered studies; the practice continues only because there has been no organized and sustained international objection.

Media of all kinds thrive on controversy; studies examining formula risks begin to make headlines. The media may delight in controversy, but marketers do not. Greeting card companies, doll manufacturers, clothing catalogues, home and garden magazines, communications websites, bookstore displays, all the marketing ventures that have used gratuitous bottles and bottle-feeding in their imagery, quietly remove those images just as they removed gratuitous tobacco images. Hospitals halt their free distribution of a serious health risk. Pediatric clinics remove the formula coupons from their reception counters. Parents and hospitals begin to clamor for donor milk.

All of this happens quietly, without any effort on the part of breastfeeding supporters beyond the organized push for properly-framed research. The public resents the new information on formula-related risks, but can't avoid it and can't refute it. Some mothers will choose to formula-feed, just as some people choose to smoke. But, like smoking, bottle-feeding stops being a cultural role model.

Breastfeeding supporters alone will have limited success in reducing formula-feeding rates as long as research focuses on the benefits of breastfeeding. When infant feeding research is framed in the only way that the rules of scientific inquiry allow, public behavior will begin to shift. The shift will be rapid, efficient and self-sustaining.

The single most important job we breastfeeding promoters face is not to convince the public of breastfeeding's superiority. It is to create a united force demanding that researchers and the journals in which they publish focus on the experiment, not on the control group. All the rest – media reports, imagery, perceptions, motivation – will take care of itself.

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**Diane Wiessinger**, MS, IBCLC, is a frequent speaker on breastfeeding issues and self-publishes a CD of over 70 breastfeeding handouts. She has been a La Leche League Leader since 1985 and an International Board Certified Lactation Consultant since 1990. She has a small private practice in Ithaca, New York, USA. Diane is a co-author, with Diana West and Teresa Pitman, of the 8<sup>th</sup> edition of La Leche League International's *The Womanly Art of Breastfeeding*. Her published articles include – *Watch your language! Journal of Human Lactation* 1996; 12(1): 1-4. doi:10.1177/089033449601200102.

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## 6. Breastfeeding Peer Counselor Training in China Ivy Makelin, China

La Leche League (LLL) Asia held its first Breastfeeding Peer Counselor Training for Chinese peer counselors (PC) from 26–29 August 2011 in Beijing, China. The four-day training, held at Beijing Antai Maternity Hospital which sponsored the venue, was organized by Ivy Makelin, an LLL Leader with the assistance of volunteers from her Chinese LLL Group in Beijing. The instructors were LLL Leaders, IBCLCs, and PC Program Administrators Maggie Yu from Hong Kong and Janedy Chen from Taiwan. Thirty-five women participated in the training which included eight professional health care workers, eight stay-at-home mothers and 19 working mothers.

Janedy remembers, “From the responses of the participants, we are so happy to have done this training program. We have 35 breastfeeding peer counselors in China now!”

“Most of us were raised in an environment of comparison and criticism. At the end of the training programme, I asked the participants to share what they got out of the training and they said it was how they transformed their thinking and language into supportive language. That’s not easy!”

“I didn’t know that our training could create a great interest for the nanny, husband, sister, father, and mother-in-law. One mother-in-law was very unsupportive in the beginning, but by the end, she transformed into a strong voice encouraging us to launch a revolution of breastfeeding!” recalls Janedy.

The peer counselors came from various parts of China; the majority were from Beijing, and others were from Shanghai, Shenzhen, Tianjin, Sichuan, Jiangsu, Henan, Hebei, and Hubei. Some of them have started regular mother support groups since the training, while others are looking forward to starting groups in 2012.

We hope to carry out our next LLL Peer Counselor Training in 2012, this time in a different region in China.



## Feedback from the training

*Huang Yuqing – China Economic Information and Agency Advertising Department*

I continue to breastfeed my baby who is two years old now. During this period, I had many questions and hoped that there is an organization that could help me to deal with them. But I couldn't find anyone until July this year (2011) when I came to know about La Leche League. How lucky I was! All my doubts and questions were solved. I am also lucky to participate in the PCP course. In this process, I built up the confidence and learned more! At the same time, my mother-in-law learned a lot too.

The first class on "Communication Skills" was great. In the beginning, I wondered why the course was not on breastfeeding but instead on communication skills. Later I understood that learning how to communicate with others comes first before everything.

I will promote breastfeeding through our newspaper in the future. I'll take my time to do so and I am getting ready for this. I will let you know if I have some good news. I hope there will be more opportunities for me to have such courses to increase my knowledge and build friendship and confidence.

*Ji Chunfang – Jiaozuo, Henan Province, is mother to a boy named Weiwei, 5 years 9 months and a girl Momo, 10 months old.*

The course was full of the details and I was moved – (it gave me) the inspiration for me to persist. I feel strong to be able to pass on the never-ending love to breastfeeding mothers and babies. I want more babies to get the best food in the world just like my children. I love my babies and I enjoy the process of growing up with my children.

*Guo Yan – Beijing*

During the classes, I had no time to read the program materials. Now as I recall what I have learned, I find that there is a lot of good information: "Where are the pitfalls of giving advice"? "How to avoid misunderstanding", "How to respond efficiently", "Positive encouragement" etc. One day, I went to help a mother who wanted to wean. On the road, I doubted whether I could help her. When I was with her, I tried to listen to her and when I responded, I reflected what she said. In the end, she got the answers by herself. It was really nice and both of us were content. After the training, I feel that I can help breastfeeding mothers better.

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**Ivy Tsung-Pei Makelin**, a Chinese- American who has lived in China for 12 years, is a breastfeeding mother of two, accredited LLL Leader since 2005 and runs the first Mandarin-speaking LLL Group in Mainland China started during WBW 2005 and holds monthly meetings. She has been an IBCLC since 2011, has over 15 years experience in professional TV/media production, and a Bachelor's Degree of Science in Community Studies. She has been interviewed on a number of programs which have aired in Chinese television and interviewed for a number of magazine articles distributed in Chinese magazines. She created and launched the LLL China website: [www.muruhui.org](http://www.muruhui.org), produced and edited "Baby-Led Breastfeeding – the Mother-Baby Dance" distributed on DVD, also Suzanne Colson's DVD "Biological Nurturing – Laid Back Breastfeeding for Mothers" and organised two public seminars/lectures on birth and breastfeeding in Beijing.  
Email: [babameemee@gmail.com](mailto:babameemee@gmail.com) Website: [www.muruhui.org](http://www.muruhui.org)

**Note from author:** *Information on the Peer Counseling Training in China can be found at [www.muruhui.org](http://www.muruhui.org)*

## 7. Breastfeeding Counselors Qualify

**Jacquie Webby, Omaru Mail, New Zealand**

When Otago Healthy Eating Healthy Action (HEHA) advertised for women interested in training to become volunteer breastfeeding peer counselors, more than 30 applications arrived. Last week, 11 women from North Otago, including one from Kurow, who have completed about 30 hours of training, graduated at the Oamaru Hospital.

The Otago HEHA manager, Kathy Hamilton, told The Oamaru Mail the women were trained by Denise Ives and Brylin Highton from Dunedin.

"Training was undertaken in Dunedin and Balclutha and these women are now ready to become a fabulous asset to the North Otago communities," Mrs Hamilton said. "The overall goal of being a breastfeeding peer counselor is to help support, promote and protect breastfeeding in Otago. "We aim to improve nutrition, increase physical activity and reduce obesity and breastfeeding can be a valuable part of this."

"Peer counselor training is one way to enhance the support available by building community capacity."



*Breastfeeding Peer Counselors graduates at the Oamaru Hospital, New Zealand. The graduates have completed about 30 hours of training to get their qualifications.*

The above article by Jaquie Webby of Oamaru Mail appeared on Friday, 19 August 2011  
<http://www.oamarumail.co.nz/news/breastfeeding-consellers-qualify/1073654/>

## MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

### 8. Nursing through Surgeries

Gabi Reczek, USA

First let me say that we are SO blessed to have access to the medical technology available. Living in Chicago, Illinois, USA, we had our choice of world-renowned hospitals.

Mary's defect Tetralogy of Fallot\* was discovered in utero, so I was able to address a lot of my concerns before she was born. I spoke to the neonatologist at length before she was born. I told them I wanted someone with her at all times. Even if all my husband could do was stand there and say, "It's okay, baby." I also spoke to her cardiologist and told him how important it was for her to be with me. If something happened and she didn't survive, then I wanted her, in every second of her life to know how much she was loved.

She had to go to the NICU (Neonatal Intensive Care Unit) after she was born\*. (Mary was born on 1 November 2007). I went to nurse her or hold her every time she was awake. Whenever she was asleep (which thankfully was a lot those first 24 hours), I tried to rest in my room as I had had a caesarean birth. After the first 24 hours, since she was doing well, the cardiologist broke protocol and allowed her to room with me (usually babies go home directly from the NICU – but I didn't want her there unless absolutely necessary) and I had to bring her back to the nursery every two hours to monitor her heart and oxygenation. On day three, when we were thinking we would be going home the next morning, Mary's oxygenation levels were dropping into the 60's (most everyone is 100, but with her defect they would have been happy for hers to be at 80–90). So she was back in the NICU, where she was given some medicine that helped open up the valve temporarily and also sedated her while she waited for surgery. She was sedated from Sunday night to Wednesday morning when there was room for her in the operating room schedule.

I had asked for them to bring me a pump immediately after she was born, since I knew I wouldn't be able to nurse her immediately. So I still had it in my room and I started pumping as soon as we knew she would have surgery. I was not getting very much. But she had been nursing okay that weekend, so I just kept pumping. After she had the first surgery at 6 days old, I was able to stay in her room. She was intubated for the first 24 hours, but once they extubated her (took her off the ventilator), they said she could have small sips of breastmilk, by bottle, so they could see how she did. She did fine (my mom gave it to her) and then I tried nursing her. She was very slow to take to it again, but the hospital said not to worry about it, that it would all sort itself out when we got home. We left the hospital three days after surgery and took her home.

I continued to pump and nurse her at home. She was very slow at home, too. It was a pain, but I knew it was worth it (I have two older children, whom I nursed past age 3). She was very healthy while we waited for her to have her second surgery. Many "heart babies" do not gain well before they have their complete repair. Mary was the picture of health. Every time a medical professional commented on how healthy she looked, I would tell them I was nursing. Here she is right before surgery – <http://marymyheart.blogspot.com/2008/04/blog-post.html>

After her big surgery (during which I also pumped) as soon as she was able to take anything by mouth, I just nursed her. We didn't even mess with the bottle. I told the nurse I would be careful she didn't get too much at first. I was able to hold her carefully and nurse her. Sometimes I would just lean over the crib and nurse her standing up, so I wouldn't have to pick her up (she had a huge incision on her chest and was connected to all sorts of things. Once she was less connected, I was able to have her in my bed at the hospital, too! The staff at Loyola was VERY accommodating. Through everything, I expressed that I knew they would take care of her medical needs, but that I was also concerned about her emotional well-being. We have been very, very blessed. Mary still has to have things done from time to time - she just had an MRI in September 2011, which she had to be sedated for. I make sure I am with her before she is sedated and as soon as she wakes up from any procedure



*Mary with her elder brothers*

**Gabi Reczek**, mother to 3 breastfed children, LLL Leader in Lombard, Illinois, USA

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Websites: <http://marymyheart.blogspot.com/> and <http://homemademama.blogspot.com/>

**Editors' Note:** *Tetralogy of Fallot*

*A heart defect that features four problems:*

- i) *A hole between the lower chambers of the heart*
- ii) *An obstruction from the heart to the lungs*
- iii) *The aorta (blood vessel) lies over the hole in the lower chambers*
- iv) *The muscle surrounding the lower right chamber becomes overly thickened*

## 9. My Different Breastfeeding Experiences

### Maria Sortino, Argentina

Paula, my oldest and only daughter, was born soon after my first medical residence in Neuquén, Patagonia, Argentina. My husband and I, both known as rural doctors, served in Loncopué, a small town with a rural and urban population of 3,000 habitants. We lived in a house behind the hospital, barely sixty metres (0.04miles) from where we worked with two other doctors, carrying out about ten births per year. After a two month maternity permission and my vacation, I returned to work when my child was three months. Matilde, the young girl who looked after my child, brought her to me each time she wanted to breastfeed. She practically never cried and was very calm.

I still remember how my breasts would fill up and I would feel the special tickle in both my breasts, as I cared for my patients, knowing that in 2 or 3 minutes my daughter would be in my arms. I would tell my nurses that it was time for my little one to be breastfed. While the nurses cared for the patients, Paula and Matilde would arrive at the expected time without fail. I would breastfeed and caress her and be completely satisfied as she nursed on my warm milk flowing from my breasts. How can I describe the satisfaction that I felt! I breastfed her exclusively until complementary food was indicated; at that time the recommendation was to start solids at four months. I did not know then that it was better to breastfeed until six months exclusively. Paula was the only child whom I breastfed for 12 months. I always feel sad not knowing then what I know now on how to prolong this beautiful time of breastfeeding.

The beautiful experience of my pregnancy with my daughter was different compared to my second, that of Pedro's. I suffered from four months on with the threat of a premature birth and finally needed a lot of rest. Although I had many friends in the town who visited me, my family members were very far. I passed long hours in the bed, looked after by Matilde. Paula, then one and a half years old, a sweet child, accompanied me on my rest as we painted bed sheets for Pedro, knitted shoes/booties, a handmade bag for his clothes, and I sent my mother a table mat and a vest for my sister. They realised quickly that I was sick and resting and came to visit me because to knit I must have had a lot of time. My rest ended at the 8th month and he was born without problems. I do not know if it was the difficult pregnancy and the deep fear of losing my baby but for some reason, breastfeeding Pedro was very difficult.

I was told to breastfeed ten minutes on each breast every three hours. I believe that if I had practised spontaneous breastfeeding and knew everything that I know today; how the breast functions, everything would have been different. I believe that, breastfeeding the way I did, he did not "empty the breast", did not get to drink the later fat-rich milk. I would also switch to the next breast after 10 minutes and repeat. Poor son! Pedro cried a lot and I did not know what to do. Even knowing that the bottle and the formula were not good, I resorted to the bottle after three months which did not help us solve anything. Breastfeeding was not exclusive but I practised mixed feeding (formula and breastfeeding) until only seven months. This is without doubt due to the competition of formula or water with the breast. I did not know that if I gave 100ml of any liquid to a child, the mammary glands would produce 100ml less and if I gave 200ml, the breasts would produce 200ml less and that was how "my milk ended" as they say and some mothers still say this.

Francisco, my third child, was very calm, so calm that it called attention. This third pregnancy occurred during my third year of my second medical residence. How difficult it was to be pregnant, do two shifts per week with two small children who were cared for by the domestic help! I am sure that if I had to relive my life, I would only have children after I completed my residence. Perhaps it is my character to worry about having more time with them, to learn to enjoy them, to love them and to pamper more. To raise small children is a beautiful thing as it should be. Otherwise I will have children when laws allow for an extended maternity permission for breastfeeding, which I believe a 2-year leave would be very adequate.

Breastfeeding was easy with Francisco because it was "as if he knew." The fact is I knew more about techniques to express milk manually and breastfed him exclusively six months. I nursed him on cue; I was calmer. Due to my maternal instinct and he was growing well, I decided to postpone introducing complementary food although the doctors were still indicating starting solids at four months. It was beautiful to breastfeed in this period compared to the stress of bottle feeding at eight months when he was weaned. There is no doubt that breastfeeding Francisco was a relaxation, important in the agitated life of a mother, wife, doctor and resident.

When Francisco was five years old, my husband and I divorced, a painful time for all. Later, love brought a husband and two more children, Rocío and Manuel, similar in ages to my three children, into my life. The family grew five years later to receive Lucas, my 4th and youngest child. What I remember of my pregnancy with Lucas, was my tiredness, resulting from a lack of time, work, larger family and their demands and chronic fatigue leading to fibromyalgia\*. I had to have complete bed rest away from the hospital. Although Lucas's birth was normal, everything else was different as caring for Lucas was shared with my partner. I always felt his help and understanding.

With a group of colleagues- doctors and nurses, we were already promoting breastfeeding especially during the World Breastfeeding Week (WBW) for a couple of years. However for WBW 1996, pregnant with Lucas (4th and youngest child), due to my absolute bed rest during this period, I prepared 60 bibs as gifts for the hospital. Each had a painted miniature drawing and a stamp that said "mamita, dame teta" (mommy, breastfeed me). That was how my passion for this work started, in helping other mothers to successfully breastfeed. As a breastfeeding advocate, it has always been another way to love, another way to nurse.

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**Mary Sortino**, mother of 4, paediatrician and IBCLC shares: She is one of 5 siblings of Sicilian heritage, born in San Andres, Mendoza, at the foot of the Andes, in Argentina. Her childhood was a happy one in a neighbourhood filled with music, songs and feasts. Her parents later moved to work in Mar de Plata, Argentina, facing the Atlantic sea. She graduated from Universidad Nacional de La Plata, Facultad de Medicina.  
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**Editors Note:** \* *Fibromyalgia (FM or FMS) is a medical disorder characterized by chronic widespread pain and allodynia, a heightened and painful response to pressure.*

<http://en.wikipedia.org/wiki/Fibromyalgia>

*Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues. <http://www.mayoclinic.com/health/fibromyalgia/>*

## 10. Yes, I Can Breastfeed My Son

Alanna Felix, Dominican Republic

My name is Alanna Felix. I am 25 years old and recently gave birth to my second child. I am very happy to share my wonderful story about breastfeeding him.

My first child was breastfed for no more than two months, due to family culture and ignorance on my part thinking that my milk was insufficient. However, during my second pregnancy, a friend at work spoke to me about breastfeeding, its importance, the benefits that she sees in her (breastfed) daughter and of participating in an excellent breastfeeding forum that helps mothers to succeed in this great breastfeeding journey.

I have always been aware that we women are capable of feeding our children with only our milk, yet it was not until I gave birth that I realised that YES I CAN. My second son, Ismael, was born at 8:00am. Unfortunately I had to go through a caesarean although my first birth was natural (the why is another story).



*Alanna and her baby.*

Once in the operating room and about to be given anaesthesia, the paediatrician who was to receive the baby, asked my husband everything about me and my first son -where was he born, what his weight was and the main question: what did you give him upon birth? I, still in the stretcher and terrified, answered. He finally asked me what milk I was going to give my baby to be able to send my husband to buy. With fear and surprise I answered without thinking: NOTHING that is to be bought, I brought mine... please latch him on immediately. The fact is my baby was born well.

After two hours of recuperation, I was taken to my room and when I asked for my baby, he was brought to me. Without paying attention to the nurse and without remembering all the stories from family and friends that a caesarean does not give milk immediately and it would be uncomfortable to have him on top of the wound, he will not be satisfied, etc. I latched my son and we started on our task. The baby latched perfectly and we had a wonderful day. Once night arrived, the nurse told me that the babies had to sleep in a room for babies with greater security. I told her sharply that I did not agree. In fact she brought me a box of formula and told me to have three bottles ready to give in case he cries. What I did was to tell her what I felt - that he will not use it and the bottles and formula ended up as trash. For everyone, I was like an animal who was being threatened to have her child removed. It was beautiful to feed my son without needing to depend on formula. After they had attacked me, all in the clinic admired us when leaving.

At home, although I woke up at all hours, I did not succumb to the criticism of my mother, "and you, you will go through the night with this boy attached... give a bottle, this is because your milk does not fill him up." I did not listen to her and answered, "He has a bottle that is the shape of MY BREAST"... that we breastfed day after day, without stopping until today he is three and a half months and we continue counting. My mother today is proud to say that her grandchild is only breastfed... now, isn't that the truth?

I understand that in order to achieve one has to believe. I believed that I could give my son the best of me and I did it. My husband and the forum have been a great help as support and perseverance is what we need to continue breastfeeding. My first month was difficult but I did not stop breastfeeding, did not complement with formula. It may be necessary to sacrifice but he is your child and it is worth the effort.

Although I had cracks in my left nipple which hurt me immensely as the baby latched each time, I looked at my baby and told myself "YOU WILL HEAL ALANNA... ISMAEL NEEDS MY MILK". It was a mental anaesthesia and it worked to put a little of my milk on the cracks and they healed within three weeks. In the end one needs FAITH and really believe that there is nothing better than YOU to feed your baby.

Another challenge that I faced with breastfeeding was to be able to save my milk when I returned to work. Ismael is now three months old and to be able to continue to breastfeed without interruption, I asked for my vacation after my post maternity permission. The fact is I return to work in January on the first day of work.

For me, it was always a concern from the beginning on how to continue breastfeeding my baby. I searched in the forum, read from other mothers about their experiences in expressing milk, searched online for the different pump options until one day, one month after giving birth, I decided to express milk manually with my own hands (incredible!). I realised that I could express 4 ounces (118.29ml) from one breast and later on the other, almost another four ounces. I was emotional and said: "Alanna: why would you buy a pump, you have expressed some ounces daily" and I started that way. You would not believe me BUT I still do not have a pump and daily I express manually 8 to 15 ounces (236.59 to 443.60ml) to save. To my satisfaction I have frozen totally 300 ounces (8872.06ml) until today and this has motivated me to continue breastfeeding each time I do so. In the end, yes we want to continue breastfeeding and achieve the impossible.

I feel very happy to be able to breastfeed and hope to do it with success with Ismael and with other children that one day I will have. I CAN DO IT...YES I CAN DO IT... but the decision

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**Alanna Felix**, mother to two, the second son Ismael at three and a half months (January 2012) is exclusively breastfeeding.

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

## FATHER SUPPORT

### 11. 14 Ways for Dads to be Engaged with their Breastfed Babes

Christie Haskell

1. **Take over bath time.** Well, assuming your baby enjoys baths, that is. Otherwise it might be more comforting to be the one to dry baby off and dress him or her afterwards.
2. **Sing songs.** Not only helps with language development, but I guarantee your heart will melt watching the baby's father singing to their tiny love.
3. **Play with the baby,** with toys or even just simple hand games. For more physically-oriented dads, infant play can involve helping baby learn how to track with his or her eyes, or holding a toy for the wee one to bat at.
4. **Babywear!** strap that little person onto their father for a walk around the block, or even just while sitting on the couch. Bare-chest it for some beneficial skin-to-skin (or skin-to-hair, as it may be – tactical learning?).
5. **Tend to other needs.** Diapers may not be exciting, but involving dad in diaper changes, dressing the babe, or anything else needed helps enforce that he isn't merely a bystander.
6. **Attend any doctor visits** or be involved and educated in any/all choices and discussions about the babe's health.
7. **Learn body language** and help teach signs and of course verbal language as well. A dad who understands his baby's requests through body language or otherwise will enjoy responding to early communication as well.
8. **Give baby massages.** Not only can this help relieve tension (in dad as well as the babe) but it has a lot of health benefits as well.
9. **Read to the baby.** It doesn't matter what it is. Spoken language, versus recorded language, teaches language skills no matter if you're reading the Wall Street Journal or Twilight (okay, that last one's a "maybe").
10. **Fetch and tuck in the baby at night.** If you're not bed-sharing, dad can wake up to the baby's call and also help settle them back in. During the day at naptime, he can help send the little one to dreamland.
11. **Do the Daddy-Gas-Dance.** Many men instinctively hold a baby belly-down across their arm, the head near the crook of the arm with the supporting hand generally around the infant's belly. This is a fantastic position to help relieve tummy problems.

12. **Make 'em laugh.** Dads are often masters of inciting infant laughter, whether it's through weird voices, faces, or some other silly trick. If they manage to encourage that first laugh, they'll remember that forever (and likely brag about it as well).
13. **Cuddle up for nap time.** If bed-sharing, older babies can take naps with Daddy, or even sleep on his chest while he reads a book or watches TV. (Snuggling a sleeping baby is one of my favorite times!)
14. **Have him advocate for your breastfeeding.** A dad who understands the importance of breastfeeding is less likely to feel that it takes anything away from him.



I'm sure there are many other things dads can do. What else do YOU do with your baby when not breastfeeding? Everything except feeding is something the father can do, especially if given the opportunity. Give him plenty of quality time and let him really learn his baby too. Feeding time, while a great bonding time for Babies, is only a tiny part of the baby's needs. I'm sure there are many things I missed as well that you all can tell us about. How do your babes' fathers spend quality time with them, outside of meal time?

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Adapted from 14 Ways for Dads to be Engaged with their Breastfed Babes by Christie Haskell.  
See <http://www.bestforbabes.org/14-ways-for-dads-to-be-engaged-with-their-breastfed-babes>

## 12. Massive Sexists Roles in the Communication Media

Arturo Arteaga Villarroel, Mexico

It gives me great pleasure to learn that in Mexico there are protests against businesses which promote their products in a sexist manner.

For example, a product that eases the ironing of clothes "which evades the mother passing endless hours ironing." Questions arise on, why save the mother? Is the mother the only one carrying out this activity? Is this a "feminine" activity? And although in our situation, beyond the mother who irons, is it not true that this marvellous product helps the whole family spend more time together?

This reminds me of the important advances made against racism which have resulted in programmes like "Barney" – where it shows children from different races having fun – because it shows a "normal" situation where all can share fun moments without caring about our physical appearances.

To me, to find better ways and improved contents in the massive communication media, eventually helps to achieve an important change in our societies, to present "normal" truths that are more equitable and congruent.

What an impact would an advertisement/commercial for baby clothes, educational toys or some soap to wash dishes have if it shows a mother breastfeeding or a father washing dishes while the children are seen playing?

Of course, in the first place, this path requires that we men, like our partners, evolve towards new forms of thinking/thoughts.

In the beginning, it may seem that the unwillingness to change would be for those of us who are men, yet I recall a conversation that my wife had with her work colleague. The economic situation of that particular family had improved and he had commented to his wife that he wanted to buy a washing machine. The wife very affected, rebuked whether he lacked in anything, whether he had any complaint against her, whether she was not sufficiently "woman" for him to consider that she needed help... I feel that it is not necessary to make a greater comment with respect to that.

It does not depend on fashion or being correct only because it has to be or to gain respect, criticism or admiration of the others. I am convinced that this will take us far beyond that. We have the opportunity to evolve towards relationships that are more equitable and while we take advantage of every opportunity

that comes our way, we can enjoy life more fully because we discover that we love our partner not for the money they bring home nor for washing the clothes or preparing the food, but for being the person who chooses freely to share their lives with us.

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**Arturo Arteaga Villarroel**, married for 23 years, is father to three breastfed boys: Jesús (19), Alberto (15) and Ricardo (15). With his wife, has led a monthly parents support group for almost 10 years. He also participated in the monthly LLLI meetings where whole families were welcomed at his home in Mexico City. Recently moved to Queretaro City, he is a Computer Science Engineer with a post degree in Neuro Linguistic Programming and a partial master in Planning and Systems.  
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### 13. Men's Initiative E-Newsletter

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

The December 2011 issue of the E-Newsletter can be downloaded at:

[http://www.waba.org.my/whatwedo/mensinitiative/pdf/mi\\_e\\_dec2011\\_eng.pdf](http://www.waba.org.my/whatwedo/mensinitiative/pdf/mi_e_dec2011_eng.pdf)

The contents of this issue include:

- Men's Gender Role in Family Planning
- The World's 7<sup>th</sup> Billionth Baby
- Zambia Applies Code Articles
- COL HC Partners Meeting In South Africa
- World Breastfeeding Week 2011
- Fathers Can Support Breastfeeding
- Revising the breastfeeding strategy
- PCF7 to be held in Nigeria 2013
- Low-income Fathers Involvement
- Philippine fathers, Employers Engaged
- Canada endorses WBW Action
- Swaziland: fathers not left out
- Breastfeeding Week Support In North America

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

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

- Europe – Per Gunnar Engblom: [pergunnar.engblom@vipappor.se](mailto:pergunnar.engblom@vipappor.se)
- Africa – Ray Maseko: [maseko@realnet.co.sz](mailto:maseko@realnet.co.sz)
- South Asia – Qamar Naseem: [bveins@hotmail.com](mailto:bveins@hotmail.com)
- Latin America and Caribbean – Arturo Arteaga Villarroel: [arturoa36@hotmail.com](mailto:arturoa36@hotmail.com)

For further information on the WABA Men's Initiative see:

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

### BREASTFEEDING ADVOCATES

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**M**any individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In this issue, the Editors and the MSTF would like to highlight two breastfeeding activists from two different countries – Bernadette Stabler of Germany and Zilda Magalhães of Brasil.

## 14. My dear Madrina

### Bernadette Stähler: Lidia de Veron, Paraguay

She came to Paraguay from her country, Germany, in the 1980s with her two young sons, Thomas and Dominik, and her husband Dieter, who came to work in Goethe, a secondary school in Asuncion. While in Paraguay, she gave birth to Katrin Anahí whom they called "our paraguayita."

Bernadette, this marvellous sweet woman so filled with love, so filled with life, wanted to give Paraguay a gift, a small part of herself that would continue giving life. Thus she founded La Liga de la Leche del Paraguay (LLLPy) on 6 September 1983, accompanied by mothers and paediatricians.

The generosity and devotion of Bernadette was put to the test two weeks later following the death of her little girl Katrin Anahí. When the day of the support group meeting arrived Bernadette opened the door of her house, as always with a smile, to receive the mothers who had arrived to share experiences. She coordinated the meeting with serenity without showing sadness due to her immense loss. She perhaps had a great need to share her sadness, her nostalgia yet even then she did not "mix causes." During this time too, she continued with her visits to mothers at the maternity wards of Cruz Roja Paraguaya, providing support to these mothers to overcome difficulties in breastfeeding and caring for their babies.

Bernadette is a simple person who shared her experiences with her neighbours in the San Cristóbal neighbourhood without judging their circumstances, guiding them in the loving care of their children.

She was always very attentive to any new births in her neighbourhood, visited the family and with great care and respect, encouraged the mothers and families to give their best to the newcomer.

It was beautiful to see Bernadette with her husband and sons cycling through the neighbourhood, greeting and sharing with the people.

I have many beautiful memories of Bernadette as when I met her I was expecting my son Diego Martín. I remember the joy I felt when I was invited to participate in the LLL Paraguay support group meeting. It was a wonderful time when she visited me at the hospital at the birth of Diego. She looked at my child with such admiration as if he were unique.

She and her family returned to their country at the end of 1987, without losing the bonds of friendship and love for her friends and neighbours, especially her dear LLL Paraguay. In all her visits to Paraguay, she participated in at least one of the support group meetings.

For the "Silver anniversary of La Liga de la Leche" celebrations, we were lucky to have her and her family with us. It was one way we could express our love and gratitude to our dear Bernadette, my dear madrina (godmother).

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**Lidia de Verón (Lily)**, Mother to five sons and two daughters and three grandsons, one who has passed away. She is a psychologist with a specialty in Education and Infant Development. She was accredited as an LLL Leader in December 1987. Her leadership process was sponsored and coordinated by Bernadette Stähler. Since then she has facilitated Support Groups in her house and also in the hospitals and in a Home for Teen Mothers. She has accompanied various LLL Paraguay Leaders in their leadership.  
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*Bernadette Stähler at La Leche League Paraguay's Silver Anniversary*

## 15. What can 22 male legs do

Elizabeth Gavilan, Paraguay

What can 22 male legs do... for the future of a country? At this very moment (24 July 2011), a big part of Paraguay's population has put its confidence in 22 male legs, as the national football/soccer team is trying to win the American Cup Final. If the team wins – how long will the euphoria last?

There are efforts of other persons whose impact lasts longer. One of them is Bernadette Stähler, of Hungarian origin and mother to five children. Some 28 years ago she, the wife of a German science teacher temporarily commissioned in Paraguay, founded the Paraguayan chapter of La Leche League (LLL), which has grown into an officially recognized Non Governmental Organization with 16 Leaders. I feel so honored to be part of them!

For many, it may have been the same as for me: the first mother-to-mother support meeting I attended in her home changed my life. Bernadette, your efforts have put me in contact with mothers who no doubt are among the noblest persons in this country and in the whole of Latin America, noble for their attitude towards life, their children, and family life. You reached out to us here and we have grown into understanding more deeply a mother's commitment, being able to feel the bliss of it. You left us with a bilingual book on how to raise children with love. On the other hand, you had to mourn your little daughter's sudden death in Paraguay. Nevertheless you kept visiting low-income mothers in The Red Cross Hospital of Asunción to reassure them that they did their best when they kept on breastfeeding their children naturally, as their mothers and grandmothers had done. Now it is we who pass the flame of love to younger mothers in Paraguay.

Back home in Germany, you and your husband were blessed with the birth of two more sons. Both of them have made acquaintance with Paraguay, the country that is part of their family's history and have grown to like it.

Bernadette, you founded another LLL group in your home town and co-authored a book for healthcare professionals on breastfeeding in 2002 in Germany that helped to make a breakthrough on this subject matter. In this book you presented LLLI as an international self-support organization of breastfeeding mothers, and wrote of your experiences as a La Leche League Leader in Paraguay's urban and rural social contexts.

As a teacher and teacher trainer for the French language, you take the opportunity to promote breastfeeding among your students. What we can also learn from you, Bernadette, is toughness and creativity, which we need more than ever to counteract in a pacific manner against any adverse interest that may arise contrary to the rights of mothers and babies to stay together to breastfeed. Our spouses and children will most likely follow your/our steps. Thus more and more persons will know how real happiness feels and how long-lasting it is – much longer than the memory of any triumph in football/soccer.

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**Elisabeth Gavilan**, District Coordinator La Leche League Paraguay, German immigrant married to a Paraguayan and mother to four children, three breastfed. She is a specialist in child-friendly learning environments and a ICDP (International Child Development Programme) Facilitator.

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## 16. Working Quietly / Silently for Breastfeeding

Maria Lúcia Futuro Mühlbauer, Brasil

Zilda Magalhães joined Amigas do Peito in 1984, the same year I did. Her first daughter is more or less of the same age as my fourth son and she was breastfeeding her then. I met her however a year later at a coordinators' meeting as we lived far apart (in neighbouring towns). It was in one of these situations where I felt an immense gratitude towards her. Zilda is a special person. An economist by profession, a hiker by vocation, a breastfeeding activist by desire, she helped me greatly in my development. With the pragmatic side of my daydreams, she made me look at real possibilities of carrying out projects.



*Zilda Magalhães at an outdoor support group meeting.*

A serious hiker, she has hiked throughout Brasil, Latin America, Central America and Europe. She completed 37 days of the Camino de Santiago when she was 60 years old, and this year arrived at Santiago de Compostela by way of Portugal. This discipline, enthusiasm and attention to her life goal has helped maintain Amigas do Peito. She keeps a constant stock of slings to be sold to maintain the Headquarters of Amigas do Peito, a room in Rua do Catete Rio de Janeiro, Brasil.

I am extremely grateful for this brave friend and companion.

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

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



#### NEW DIRECTIONS

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

### 17. Herbert Spencer Ratner

Herbert Spencer Ratner (also Herbert Albert Ratner) (23 May 1907 – 6 December 1997), an American physician, was the director of public health for the community of Oak Park, Illinois, (USA) for twenty-five years. An advocate of preventive family medicine based on natural norms, he was also a long-time proponent of informed medical consent. For more than twenty-nine years (1968–1997) Dr. Ratner was editor of *Child and Family Quarterly*, a paramedical journal which ran articles on the Hippocratic Oath, infant development, women's health, and other topics related to family health.

From 1956 until 1997, he served as senior advisor to La Leche League International, and was considered by that organization to be one of its "founding fathers." In May 1962 the Center for the Study of Democratic Institutions published Ratner's landmark analysis (in its American Character series) of the state of American medicine that later was reprinted in the *Saturday Review*. In 1967 Dr. Ratner helped to found and became secretary-treasurer of the National Commission on Human Life, Reproduction and Rhythm.

His chief interest had always been preventive family mental health with an emphasis on the first three years of a child's life as the critical time for establishing mental health. Throughout his career he gave innumerable talks to parents on the emotional needs of young children. He also published extensively on this topic in *Child and Family Quarterly*.

Dr. Ratner passed away at age 90 on 6 December 1997, in Fairview Park, Ohio, USA.

Adapted from [http://en.wikipedia.org/wiki/Herbert\\_Ratner](http://en.wikipedia.org/wiki/Herbert_Ratner)

## NEWS FROM THE BREASTFEEDING WORLD

### 18. RUMBA's Many Actions and Activities for 2012

Amura Hidalgo, Costa Rica

**R**ed Unida por la MadresBebés y su Alimento (United Network for MothersBabies and their Food) – RUMBA – has planned a series of activities for the region (Latin America and the Caribbean) seeking to consolidate the Network for 2012.

Youths from various professions, students and workers from 22 countries in the Latin American region are working to denounce unscrupulous practices by multinationals of infant foods producing formulas and infant products. It is for this reason that RUMBA youth have united actively to boycott Nestlé and follow closely the activities of Danone!

RUMBA has also made important connections with movements for humanised birth to fight obstetric violence practiced against women. This resulted from an understanding that a mother's right to breastfeed is linked closely to processes related to her pregnancy and childbirth.

In 2012 RUMBA will organise a series of workshops on

- Code monitoring
- Rights of women
- Humanised and respected childbirth
- Support for pregnant women with yoga skills, support groups, relaxing massages, meditation and much more.

RUMBA invites you to share your ideas and offers space for developing these activities with RUMBA!

RUMBA Costa Rica will host these interesting activities and combine them with a stay in this beautiful country for ecotourism, to learn Spanish, to share with pro-breastfeeding and young activists from various communities in the coasts, mountain or cities. Join us!

Follow us on Facebook in: rumbalac and write to us for more information at rumbalac@gmail.com

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RUMBA and IBFAN LAC-Latin-American and the Caribbean. He is a communicator who specialises in Project Administration and Events Organization.  
Email: swamura@gmail.com

## 19. Regional Workshop on Respected Childbirth

Katherine Rodríguez, Costa Rica

**Workshop of Respected Childbirth, No to Institutionalised Violence**, organised by RUMBA took place in Costa Rica on the 29 and 30 October 2011. Looking for answers and learning from experiences, we gathered women and men from very diverse professions, from the health sector, midwives, doulas, nurses, psychologists, lawyers, breastfeeding counsellors and of course mothers from very different positions. There were participants from Puerto Rico, Panama, Colombia, El Salvador, Guatemala, Spain, United States of America, Costa Rica and from various organizations like La Leche League, CEFEMINA, IBFAN, WABA, International Initiative for Childbirth MotherBaby (Iniciativo Internacional de Parto MamáBebé).

### Summary of the Regional Workshop of Respected Childbirth

In the workshop the following themes were presented and developed: Legal Aspect on Childbirth in Latin America, Informed decisions, Feminism and Motherhood, Obstetric Violence and others. There were interesting presentations on Childbirth, Maya Cosmo-Vision, Medicalization of Childbirth, Sexual Abuse, Motherhood and experiences on support groups of women who lived through caesarean and experienced emotional and physical pain.

The theme on obstetric violence was extensively discussed; the term, legally coined in Venezuela, is being used in Puerto Rico, Chile and in other countries. It describes the offence and health professional violence against the rights of pregnant women and during labour and childbirth. This includes "mechanized care, technical, impersonal and overcrowding of birth."



The workshop was also an opportunity to present the Puerto Rican Campaign “Inne-cesárea”, designed by youth from the Masters programme in Public Health, University of Puerto Rico. This campaign seeks to create awareness about the great number of cesareans taking place in Puerto Rico and a great majority of the countries in our region without any real justification which goes against the rights of women and affects her well being and her physical and emotional health, influencing the continuum of childbirth and breastfeeding. In February 2012, the campaign “**Inne-cesárea**”, was launched in Puerto Rico and throughout the year will be extended to countries of Latin America and the Caribbean with the collaboration of RUMBA.

The Workshop of Respected Childbirth was facilitated by noted professionals of the School for Public Health, University of Puerto Rico and PROMANI-IBFAN Puerto Rico, committed to natural, humane, and respectful births. The activity was organised by RUMBA (United Network for MothersBabies and their Food /Red Unida por las MadresBebés y su Alimento), with support from IBFAN and WABA Latin America and the Caribbean.

For further information on respectful childbirth and related initiatives: [www.draparrilla.com](http://www.draparrilla.com) [www.promani.org](http://www.promani.org) or [www.imbci.org](http://www.imbci.org). You can follow RUMBA on Facebook under rumbalac or write to [rumbalac@gmail.com](mailto:rumbalac@gmail.com) for more information on the Workshop.

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Katherine Rodríguez, Administrador and computer expert; Member of IBFAN LAC and Rumba Coordination Team. Email: [rumbalac@gmail.com](mailto:rumbalac@gmail.com)

**Note:** *The poster shows a photo of Cristina Amador and Pedro Aguilar, with their daughter Mia and in the abdomen Zoe who has turned 1 year. Both are the grandchildren of Marta Trejos.*

## 20. Good Perspectives, Renewed Energies for gBICS – Global Breastfeeding Initiative for Child Survival

### Gina Gatgens, Costa Rica

In the first week of December 2011 an important meeting took place in India. It was a gBICS Programme Meeting – Global Breastfeeding Initiative for Child Survival, a joint programme of IBFAN and WABA with support from the Cooperation of Norway and Sweden.

This initiative seeks to help with the implementation of the Millennium Development Goals and contribute particularly to Objectives 4 and 5 related to the reduction of Infant Mortality and improvement of Maternal Health. gBICS developed this initiative worldwide to help improve breastfeeding rates and optimum infant nutrition. gBICS supports governments to develop national processes to evaluate the carrying out of policies and programmes related to infant nutrition, using the tool called WBTi – World Breastfeeding Trends Initiative. The reports from 44 countries are available at: [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org)

The recent meeting of the gBICS programme developed a very enriching and innovative work on strategic planning, fixed priorities for the next 10–30 years visualising how to and towards where to progress/advance, in addition to increasing breastfeeding protection in the face of unscrupulous practices by infant food industries.

The office for World Coordination of this initiative gBICS is now in CEFEMINA Costa Rica. For more information, please write to: [cefemina@racsa.co.cr](mailto:cefemina@racsa.co.cr)

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Gina Gatgens, Coordination Office for gBICS, Costa Rica, Mother to two daughters, translator, specialist in Administration and Project coordination.  
Email: [ggmtrad@yahoo.es](mailto:ggmtrad@yahoo.es)

## 21. WABA turns 21 on 14 February 2012

### Julianna Lim Abdulla, Malaysia

On 14 February 2012, WABA was founded 21 years ago, during the Innocenti Declaration as a people’s force to mobilise actions to protect, promote and support breastfeeding. As a network of networks and organisations, the thrust of WABA’s work has been to provide common platforms to facilitate global collective action, the World Breastfeeding Week campaign being the main avenue.

Twenty one years later, the priority of WABA is to nurture and mobilise young people on its issues, actions and campaigns to protect, promote and support breastfeeding. On 14 February 2012, WABA announced the launch of its recent video "Feed the Future", an outcome of WBW 2011 and from workshops for young people in Penang, Malaysia. See WABA website: <http://www.waba.org.my/>

## 22. 20 Years of Celebrating World Breastfeeding Week

The theme for 2012 World Breastfeeding Week (WBW) is **Understanding the Past – Planning the Future** Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding.

It's Time To Act After 10 Years Global Strategy And 20 Years WBW!

20 years ago, the World Alliance for Breastfeeding Action (WABA) launched its first World Breastfeeding Week (WBW) campaign with the theme: "Baby-Friendly Hospital Initiative." So much has happened in these 20 years, it is time to celebrate but also to look back, understand what has happened and why. Then plan what more can be done to support all women to be able to optimally feed and care for their infants and young children.

WBW Calendar can be downloaded in:

English – <http://www.worldbreastfeedingweek.org/pdf/wbw2012-cal.pdf>

Spanish – <http://www.worldbreastfeedingweek.org/pdf/wbw2012-cal-spa.pdf>

French – <http://www.worldbreastfeedingweek.org/pdf/wbw2012-cal-fre.pdf>

Keep abreast with WBW information at [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

## 23. International Women's Day 2012 – 8 March 2012

Sarah Amin, Malaysia

The WABA statement for the 2012 International Women's Day is based on the theme **CONNECTING GIRLS, INSPIRING FUTURES!** The statement is available on the WABA website <http://www.waba.org.my/> or <http://www.waba.org.my/pdf/waba-iwd2012.pdf> and Facebook. While WABA generally targets women and adults, it is important to include girls in our messages and messaging. While young boys are similarly affected by the speed and stresses of modern society, the disconnection that girls face especially has repercussions into future generations, as they become mothers and nurturers, and thus should not be ignored! Do take a few minutes to read our statement and watch the videos on **YOUth in ACTion** as well as on **Working Women**.

## 24. WABA World Breastfeeding Week (WBW) Coordinator moves on

Sarah Amin, Malaysia

The WABA WBW coordinator and deputy director, Julianna Lim Abdullah, has recently resigned to move to Kuala Lumpur, Malaysia, for personal reasons. WABA is grateful for Julianna's years of service to the network, and in particular for coordinating World Breastfeeding Week (WBW) campaign for seven years, managing the WABA Information and Communications programme and supporting the Mother Support Task Force. We will miss her very much but know that she will continue to be a part of the WABA extended family.

Jennifer Mourin, WABA consultant for the past three years will coordinate the WBW campaign as of this year. Jennifer has many years of campaigning experiences and has become known to many in the network over the past few years. If you wish to write to us on WBW matters you can send your emails to <[jennifer.mourin@waba.org.my](mailto:jennifer.mourin@waba.org.my)> or to the WABA email, [waba@waba.org.my](mailto:waba@waba.org.my) for more general matters.

We look forward to hearing from you if you have anything to update us and would like to share with the larger network.

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Sarah Amin, WABA, Executive Director

## 25. World Health Day, 7 April 2012

This year's World Health Day (see <http://www.who.int/world-health-day/2012/en/>) theme – *Ageing and Health: Good Health adds life to years* – addresses how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. The World Health Organization is calling for us to take action to create societies which appreciate and acknowledge older people as valued resources and enable them to participate fully; and to help protect and improve health as we age.

Join La Leche League International (LLLI) and the World Alliance for Breastfeeding Action (WABA) in celebration of World Health Day 2012. To download the statement see in:

English – <http://www.waba.org.my/pdf/whd2012-eng.pdf>

French – <http://www.waba.org.my/pdf/whd2012-fre.pdf>

Spanish – <http://www.waba.org.my/pdf/whd2012-spa.pdf>

Portuguese – <http://www.waba.org.my/pdf/whd2012-por.pdf>

## BREASTFEEDING RESOURCES

### 26. WABA Research Task Force (RTF) e-newsletter, December 2011

We are pleased to share with you the fourth issue of the WABA Research Task Force (RTF) E-newsletter. (Available for download at <http://www.waba.org.my/whatwedo/research/pdf/rtfnl-dec11.pdf>) The cesarean section (CS) rate is on the increase in many parts of the world. At the Karolinska Institute, Sweden researchers are studying the benefits of promoting skin-to skin contact to facilitate breastfeeding as well as providing other benefits. This issue also deals with the long-term benefits of lactation for mothers and children, dilemmas facing breastfeeding working mothers and the impact of the Baby-Friendly Hospital Initiative in Brazil. Finally we present an article that describes how company marketing practices affect infant feeding decisions in the Philippines.

Contents of this issue:

- Parent-Infant Skin-to-Skin Contact after Caesarean Section: Effect on Interaction and Breastfeeding
- Duration of Lactation and Incidence of Maternal Hypertension: A Longitudinal Cohort Study
- Breastfeeding and child cognitive development: New evidence from a large randomised trial<sup>4</sup>
- Breastfeeding at work needs to be better recognised and supported
- The Baby-Friendly Hospital Initiative shows positive effects on breastfeeding indicators in Brazil
- Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines?

Amal Omer-Salim and Khalid Iqbal

Co-coordinators of the WABA RTF

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

Khalid: [kitfeed@gmail.com](mailto:kitfeed@gmail.com)

### 27. Breastfeeding and the Use of Human Milk, Policy Statement Pediatrics

Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neuro developmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. Medical contraindications to breastfeeding are rare. Infant growth should be monitored with the World Health Organization (WHO) Growth Curve Standards to avoid mislabeling infants as underweight or failing to thrive. Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF "Ten Steps to Successful Breastfeeding."

National strategies supported by the US Surgeon General's Call to Action, the Centers for Disease Control and Prevention, and The Joint Commission are involved to facilitate breastfeeding practices in US hospitals and communities. Pediatricians play a critical role in their practices and communities as advocates of breastfeeding and thus should be knowledgeable about the health risks of not breastfeeding, the economic benefits to society of breastfeeding, and the techniques for managing and supporting the breastfeeding dyad. The "Business Case for Breastfeeding" details how mothers can maintain lactation in the workplace and the benefits to employers who facilitate this practice.

Pediatrics 2012;129:e827–e841

Pediatrics: Official Journal of the American Academy of Pediatrics.

<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf+html>

## 28. Milk Matters Newsletter

### Human Milk Bank

In 2005, people started talking about 'nature deficit disorder' because of growing health concerns associated with our separation from nature. This would include "the dirt hypothesis" (i.e., that children who are brought up in homes that are too clean never develop proper immune systems, and are more prone to asthma and auto-immune diseases.) Unluckily the reporters who picked up on this are so far removed from nature that they did not think to comment on one of the biggest disconnects from nature – large-scale formula feeding of children.

Artificial feeding of babies is an important factor in a growing malnutrition problem (whether under or over-nutrition). Undoubtedly formula is a necessary product, but it's become so dramatically over used that many are unaware of the risks in relying on it, let alone the burden to the environment in manufacturing, packaging and transporting vast quantities of a product that costs more and does less than the product it is meant to replace.

How inspiring it is to see so many who go out of their way to provide breast milk for those who would otherwise go without – i.e., for the fragile babies whose mothers are not able to produce enough milk, or who are not even there.

Sunday, 22 April is World Earth Day. Breastfeeding mothers and those who help them: take a bow. You are in the forefront of our environmental struggle.

Jacquie, Editor, Milk Matters Newsletter

Email: [jacquie@milkmatters.org](mailto:jacquie@milkmatters.org); [info@milkmatters.org](mailto:info@milkmatters.org)

Website: [www.milkmatters.org](http://www.milkmatters.org)

Blog: <http://milkmatters.tumblr.com/>

## 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. Mother Armadillo Breastfeeding her Babies

### Pushpa Panadam, Paraguay

When my husband Manuel Velázquez shared this photo on my Facebook page of a mother Armadillo breastfeeding her babies, I did not realize the impact on children being shown this photo.



*Mamá Tatú - Armadillo with her babies!  
Photo by Sofi L. Larroza*

Stéphanie Fischer, LLL Leader France posted a comment from her 5-year old: "oh, she should attend her LLL meeting with the other ones like her! ;-)"

This photo was posted on Paraguay en Fotografias – Explorando en Paraguay, Album 5 (Paraguay in Photographs – Album 5 Exploring Paraguay)

Armadillos are New World placental mammals with a leathery armor shell. Armadillos species are primarily found in South and Central America, particularly in Paraguay and surrounding areas. Many species are endangered. Some species groups, such as the long-nosed armadillos, are widely distributed over the Americas, whereas others, such as the fairy armadillos, are concentrated in smaller ranges in South America.  
<http://en.wikipedia.org/wiki/Armadillo>

## GRANDMOTHERS and GRANDFATHERS SUPPORT BREASTFEEDING

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### 30. Going Out: La Leche League News, Jan–Feb 1979

Charlotte Walkowski, Houston, Texas, USA

The MSTF Editors would like to apologise for excluding information on Charlotte Walkowski, the author of the article below. This article was published in V9N2.

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

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

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

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**Charlotte Walkowski**, married to David for 44 years, retired and living in Texas, USA, mother of 3 adult children (born in the 1970s), all breastfed and grandmother to four breastfed grandsons. Charlotte was an LLL Leader in the 1970s and 1980s. These days, she enjoys doing little "breastfeeding encouragements" by talking to a first cousin about breastfeeding, seeing her niece breastfeed her first baby and hearing from her daughter-in-law about the current nursing pattern of her fourteen month old grandson.

## BREASTFEEDING, HIV and AIDS

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### 31. In a major policy shift, mothers in South Africa are encouraged to exclusively breastfeed instead of using formula

Shantha Bloemen

A major policy shift is now underway in KwaZulu Natal, the province with the highest HIV prevalence among pregnant women. All mothers are now being encouraged to exclusively breastfeed for the first six months. Instead of formula, HIV-positive mothers and their infants will receive antiretroviral drugs that will dramatically reduce the chances of transmission.

In the past, "all we were really interested in was preventing HIV," said Professor Anna Coutsooudis, an expert on paediatric HIV at KwaZulu Natal University. "The best way to stop transmission from mother to child through breastfeeding was to give out free formula. But then what happened as this policy became rolled out, you started seeing that, although you get less HIV infection when you use formula, there are side effects, which is kids get more pneumonia, more diarrhoea."

Formula not only increased infants' vulnerability to disease, it could also be dangerous if mixed with unsafe water. "In poor settings, they actually die from formula," Prof. Coutsoudis.

At Nsimibini Health Clinic, south of Durban, all mothers are now given the same advice, that breastfeeding is the best option. "It was very difficult at first because people did not understand," said Nurse Mnguni Nompumelelo. "You really had to talk to them to make them understand how important breastmilk is."

Training is also underway for community caregivers, community members who go-house-to-house advising families on the best care for their children.

Adapted from [http://www.unicef.org/infobycountry/southafrica\\_62139.html](http://www.unicef.org/infobycountry/southafrica_62139.html)

### 32. World AIDS Day Statement

Sarah Amin, Malaysia

Getting to Zero: Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths -- Making GETTING TO ZERO a Reality for HIV-Infected Mothers and Their Children"

World AIDS Day celebrated on 1 December 2011, The Statement available for download at <http://waba.org.my/pdf/wad2011-wwntk.pdf> brings critical updated information on this complex issue of HIV and infant feeding policy guidelines and decision making; and the important role of exclusive breastfeeding in HIV intervention and child survival!

We also urge you to take note of a recently update paper by WABA with references on "What Women need to know on HIV and Infant Feeding". [See <http://waba.org.my/pdf/wad2011-statement.pdf>] The short document aims to guide all women in understanding this complex issue better, and help them make informed decisions on needed treatment and infant feeding for both maternal health and prevention HIV transmission to infants. All health and women's health activists will find this document most useful!  
<http://waba.org.my/pdf/wad2011-statement.pdf>

Sarah Amin, WABA Director.

### 33. Infant feeding practices at routine PMTCT sites, South Africa: results of a prospective observational study amongst HIV exposed and unexposed infants – birth to nine months

Ameena E Goga, Tanya Doherty, Debra J Jackson, David Sanders, Mark Colvin, Mickey Chopra and Louise Kuhn

#### Background

We sought to investigate infant feeding practices amongst HIV-positive and -negative mothers (0-9 months postpartum) and describe the association between infant feeding practices and HIV-free survival.

#### Methods

Infant feeding data from a prospective observational cohort study conducted at three (of 18) purposively-selected routine South African PMTCT sites, 2002–2003, were analysed. Infant feeding data (previous four days) were gathered during home visits at 3, 5, 7, 9, 12, 16, 20, 24, 28, 32 and 36 weeks postpartum. Four feeding groups were of interest, namely exclusive breastfeeding, mixed breastfeeding, exclusive formula feeding and mixed formula feeding. Cox proportional hazards models were fitted to investigate associations between feeding practices (0-12 weeks) and infant HIV-free survival.

#### Results

Six hundred and sixty five HIV-positive and 218 HIV-negative women were recruited antenatally and followed-up until 36 weeks postpartum. Amongst mothers who breastfed between three weeks and six months postpartum, significantly more HIV-positive mothers practiced exclusive breastfeeding compared with HIV-negative: at three weeks 130 (42%) versus 33 (17%) ( $p < 0.01$ ); this dropped to 17 (11%) versus 1 (0.7%) by four

months postpartum. Amongst mothers practicing mixed breastfeeding between three weeks and six months postpartum, significantly more HIV-negative mothers used commercially available breast milk substitutes ( $p < 0.02$ ) and use of these peaked between nine and 12 weeks. The probability of postnatal HIV or death was lowest amongst infants living in the best resourced site who avoided breastfeeding, and highest amongst infants living in the rural site who stopped breastfeeding early (mean and standard deviations: 10.7% +/- 3% versus 46% +/- 11%).

### Conclusions

Although feeding practices were poor amongst HIV-positive and -negative mothers, HIV-positive mothers undertake safer infant feeding practices, possibly due to counseling provided through the routine PMTCT programme. The data on differences in infant outcome by feeding practice and site validate the WHO 2009 recommendations that site differences should guide feeding practices amongst HIV-positive mothers. Strong interventions are needed to promote exclusive breastfeeding (to six months) with continued breastfeeding thereafter amongst HIV-negative mothers who are still the majority of mothers even in a high HIV prevalence setting like South Africa.

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<http://www.internationalbreastfeedingjournal.com/content/7/1/4/abstract>  
 International Breastfeeding Journal 2012, 7:4 doi:10.1186/1746-4358-7-4  
 Published: 3 April 2012 For the complete article –  
<http://www.internationalbreastfeedingjournal.com/content/pdf/1746-4358-7-4.pdf>

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          Mark Colvin             mark@maromi.co.za  
          Mickey Chopra         mchopra@unicef.org  
          Louise Kuhn             kuhnlu@sergievsky.cpmc.columbia.edu

### 34. Website Link to article “The AIDS War on Breastfeeding”

David Crowe, USA

To access this article, published in the Mothering electronic magazine, go to the following link:  
<http://mothering.com/breastfeeding/aids-war-breastfeeding>

The link may be shared with others, but to reprint part or all of the article, contact Peggy O'Mara for permission at [peggyo@mothering.com](mailto:peggyo@mothering.com) The article is in English.

**Note:** Readers who face this challenge are welcome to contact David Crowe at [David.Crowe@aras.ab.ca](mailto:David.Crowe@aras.ab.ca) for more information.

David Crowe is the President of the Alberta Reappraising AIDS Society. He is also a member of the Canadian Association of Journalists.

## NEWSLETTER INFORMATION

### 35. Check out these Websites

e-WABA Link – October to December 2011  
[http://www.waba.org.my/resources/wabalink/pdf/ewaba\\_link\\_1211.pdf](http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_1211.pdf)

Mothers who breastfeed exclusively sleep better. Article is in Spanish  
<http://www.elconfidencial.com/alma-corazon-vida/2011/10/27/las-madres-que-amamantan-de-forma-exclusiva-duermen-mejor-86631/>

Breast-Feeding May Boost Children's IQ

<http://www.livescience.com/17085-breast-feeding-boost-children-iq.html>

Breastfeeding – So Easy Even a Doctor Can Support It by Todd Wolynn

*BREASTFEEDING MEDICINE*, Volume 6, Number 5, 2011

Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2011.0087

<http://www.liebertonline.com/doi/pdfplus/10.1089/bfm.2011.0087>

Breastfeeding and an economic conspiracy?

Editors Note: This article includes a table comparing Breastmilk and Formula.

<http://www.wakawomen.com/2011/09/04/breastfeeding-and-an-economic-conspiracy/>

How adoptive mothers are learning to breastfeed their new babies

<http://www.dailymail.co.uk/femail/article-2064987/How-adoptive-mothers-learning-breastfeed-new-babies.html>

Breastfeeding USA – an organisation to provide evidence-based breastfeeding information and support and to promote breastfeeding as the biological and cultural norm.

<https://breastfeedingusa.org/>

For breastfeeding information – <https://breastfeedingusa.org/breastfeeding-information>

Researchers have identified stem cells in human breast milk, which behave similarly to embryonic stem cells when cultivated in a medium containing nutrients.

<http://theconversation.edu.au/nothing-like-mothers-milk-potential-treatments-from-stem-cells-in-breast-milk-3898>

Breastfeeding for at least a year can cut the chances of developing breast cancer by a third in women with a strong family history of the disease.

A study has found that women carrying the BRCA1 gene were 32 per cent less likely to develop breast cancer if they breastfed for at least a year compared with women with the gene who didn't.

<http://www.telegraph.co.uk/health/healthnews/9148659/Breastfeeding-for-a-year-cuts-cancer-risk-by-a-third-research.html>

Lactation Breeds Lack: The High Cost of Breastfeeding

It's not enough to simply tell mothers about the benefits of breastfeeding. Real changes need to be made in both the home and at the workplace to make it feasible for more women to simultaneously earn a living and nourish their baby.

<http://www.miller-mccune.com/business-economics/lactation-breeds-lack-the-high-cost-of-breastfeeding-40520/>

Breastfeeding Today – Issue 10 December 2011

<http://viewer.zmags.com/publication/45a53a63#/45a53a63/1>

To receive the latest issues, simply become a member of La Leche League!

Do you have a breastfeeding story you would like to share with other parents?

Email your contribution to [editorbt@lilli.org](mailto:editorbt@lilli.org) We look forward to hearing from you.

A Tale of Two Births: The Baby-Friendly Rap

<http://www.youtube.com/watch?v=N9KptD3t110>

Having a baby? See birth at a Baby-Friendly Hospital versus a Typical Hospital.

The musical rap video is cosponsored by the Breastfeeding Coalition of Oregon and the Massachusetts Breastfeeding Coalition.

[www.breastfeedingOR.org/rap](http://www.breastfeedingOR.org/rap); [www.massbreastfeeding.org/rap](http://www.massbreastfeeding.org/rap); [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)

Video – All About IBFAN

English: <http://www.youtube.com/watch?v=Jjrl2TTHWpk&feature=youtu.be>

French: <http://www.youtube.com/watch?v=PISVICYm8s4&feature=channel&list=UL>

Spanish: <http://www.youtube.com/watch?v=k6FGXlhGgU>

### 36. Announcements: Past and Future Events

- 9–13 January 2012:** Healthy Children's 16th Annual Conference in Orlando, Florida.  
Pre-conference Workshops include Skills Lab: 1. Interpreting Non-Verbal Cues: Skin to Skin, Latch, and Communication Strategies 2. Assessing the Feeding: Infant Oral, Motor Challenges  
For more information about Healthy Children's Center for Breastfeeding, please visit at [www.healthychildren.cc](http://www.healthychildren.cc) or email at [info@healthychildren.cc](mailto:info@healthychildren.cc)
- 9-14 January 2012:** 2<sup>nd</sup> Red Iberoamericana International Congress on Attachment (2<sup>o</sup> Congreso Internacional de Red Iberoamericana sobre Apego), Santiago de Chile, Chile. For further information, email [congresoria@udd.cl](mailto:congresoria@udd.cl)
- 14 February 2012:** WABA celebrates its 21<sup>st</sup> anniversary
- 23 February 2012:** Wellstart International celebrates its 26<sup>th</sup> Anniversary
- 8 March 2012:** International Women's Day 2012 – CONNECTING GIRLS, INSPIRING FUTURES! For the WABA statement see: <http://www.waba.org.my/pdf/waba-iwd2012.pdf>
- March 2012:** Seminars in seven cities and online <https://www.breastfeedingseminars.asn.au/node/26>
- 29–30 March 2012:** 7<sup>th</sup> Breastfeeding and Feminism Conference, Greensboro, North Carolina, USA, Carolina Breastfeeding Institute. For information contact Paige Hall Smith at [pmsmith@uncg.edu](mailto:pmsmith@uncg.edu) or see – [www.uncg.edu/hhs/cwhw](http://www.uncg.edu/hhs/cwhw) and <http://cgbi.sph.unc.edu/>
- 21–22 April 2012:** Global Health & Innovation Conference 2012, Presented by Unite For Sight, 9<sup>th</sup> Annual Conference, Yale University, New Haven, Connecticut, USA  
<http://www.uniteforsight.org/conference>
- 1 May – 15 June 2012:** GOLD 2012 – Global Online Lactation Discussions. <http://www.goldconf.com/>  
Christina Smillie, MD FAAP IBCLC FABM, GOLD Keynote Speaker on 24 April – Keep it Simple: What mothers and babies already know, how they think, and why this matters!
- 3–4 May 2012:** Penang Medical College and World Alliance for Breastfeeding Action (WABA) will be holding a 2-day conference, Enhancing Education in Lactation Management in the Undergraduate Medical Curriculum. For more information see <http://www.waba.org.my/pdf/pmc2012.pdf>
- 20– 22 June 2012:** The United Nations Conference on Sustainable Development, "Rio +20", will be held in Rio de Janeiro, Brasil. <http://www.uncsd2012.org/rio20/index.php?menu=90>
- 25 June – 4 July 2012:** A ten day training course 'Struggle for Health', organised within the framework of the People's Health Assembly (PHM) International People's Health University (IPHU) and will accommodate around 50 young health activists from across the globe with a majority drawn from Sub-Saharan Africa.  
<http://www.phmovement.org/es/node/6335>
- The main course will be preceded by a mandatory online preparation during the period 12 April - 20 May 2012. All applicants are also encouraged to register to participate in the Third People's Health Assembly (PHA3) which will be held in Cape Town South Africa (6-11 July 2012).
- 5–6 July 2012:** A South African National Health Assembly will focus on national issues and in particular the proposed national health insurance for South Africa. International participants will be invited to participate.
- 6–11 July 2012:** Third People's Health Assembly (PHA3), University of the Western Cape, Cape Town, South Africa. See <http://www.phmovement.org/en/pha3>  
Information is also available in French and Spanish.
- 25–29 July 2012:** 2012 ILCA (International Lactation Consultant Association) Conference and Annual Meeting  
Call to Action: New Perspectives in Human Lactation, JW Marriott Orlando Grande Lakes Orlando, Florida, USA <http://ilca.omnicms.com/ilca/2012ILCA/collection.cgi>  
<http://www.ilca.org/i4a/pages/index.cfm?pageID=3972>

- 1–7 August 2012:** World Breastfeeding Week, Understanding the Past-Planning the Future - Celebrating ten years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding.  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)
- 3–4 August 2012:** The Big Latch On is indeed happening in 2012! This year, the Big Latch On is going global. The dates are Friday and Saturday 3 and 4 August at 10:30am. Organisations can participate in one or both dates. The details are still emerging so keep checking the website at [www.biglatchon.org](http://www.biglatchon.org).
- 19–23 August 2012:** National Breastfeeding Meeting (Encontro Nacional de Aleitamento Materno) in Fortaleza, Brasil. The meeting is organized by IBFAN Brasil. <http://www.enam2012.com.br/>
- 12–14 September 2012:** Hale, Newman & Wilson-Clay Conference, Crowne Plaza Riverwalk, San Antonio, Texas, USA. [www.ibreastfeeding.com/hale-newman-wilson-clay-conference](http://www.ibreastfeeding.com/hale-newman-wilson-clay-conference)
- 1–13 October 2012:** Breastfeeding Advocacy and Practice, Fourth regional course for doctors, midwives and other senior health professionals, organised by Infant Feeding Consortium (IFC), United Kingdom and World Alliance for Breastfeeding Action in Penang, Malaysia  
<http://www.waba.org.my/pdf/bap-2012-brochure.pdf>
- 11–14 October 2012:** 17<sup>th</sup> Annual International Conference of the Academy of Breastfeeding Medicine, Chicago, Illinois, USA – [www.bfmed.org](http://www.bfmed.org)
- 6–9 December 2012:** World Breastfeeding Conference 2012, New Delhi, India. Babies Need Mom-Made not Man-Made! Let's protect every feeding mother! <http://www.waba.org.my/images/wbc2012.gif>
- 28–30 May 2013:** The third Global Conference, Women Deliver 2013, will be held in Kuala Lumpur, Malaysia. Please check the website for regular updates and announcements, and sign up for our newsletter to stay up to date.  
<http://www.womendeliver.org/conferences/>

### We Remember Dr. Brian Palmer

Dr. Brian Palmer passed away on March 15 2012. Dr. Brian Palmer gave presentations at international, national and state levels on the importance of breastfeeding for the proper development of the oral cavity, airway and facial form; infant caries; why tight frenulums need to be addressed; the signs and symptoms, cause and prevention, and treatment of snoring and obstructive sleep apnea; and basics of dentistry not taught in dental schools. Articles by Dr. Palmer can be found at <http://www.brianpalmerdds.com/articles.htm>

Dr Palmer's greatest wish was that his web site would continue long after his death. He has made arrangements for that wish to be kept. May his name be for a blessing.  
<http://www.brianpalmerdds.com/>

### 37. 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.

### 38. How to Subscribe/ Unsubscribe to the Newsletter

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

For further information, please write to: Pushpa Panadam [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com) and Rebecca Magalhães [beckyann1939@yahoo.com](mailto:beckyann1939@yahoo.com)

#### Support Breastfeeding – Support the MSTF E-Newsletter MSTF Coordinator and Editors

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003 and the newsletter is entering its 9<sup>th</sup> full year. The first eight issues of the newsletter were published in three languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005. The newsletter in Arabic and Chinese first appeared in Vol 9 No 1 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](mailto:waba@waba.org.my)
2. Information & queries: [info@waba.org.my](mailto:info@waba.org.my)
3. World Breastfeeding Week: [wbw@waba.org.my](mailto:wbw@waba.org.my)

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

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

*“In every era, mothering skills have spread like ripples of a pond, mother to mother to mother. Someone’s ripple touches your life, you learn, and you send out ripples of your own. It’s a method of sharing as old as humankind.”*

– *The Womanly Art of Breastfeeding (2010), p. xxiv*