

**WORLD ALLIANCE FOR
BREASTFEEDING ACTION**

Breastfeeding Mother Support Newsletter



*Photo © Magdalena Whoolery
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To subscribe please email:
gims_gifs@yahoo.com

Editors: Pushpa Panadam (Paraguay)
Rebecca Magalhães (USA)

Translators: Spanish – Marta Trejos
(Costa Rica)

French – Herrade Hemmerdinger
(France)

Portuguese – Pajuçara Marroquim
(Brasil)

**“A mother’s arms are more
comforting than anyone
else’s”**

*Diana, Princess of Wales.
As quoted in LLL USA,
New Beginnings Blog*



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LETTER FROM THE EDITORS

I. Numbers!

Rebecca Magalhães and Pushpa Panadam

5. 13. 4. 41. 39.

What – you ask – do these numbers mean? Maybe the combination to a locker or a safe deposit box? No, these numbers form the foundation for a very important part of my life. Five (5) is how many children I have. Thirteen (13) is the number of grandchildren I have. Four (4) is the total number of years I breastfed (I found mother support when I had my fourth child!) Forty-one (41) is the number of years my grandchildren, all together, were breastfed. Finally, thirty-nine (39) is how long I have been promoting, supporting, and protecting the wonderful art of breastfeeding. In my case, this has been as an LLL Leader, but there are many women around the world who help women practice breastfeeding who volunteer for another organization, such as Amigas do Peito, Arugaan, The Australian Breastfeeding Association, Ammehjelpen, and others. How great it would be to know the number of all these women – those who are no longer officially a member of a mother support organization, but who still help mothers and those who are currently part of a mother support organization! It would be a **LARGE NUMBER!**

However, in addition to the numbers is the support that I have always felt and still feel on a person to person level (a lunch with LLL Leaders last weekend), working with Pushpa, my co-Editor and through social media (email, Facebook, newsletters, online magazines, WABA, etc). This feeling of support can't be quantified! It is ongoing and forever!

*Rebecca Magalhães,
Co-Editor, Mother Support Working Group e-Newsletter*

I totally agree with Rebecca Magalhães about support. Working with her on this newsletter since 2003, I continue to learn what support for the breastfeeding dyad means. Although there are many ways mothers and babies can be supported in their breastfeeding journey, the right kind of support at the time of need for the mother remains crucial. The stories mothers from different parts of the world share on their struggles and challenges to breastfeed have common threads. The time to help and support these mothers reveals the dedication and passion breastfeeding counselors have. Truth be told, supporting mothers and babies can be time and energy consuming. If one's heart is not into this vocation, the mother senses this and she may not seek the help she needs. Thus, when counselors feel supported and appreciated, the breastfeeding support factor is strengthened. So please link, network with different breastfeeding support organizations, discover and share knowledge and experiences. Feel welcome to write – there is space for everyone – mothers, fathers, grandparents, counselors – share your story in YOUR NEWSLETTER. Feel supported in what you do!! I do as I feel the warm arms of support as I read the stories from the newsletter.

As to my numbers, they definitely are different from Rebecca's. Mine are 2. 7. 16. 13. – Two(2) children where my second breastfed beyond 3 years thanks to the support received from LLL; 16 years as an LLL Leader and 13 years working on the newsletter. AND no grandchildren yet!!

*Pushpa Panadam,
Co-Editor, Mother Support Working Group e-Newsletter*

Editors' Note: To share your story email us at pushpapanadam@yahoo.com or beckyann39@yahoo.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

2. Breastfeeding Support

Tanja Englberger, Comoros

While the majority of women breastfeed in Comoros – an island in the Indian Ocean – breastfeeding practices are sub-optimal. Most mothers give their babies water, formula or traditional medicine in addition to breastmilk. However, there are a few breastfeeding heroes and the director of LOIS (Local Opportunities to Improve Survival), has identified these mothers to show that exclusively breastfed babies are healthy.

Rouchda Maoulida started exclusively breastfeeding as soon as her baby was born. However, it was not easy because her family pressured her to give water. Even her doctor advised her to give water from the early days. Rouchda's husband, however, encouraged her to breastfeed exclusively.



Fati Ahamada is a nurse who returned to work when her babies were two months. Although it is rare in Comoros, she had learned in school about expressing breastmilk. She tried expressing and was able to give her breastmilk for six months. She says her family was supportive. She now encourages other mothers to do the same.

Halima Saïd is a health assistant whose daughter's breasts were engorged and her daughter had difficulty getting the baby to breastfeed. Halima was convinced that breastmilk was the best and encouraged her daughter not to give anything other than breastmilk, even



though her friends tried to convince her otherwise. Halima advised warm water on her breasts and expressing some milk, which helped her baby successfully latch on and nurse.

These three women succeeded because they had strong support from someone close to them.

 Tanja Englberger MPH, Director of LOIS (Local Opportunities to Improve Survival), started her career as a Health Peace Corps Volunteer in Niger. She received her Master's in Global Health from Emory and has worked for several non-governmental organizations in maternal, newborn and child health. She has lived in Tonga, Niger, Burkina Faso and Namibia and is now based in the Comoros Islands, where she started a non-profit organization to improve maternal and child health, with a strong focus on breastfeeding. She has been training Community Health Workers, nurses and midwives on breastfeeding.

Email: tanjaenglberger@gmail.com

Website: <http://loisngo.org/>

Further information on LOIS and their work is available at: <http://loisngo.org/ressources/>

3. Breastfeeding Support for Russian Speaking Moms in New York City

Rebecca Koef, USA

I was born in Ukraine, former Soviet Union and moved to New York, USA at the age of 15. I got a degree in Accounting, and worked as an Auditor for a government agency for 8 years. Let me share what made me change my career path.

My birth experience with the first baby wasn't a positive one. I had a long and difficult labor, and the medical staff was completely unsupportive. That impacted my breastfeeding relationship with my child. Without any support I gave up and my baby was formula fed.

The second birth was a very positive experience. The nurses were there for me every step of the way, birth was routine and quick; my baby girl was in my arms immediately, even before her cord was cut. My love for her was natural and instant, and she was breastfed for 25 months.

With my third baby my birth was long and distressing as the baby had the cord around him three times. His heart rate was dropping and the operating room was ready for me, but with the help of my doctor and her expertise, I was able to deliver my 9 pounds 11 ounces (4.4 kg) bundle of joy. Although the birth was difficult and long and he was not on placed on my chest right away, I was surrounded by lovely nurses who were my cheerleaders. This made my birth experience that much more pleasant. Breastfeeding was also painful, but only in the first week. I nursed my youngest son for 4 years. Looking back, I cannot understand why I did not seek help. I also realized how important support is during the most vulnerable period of a woman's life.

My inspiration to become a La Leche League Leader (LLL) and a lactation consultant came from my dear friend, Tova Ovits who is an LLL Leader at Marine Park/Madison and a Certified Lactation Counselor (CLC) in Brooklyn, New York. She introduced me to a wonderful book "*The Womanly Art of Breastfeeding*", told me about the meetings and I have attended them since my youngest child was 4 months old. I took a CLC Training in the spring of 2014. At the meetings I met her wonderful and very knowledgeable co-leader, Jennifer Leopold, IBCLC, LCSW (Licensed Clinical Social Worker), and Chaya Stern, RN (Registered Nurse). I was amazed at how much help the mothers received, and besides breastfeeding help they also received emotional support and reassurance. It made me realize that this is my passion; to help mothers, support them and reassure them. With loving guidance from my co-leaders, I was inspired and trained to be an LLL Leader in the spring of 2015.

The Womanly Art of Breastfeeding and *Breastfeeding Answers Made Simple* by Nancy Mohrbacher opened my eyes, and I became a Breastfeeding Advocate. I researched and took webinars (web-based seminars) and new studies relating not only to nursing and the incredible powers of breast milk, but also about birth and the effects of the "magic hour" and microbiome (full collection of genes of all the microbes in a community). I truly did not know what I was missing with my first child, who was formula fed and what effect even a drop of formula can cause to the baby's open gut.

Nursing my two younger babies in the delivery room brought me instantaneous love and bonding. Those are special and unique moments which I feel every mother is entitled to. I joined a Russian Breastfeeding Mamas Facebook group. The group's administrators are very knowledgeable, and the tone of the conversations is very friendly and warm. I really enjoy sharing what I learned and help mothers overcome any obstacles that come up during the first few weeks after birth. There are mothers that call our LLL phone or come to the meetings, and I love to assist and encourage them. It's interesting to note, that, former Soviet Union had many regions that are now countries on their own, but because people who came from those countries have some knowledge of spoken Russian, I can assist mothers from Ukraine, Uzbekistan and Tadjikistan as well.

I often share that a woman's body is amazing and the stress it goes through during labor is tremendous. In addition, the hormonal changes make things challenging. Caring for a newborn during that fragile time is tricky. That's why it's very important for a woman's partner, mother, and others to step in and help with the chores. Mother's only responsibility during the first few weeks should ideally be attending to the baby's needs. This

means feeding on demand, night and day, as well as staying well fed and hydrated. Baby needs the mother's closeness as much as a mother needs his. In a way it's a dance, and if you don't have the baby close by, including at night, you lose the sense (rhythm) and mother is unable to sense the needs of the baby.

Weaning is another topic that comes up frequently. I share that ideally, weaning should be natural preferably after the baby turns one, so that baby will not need formula, and in no way should weaning be rushed. If, for some reason, the mother wants to initiate weaning, it can be done slowly and nursing replaced with hugs and kisses. And only the mother and her baby should decide when weaning takes place, be it one, two, three years or beyond.

In conclusion, I would like to add that the birth experience has a very profound effect on breastfeeding. When a baby is born, a mother is born as well. Many people say that the most important thing is that the mother and a baby are healthy. Birth experience goes far deeper than that, as we relive that day all our lives, just like our wedding day. Our bodies can create, carry and feed the baby. It's the way nature intended, but we have to listen to our bodies, stay close to our newborns, especially during the first hour, and seek help and emotional support, if needed.

I am currently pursuing my IBCLC (International Board Certified Lactation Consultant). I know I am on the path to a career that is very dear to my heart. Hopefully, a lot of women and babies will benefit from my career change.

 Rebecca Koyf, La Leche League Leader, CLC, (Certified Lactation Counselor)
 Email: rebeccakoy@gmail.com

4. Support in Botswana for Compassion and Breastfeeding: Magdalena Whoolery, Botswana

In August 2012 our family moved from China to Botswana and our lives changed dramatically. A few weeks after arriving, a friend experienced a terrible burglary; her two children witnessed everything. They watched as their father and auntie were beaten up by four men with steel poles. At the main national referral hospital, the nurses didn't get off their chairs to help. I was shocked to hear of the level of empathy fatigue (burn-out). I couldn't understand, because, as a registered nurse myself, I know that we do not require a prescription for compassion nor is it limited by a lack of resources. I discovered that Botswana has the second highest HIV adult prevalence rate in the world; one suicide a day and the population is just 2.1 million. In 2012 the Happy Planet Index surveyed 151 countries looking at the happiness of its people and Botswana came in last at 151 as the unhappiest nation. I also learned that corporal punishment is common in the schools and child rape is a serious issue.



Research shows a strong correlation between compassion and success. When we do acts of compassion we are happier. So, in 2013 I founded Botho, the Compassion Movement, a non-profit, to address issues of empathy fatigue and nurture compassion. Our work involves capacity building, advocacy and mobilizing decision makers and communities to cultivate compassion. We have trained over 600 people in compassion training taken from Stanford University, Parent Effectiveness Training and the Virtues Project, as well as poverty eradication programs and community events. Through our work we became the first country in the world to sign the Charter for Compassion (usually it's cities that sign.)

However, it never crossed my mind that I would be working on a National Breastfeeding Initiative (NBI), which includes establishing La Leche League (LLL). The journey began last year when I received a phone call one night from a distraught Catholic Father.



Botho Movement had mobilized partners to assist in the education and direct aid of a large number of homeless people living in Jwaneng’s bush. Jwaneng is a mining town, the richest diamond mine in the world. The surprise call went along these lines “*Magdalena, do you remember the mothers and babies you visited in the bush?*” Yes! How could I forget the homeless people? How could anybody forget the sight of a baby with an oozing ear infection, sleeping on sand infested with ticks and his mother nowhere to be seen to tuck him in with a hug? The smell of urine saturating the early evening air was sickening; and with a jolt my thoughts came back to the distressed voice of the Catholic Father announcing to me that “*The four month old baby boy has just died of malnutrition*”.

He was the youngest member of the homeless community and like the other babies, formula fed. He informed me that the little baby had gotten more sick, so the mother took the baby to a clinic. The mother was shoed out of the first clinic because she was unregistered and had no national identity (ID) card nor birth certificate. The Catholic Father instructed her to go to another clinic where the same thing happened. Finally, he found a clinic that would see the baby and mother. At this clinic the mother was given two sachets of Oral Rehydration Salts (ORS). As she took the two small packs, she began her way to the tap to prepare the ORS (there is no clean water in the bush). The annoyed clinic staff told her not use their water and to leave.

The mother with her little baby made their way back to the bush. The four month old formula fed baby was found dead on the bush floor with the unopened ORS packs next to him. There is no running water in the bush. When the homeless there “steal” water from nearby gardens, they are chased away by the locals. But the story didn’t stop there, the Father continued “*Now I’m worried because there’s another sick baby.*”



We quickly mobilized partners and took the two hour journey to Jwaneng, to provide medical assistance. Realizing this was never going to be enough in terms of sustainability, we advocated for all the homeless people to be registered, given national ID cards and Birth Certificates. Botswana’s National Registry sent a team to Jwaneng and registered all the homeless. The baby’s voice would have been lost, never to be heard, simply because he was not registered and didn’t have an official ID. I was so affected by this tragic story that I insisted our contact in Jwaneng write a report of the baby’s death. Later, I met with the Minister of Local Government and put the report directly into his hands. At least the baby’s voice would be heard and maybe Social Service would finally help the destitute. There is still a lot of work for the compassion movement, but the situation is slowly improving. Later I organized a meeting with United Nations (UN) staff to advocate for the homeless children in the bush and learn about the issues of diarrhea and malnutrition from a national perspective.

The UN worker said “You need to go speak to Mr XXXX at the Ministry of Health (MoH). Nestle keeps asking me when he’s going to retire.” I was intrigued and we met. I listened as he reported that “over 500 babies died during one diarrhea outbreak, they were all formula fed. The babies that were breastfed got sick, but they all survived.” He pulled out a huge file of violations, with photos and evidence of what the formula industry was doing. He asked if I would help “fight” the industry. But I explained, “that isn’t what the compassion movement is about.” However, what we could do is to empower our mothers with education and support. And what better way to do that than to establish La Leche League, through mother-to-mother support?

It’s difficult to sit back and witness the impact of the formula industry when they try to undermine the ability of mothers to breastfeed. Many are being told by health professionals that they don’t have enough milk and they need to “top-up” with formula. We have had cases of mothers being forced to give formula, when they really wanted to breastfeed. One health professional stated that he would insert an intravenous line into the newborn’s hand if the mother chose to breastfeed. A number of these doctors are now being investigated by MoH and the police are charging the biggest formula company in the world (See Baby Milk Action <http://www.babymilkaction.org/archives/8590>).

Last year I was asked by the nurse manager at the neonatal unit of our main government hospital to help mothers with breastfeeding. I explained that the plan was to establish LLL.

She was thrilled and held my arm as we walked around her overcrowded and blistering-hot neonatal unit. Babies come from across the country. The manager pointed out four “abandoned” babies. “This one ” she said, “His mother hung herself in the hospital.” That evening, after I put my own babies to bed, I sat up and listened to Kathleen Kendall-Tackett’s keynote presentation on Gold Lactation Conference 2015*. It was incredible. It was as if that talk was meant for those of us living in Botswana. Kathleen explained how breastfeeding acts as a buffer to adversity, but mothers need support. Her presentation was amazing and profound. Breastfeeding is so much more than just about the milk isn’t it? I couldn’t help but think that if that mother had the right support, information and encouragement her story may have turned out differently.

But Botswana had no mother-to-mother breastfeeding support nor IBCLCs in the whole country.

These experiences cultivated the passion and drive in me to establish LLL as soon as possible. With support from Esme Hough and LLL South Africa, I became an LLL Leader; Wendy Watt-Pringle re-activated her leadership and more recently Tuelo Koolese became our first Motswana Leader (*Motswana means one person, Batswana means the people and Botswana is the country*). Such an awesome team! We run monthly meetings, help mothers on the LLL South African Facebook group page (17,000+ mothers), provide mother-to-mother breastfeeding support at the neonatal unit, do home visits, email, are on What’sApp and provide phone support.



I developed a National Breastfeeding Initiative (NBI). Some of the NBIs are already happening and others are in the pipeline. We are working on a “Breastfeeding Cafe” at our government hospital, where mothers can drop in for breastfeeding support. La Leche League has been instrumental in bringing Kangaroo Mother Care/ Skin-to-Skin to Botswana. Ellen, an LLL Leader in South Africa connected me to Dr. Nils Bergman. Nils has developed a proposal for MoH to implement and roll-out skin-to-skin across the country, including monitoring and evaluation.

As an LLL Leader and member of a task group, I helped to amend the Infant and Young Child Feeding (IYCF) policy, which now encompasses skin-to-skin, “zero-separation” and mother-to-mother breastfeeding support.

The IYCF policy still needs to go through the government cabinet. I mobilized UNICEF and MoH to launch a multi sector national breastfeeding campaign, to begin later this year. It's an unprecedented event that will put breastfeeding on the national agenda.

We work in close partnership with MoH to protect, promote and support breastfeeding. Special thanks goes out to MoH. The team at MoH work tirelessly to reduce infant mortality and have provided us with incredible encouragement and support. Working in solidarity with our partners MoH and UNICEF is key. MoH's "Mother-Baby Friendly" Hospital Initiative needed reviving; although health professionals received excellent training from MoH, the initiative had been static. Simply because they weren't able to fulfill Step 10 (Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital). This is where LLL can really make an impact and with the national IYCF policy moving in the right direction, the situation is improving. I can't thank LLL International enough for supporting us and now going the extra mile by bringing Peer Counseling (PC) training to our mothers. Much thanks also goes out to our LLL sisters in South Africa for making all this happen. Botswana's population is small, so the impact we make now will be felt. This is one nation in the world where we can put breastfeeding on the map and save many lives, one mother and one baby at a time.

Magdalena Whoolery lives in Botswana with her husband Scott and their four children: Marli 8 years, Brixton 7 years, Alia 5 years and Huxley 1 year. Magdalena who holds a Registered General Nurse (RGN) Diploma in Higher Education Nursing, RGN BSc Adult Nursing and a PhD (Health Studies) dedicates her time to her family and running the non-profit Botho Movement, as the Founder and a volunteer, as well as launching LLL in Botswana. She is passionate about reducing infant mortality and empowering mothers with education, encouragement and breastfeeding support.

Email: missmagda@hotmail.com

Website: botho.co

Editors' Note:

The Botho Movement's fundamental aim is to nurture above all things, compassion. Compassion is sensitivity to suffering, with a deep wish and commitment to relieve this suffering in ourselves and others. We use 'botho,' a Setswana word, to remember the ancient root of this principle in Setswana history.

Significance of Botho – 'Motho ke motho ka batho' is 'I am because you are.' It means "having a deep sense of another person's humanity—how to demonstrate being a human being to another human being." (Mehring 2013:1)

Virtues Project – www.virtuesproject.com

The Virtues Project empowers individuals to live more authentic meaningful lives - families to raise children of compassion and integrity, educators to create safe, caring, and high performing learning communities, and leaders to encourage excellence and ethics in the work place. It has inspired and mobilized people worldwide to commit acts of service and generosity, to heal violence with virtues.

*Kathleen Kendall-Tackett's Keynote Presentation -Breastfeeding Helps Mothers Overcome the Legacy of Abuse and Adversity: It Makes All the Difference <http://www.goldlactation.com/keynote2015>

We do not live in a perfect world. Many new mothers have experienced abuse and adversity as children. They often wonder whether they will perpetuate the cycle of violence that they have experienced. They may also have a history of depression and wonder whether this has harmed their children. Fortunately, we can offer new mothers hope. Recent studies have found that breastfeeding helps mothers mother—even when there is a history of abuse. It's not about the milk; it's the physical act of breastfeeding. Breastfeeding improves maternal sleep, lowers the risk of depression, lessens anger and irritability, and even attenuates the negative effects of past sexual assault. Breastfeeding offers mothers a chance to do things differently – to be a different kind of parent. When it comes to overcoming adversity, breastfeeding makes all the difference.

5. Supporting Spanish Speaking Mothers in a French Environment

Laura Rosa Pascual, Canada

Over the last 20 years, information on the activities of breastfeeding support groups and the impact on the duration and types of breastfeeding has spread worldwide. However, the importance of a mother's native tongue in accompanying the mother-baby dyad, far from the mother's place of origin, is not a subject that is frequently treated.

Today, I wish to pay my most sincere respect to Mrs. Adriana Maria Betancur who, within the services offered by La Leche League (LLL) in the region of Estrie of Quebec, Canada, developed a sub-group for mothers who speak Spanish in their homes. Adriana's country of origin is Colombia. She immigrated with her husband and their two children, to Canada 9 years ago. Adriana and her family selected the city of Sherbrooke to settle where the official languages are French and English.



Adriana is in the first row with her beautiful smile. In the second row from left to right are Patricia and Graciela with their babies, me (Laura) and Virginia who is pregnant with her third baby.

In her native city of Medellin, Colombia, since 1998, Adriana had participated in LLL meetings from the time she became pregnant with her eldest daughter. Later, she became an LLL leader and was active for 5 years. During this time she acquired a rich experience that marked and deeply sensitized her. She remained in close contact with her colleagues, the Colombian Leaders, while settling down in Sherbrooke. This interest in breastfeeding motivated Adriana to approach those responsible for LLL in Sherbrooke and learned the ways and idiosyncrasies of the local support offered to mothers in French and English. In the beginning, it was difficult as she did not dominate the language, but she made every effort to continue this beautiful work.

Towards the end of 2007, a social worker from the Municipal Health Centre, organized a group to accompany Spanish speaking mothers and invited Adriana to do a series of 4 meetings on the following LLL themes: the benefits of breastfeeding, the arrival of the baby, the difficulties that can occur, and weaning. It was at these meetings that I met Adriana and was impressed by her initiative to help mothers who did not speak French. Within a short period she shared her project to start an LLL group in her house to receive Spanish speaking mothers who are pregnant, who have premature babies, with newborns, with toddlers and older children. It was in this way that Adriana began to organize these meetings of 2 to 3 hours once a month.

For about 2 years the meetings were held in a locale of the Maison de la Famille, a space rented by LLL of Sherbrooke. Later, because of the cost, Adriana decided to hold the meetings in her house as is done in Latin American countries. For the next 8 years, many mothers who speak Spanish as their mother tongue, from different countries, attended the meetings. As I recall, they were from: Argentina, Chile, Colombia, Cuba, México, Venezuela, Dominican Republic and Uruguay. Being in a home environment helped build trust and established a bond among the women who maintained this friendship because of these meetings where respect and solidarity were the greatest treasures. About a year ago, other Leaders took on her idea and now they, too, have meetings in a Leader's house.

Last December, we had our final meeting where we applauded and thanked Adriana for her generous, voluntary work. Adriana will continue on her path, dedicating her time to other projects. Having witnessed Adriana Betancur's dedication, her sympathetic understanding of their needs, changed the reality for many people. This has motivated me to continue to work in the area of breastfeeding. Finally, I also hope that, for others, she will be a source of inspiration, especially in those moments for many families in various parts of the world, and their need to be accompanied and supported in their mother tongue.

 Laura Rosa Pascual is a physician and a lactation consultant who lives with her husband and children in Sherbrooke, Canada. She is a member of the Quebec Breastfeeding Movement and of its committee on training which she coordinated from 2010 to 2014, a committee whose mandate is to improve, and harmonize health professionals' training on breastfeeding. Since May 2015, she has been accompanying the maternity, neonatology and pediatric teams in the University Hospital in Sherbrooke in their process to certify the hospital as Baby Friendly.

Email: lpascual2005@hotmail.com

6. A Year of Breastfeeding Support Hanny Ghazi, France

As a breastfeeding mother it was hard at the beginning, as it is for some new mothers. Healthcare professionals were not helpful because they did not know about the normal process of breastfeeding and they pushed me to give bottles of formula in order to solve my problems. I didn't want to use formula, so I looked for help. I attended LLL meetings, joined LLL virtual forums, read their magazines, and I realized what was going on. I was spacing feeds, I had an overactive letdown (because of the spacing of feeds), my baby had tongue and lip ties, my milk production was low, my baby had an intolerance to the protein in cow's milk, and I was experiencing postpartum depression. I started breastfeeding on demand; tried different positions in order to make breastfeeding less painful (I chose not to have a frenotomy performed on my baby); I pumped in between feeds to increase milk production; I started wearing my baby after feeds and I eliminated all allergens from my diet. In addition, I started seeing a psychologist specialized in postpartum depression.



The collage the mothers presented Hanny.

My baby went from a crying and restless baby to a baby who would fall asleep at my breast after a feed. He would smile and interact with me and life changed from negative to positive.

All the reading and researching to find out what was not working with my baby and with myself left me extremely passionate about the subject of breastfeeding and mothering. I realized that I wanted to go further and I applied for LLL Leadership. After a year of training, I became an LLL Leader, but my training was not easy because I am a native Spanish speaker and the meetings and training were in French. I suggested to my LLL Leader Flore Marquis-Diers that I would create a support group for Spanish speaking mothers like me, and my idea was welcomed by LLL France.

I created a support group for Spanish speaking mothers in May 2015 and we had two series of meetings. I discovered that mothers wanted to talk about their private lives and to make friends among the breastfeeding moms in order to have support (not only breastfeeding support) between meetings, and I suggested we would meet a second time per month in order to share a piece of cake and a cup of coffee. I called these meetings « Café LLLactancia » and they were very successful. Many mothers would come, some bringing typical dishes from their countries and it was a very pleasant time for them and for me.

In December 2015, the group ended and the balance was good. The mothers were empowered, they were happy and they were convinced of the fact that they had met their breastfeeding goals, thanks to the help provided by La Leche League.

 Hanny Ghazi, St. Cloud, France

Email: hanny.ghazi@yahoo.fr

7. OMO Best Start Adepeju Oyesanya, Trinidad and Tobago

Best Start™ joins the international community in observing WABA’s theme for World Breastfeeding Week, August 1-7 and will continue with Best Start™ Breastfeeding Awareness Month in Trinidad and Tobago (TT).

Each year Best Start™ Breastfeeding Awareness Month’s theme is based upon an issue that needs attention. In 2014, the theme was *Breastfeeding: A Winning Goal at Work!*



You can only imagine our jubilee when WABA announced that ***Breastfeeding and Work: Let’s make it Work!*** was the 2015 theme. Throughout the year we actively engaged in raising national awareness that preventative health and Non-Communicable Diseases (NCDs) prevention begins with breastfeeding.

Best Start™ honed in on fulfilling point #5 “Engaging target groups in Trinidad and Tobago”.



Heartbeat Radio Interview.

We took to the airwaves (the various radio stations) to reach diverse audiences. Discussing the need for a national breastfeeding policy for Trinidad and Tobago and the message of how employers can support mothers and fathers, on various local radio stations, ensured the message crossed class, gender, race and age demographics.

On Saturday August 7th, we celebrated World Breastfeeding Week 2015 with Thrift 2 Save, a charity minded thrift store in TT, known not to discriminate against breastfeeding! We spent the day in the store interacting and answering questions.



Partnering with companies who work with families helps to increase breastfeeding information. Huggies Trinidad and Tobago invited us to share about Breastfeeding with the couples who were finalists who had participated in their Huggies Pregnancy Belt Technology competition, where fathers had the opportunity to feel baby’s kicks from Mom’s tummy! We support opportunities where fathers participate with their partners during pregnancy.



Capitalizing on social media we took to Facebook, Twitter, Whatsapp and Google Plus launching *Breastfeeding @ Work Tips!* for those returning to work and continuing to breastfeed. Our August 2014 Breastfeeding Awareness Issue of Fresh Start by Best Start, our e-magazine, was *Workplace Lactation Programs* so we shared articles on speaking to employers prior to maternity leave, transitioning back to work and how Best Start™ provides support.

On August 14th, 2015 we put on our marching shoes, participating in a joint trade union march with OWTU (Oilfields Workers’ Trade Union), BIGWU (The Banking, Insurance and General Workers’ Union) and CWU (Communication Workers Union) protesting for worker’s rights in Trinidad and Tobago. We asked

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Union leaders in attendance, “Can we do better for breastfeeding mothers? Can we normalize workplace lactation policy and create paternity leave in TT? How can we secure infant and childcare near workplaces?” Marching with Trade Unions to support change in workplaces in Trinidad and Tobago for workers of today and future generations energized us.



From pregnancy onward, we guide families to make sensible preventative health decisions. Classes address various pre and post conception topics, childbirth instruction, breastfeeding, baby massage, and Exercise is Medicine™. Taking **Breastfeeding and Work: Let's make it Work!** to students of Rinalda Therapeutic Kneads during their prenatal massage module ensured that massage professionals have at least a cursory understanding of how they can support an expecting or lactating massage client. Best Start™ cannot be everywhere and sensitizing professionals enables us to build allies across sectors in Trinidad and Tobago.

Engaging natural or potential allies help women everywhere to work and breastfeed BUT it requires all of us to Re-THINK those we engage. It is time we throw our nets wider, sensitizing all sectors with the message that preventative healthcare begins with breastfeeding. Best Start™ continues to promote, inform and engage non-traditional allies with a full understanding that breastfeeding + NCDs + work-life balance require multi-dimensional support for healthier families, workplaces and nations.

 Adepju Oyesanya, MPA (Masters in Public Administration from Humphrey Institute of Public Affairs), Certified Lactation Educator from UCLA, a wife and a mother is founder of Best Start™ in Trinidad and Tobago. Best Start™ understands that Non Communicable Diseases (NCDs) prevention begins with breastfeeding and requires a multi-disciplinary approach to support mothers, fathers and workplaces. Classes, policy development and tools (hospital grade pump rentals, breast milk storage bags and listening ears for encouragement) for families and workplaces are provided to improve breastfeeding success. We enjoy developing policy, facilitating support and educating our workplace clients so they can benefit from reduced health care burdens and increase productivity.

E-mail: omobeststart@gmail.com Facebook: OMO and Best Start Twitter: [omonbeststart](https://twitter.com/omonbeststart)

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

8. Ready Support Makes Breastfeeding Enjoyable Natasha Petersen, South Africa

I had always imagined breastfeeding to be natural. How could anyone not breastfeed their child, or get it wrong? Even though my grandmother has been involved with La Leche League, educating mothers on the “do’s & dont’s” of breastfeeding since I was a toddler, I didn’t know all there is to it. I just knew that it was the best, cost effective, less hassle and that I would do what was best for my baby. Little did I know just how challenging it could be!

My baby came at 39 weeks, as perfect as could be. We did skin-to-skin and she fed like a pro for the entire first week. After hearing different



Natasha breastfeeding her newborn baby.

stories about sore nipples and other painful experiences, I was so happy and considered myself one of the “lucky ones.”

Shortly after, the difficulties began. My baby was not latching properly; I had bleeding nipples, and got an infection. I felt frustrated, and when she cried, it broke my heart. I would call my grandmother in tears asking her what I could do, and within minutes she would be on my doorstep, ready to assist me.

In spite of all her assistance and great advice which worked whenever we were together, it was back to difficulty when baby and I were on our own. There were times when it became so bad that I would ask my husband to hold her and I would cry in the shower, feeling like a failure.

When things didn't get better, I was ready to purchase formula - that would be the end of me feeling depressed, and my baby would be having her food “hassle free”... But I kept delaying it and fed her through the pain. After about 3 weeks of this emotional roller coaster, things worked!

All I can say is that it definitely helped having my grandmother, Sophia Blows, (Breastfeeding Peer–Counsellor Coordinator/LLL Leader) as my support. She not only cared, but provided me with all the correct information.

You will find random people acting like experts, telling you all sorts of things. I've had several people telling me to give my baby water, to let her sleep through the night, not to wake her for her feeds etc. Let me just say, I have a whole new respect for what Breastfeeding Peer Counsellors /Leaders do for mothers and their babies. Their assistance, your determination and proper research is the recipe for success!

I read a quote not too long ago, saying that the first 3 weeks are the hardest, after 6 weeks, it gets easier, and by 3 months, you feel sorry for moms who have to formula feed... By 5 weeks I was already feeling sorry for moms who were able to breastfeed their babies but gave up.

I am thankful I was able to get through that rough patch, and now enjoy the bonding with my daughter when I feed her. Seeing her beautiful smile when it's feeding time is the greatest joy for me, knowing I am doing what's best for her.

Natasha Petersen, 26 years old, married and lives in Cape Town, South Africa. She is mother to a beautiful baby girl Charlie, born on December 22, 2015. She is an Administrator at a Recruitment Agency, enjoys reading, listening to music, being a mom, going on adventures, and spending time with family and friends.
Email: natashablows@gmail.com

9. Breastfeeding Beyond Toddlerhood: Why Support Matters
Rita Brhel, USA

From my experience supporting breastfeeding mothers, many do not set out to breastfeed beyond toddlerhood. While these mothers know they are doing what they feel is right for their families, each of them struggled at points with personal expectations, outside pressure to wean, and doubt about whether to set limits with their child. But each one also has reached out for support when it was needed. Breastfeeding



Charlie with her parents.



support is critical, no matter where a mother is on her parenting journey – even, or perhaps especially, when breastfeeding beyond toddlerhood.

My first baby was an early preemie and never did latch on, so I exclusively pumped for about six months until I, regrettably, became overwhelmed and stopped pumping. I was shocked at the cost of artificial infant milk and dismayed when she developed an allergy to cow's milk. Seven months later, I had my second baby. I was determined to breastfeed and I did. But I struggled with low supply until I finally lost my milk supply when she was nine months old. I was shocked again, this time by how much I missed breastfeeding.



Rita Brhel and her son, Nathan.

Four years later when I had my third child, I was determined to breastfeed for a full year and to avoid struggling with low milk supply. Early on, I had problems with poor latch, sore nipples, mastitis, thrush, and an abscess. After a few months, I felt I had the easier breastfeeding relationship I had been looking for since my oldest was born.

I set a goal of one year. When his first birthday arrived, he was still breastfeeding at least six times a day and two times at night. So I decided to set 18 months as a new goal, as he was clearly not ready to wean. At 18 months, I set a new goal of two years. And at two years, I made a firm decision in favor of child-led weaning.

But a few months later, I was surprised by my feeling of being touched-out and tied-down. I felt ready to wean, but at the same time, I was very sad at the thought. It was quite evident that my son was not ready to wean. I never thought that I would be struggling with these feelings.

And then I reviewed the book *To Three and Beyond: Stories of Breastfed Children and the Mothers Who Love Them* by Janell Robisch. A former La Leche League Leader, Robisch put together breastfeeding stories from mothers who have engaged in child-led weaning and breastfeeding beyond three years. Robisch breastfed her three children until the ages of five, four-and-one-half, and three-and-one-half years.

The support I received from these stories helped me work through my conflicting emotions about breastfeeding. I continued to breastfeed my son for another year and some months: he weaned completely on his own terms. I was happy with how it all went. Not a tear was shed by either one of us!

I find support, especially local and in-person from other mothers who've "been there, done that" to be empowering for every breastfeeding mother. So does Robisch, who had this to say about supporting mothers who are breastfeeding beyond the age of three: "*Remember why you have made the choice to continue breastfeeding. You are not alone, not by far. I feel comfortable saying that, at this moment, there are thousands—if not more—mothers nursing beyond infancy and even toddlerhood. One of the most important things to do is to find support. It means the world, even if it is only online or from one friend or family member in your life.*"

While no two mothers' experiences are the same, one of the main threads running through their stories is of individual mothers carefully considering their children and their families and making decisions about breastfeeding and parenting based on the family's needs as a whole and the children's needs in particular. There is compassion and respect here for children's needs, even when they contrast with what society presents as the 'right' way to do things, and there is balance as well.

I just want to give a shout out to all the brave mamas out there who fly in the face of what is socially acceptable, not to rebel but to parent in the best way they know how, those who are brave enough to question parenting practices that ignore the needs and developmental stages of children and do what feels right for their children and families."

 Rita Brhel is a breastfeeding and attachment parenting advocate and a Women, Infants, and Children (WIC) Breastfeeding Peer Counselor and Certified Lactation Counselor (CLC) in Hastings, Nebraska, USA. She has been married for 14 years and is the mother of three breastfed children, now 9, 8 and 4.

Editors' Note: *The above story, published in New Beginnings, the Online Blog for Breastfeeding Families by La Leche League USA is available at <http://www.llusa.org/breastfeeding-beyond-toddlerhood-why-support-matters/>*

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

10. Mumbling of a Father Not Endowed with Mammary Glands

Vincent Bonhomme, France

Young father,

Did you also enthusiastically read *Fatherhood for the Dummies?* to try and figure out how the miracle of life was going to interfere in yours? You convinced yourself that the childbirth classes you both attended were really suited to your needs. You had even lovingly prepared a yoga mat and massage balls. You secretly bit your nails day and night, thinking about your future role as a dad, while the mother of your child was high on endorphins.

You couldn't stop counting your chickens before they hatched, but now is the real thing. Your offspring is looking at you for the first time and your eyes are starting to water. Congrats, you have reproduced your genes like all your ancestors for the last four billion years! This, however, shouldn't stop you from being the happiest man on earth, or from revelling in the thrill of being the very first one to go through this!

Savour the moment, you're a dad! Second major change, trivial though definite, your sweetheart is a mother from now on, *his* mother. If she's breastfeeding, she has become your kid's emotional source of nurturing, as well as food. Don't even think about giving him your nipples, however hairless, they'll never ever compare with the round curves of her breasts.

In a nutshell, you're at a loss, and in the middle of your broken night's sleep, you wish you too, had breasts bursting with milk. You tell yourself that with such attire, your baby would never let go of you, just like he does with his mother. Be assured that life is beautiful, just like it is. I know you know all about the benefits of breastfeeding for your child. That's exactly the reason why I want to tell you about all the benefits in store for you. Yes, you! That's right, the benefits for you!

The first advantage, let's be honest, over a dad giving a bottle, is that you will sleep more and better. In your past life, you may have noticed, much to your despair, that her breasts were not easily outsourced. Unless the love of your life is an egalitarian feminist, she probably won't ask you to wake up too, on the altar of compassion and sharing.

The second advantage is a generalization of the first: with a breast, all the more with two, you have the freedom of not thinking about a baby bottle and the associated paraphernalia. The good news is: you're going to be able to traipse around with your wife and kid in the scrubland or stay inside the city ring without having to add to the stress of the cicadas song and car horns, that of the food for your little one. And if you're experiencing food shortage you can't do any better than to breastfeed!

The third advantage for you is a double one: her bosom. Of course you won't be able to play with her bosom as much as you used to, but this will be compensated by the fact that you will be able to look at her breasts almost all the time! Who would have thought that a person could publish such a daring article in a Breastfeeding Mother Support Newsletter?

But you, a loving father, won't you feel frustrated not to be able to feed your child, not being able to contribute more? If you've never wondered about such questions, one might well do it on your behalf.

First objection: what about the food chain inside your home? What does your little cannibal eat? His mother. And what does his mother eat? Among other things, what you cook for her. And if you don't cook, well it's about time you started. After months of food deprivation for one reason or another, real food is back! The perfect time to enjoy pâté, sushi, or even the neighbour's cat, which scared the hell out of you in a single scratch with potential toxoplasmosis¹ !

Second objection: the time will come, very quickly, when your little one will want to eat the food you cooked off the beautiful plates you own. And if you want to feed him then and any time after that, I don't think his mother will object, in spite of a 5 to 6-month break. You've become a nurturing father!

Third objection: nothing to do with food this time. If you want to contribute to make things go smoothly with your family, you will soon discover other places where to express or continue to express your talent: laundry, cleaning up, shopping, paperwork and so on and so forth. There are also new activities that will make sweet memories in your old age: playing, bathing, changing, getting your baby dressed and so many other things. You will also be able to exercise again, thanks to the strolls you'll be taking to get your little one to fall asleep, (re)discover your spirituality, praying that he will fall asleep. You'll also discover the psychotropic virtues of a lullaby you have repeated a hundred times.

There you go! This is why and how NOT to be jealous of these advantages, comrade. You will see how beautiful your wife is.

Marcel Pagnol, a cherished member of the *Académie Française*, had already written about this:

Marius: But you do know that child is my son... Don't you?

César: Of course I do. You're as alike as two drops of water. But, even so, he's a little bit like his father (talking about Panisse). This child, when he was born, weighed four kilos. That was thanks to his mother. But now, he weighs seven kilos and that's three kilos of love. And love doesn't weigh much, Marius. I've contributed my little amount. His mother's given him a lot, naturally. But the one who has given him the most love is Honoré. And what about you? What would you say you've given him?

Marius: His life!

César: Dogs can do that too, but it doesn't make them daddies.

Fanny – Act Three, scene 4.

Vincent is father to Pablo and the love of Sophia. He is a biologist, trainer and consultant in communication science and statistics analyst. Pablo, Sophia and Vincent live in the scrubland, north of Montpellier. Today Pablo, nearly 10 months, has all his teeth.

Note from the Editors: *The original article in French was translated into English by Herrade Hemmerdinger.*

1. Toxoplasmosis is a typically French fear.

11. My Breastfeeding Story

Pascal Ghazi, France

Hi, I am Pascal. My breastfeeding story started during my wife's pregnancy. She had decided, after reading a few books, that we should breastfeed our baby. And because this is an important decision, she asked me for my opinion, and to be honest my first thought was "*she knows better, so yes of course.*"

She explained all the benefits for the baby and told me about the WHO recommendation to breastfeed at least until 6 months, but the longer the better. Because I trust her, I was even more convinced. But the path was still very long. The pregnancy was difficult, my wife got sick -she was given a lot of antibiotics that we agreed to take because of our ignorance.



Although we had wanted something natural with the no epidural nor Pitocin, the delivery was not the way we wanted. Due to poor medical service, we ended up with an emergency C-section (cesarean). I felt very guilty to not have stepped up more for our birth project. The next step of our project was breastfeeding but then, again, nothing went as we wanted. Probably because of the amount of anesthetics, the "montée de lait" (when mature milk arrives) did not happen for the next few days. The baby cried a lot, yet nobody explained to us that the baby should spend his time at the breast. They even convinced us to give him a few ml of formula because my wife "*did not have enough milk.*"

After 5 days, the "montée de lait" happened but breastfeeding was a struggle because of the pain caused by the C-section scar and the lip/tongue tie of the baby (which we discovered later).

Added to that, breastfeeding is not very common in France, and it is seen as a constraint to the mother in her life.

My wife was tired, disappointed and desperate to comfort our son. She cried a lot and I didn't know how to help her. However, I saw that the nursing moments gave her calm. It reassured her to see that she could calm our baby with her breasts. It reassured her to know that our baby was growing only with the milk she was producing.

In the first months, she was shy to breastfeed in public and she would look for a hidden corner in order to sit down and nurse our baby. She even bought a cover so she would feel more comfortable "*not to offend*" anyone. Sometimes, she would even try to distract our baby so he would wait until getting home in order to nurse him calmly and out of sight of strangers.

But slowly she gained confidence. She learned to nurse while babywearing during a La Leche League (LLL) meeting and that gave her a lot of confidence. She knew that she didn't have to look for a place to sit down and put the baby on her lap. She could just help him reach the nipple and continue walking if she was on the street.

Today, our baby knows that he can have breastmilk whenever he wants. He even says the word "tete" or goes for it himself, lifting my wife's shirt. And he plays with her hair; he looks at her. It is so beautiful for me to see and I feel so proud to participate.

I feel sorry for all those babies fed with chemical milk when their mothers have the best food for them. This is because doctors, nurses, midwives and basically everybody around them tells them that it is best to give the baby a bottle. Mothers give up and follow the advice.

If only the husbands/partners would stand up and support them, encourage them to continue when there are cracked nipples, sleepless nights and a baby that doesn't calm down at 3 in the morning. I think that if we fathers assumed our role in a more active way, the struggle for the normalization of breastfeeding would go a lot further. I, personally, would like to know the subject better and speak up, not only for other fathers, but also in front of society in general. I think that this site could be seen as a "father to father" support group in that way. We, the more experienced fathers, could help other fathers overcome the difficulties faced at the beginning of the breastfeeding relationship between mother and baby. We could also help them stay motivated and be supportive all throughout the months or years that this adventure can last. Furthermore, the presence of a father could also provide answers to some mothers to know how to live this adventure as a couple.

Our son is now a toddler, he is growing and he is a healthy, smart and self-confident little boy. I do not see anything more beautiful and natural than that. It is worth fighting for so that future generations are not denied what should be their main source of food for the first years of their lives.

Personally I would like to meet more fathers of breastfed babies to share with them as I have none in my entourage. Welcome to all papallaitants (breastfeeding fathers)!

Pascual Ghazi is husband to Hanny Ghazi and a father to their son.

He started a blog in French and English to support breastfeeding fathers in their breastfeeding journey. The above story is published in <http://papallaitants.fr/en/my-breastfeeding-story/>

12. Father's Role in Breastfeeding Promotion: Lessons from a Quasi-Experimental Trial in China

Min Su and Yan-Qiong Ouyang, China

Aims: The aims of this study were to evaluate the effectiveness of an educational intervention involving fathers on breastfeeding initiation and exclusive breastfeeding rate, and to explore mothers' perceptions of their partners' support of breastfeeding.

Materials and Methods: This study was a quasi-experimental pretest–posttest design with two groups. A convenience sample consisting of 72 expectant mothers was recruited. Thirty-six women with their partners were assigned to the intervention group, and 36 women alone were in the control group. Both groups were offered similar education contents, and the intervention group was given additional information on how fathers could support their partners, both emotionally and physically, during the breastfeeding process. Student's t test, chi-square test, and Mann–Whitney U test were used to detect group differences.

Results: The prevalence rates of exclusive breastfeeding at 4 months and 6 months of the intervention group were significantly higher than there were in the control group (51.4% and 26.4%, $p=0.034$; 40.0% and 17.6%, $p=0.041$). Women in the intervention group were less likely to use infant formula at 1 and 6 months postpartum (5.6% and 23.5%, $p=0.032$; 20.0% and 44.1%, $p=0.032$). Related to the process of breastfeeding, partners in the intervention group supported their partners by taking care of the infant, doing housework, and providing emotional support.

Conclusion: Involving the fathers in breastfeeding education could improve the exclusive breastfeeding rate and prolong the duration of exclusive breastfeeding. The mothers appreciated support from the fathers.

Min Su and Yan-Qiong Ouyang, HOPE School of Nursing, Wuhan University, Wuhan, China.

E-mail: ouyangyq@whu.edu.cn

The abstract is available at <http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0144>

13. Engaging Inner-City Fathers in Breastfeeding Support

Furman Lydia, Killpack Steve, Matthews Lisa, Davis Valeria, and O’Riordan Mary Ann

Purpose: Our objective was to pilot a method of engaging fathers/partners of high-risk inner-city mothers in breastfeeding support.

Materials and Methods: Breast for Success was a breastfeeding promotion initiative with a father engagement component. In collaboration with Community Endeavors, Inc., we organized father-friendly evening programs (one night per week for 3 weeks, repeating quarterly) led by a male facilitator to provide breastfeeding education, with ongoing availability of a resource specialist to link men to community resources relevant to their legal, financial, and health needs. Fathers/partners were recruited from community programs and via our community partner, The City of Cleveland Department of Public Health MomsFirst™ Project, a federally funded Healthy Start program. University Hospitals Case Medical Center Institutional Review Board approved the study.

Results: Sixty-six fathers/partners attended eight evening programs, and 30 (45%) attended all three nights. Their median age was 27.5 years (range, 17–64 years), and 49 (74%) self-described themselves as African American. At the start of the groups, 39% (21/54 responding) had a breastfed child, and 64% (39/61 responding) said they were comfortable with breastfeeding for their own child. After Sessions 1, 2, and 3, respectively, 40 (85%), 42 (89%), and 33 (80%) were “more likely” to want their next baby to breastfeed. On average, in 62% of all responses (278/450 possible), men endorsed learning “a lot more” about the 10 breastfeeding curriculum topics presented.

Conclusions: Recruitment of inner-city fathers/partners for a breastfeeding education program was feasible, and among men who attended, fathers’ perceptions about their breastfeeding knowledge were positively impacted.

Furman LI, Killpack S2, Matthews L3, Davis V3, O’Riordan MA I.

The above article was published in Breastfeeding Medicine. January 2016, 11(1): 15-20. doi:10.1089/bfm.2015.0092.

It can be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/26565924>

¹ Department of Pediatrics, Rainbow Babies and Children’s Hospital , Cleveland, Ohio.

² Community Endeavors Foundation, Inc. , Cleveland, Ohio.

³ Cleveland Department of Public Health MomsFirst™ Program , Cleveland, Ohio.

14. WABA Men’s Initiative Facebook Page

The WABA Men’s Initiative is a continuous enhancement and development of the idea of involving men in our effort to protect, promote and support breastfeeding. The initial idea was derived at the WABA Global Forum 2 in Arusha, Tanzania, 2002. It led to the formation of the Global Initiative for Father Support (GIFS).

In October 2006, in conjunction with WABA’s Gender Training Workshop and Youth Workshop, a meeting of men was convened to revitalize the GIFS effort. It was at this meeting that the Group broadened the scope of work to go beyond fathers. This led to the birth of WABA Men’s Initiative which is now part of WABA’s overall gender effort. The Initiative is coordinated by the Men’s Working Group (MWG) comprised of men from different regions of the world.

WABA created this Facebook Page where men’s roles in protecting, supporting and promoting breastfeeding will be more clearly defined and shared. We invite every man for his supporting hand from all over the world to endorse breastfeeding and join us. Together we can make this world a more beautiful place with healthier breastfed children.

“Make Breastfeeding a Cultural Practice”.

 Dr. Kamalendu Chakrabarti and Naweed Harrooni for WABA
<https://www.facebook.com/WabaMensInitiativePage/?fref=ts>

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

BREASTFEEDING ADVOCATES – Past and Present

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



15. Coming Home to La Leche League Peggy O'Mara, USA

When I became pregnant with my first child in 1973, I was living in a small town in southern New Mexico. I knew that I wanted to breastfeed so when I saw a notice for a La Leche League (LLL) meeting, I went. It changed my life. I was surprised to find that the meetings were about so much more than breastfeeding. The information was empowering and the format of group discussion enlivened me. At first, I would come home from the meetings and shake my head in embarrassment at how much I had revealed about myself.

By the time my second child was born in 1975 I had become a LLL Leader. At the time, New Mexico had just 11 Leaders and was in a combined area with Arizona. The US breastfeeding rate was 32.2%. Soon I began editing our state Leaders' Letter and in 1978 became the Coordinator of Leader Applicants for the state of New Mexico. I loved helping new Leaders become certified.

In 1980 I had the good fortune to buy *Mothering* magazine, which had been founded by Addie Cranson in 1976. It was a dream come true: no down payment, and monthly payments out of the business. But, this meant that I could no longer keep up my involvement in La Leche League. I modeled the first meetings of *Mothering* after La Leche League meetings. We would meet once a week with our babies then go home and do our work.

Mothering was an extension of the philosophy I had learned from LLL though obviously I was free to mix causes. Every issue had a breastfeeding article though and the most common subject was breastfeeding the older child.

Over the years, I was criticized for my breastfeeding coverage when it was controversial. For example, I published stories about the dilemma for pregnant women who tested HIV positive and wanted to breastfeed. In time, and through the work of Marian Tompson, international recommendations echoed the choice of these women: exclusive breastfeeding.

Mothering also received notoriety for our covers of breastfeeding dyads. As part of a breastfeeding culture, I saw such images as beautiful and inspirational. Those not part of the breastfeeding culture, however, saw them as

sexual and several issues were taken off the newsstand because of their complaints. In every case, management apologized and clarified their policy.

Mothering was the first to keep track of the legal status of breastfeeding in public and breastfeeding in the workplace and published an online map. We also helped to organize some of the first Nurse-Ins. In 2006, we published the article, "Breastfeeding in a Bottle Feeding Culture." I had been inspired by a lecture of Dr. Jack Newman's in which he showed slides of the ubiquitous images of bottle-feeding in our culture. We used Dr. Newman's slides to illustrate our article.

During the design of that issue, my Art Director, Laura Egly Taylor, and I talked about the need for a breastfeeding symbol. We created a contest for the International Breastfeeding Symbol by reaching out to breastfeeding organizations, and graphic designers and received over 500 entries. The winning image was designed by Matt Daigle, graphic artist and father, and created in the style of AIGA symbol signs commonly seen in public places.

More recently, and on my website peggyomara.com, I have written and spoken about breastmilk as Gross Domestic Product and about breastfeeding as a feminist issue.

La Leche League has been my spiritual home. It was through LLL that I learned to trust my maternal instincts and it was through breastfeeding that I learned to be a mother.

Peggy O'Mara, Peggy O'Mara is the editor and publisher of peggyomara.com. She was the editor and publisher of *Mothering Magazine* from 1980 to 2011 and founded Mothering.com in 1995. The author of *Having a Baby Naturally*; *Natural Family Living*; *The Way Back Home*; and *A Quiet Place*, Peggy has conducted workshops at Omega Institute, Esalen, La Leche League, and Bioneers. She is the mother of four and grandmother of three.

16. My Magical Breast: Where No Breast Had Gone Before

Nancy Mohrbacher, USA

My body is not like most. The internet tells me my odd deformity will not shorten my lifespan, but it makes me different. It affected my breastfeeding experience, but what was truly unexpected was the way breastfeeding affected my most peculiar body.

Why should you care? And why should I reveal now my unusual quirks in such a public way? While this account may be too much information for some, my story may give hope to women struggling with milk production. So here goes.

My Peculiar Body

I appeared normal at birth. My mother told me she first noticed my defect when I was about 3 years old. My breastbone, or sternum, began to indent, creating a cavity in the middle of my chest. My mother said she couldn't find anyone on either side of our family who had this or knew of anyone else who did. Our doctor told her not to worry. When puberty hit, I noticed breast buds growing in my left breast but not in my right. As my teen years passed, my left breast developed normally but my right side stayed completely flat.

At age 21, my parents offered to pay for cosmetic surgery, and I decided to do it. By this time, my sternum was deeply indented and my heart was pushed to one side. (Let's hope I never need CPR!) The plastic surgeon inserted a silicone breast implant through an incision below where my right breast should have been, and he positioned the implant sideways, so that I now had a right breast and my chest indentation was filled in. I didn't look 100% normal – my chest was still a little sunken below my collarbone – but it was better, and I didn't feel nearly as self-conscious.

From age 29 to 35, I gave birth to my 3 boys, and I spent a total of 12 years breastfeeding them, nursing on both sides. When I was 5 months pregnant with my first, I learned at my first La Leche League meeting that women could exclusively breastfeed twins and triplets, so I deduced correctly that one working breast was all I needed.

I loved breastfeeding and became a La Leche League leader so that I could help others meet their goals. I also served as a resource for La Leche League International for those with questions about nursing with breast implants. When controversy erupted, I even appeared on CNN to weigh in on whether breastfeeding with implants could cause later health problems in children. (Time and science found that it didn't.)

A Stunning Discovery

In my 50s, during a routine mammogram, I received shocking news. As the technician took picture after picture, I finally said, "You do know that I have a breast implant, don't you?" She said yes and added, "But I can't find it."

Eventually she found my implant on images taken in my cleavage area. She told me my implant's location had shifted. By this time, my sternum had become so deeply indented that it nearly reached my spine. (Yes, that grosses me out, too.) Over the years, as the indentation deepened, my breast implant fully migrated into the middle of my chest. Yet even without any implant remaining in my right breast, it now appeared to be fully developed.

I was stunned to realize that my formerly "bionic" right breast was now a real breast. How did this happen? Science tells us that a woman's milk-making glands grow and develop during pregnancy, and after birth this milk-making tissue continues to grow. We also know that with breast stimulation, women who have never been pregnant can grow functioning breast tissue and produce milk for adopted babies. I was aware of all of this when my mammogram tech gave me the news, and I knew immediately that my 12 years of nursing had gradually grown a real right breast where none had grown before.

Using My Story to Help Others

How can my strange story help others? Some women plan to breastfeed only to learn that their breasts didn't develop normally. Called "breast hypoplasia" or "insufficient glandular tissue," in this situation, there are not enough milk-making glands to produce 100% of the milk a baby needs. This might also happen in a woman with a history of breast reduction surgery or a transgender man who has had top surgery to remove breast tissue and later delivers a baby.

It can be devastating when someone highly motivated to exclusively breastfeed cannot. Breastfeeding is a part of our sexuality, and when a woman discovers she can't do what others seem to do so naturally, it is a genuine loss – like infertility – that deserves to be acknowledged and mourned. In my private lactation practice, I sometimes sat and grieved with a mother who had to face this heartbreak.

Part of my job in that situation was also to discuss her remaining options. Most assume that giving up on breastfeeding is the only choice, but that is not actually true. Today, when I meet women who are struggling with low milk production, I always share my story. My long-term perspective gives them a glimpse not only of their options today, but how their choices now may affect their breastfeeding future.

Breastfeeding Options

Mothers who produce less than 100% of the milk their babies need can continue to breastfeed while giving supplements of donor human milk or formula. And they can give these supplements in a number of different ways, including something called an at-breast supplementer, pictured here. These devices allow baby to receive any needed milk through its thin tube while baby nurses at the breast.

These at-breast supplementers can be tricky and irritating to use. But for a woman with little functioning breast tissue, while using these devices, baby continues to stimulate breast growth. If she nurses for months

or years, over time this will grow more breast tissue and increase her milk production for this baby and future babies. These devices also give women who value the closeness of breastfeeding a way to nurse 100% of the time whether they make milk or not. Many adoptive mothers and mothers of babies born via surrogate use these devices so that they can fully experience the intimacy of breastfeeding.



An at-breast supplementer is usually used no longer than one year and sometimes for a much shorter time. After a baby starts eating solid foods at around 6 months, baby's need for milk steadily decreases. At some point – 8 months, 10 months, 12 months – the mother's breasts alone meet baby's need for milk. At that point, mother and child can nurse for as long as they like without the need for supplements.

Of course, using an at-breast supplementer is not necessary. Some supplement their babies in other ways – feeding bottles, cups, spoons – and breastfeed to give comfort and whatever milk they produce. For both mother and baby, from a health standpoint, some breastfeeding is always better than none. But many mothers value the bonding of breastfeeding most.

As my story shows, women dealt a low-supply card have choices. And some of these choices have the potential to change their breasts and increase their milk production in the months and years ahead. They deserve to know that they can stack the deck in their favor both for their current baby and for babies to come. If my story gives these women hope and a new perspective, I don't mind sharing my peculiarities with the world.

The above article appears in <http://www.nancymohrbacher.com/blog/2016/1/26/my-magical-breast-where-no-breast-had-gone-before> and has been printed with permission from Nancy Mohrbacher.

Nancy Mohrbacher, IBCLC, FILCA, fell in love with breastfeeding while nursing her three sons, Carl, Peter, and Ben, who are now grown. In 1982, before the lactation profession existed, she began working as a volunteer mother-support counselor and found her passion: helping women meet their breastfeeding goals. Board-certified as a lactation consultant in 1991, from 1993 to 2003 she started and grew a large private lactation practice in the Chicago area, where she saw thousands of families. Since then, she's worked for a major breast-pump company and a national corporate lactation program. Currently, she speaks at events around the world and contracts with hospitals to help improve breastfeeding practices. Her mission is to simplify life for new mothers, many of whom – without realizing it – make breastfeeding more complicated than it needs to be.

To accomplish her mission, Nancy develops innovative breastfeeding education and tools. Her textbooks for breastfeeding specialists, Breastfeeding Answers Made Simple (BAMS) and its BAMS Pocket Guide Edition, are used worldwide. She co-authored (with Julie Stock) all three editions of The Breastfeeding Answer Book, an LLLI research-based counseling guide that sold more than 130,000 copies internationally.

Her books for parents include Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers, which she co-authored with Kathleen Kendall-Tackett, Working and Breastfeeding Made Simple, and her tiny troubleshooting guide Breastfeeding Solutions: Quick Tips for the Most Common Nursing Challenges. Its companion Breastfeeding Solutions app has more than 30,000 downloads and is available on the App Store, Google Play, and the Amazon Appstore.

In 2008 the International Lactation Consultant Association officially recognized Nancy's contributions to the field of breastfeeding by awarding her the designation FILCA, Fellow of the International Lactation Consultant Association. Nancy was one of the first group of 16 to be recognized for their lifetime achievements in breastfeeding.

Contact Nancy by email: nancymohrbacher@gmail.com Follow Nancy on Facebook, Twitter (@BFRReporter), Pinterest and YouTube.

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

NEWS FROM THE BREASTFEEDING WORLD

17. Airports, Breastfeeding and Collaboration

Genevieve Colvin, USA

Breastfeeding Works: a Project of BreastfeedLA, (in Los Angeles County) joined other coalitions working for workplace equity and expanded existing relationships to support employed breastfeeding mothers. Through our work, BreastfeedLA successfully helped the County of Los Angeles, the City of Los Angeles and Kaiser Permanente Southern California region to adopt employee policy and guidelines that help employed mothers to continue breastfeeding after they return to work.

We were delighted to learn through our collaborative relationship with the California Maternal Mental Health Collaborative, that the California Women's Legislative Caucus and Assemblywoman Bonnie Lowenthal had introduced legislation to require dedicated lactation accommodations in 97% of California's airports (AB 1787). This legislation is significant because it has altered the built public environment* so that most California airports must provide appropriate space for women to privately express their breastmilk. This legislation, AB-1787 (Lowenthal) Airports: commercial operations: lactation accommodation was signed into law by Governor Brown on September 26, 2014. Utilizing our network, BreastfeedLA solicited letters of support and provided public statements. We utilized our connections with other advocacy organizations to solicit letters of support from the flight attendant union, health care organizations and several large employers whose female breastfeeding employees routinely travel for work.

At LAX (Los Angeles International Airport), the City of Los Angeles now has appropriate space for their own employees, but in addition to the traveling public, there are thousands of low-wage restaurant and retail workers, airline staff, Homeland Security and Immigration, Customs and Border Patrol employees, who may not have a private space to support breastfeeding mothers. LAX has approximately 75 million visitors a year. About 5% of the female population is pregnant or breastfeeding, therefore about 1.5 million potentially breastfeeding women may need this accommodation at that one single airport.

This was perfect timing to leverage our relationship with the City of Los Angeles's Commission on the Status of Women. The Commission was key in the adoption of the city-wide workplace lactation accommodation policy and we had previously sent recommendations for lactation accommodation at LAX to the mayor via the Commission on the Status of Women. The City's Commission on the Status of Women worked with BreastfeedLA to dedicate a new Mother's Room at City Hall, which is available to the employees and the public on the 2nd floor. Building upon that rapport, BreastfeedLA connected the California Women's Legislative Caucus with the LAX Commission and the City of Los Angeles Commission on the Status of Women. Additionally, we identified existing research for the subject for the California Women's Legislative Caucus.

Simultaneously to the introduction of this legislation, Stacey Armato, member of the Board of Directors for BreastfeedLA, settled a lawsuit against the US Department of Homeland Security for breaches in their TSA (Transportation Security Administration) screening of breast milk protocols. The settlement provided an opportunity to publicize support for traveling employed breastfeeding mothers. Board Member, Joan Ortiz published her article, "Airports in the United States: Are They Really Breastfeeding Friendly?" which surveyed American Airports, finding that 62% of the airports said they were Breastfeeding-Friendly, but only 8% of the

airports had rooms that met the minimum requirements for a Lactation Room. All of these facts were utilized in supporting Assemblywoman Lowenthal’s legislation, which, like many of California’s progressive laws are “first-in-the-nation” and often pave the way to more expansive Federal laws. In fact, Congresswoman Tammy Duckworth introduced the FAM Act [Friendly Airports for Mothers] which is very similar to California’s law.

Since then, Los Angeles County has done more amazing work to support breastfeeding in the built environment:

The LA Convention Center has adopted lactation accommodations for their employees and patrons.

BreastfeedLA issued this report on the 81 School districts policies regarding Lactation Accommodations with our partners, ACLU (American Civil Liberties Union) Southern California and California Women’s Law Center.

Our colleagues at ACLU Southern California advocated for better support for LA County women prisoners by starting an inmate lactation accommodation program.

Working together, with other advocates for maternal child health, we can reduce barriers to breastfeeding and improve the health of the families in our community.

Other notable California locations with lactation rooms as part of the built environment:

Disneyland: <http://www.wdwinfo.com/wdwinfo/baby-care-centers.htm>

Westfield Malls: <http://www.womenshealth.gov/breastfeeding/employer-solutions/industry/company-profiles/retail/westfield-fashion-square.html>

CSUN: <http://www.csun.edu/wellbeing/lactation-map/>

UC Davis: http://worklife-wellness.ucdavis.edu/_documents/BFSP/BFSP%20Site%20List.pdf

Genevieve Colvin, IBCLC, President of the Board of Directors for Breastfeeding USA

Email: genevieve.colvin@breastfeedingusa.org

website: <https://breastfeedingusa.org/>

NOTE: Genevieve explains that the “built public environment” refers to public spaces where alterations have been made to accommodate those who may have a handicap or need different accommodations.

Check the latest update on a federal bill at <http://duckworth.house.gov/index.php/media-center/press-releases/827-duckworth-s-bipartisan-friendly-airports-for-mothers-fam-act-passes-senate-commerce-committee>

18. Breastfeeding Today

Barbara Higham, UK

For mothers on the go

In the summer of 2015, La Leche League International (LLL) launched a mobile-friendly version of its signature magazine *Breastfeeding Today*. The new online publication contains uplifting and empowering stories, helpful referenced information, news, and reviews. It is aimed at expectant parents, breastfeeding mothers, families, and supporters at all stages of the parenting journey. The new website format breastfeedingtoday-llli.org enables readers to share article posts easily via social media or personal email with the click of a button.



Evangeline and Ruth, Courtesy of Sally Hobson Photography.

Your story

Every mother has a story of her own to tell. Storytelling has been at the heart of cultures since the beginning of time and recent research suggests we project ourselves through stories in order to understand the world around us better. Our stories connect us on a deep and intimate level. As mothers, our stories are incredibly important. Sharing stories helps both the storyteller and the listener.

In LLLI we have been sharing our stories as breastfeeding mothers for nearly 60 years to support one another. It's a fundamentally female approach to problem solving.

International

And now, through a growing number of translations on breastfeedingtoday-llli.org, LLLI is extending this form of help to mothers worldwide in other languages as well as English. So far, we have posts in Spanish, German, French, Chinese, and Russian, with Italian to follow shortly.

Whether your story is simple and straightforward or unusual and challenging, it is worth sharing. We want to hear your story! Visit and read ours. Our submission guidelines are here if you would like to see your work published on breastfeedingtoday-llli.org.

Barbara Higham has been a La Leche League Leader since 2004 and is the managing editor of breastfeedingtoday-llli.org. She lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (17), Edgar (14), and Amelia (10).

Email: editorbt@llli.org

Website: breastfeedingtoday-llli.org

Facebook: facebook.com/BreastfeedingToday

19. News from the Regional Coordination of the IBFAN LAC – Latin American and Caribbean Network

Marta Trejos, Costa Rica

Model Law for the Protection of Breastfeeding

IBFAN LAC shares the results of the work of various months, developed by a team comprised of many people from Latin America and the Caribbean (LAC) with experience in elaborating national laws for the protection of breastfeeding, based on The International Code of Marketing of Breastmilk Substitutes.

Towards the end of 2015, IBFAN LAC and ICDC-IBFAN developed a Regional Course on the Implementation of the International Code. This was accomplished with the help of 40 participants from 17 countries in the region and with the support of UNICEF and WHO, taking place in the UNICEF headquarters in Panama.

Later, as a follow-up on one of the most important recommendations from this meeting, UNICEF supported IBFAN LAC to develop a workshop to update the “**Model of the Law for the Protection of Breastfeeding**” based on the International Code, which was initially elaborated in 2002, by an ICDC and IBFAN LAC team.

The challenges presented made updating this **Model Law** necessary. This was based on the commercialization and marketing trends by companies on products related to infant and young child feeding and from the experiences from many countries in the regions. These countries had adopted or updated their laws and regulations. They had acted to put into effect the law with success or failure at times.

With a team of highly qualified professionals who, during various months, exchanged their knowledge and experiences, discussed, drafted and reviewed the draft, contributing to an ongoing debate to give body to the present document. This document seeks to serve as a guide to the drafting of national laws to protect breastfeeding and the safe and adequate infant feeding.

This document is to accompany the process of drafting national laws for the protection of breastfeeding. It is a simple basic guide which can, without doubt, be improved and surpassed in its scope to address the growing problems foreseen in the future.

This **Model Law** is accompanied by IBFAN, a network committed to the protection of breastfeeding and adequate complementary feeding, made up of a strong team of committed professionals from different countries with the support of ICDC-IBFAN and UNICEF.

Tools for the Monitoring of the International Code of Marketing of Breastmilk Substitutes

The new Tools for the Monitoring of the International Code of Marketing of Breastmilk Substitutes by ICDC – IBFAN, updated in 2015, translated and adapted into Spanish by IBFAN Latin America and the Caribbean, with the support of UNICEF, has been published.

This new tool, based on 36 years of experience from all over the world, explains in depth the importance of monitoring, how to organize and develop it and how to use the results as an instrument for change. It offers guidance and basic guidelines and practical information.

The tool explains the scope of the International Code (includes all the later Resolutions of the World Health Assembly), how to determine a violation and details all the new tendencies of commercialization and marketing by companies.

It contains all the forms that are necessary to carry out the monitoring. It is a friendly tool that can be adapted to cover all the national laws related to the International Code.

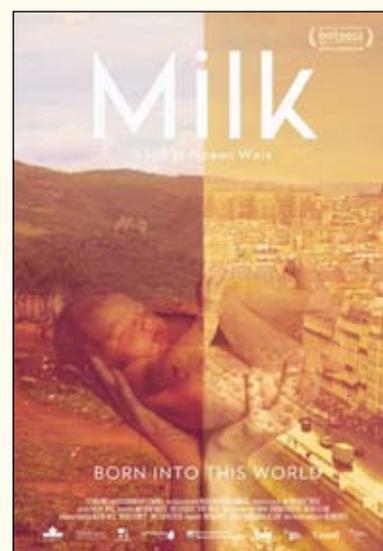
This **Monitoring Tool** supports the actions of the national groups and governments when they decide to carry out the monitoring. For this they can count of the support of IBFAN –LAC and ICDC IBFAN as an international and regional network.

For further information, please contact the IBFAN – LAC Regional Coordination: ibfan@gmail.com – Telephone in Costa Rica: 506 – 2224 3986. Web: www.ibfan-alc.org

20. Milk, a Film by Noemi Weiss

Through an intimate and artistic lens, *Milk* presents a universal perspective on the politics, commercialization and controversies surrounding birth and infant feeding through the canvas of stunningly beautiful visuals and poignant voices from around the globe. Inspiring, informative, provocative and sensitive, *Milk* celebrates bringing a new life into this world with a strong call to action and reflection. <http://www.milkhood.com/>

Host a Screening Event: MILK's mission is to offer a platform to enlighten dialogue and provoke change about the politics, commercialization and controversies surrounding birth and infant feeding. Now is your opportunity to help raise the voices of women from around the world and make a real impact in your community. <http://milkhood.com/Host.aspx>



21. Influence of the Support Offered to Breastfeeding by Maternity Hospitals **Passanha A, Benício MH, Venâncio SI, Reis MC**

Objective: To evaluate whether the support offered by maternity hospitals is associated with higher prevalences of exclusive and predominant breastfeeding.

Methods: This is a cross-sectional study including a representative sample of 916 infants less than six months who were born in maternity hospitals, in Ribeirão Preto, São Paulo, Southeastern Brazil, 2011. The maternity hospitals were evaluated in relation to their fulfillment of the Ten Steps to Successful Breastfeeding. Data were collected regarding breastfeeding patterns, the birth hospital and other characteristics. The individualized effect of the study factor on exclusive and predominant breastfeeding was analyzed using Poisson multiple regression with robust variance.

Results: Predominant breastfeeding tended to be more prevalent when the number of fulfilled steps was higher (p of linear trend = 0.057). The step related to not offering artificial teats or pacifiers to breastfed infants and that related to encouraging the establishment of breastfeeding support groups were associated, respectively, to a higher prevalence of exclusive (PR = 1.26; 95%CI 1.04; 1.54) and predominant breastfeeding (PR = 1.55; 95%CI 1.01; 2.39), after an adjustment was performed for confounding variables.

Conclusions: We observed a positive association between support offered by maternity hospitals and prevalences of exclusive and predominant breastfeeding. These results can be useful to other locations with similar characteristics (cities with hospitals that fulfill the Ten Steps to Successful Breastfeeding) to provide incentive to breastfeeding, by means of promoting, protecting and supporting breastfeeding in maternity hospitals.

Adriana Passanhal, Maria Helena D'Aquino Benícioli, Sônia Isoyama VenâncioIII, and Márcia Cristina Guerreiro dos Reis III

Corresponding Author: Adriana Passanha, email: moc.liamg@ahnassap.anairda

For the full article, see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4206096/>

^IPrograma de Pós-Graduação em Nutrição em Saúde Pública. Departamento de Nutrição. Faculdade de Saúde Pública. Universidade de São Paulo. São Paulo, SP, Brasil

^{II}Centro de Tecnologias em Saúde para o SUS. Instituto de Saúde da Secretaria Estadual da Saúde de São Paulo. São Paulo, SP, Brasil

^{III}Programa de Aleitamento Materno. Secretaria Municipal da Saúde de Ribeirão Preto. Ribeirão Preto, SP, Brasil

22. Pediatric Clinic Promotes Breastfeeding Activities for Mothers and Babies

Liz Ramirez, Peru

The pediatric clinic at the National Institute of Maternal Perinatal (INMP) under registered nurse (RN) Liz Ramirez, provides care to mothers of high risk babies and to parents of premature babies or with pathology, from urban marginal zones (high risk socioeconomically). Once discharged, they do follow-up visits at the outpatient pediatric clinic. These parents also face sociocultural and economic problems. In this job, one becomes more sensitized and put in more hours than required to provide support and accompany mothers and babies. The only objective is to reduce morbidity, hospitalization and improve the quality of life of the children.



Activities that are carried out serve to strengthen mothers, who are the most important factor. They determine the future of these babies born premature or with certain pathology. The work continues from

*World Breastfeeding Week (WBW) 2013
The Premature Breastfeeding Baby Contest.*

the importance of mothers to feeding their babies with BREASTMILK, the ideal food specific and adequate with live cells for their babies, incomparable to no other foods. It also seals the relationship of mother and child through contact and the unique mother-baby voice. This is how children become healthy; the future men and women of our country. Often, for this purpose, one has to overcome many obstacles.

The activities are carried out with the members from the Support Group for Mothers who Breastfeed Premature Babies called “Angels who Support Angels” (Angeles que Apoyan Angeles). The group has been growing each year and mothers of full term babies participated in 2014 and 2015. The main activities are during World Breastfeeding Week (WBW) and World Prematurity Day.



WBW 2014: The winners – Mothers and babies – born full term at 40 weeks, and pretermures born at 34 and 35 weeks.



WBW 2015 The Counseling clinic and breastfeeding mothers participated in a parade to show the risks of formula feeding.

World Prematurity Day 17th November



2013 Graduation of exclusively breastfed premature babies- First promotion of Drops that Give Life and Love” (Gotitas que dan Vida y Amor) supported by Ministry of Health (MINSA) and Cepren.



Graduation of Exclusively Breastfed Premature Babies – “3rd Promotion of Drops that Give Life and Love”– 2015 with Dr.Davila, Head of the Neonatology Department.

The graduation program consisted of children who followed-up at the Breastfeeding Counseling Clinic and were exclusively breastfed. There were 2 groups of children; 19 who graduated in Exclusive Breastfeeding. They were the 2nd Promotion of “Gotitas que dan Vida y Amor” and 15 children were pre-graduates.

The strategy is to have a pre-graduation and mothers are motivated to do follow-up visits and seek to graduate.

Training of the Parent Support Group – Angeles que apoyan Angeles



Parents with experience act as peers to new parents to support and help face the challenges in caring for and breastfeeding a premature baby in spite of criticisms and judgments from family members. To help them, a working group of nurses, therapists and psychologists has been formed to offer integral care for mother and baby.

In 2015 11 mothers graduated as Mother Guides after completing 3 months of the training. These mothers breastfed their babies exclusively.

The training and follow-up meetings for mothers are every Friday. We also celebrate birthdays of babies or sharing of experiences.

Liz Ramirez, Registered Nurse, Personalized Breastfeeding Counseling Clinic
Email: cielielena@hotmail.com

23. World Breastfeeding Week 2016

The World Breastfeeding Week (WBW) 2016 theme, *Breastfeeding: A Key to Sustainable Development* highlights breastfeeding as a key element to one’s wellbeing from the start of life, to respect and care for one another and for the world we live in.

The objectives of WBW 2016 are:

- Inform* To inform people about the new Sustainable Development Goals (SDGs) and how they relate to breastfeeding and Infant and Young Child Feeding (IYCF).
- Firmly anchor* To firmly anchor breastfeeding as a key component of sustainable development
- Galvanize* To galvanize a variety of actions at all levels on breastfeeding and IYCF in the new era of the Sustainable Development Goals (SDGs)
- Engage* To engage and collaborate with a wider range of actors around promotion, protection and support of breastfeeding.

For further information, see <http://www.worldbreastfeedingweek.org/>



24. New Research Shows That Breastfeeding Matters Everywhere and Could Save Millions of Lives and Dollars

Werner Schultink, USA

The leading medical journal, *The Lancet*, released a new Series on Breastfeeding with remarkable new evidence on the health and economic benefits of breastfeeding. *The Lancet* found that breastfeeding could save 820,000 lives and add \$302 billion into the global economy. *The Lancet* shows that breastfeeding lays the foundation for the healthiest start for all children, rich or poor, girl or boy.

Here are some examples of what can be done:

- Providing lactation education, counselling, and skilled practical help for mothers in health facilities
- Using trained peer counsellors and mother support groups in communities
- Providing adequate maternity protection covering workplace policies such as paid maternity leave, allocated time for breastfeeding breaks and space in the workplace
- Adopting and enforcing the International Code of Marketing of Breastmilk Substitutes which regulates the marketing of breastmilk substitutes

According to the *Lancet*

- breastfeeding is the ultimate personalized medicine. A mother's breastmilk transmits elements of her own microbiome and immune responses to her baby, with potential lifelong effects.
- current rates of breastfeeding prevent almost 20,000 maternal deaths from breast cancer each year, and another 20,000 deaths could be prevented by improving breastfeeding practices.
- increased breastfeeding reduced annual healthcare costs totaling \$312 million in the U.S., \$48 million in the U.K. and \$30 million in urban China.
- cognitive losses associated with not breastfeeding amount to \$302 billion annually. Low and middle income countries lose more than \$70 billion annually, while high income countries lose more than \$230 billion annually due to low rates of breastfeeding.

Women worldwide face barriers to breastfeeding which include

- receive inaccurate information from health providers,
- lack lactation support or counseling,
- face aggressive marketing of breastmilk substitutes or
- return to work soon after giving birth.

Consequently, global breastfeeding rates have remained stagnant for the past two decades. Less than 40 per cent of infants under six months of age are exclusively breastfed.

Political commitment and investment in breastfeeding by governments, donors, employers and civil society is urgently needed to ensure the health of women and children and to shape a more sustainable future for all. UNICEF and the World Health Organization, in partnership with close to 20 organizations, are leading the charge to mobilize global action to raise political and financial investment to support breastfeeding. Together, we are working to remove barriers to breastfeeding and to give women the tools they need to make informed decisions to ensure their health and the health of their children for generations to come.

 Werner Schultink is the Chief of Nutrition at UNICEF, New York, USA. The above article was adapted from http://www.huffingtonpost.com/werner-schultink/new-research-shows-that-breastfeeding-matters-everywhere-and-could-save-millions-of-lives-and-dollars_b_9106540.html

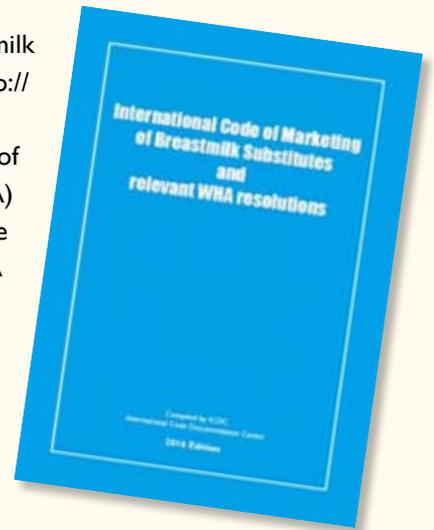
BREASTFEEDING RESOURCES

25. The 2016 Edition of the International Code of Marketing of Breastmilk Substitutes and Relevant WHA Resolutions

The 2016 edition of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions is now available at <http://www.ibfan-icdc.org/index.php/publications/publications-for-sale>

This edition is an annotated compilation of the International Code of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions published by IBFAN-ICDC. It contains the full text of the Code and of all the relevant WHA resolutions, including the latest 2014 WHA decision on maternal, infant and young child nutrition. Each document comes with a brief summary of the main points and key wording is highlighted with underlined text.

By making these documents more easily accessible, IBFAN-ICDC hopes the Code will continue to actively be used for the protection of infant and young child health at both international and national levels.



The Publication Team
IBFAN-ICDC

26. Infant and Young Child Feeding (IYCF) Financial Planning Tool (IBFAN-ASIA) User's Manual The World Breastfeeding Costing Initiative (WBCi)

More than 800,000 under five deaths are caused by sub-optimal breastfeeding and complementary feeding practices. Breastfeeding saves lives, but globally optimal breastfeeding and complementary feeding have not improved over the past few decades. Government and donor agency investments, necessary to improve infant and young child feeding practices, particularly breastfeeding, have been insufficient or even lacking, for many years. There is a need of a user-friendly tool to help countries estimate all the resources necessary to implement policy and programmes proposed by the Global Strategy for Infant and Young Child Feeding. The WBCi tool, a milestone initiative of IBFAN Asia, aims at filling a major gap in this implementation.

Purpose

The WBCi tool has been developed following the principles and structure of the World Breastfeeding Trends Initiative (WBTi) tool. The WBCi helps users estimate the cost to implement a minimum set of interventions proposed by the Global Strategy for Infant and Young Child Feeding. The WBCi tool is flexible, user friendly and countries can easily customize it to meet their particular and specific situations. Annual IYCF financial plans, multi-year estimates, and budget proposals can be easily generated, using local estimates, inputs and information.

Intended users

The WBCi tool is intended for national programme managers and partners to initiate constructive and productive advocacy with national governments and donors, towards the identification and allocation of the financial and human resources necessary to protect, promote and support optimal breastfeeding and complementary feeding practices in the country. The WBCi tool is developed to assist planners, maternal and child health / nutrition coordinators, public health practitioners, and finance and planning officers in developing an annual or multi-year budget to implement the Global Strategy for Infant and Young Child Feeding. This tool is also helpful for project coordinators and staff in the preparation of project budgets and in doing costing analysis. It will be useful to track budgets as well.

Key features

The WBCi tool provides you with the possibility to: Customize the cost, using the most recent national data; Develop individual cost for the key interventions recommended by the global strategy; Analyze the different estimated costs, review and adjust amounts; Track estimates vs actual resources provided by government and donors; Generate reports for discussions and presentations to other stakeholders; and Review and update the estimates based on programme monitoring and evaluation.

<http://worldbreastfeedingcosting.org/wbci-tool/>

<http://bpni.org/wbcitool/IYCF-WBCi-Brochure.pdf>

Email: info@ibfanasia.org, ibfanasia@gmail.com

27. Breastfeeding Exclusive

Carolina Global Breastfeeding Institute

*B*reastfeeding Exclusive, the official newsletter of Carolina Global Breastfeeding Institute (CGBI) Volume 7 Issue 4 December 2015 is available at <http://breastfeeding.sph.unc.edu/newsroom/breastfeeding-exclusive/>

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- Carolina BEBES Update
- MRTTI (Mary Rose Tully Training Initiative) Congratulates our new IBCLCs!
- CGBI in Chicago

Publications and Presentations – 4th Quarter 2015

28. Power of Nutrition and Power of Breastfeeding

Keith Hansen, USA

The World Bank, as you may know, is the world's largest source of multilateral development finance for developing countries, investing in everything from agriculture to urban development, water, health, macro- and fiscal management, clean energy, and education—virtually the entire span of development sectors in virtually every developing country in the world. So, we put a heavy emphasis on finding those investments that are going to be most transformational for countries and help them both to eliminate extreme poverty, which is a goal that we have set for ourselves, by the year 2030, and to boost what we called shared prosperity, which is to lift up the bottom 40% of the income distribution in every country and to help them do better and have better life prospects.

We know that neither of these goals is going to be attainable unless we can ensure that pregnant mothers and young children get the right nutrition at the right time because this sets so much of the trajectory of their lives, both of the children and their families, and that it's very difficult to change course if the right building blocks are not in place from the outset. We think that undernutrition is therefore one of the most serious and still under attended global development challenges—not just a health challenge, not just a nutrition challenge, but a true development challenge!

For the full article published in Breastfeeding Medicine, Volume 10 Issue 8 see
[10.1089/bfm.2015.0113](http://online.liebertpub.com/doi/pdf/10.1089/bfm.2015.0113)<http://online.liebertpub.com/doi/pdf/10.1089/bfm.2015.0113>

Keith Hansen, Global Practices Vice President, The World Bank, Washington, DC, describes undernutrition as one of the most serious and still unattended global development challenges, in addition to being a major health

problem. The World Bank recently joined with other global Foundations and organizations to launch the Power of Nutrition, a U.K.-based charity and fund that aims to target up to \$1 billion of new private and public financing over the next 5 years to improve child nutrition.

Address correspondence to: Keith Hansen, JD, MPA Global Practices Vice President The World Bank Washington, DC E-mail: abm@bfmed.org

29. Contemporary Solutions to an Age-old Challenge WABA and UNICEF

WABA, Penang, Malaysia and UNICEF Headquarters in New York, USA collaborated in a symposium to galvanise wider and deeper commitment to protect, promote and support breastfeeding in the context of women's work. Breastfeeding rates have been relatively stagnant over the last decade. A challenge to optimal breastfeeding practices is the fact that women return to work without adequate maternity protection.

Guy Ryder, International Labour Organization (ILO) Director-General, said in 2015, *"despite some progress, globally more than 800 million women workers, or 41%, still do not have adequate maternity protection, and take-up rates among men of parental leave are low. Could we not design maternity protection and work-family policies that are more inclusive and supportive of gender equality?"*

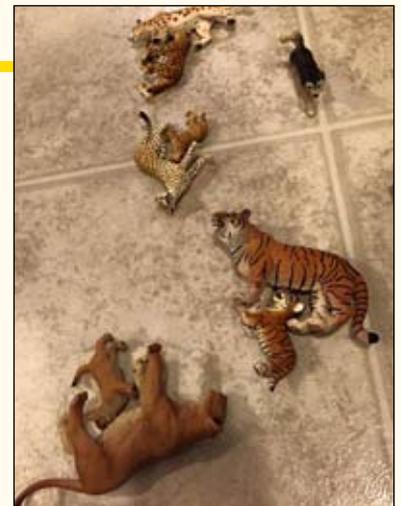
The report is available for download at http://waba.org.my/stockholm-symposium/wp-content/uploads/2016/03/stockholm_symposium.pdf

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.

30. Animals Breastfeeding Andrea Laycock, USA

I just caught sight of my 4-year old's animals. I believe they are all nursing.



31. Mothers Share in a whatsapp group

My baby of 2 years 10 months enjoying the evening says to me: Mami, would you give me a little sip? ("mami me das una chupadita?")
Vanessa, Costa Rica

My son of 3 years and 5 months when we are in the street "...mamita would you nurse me? I will hide you in my mouth so nobody can see you "(yo te la secondo en mi boquita para nadie te la vea).
Marilyn Barrantes Rojas, Costa Rica

Editors: All the above are shared with permission from the mothers.

GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

If you are a Grandmother, Grandfather or an older person, please send in your stories on how you provided support for mothers and babies. You can also write and tell us how you were supported by your grandparents or an older person. Grandmothers share their stories how they support their families welcoming their youngest member.

32. My Daughter's Parenting Decisions

Priscilla Stothers, Dominican Republic

Wise old King Solomon, who must have had dozens of grandchildren himself, said it best: "Grandchildren are the CROWN of grandparents..." *Proverbs 17:6*. * Truly, a grandchild brings honor, reward, pride and joy to his/her grandparent in much the same way a crown does to the person who is crowned by it. My husband, Bill, and I consider our three children to be one of the greatest joys and responsibilities we have been blessed with and yet, our two grandsons have added a whole new amazing dimension to our lives. We are now enjoying all the wonderful aspects of a sweet, cuddly baby and a toddler, without any of the relentless 24/7 responsibilities parenting requires.

An added source of satisfaction and joy for me has been to watch my daughter nurture and nurse her babies, much like I did mine. Her choice to breastfeed our grandsons confirms to me that not only did I make a good choice for my own three babies, but my example and experience were key to my daughter's own parenting decisions. After mentoring hundreds of moms over a 33 year span, at the end of the day, my children are my #1 mentorees! As I have walked alongside my daughter on her "breastfeeding journey", it has given me the opportunity to remember and revisit my own breastfeeding experiences of years ago. In many ways it has been like replaying all my favorite parts of a great love story!

We are blessed to be the grandparents of two healthy, funny, loving little boys who are secure in their parents' and their extended family's love. Much of their attachment to their parents and family I attribute to the bonding that took place with their mommy, through breastfeeding, starting from birth. Loving parents, healthy nutrition and a strong faith have laid for them a firm psychosocial, physical and spiritual foundation which will stand the test of time.

Priscilla Stothers, LLL Leader Dominican Republic

Editors' Note: *Quote from the Christian Bible

BREASTFEEDING and HIV

33. Breastfeeding and Complementary Feeding Practices among HIV-Exposed Infants in Coastal Tanzania

Anne M. Williams, Caroline Chantry, Eveline L. Geubbels, Astha K. Ramaiya, Aloisia I. Shemdoe, Daniel J. Tancredi, Sera L. Young

Background: Appropriate infant feeding is a persistent challenge for human immunodeficiency virus (HIV)-infected mothers in sub-Saharan Africa.

Objective: This study aimed to describe correlates of infant feeding among HIV-infected mothers in coastal Tanzania.

Methods: HIV-infected women (n = 400) with infants younger than 18 months were enrolled from June to November 2011 from 3 public health facilities in Pwani, Tanzania: Tumbi Regional Hospital (TRH), Chalinzhe Health Center (CHC), and Bagamoyo District Hospital (BDH). Participants were surveyed about sociodemographics and infant feeding behavior at enrollment; infant feeding data were collected prospectively and retrospectively in the month of study follow-up.

Results: Statistically significant correlates of exclusive breastfeeding (EBF) were infant age (months) (adjusted odds ratio [AOR] = 0.6; 95% confidence interval [CI], 0.5-0.9), enrollment facility (TRH: reference; CHC: AOR = 5.0, 95% CI, 1.2-20.8; BDH: AOR = 11.6, 95% CI, 2.3-59.9), and HIV disclosure to one's mother (AOR = 0.2; 95% CI, 0.1-0.6). Exclusive breastfeeding prevalence among infants younger than 6 months was 77%, but 50% of infants older than 6 months no longer receiving breast milk did not receive animal source foods (ASF) daily. Enrollment facility (TRH: reference; CHC: AOR = 0.2, 95% CI, 0.1-1.0; BDH: AOR = 0.1, 95% CI, 0.01-0.4) and HIV disclosure (to mother-in-law: AOR = 0.2, 95% CI, 0.1-0.8; to brother: AOR = 0.3, 95% CI, 0.1-0.8) were negatively associated with ASF provision.

Conclusion: High prevalence of EBF suggests that it is an attainable behavior, whereas low prevalence of daily ASF provision suggests that adequate diets are difficult to achieve after breastfeeding cessation. These findings support current recommendations for HIV-infected mothers in resource-poor regions to continue breastfeeding for at least 1 year and suggest the need for greater support with complementary feeding. Associations between HIV disclosure and infant feeding merit further exploration, and correlations between enrollment facility and infant feeding highlight the potential influence of clinics on achieving infant feeding recommendations.

The abstract is from the Journal of Human Lactation. See <http://jhl.sagepub.com/content/32/1/112>

Anne M. Williams, PhD, MPH¹, Caroline Chantry, MD^{1,2}, Eveline L. Geubbels, PhD³

Astha K. Ramaiya³, Aloisia I. Shemdoe³, Daniel J. Tancredi, PhD², Sera L. Young, PhD, MA⁴

Corresponding Author: Anne M. Williams, PhD, MPH, Program in International and Community Nutrition, University of California, Davis, USA. Email: amwilliams@ucdavis.edu

1. Program in International and Community Nutrition, University of California, Davis, CA, USA
2. Department of Pediatrics, University of California Davis Medical Center, Sacramento, CA, USA
3. Ifakara Health Institute, Dar es Salaam, Tanzania
4. Department of Population Medicine & Diagnostic Sciences, Program in International Nutrition, Cornell University, Ithaca, NY, USA

WEBSITES AND ANNOUNCEMENTS

34. Check out these Websites

The Breastfeeding Network – Drugs Factsheets

<https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>

Co-sleeping and Biological Imperatives: Why Human Babies Do Not and Should Not Sleep Alone James J. McKenna
Ph.D. Director, Mother-Baby Behavioral Sleep Laboratory

University of Notre Dame

Author of *Sleeping with Your Baby: A Parent's Guide to Cosleeping*

<http://neuroanthropology.net/2008/12/21/cosleeping-and-biological-imperatives-why-human-babies-do-not-and-should-not-sleep-alone/>

Breastfeeding with Implants: Philippa Pearson-Glaze IBCLC

<http://breastfeeding.support/breastfeeding-with-implants/>

Can breast implants affect milk supply? Yes, breast implants can affect a mother's capacity to produce a full milk supply. Whether a mother will have a full or only a partial milk supply depends on the type of surgery involved; whether there is any scarring in the milk ducts, and how much functional glandular tissue is present both before and after the procedure.

As with all women, breastfeeding success also depends on having the correct information about good latch, positioning and breastfeeding management. Knowing how to make more breast milk and wanting to succeed are also important.

Why babies tears make us cry and why they matter: Teresa Pitman

<http://breastfeedingtoday-llli.org/why-babies-tears-make-us-cry-and-why-they-matter/>

More Breast-Feeding Could Save Billions and Prevent Thousands of Breast-Cancer Cases

<http://breastfeedingtoday-llli.org/>

<http://healthland.time.com/2013/06/07/more-breast-feeding-could-save-billions-and-prevent-thousands-of-breast-cancer-cases/>

<http://www.nancymohrbacher.com/blog/2011/10/31/newborn-weight-loss-and-iv-fluids-in-labor.html>

<http://qz.com/604723/when-google-increased-paid-maternity-leave-the-rate-at-which-new-mothers-quit-dropped-50/>

6 ways to help when breastfeeding is hard by Stacie Bingham

When a mom is struggling, what can we do to lift her up? What words and actions can scaffold her, infuse her with strength? I asked women to think back to what was encouraging and motivating, that anyone (not just a breastfeeding helper) could do, to make the journey a little easier. Here is what was shared:

<http://www.staciebingham.com/blog/6-ways-to-help-when-breastfeeding-is-hard>

Smart policy? If UK breastfeeding rates rose by 1%, kids would earn £33million (about 47million USD) more collectively: Annie-Rose Harrison-Dunn

Even marginal increases in breastfeeding rates could be worth millions to society when considering the benefit to cognitive development, UK and German researchers have calculated using over 10,000 school exam results.

<http://www.nutraingredients.com/Research/Smart-policy-If-UK-breastfeeding-rates-rose-by-1-kids-would-earn-33m-more-collectively>

25 Historical Images That Normalize Breastfeeding

Proof that the "as-long-as-you-cover-up" mentality hasn't been around for very long.

http://www.buzzfeed.com/southerndisposition/25-historical-images-that-normalize-breastfeeding-jlw6?utm_term=.xwwGg2dIR#.akoPBnN8A

The Origins of Violence

The child naturally reaches out toward pleasure and has no innate violent impulses. If the child's natural, biological and psychological needs are not satisfied, the child may withdraw and experience a build-up of tension.

<http://www.peggyomara.com/2015/12/03/the-origins-of-violence/>

After Breastfeeding Struggles, a Frenectomy, and Support. Which Helped More? Kim Conte

Like many women, I struggled to breastfeed. My daughter's shallow latch was unbearably painful, and I worried she wasn't getting enough milk. <http://parenting.blogs.nytimes.com/2015/12/08/after-breastfeeding-struggles-was-it-the-frenectomy-or-the-support-that-helped/>

Celebrate Birth Coloring Book: JessicaGhigliottiArt@gmail.com

<https://drive.google.com/file/d/0Bx1ilUvbMYtNeHd2V0hSemVqNWs/view?pref=2&pli=1>

In some countries the idea of paternity leave - when a father takes time off work to stay at home with a new child - has yet to take hold. In Sweden, which has been encouraging fathers to take paternity leave since 1974, there is now a new incentive for them to spend a full three months at home.

<http://www.bbc.com/news/magazine-35225982>

35. Announcements: Past and Future Events

14 February 2016: Congratulations to WABA on its 25th Anniversary

3–7 March 2016: The International Society for Research in Human Milk and Lactation (ISRHML) from 08:00 am to 16:00 pm at Stellenbosch, South Africa <http://isrhml.net/events/isrhml-2016-conference/>

20–22 March 2016: 11th Annual International Conference, “*Advancing Policy and Advocacy: Focus on Work and Poverty*”, in Chapel Hill, North Carolina, USA <http://breastfeedingandfeminism.org/>

16–17 April 2016: 13th Annual Global Health and Innovation Conference (GHIC), Yale University, New Haven, Connecticut, USA, Presented by Unite For Sight. <http://www.uniteforsight.org/conference/>

14 May 2016: LLL USA partners with Best for Babes Foundation for the 3rd Annual Miracle Milk® Stroll. For further information see, <http://www.uscurrentevents.net/events/1918156/illinois-schaumburg-miracle-milk-stroll>

16–19 May 2016: Women Deliver - 4th Global Conference, Copenhagen, Denmark. The world's largest global conference on the health, rights, and wellbeing of girls and women in the last decade. <www.Wd2016.org>

April 11– June 6, 2016: *Online Breastfeeding Continuing Education for Health Care Providers* www.GOLDLactation.com

13–16 October 2016: 21st Annual International Meeting, Washington, DC, The Academy of Breastfeeding Medicine.

11–14 December 2016: 2nd World Breastfeeding Conference, *Breastfeeding: Let's invest in Creating an Enabling Environment for Mothers and Babies*, Johannesburg, South Africa. The International Baby Food Action Network (IBFAN) and the Department of Health – Republic of South Africa are co-hosting the 2nd World Breastfeeding Conference (the first was held in 2012 in New Delhi), in collaboration with WHO, UNICEF, World Alliance for Breastfeeding Action (WABA) and global Breastfeeding Initiative for Child Survival (gBICS) partners. <http://worldbreastfeedingconference.org/home.html>
<http://emtct-iatt.org/event/2nd-world-breastfeeding-conference-johannesburg-south-africa-december-11-14-2016/>

27 February – 11 March 2017: 7th Breastfeeding: Advocacy and Practice Course, Penang, Malaysia. For further information see www.waba.org.my

May 2017: Miracle Milk: Host a stroll in your area. <http://www.miraclemilk.org/>

36. To Remember: Rosemary Gauld and Urban Jonsson

Rosemary Gauld, LLL Leader for 40 years

When we decided to stand here together today we were reminded of our times with Rose years ago, in our hey days - the early days of the BFHI. We were trying to educate many in this regard and for some reason acquired "labels" such as *The Three Musketeers...* from those who appreciated our efforts... but also *The Three Stooges...* from those who did not quite understand the need for BFHI.



We are all here today because Rosemary touched our lives. You all have your own special stories – and for some, Rosemary's inspiration was life-changing. Rosemary wanted to leave a legacy – and she has done so with cherished memories in each of our hearts and way beyond.

We have travelled a long road with Rosemary. She has taught us so much – mostly through her wisdom, dignity, warmth and inner beauty. With all she was going through, she always thought of and cared for others. Someone so special can never be forgotten.

Neil, Lynne, Claire, Heather and all the grandchildren, on behalf of LLL, our heartfelt thanks for sharing Rose with us for almost 40 years that she was a Leader. Words cannot begin to express the love, gratitude, and admiration we all experienced from, for, and with Rose. She was just an exceptional person.

The dedication she put into LLL work did not come easily. She worked tirelessly to provide outstanding support to moms and babies. Rose committed herself to keeping up to date with all information. Traits that flowed naturally from Rose were her gentle spirit, her sincerity of care and the passion for seeing contented babies.

Rose will be missed but we know she has left behind part of her in her shared wisdom and experience. Till we meet again dear Rose....rest well.

Elaine Dawson and Jean Ridler

Rosemary passed away on September 24, 2015. This tribute was at Rose's memorial on 6 Oct 2015. It was held in our local rose garden.... a major tourist attraction. This garden is maintained by the Garden Club. Rose took many beautiful photos here.

To Remember Urban Jonsson

Urban Jonsson was one of the greats in my field. A Swede, he worked as head of nutrition for the United Nations University and then UNICEF. He lived in Tanzania with his wife Olivia Yambi, another leading nutritionist, who is from there. He developed the Conceptual Framework, which has greatly facilitated working out the complex causes of malnutrition in low-income countries. He was one of the few experts on human rights and strongly fought for them in all contexts for decades. He died of bone cancer, in Sweden, surrounded by friends and family. Rest in peace, old friend. *Ted Greiner*

WABA, saddened at Urban Jonsson's passing

"The understanding that 'people who are poor should be recognised as key actors in their own

development, rather than as passive beneficiaries of transfers of services and commodities". Those words represent Urban's credo in his 25 years of groundbreaking work for UNICEF.



Dato (Dr) Anwar Fazal, Chairman Emeritus of WABA and a long standing friend said: "Urban was a rare example of someone with five gifts: a head that could think clearly; a heart full of passion; hands that worked tirelessly; eyes that could see what others could not and finally an ability to hear the voices of the weak and vulnerable."

Urban's last appointment with UNICEF was as Senior Adviser on the Human Rights-Based Approach to Programming to the Executive Director, from which he retired in June 2004. He was a world authority on child malnutrition. A strong advocate for breastfeeding, Urban supported the need for WABA to act as a catalyst for the wider movement from its inception.

A national of Sweden, Urban received a Bachelor's degree in Economics and Mathematics from the University of Gothenburg, a Master's and Doctorate degrees in Food Science from the Chalmers University of Technology, also in Gothenburg. He worked at the Swedish Food Research Institute (SIK) in Gothenburg from 1968-1976, and as Head of the Planning department at the Tanzania Food and Nutrition Centre (TFNC) in Dar es Salaam from 1976 to 1979. From 1980 until his transfer to UNICEF, he was Programme Officer at the World Hunger Programme, United Nations University in Tokyo, Japan.

Urban joined UNICEF in September 1981 as Representative in Tanzania (Dar es Salaam). He was instrumental in the development of health projects in the country as well as the Joint Nutrition Support Programme (JNSP). He moved to New York in 1989 and from then until 1994, Urban held the position of Senior Adviser, Nutrition in the Programme Division, at UNICEF Headquarters. He was responsible for coordinating the implementation of the new UNICEF Nutrition Strategy, approved by the Board in 1990. He was an active member of several World Bank programming missions to Ecuador, Bangladesh and Nigeria. He was also a member of the Administrative Committee on Coordination (ACC)/Sub-Committee on Nutrition (SCN).

Between 1994 and 1998 Urban served as Regional Director for UNICEF in South Asia (Kathmandu), where he focused on nutrition and child labour issues. From 1998 to 2003 he worked as the Regional Director for UNICEF, Eastern and Southern Africa (ESARO). During this period, he encouraged UNICEF in this region to focus on the HIV/AIDS pandemic. He also led the work on the operationalization of a human rights approach to development.

More recently, Urban had been critical of 'poverty reduction' because such an approach targets 'people who are poor' only, and he promoted an approach to 'disparity reduction' where 'people who are poor' and 'people who are rich' are both targeted in policies, programmes and projects. Such a position reflects the needs to meet the human rights principle of equality.

Urban played a catalytic role for WABA in both the Forum in Bangkok and the Forum in Arusha. His support, accompanied by a seed grant from UNICEF, was critical in inspiring us to move those two amazing events ahead, that ultimately generated a new solidarity and energy for the movement as a whole.

WABA mourns his passing, and remembers him with gratitude.

<http://waba.org.my/waba-saddened-at-urban-jonssons-passing/>

37. Readers Share

*Thank you very much for sharing with me your newsletter. It is so wonderful that you published the IADB YoSacoPecho campaign.
 That's absolutely cool.
 Best wishes,
 Carmen (Carmen Fernández Sánchez)*

*I just recently came across an old newsletter (2012). I loved it! If this is still in production, may I subscribe to it in English?
 Thank you so much!
 Felicia Bonner*

NEWSLETTER INFORMATION

38. 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.

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

39. Support Breastfeeding – Support the Breastfeeding Mother Support E-Newsletter

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003. The first 8 issues of the newsletter were published in 3 languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005. The Arabic newsletter was started in 2011.

The newsletter which has been renamed the Breastfeeding Mother Support E-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.

Our newsletter also needs support. Please promote the newsletter to your family members, friends and colleagues.

The opinions and information expressed in the articles of this issue do not necessarily reflect the views and policies of WABA, the Mother Support Working Group and the Newsletter Editors. For further information or topic discussion, please email the authors directly. For further information, please write to: Pushpa Panadam pushpapanadam@yahoo.com and Rebecca Magalhães beckyann1939@yahoo.com.



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

WABA, PO Box 1200, 10850 Penang, Malaysia • T: 604-658 4816 • F: 604-657 2655 • W: www.waba.org.my
Please be informed that WABA has now changed its email address to the following:

1. General matters: waba@waba.org.my
2. Information and queries: info@waba.org.my
3. World Breastfeeding Week: wbw@waba.org.my

**“A mother’s arms
are more comforting than
anyone else’s.”**

Diana, Princess of Wales.

Quoted in LLL USA, New Beginnings Blog

