

**FULLY BOOKED**

## Breastfeeding Advocacy & Practice:

### A Regional Outreach Course

organised by the  
Infant Feeding Consortium (IFC),  
from the Institute of Child Health,  
London, and WABA.  
25 Feb-10 Mar 2007  
Penang, Malaysia

### Inserts with this Issue

- World Breastfeeding  
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Infant and Young Child  
Feeding

WABALink is a current awareness service, with the mission of sharing news and useful key documents with its global network of supporters. The views expressed in the articles, supplements, and other inserts, etc., however, do not necessarily reflect the views, or policies of WABA or its Core Partners.

## YOUTH for Breastfeeding



WABA convened nine youth leaders from Asia, Africa and Latin America and Caribbean, for a five-day workshop in Penang, Malaysia, from 9 – 13 October 2006, to kick start a youth initiative and frame a global youth action plan. WABA believes for the success of any movement, it is necessary to involve youths. Even in the history of breastfeeding movements, youths were actively involved and took leading roles.

The main objective of the WABA Youth Initiative, an international programme to initiate the movement in various countries is to get youths interested in breastfeeding and to develop and sustain young advocates to promote and protect breastfeeding through the perspectives of human rights, reproductive health and gender equality.



## Gender sensitisation touching more advocates..

WABA held another dynamic gender training workshop from 15 - 18 October 2006, the third in Penang since 2004. A total of 29 participants from 18 countries from four continents participated, predominantly from Asia. The focus of this training was the sensitisation of men, hence there were 60% male participants as well as representatives from about seven men/father support groups. In addition, we had the participation of six youths, which gave new spirit and dynamism to the gender training, following the latter's youth training workshop (see above).

Besides meeting the basic objectives of learning gender concepts and gender analysis tools, participants also learnt to better understand how they themselves are gendered persons by going through various participatory exercises, role plays and interpersonal sharing. During the training, the Men's Working Group (MWG), an arm of the Gender WG, also met regularly to reconstruct themselves, refining their vision, mission, goals and action plan. WABA's vision requires both women and men to work together respectfully, with a common interest and purpose to protect, promote and support breastfeeding for the best interest of women, children and families.

**WABA would like to wish all readers of WABALink,  
SEASON'S GREETINGS AND HAPPY NEW YEAR  
WELCOME 2007!!!!**

# ANNOUNCEMENTS

- **THEME FOR World BREASTFEEDING WEEK 2007**  
**Breastfeeding : the 1st Hour**  
**Save ONE million babies**

[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)



- **BIRTH OF WABA'S NEWEST INITIATIVES**

1. *WABA Youth Initiative* For more information, please visit [www.waba.org.my/youth/](http://www.waba.org.my/youth/)

2. *WABA Men's Initiative* For more information, please visit [www.waba.org.my/men/](http://www.waba.org.my/men/)

## STAY-AT-HOME DAD WINS BREASTFEEDING SYMBOL DESIGN CONTEST



Matt Daigle, a stay-at-home dad of 1 year old Hayden, freelance photographer and cartoonist has won a breastfeeding symbol design contest organised by Mothering Magazine.

Out of a field of 500 entrants, Daigle's design has been selected to increase public awareness of breastfeeding. The design which is representative of a child nursing, is to be used to indicate designated baby-friendly areas in public and to mark breastfeeding friendly facilities. The blue and white icon is easily recognisable and was designed to match other international icons for baggage claim, bathrooms, telephone booths and information desks.

"My wife and son inspired me and as a profoundly deaf individual, I know how important it is to communicate through visual means." said Daigle. He hopes that the symbol will be used in all public places to clearly communicate that breastfeeding is natural and healthy and that as a society we support it.

"I hope this symbol is used in all public places to clearly communicate to the public that breastfeeding is natural and healthy and as a society we support it".

Mothering Magazine purpose of organising the contest was to provide an alternative of a baby bottle image to designate baby-friendly areas in public.

To download a PDF of the winning symbol for free, visit [www.mothering.com](http://www.mothering.com)

Source: [www.mothering.com](http://www.mothering.com) - December 2006

## THE STARS BREASTFEED TOO!!!!



**Gwyneth Paltrow** breastfed her two year old daughter Apple and is repeating her experience with her baby son Moses.

**Rachel Weisz** breastfed her son Henry. "I have respect for all working moms out there because it is a complicated balancing act. I am part of that club now."



**Jennifer Garner** insists breastfeeding played an important part in helping her get back into shape after the birth of her daughter Violet.

**Geri Halliwell** has revealed that she loved breastfeeding her baby daughter Bluebell. "Breastfeeding really helped me get back in shape."



**Gwen Stefani** says she loves breastfeeding her son Kingston. "I am still nursing, I think it gives you superhuman powers."

## Study shows that epidural during birth may negatively affect breastfeeding



Epidurals given during labour and birth are associated with decreased rates of breastfeeding, both in the short term and long term. A large study of Australian women, published in the open access journal *International Breastfeeding Journal*, found that women who had epidurals during childbirth were more likely to have breastfeeding problems in the first week and to give up breastfeeding before six months, compared with women who had no analgesia.

The study by scientists from the University of Sydney and other Australian associations showed that a significant correlation exists between the two practices.

The authors concluded that "although this relationship may not be causal, it is important that women at higher risk of breastfeeding cessation are provided with adequate breastfeeding assistance and support."

Source : <http://www.inthenews.co.uk> - December 2006

## Australian Parliament launches breastfeeding inquiry

The Australian Federal Parliament is launching an inquiry into the health benefits of breastfeeding. House of Representatives health committee chairman, Alex Somlyay said the inquiry will investigate ways the Australian Government can improve the health of the population through support for breastfeeding.

Public submissions are being invited for the inquiry by February 28, 2007.

The inquiry wants submissions on:

- The extent of the health benefits of breastfeeding;
- The impact of marketing of breastmilk substitutes on breastfeeding rate, in particular, in disadvantaged, indigenous and remote communities;
- The potential short and long term impact on the health of Australians of increasing the rate of breastfeeding
- Initiatives to encourage breastfeeding
- The effectiveness of current measures to promote breastfeeding and the impact of breastfeeding on the long term sustainability of Australia's health system.

Source : <http://www.ibnnews.org> - December 2006

## 1.1 million infants in India die in the first month

With 1.1 million infants dying in India in the first month of life, the country stands a poor sixth among South Asian countries surveyed in terms of preventive measures each country adopts to protect the young ones.

The State of the World's Breastfeeding: South Asia Report Card-2006, a report carried out by IBFAN-Asia Pacific, states that apart from these deaths, another 500,000 infants die in the country between the second and 12th month of their lives.

The report suggests that if all mothers initiate breastfeeding within one hour of birth, 22 percent of these deaths could be reduced.

The international agency along with the Indian government and NGOs had carried out the study.

Source : <http://www.indianews.com> - December 2006



## Filipino dads back renewed drive on breastfeeding

Three councillors in the Philippines supported the move of the health department to promote breastfeeding as the best infant food and at the same time censured infant milk producing companies for promoting substitute milk to serve their business interests.

The three dads-cum-councillors were reacting over the "misleading claims and come-ons" of those engaged in the selling of infant formula. They said that these business initiatives do not show concern for the future generation of Filipinos because in the midst of this campaign, those involved in the business invoked the execution of the implementation of rules and regulations of the Milk Code of the Philippines.

Source : <http://www.sunstar.com.ph> - December 2006

## Breastfeeding mother kicked off plane



About 30 parents and their children in Seattle, sat in front of an airline counter to protest the treatment of a passenger who said she was kicked off a plane for breastfeeding her child.

The mother, Emily Gillete, complained that she was kicked off a Freedom Air Lines plane for nursing her baby.

The airline spokesperson said Gillete was asked to leave the flight after she declined a flight attendant's offer of a blanket.

Gillete has filed a complaint against the airline.

Source : <http://seattletimes.nwsources.com> - November 2006



## News from the Secretariat, Penang, Malaysia

*Secretariat News, Project Development  
and Outreach*

**October** • WABA Youth Action for Breastfeeding Workshop was organised and held in Penang • Gender Training Workshop was organised and held in Penang • Lakshmi Menon worked on the Gender Training Kit & Gender Training report Gender Workshop • Santiago Vallone from RUMBA Argentina / LACMAT begins work in WABA on an internship programme, focusing on Youth and Men's Initiatives • Rejuvenation of Men's Working Group (MWG), leading to the launch of the new Men's Initiative. The MWG works on the vision and mission statements, goals, objectives and plans • Breastfeeding: Advocacy and Practice Course Brochure designed, printed and mailed out •

**November** • WABA Secretariat Staff retreat was held in Penang • WABA Press Release on the new Youth Initiative was sent out to the media in conjunction with International Students' Day • Hanns Pop from RUMBA Guatemala joins the Secretariat on an internship programme • Follow-up on Women and Work, GIFS, WBW and Community Support 2006 Seedgrants • Men's E-Group Started • Promotion of the Breastfeeding Advocacy and Practice Course •

**December** • WABA issues Press Release on World AIDS Day • Julianna Lim and Liew Mun Tip works on drafting the GBPM V and SC 2006 Reports respectively with editing by Sarah Amin • Writing and layout of WABALink issue 42 begins • Men's Initiative and YOUth Initiative websections, designed by Santiago Vallone, uploaded on the WABA website • Processing applications and handling enquiries for the Breastfeeding Advocacy and Practice Course •

## Visitors to the Secretariat

• **October** • Santiago Vallone, Argentina • Mahabub Morshed, Bangladesh • Cristina Amador, Costa Rica • Veronica Gomes, Ghana • Subrata Kumar Dutta, India • Andy Hariandja, Indonesia • Nyoman Pastita, Indonesia • Rulyadi Hadimoto, Indonesia • Utami Roesli, Indonesia • Gani Auyeskhanov, Kazakhstan • Min Sang Hee, Korea • Christine Choong, Malaysia • Mohamad Thiyahuddin Embi, Malaysia • Siti Norjinhah Moin, Malaysia • Mosadeq Sahebodin, Mauritius • Mamata Regmi Pradhan, Nepal • Qamar Naseem, Pakistan • Carmen Solinap, Philippines • Cheryl G. Kho, Philippines • Erwin Cachuella, Philippines • Jenefer de la Cruz (Toto), Philippines • V.S. Shiwanathan, Sri Lanka • Vulindlela Simphiwe Kunene, Swaziland • Per Gunnar Engbloom, Sweden • Peter Breife, Sweden • John Musisi, Uganda • Phung Bich Tuy, Vietnam • Lakshmi Menon, India • Paul Sinnapan, Malaysia • Renu Khanna, India • **November** • Hanns Pop, Guatemala • **December** • Hermann Tillman and Maruja, Germany • Sabrina Sunderraj, India • Ahmad Taiff Isahak, Malaysia •

## 2006 & 2007

Oct 12	IBFAN's 27th Anniversary
Oct 16	World Food Day
Oct 9-13	WABA Youth Action for Breastfeeding Workshop, Penang, Malaysia
Oct 15-18	WABA Gender Training, Penang, Malaysia
Oct 19	Men's Working Group meeting & Youth follow-up meeting
Oct 16-20	WBW in France
Oct 26-28	Australian Lactation Consultants Association National Conference, Melbourne, Australia
Oct 31	ICFTU, 19th World Congress, Vienna
Nov 5-10	18 FIGO World Congress of Gynecology & Obstetrics, Kuala Lumpur, Malaysia
Nov 9-13	India Social Forum (ISF) 2006, New Delhi, India
Nov 11-17	National Breastfeeding Week (UAE)
Nov 17	International Students Day*
Nov 20	Universal Children's Day*
Nov 20-22	South Asia Breastfeeding Partners Forum 3, Kabul, Afghanistan
Nov 25	International Day for the Elimination of Violence Against Women*(White Ribbon Day)
Nov 28-29	UNICEF UK Baby Friendly Initiative 9th Annual Conference 2006
Dec 1	World AIDS Day* (UN) - Focusing on Accountability "Stop AIDS: Keep the Promise"
Dec 3	International Disability Day*
Dec 5	International Volunteer Day*(UN)
Dec 9	UN Anti-Corruption Day*
Dec 9	RUMBA's 1st Youth Workshop for the Promotion of Breastfeeding and Humanised Childbirth, Guatemala
Dec 10	Human Rights Day*
Dec 10-12	IBFAN Arab World Regional Meeting, Cairo, Egypt

## 2007

Jan 15-Feb 2	37th Session of CEDAW
Jan 15-28	The 3-in-1 Training Course on IYCF Counselling - (IBFAN Asia-Pacific), New Delhi, India
Jan 20-25	7th World Social Forum, Nairobi, Kenya
Feb 4-8	International Conference on Actions to Strengthen Linkages between SRH & HIV/AIDS, Mumbai, India
Feb 14	WABA's 16th Anniversary
Feb 23-25	2nd Indian People's Health Assembly, Bhopal, India
Feb 25-Mar 10	Breastfeeding: Advocacy & Practice, A Regional Outreach Course, Penang, Malaysia
Feb 26-Mar 2	34th SCN Annual Session, Rome, Italy
Feb 27	Wellstart's 22nd Anniversary
Feb 26-Mar 9	51st Session of CSW, <i>The elimination of all forms of discrimination and violence against the girl child</i> , New York, USA
Mar 7-11	CIMS Forum, Atlanta, USA
Mar 8	International Women's Day
Mar 15	World Consumer Rights Day*
Mar 22	World Water Day*

[(\*) see [www.daysofaction.net](http://www.daysofaction.net) for links]



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WABALink is produced and edited by the Secretariat of the World Alliance for Breastfeeding Action (WABA). WABA is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, 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 Action Food Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and 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).





## Formalin in Nestle Pakistan milk

Nestlé has lion's share in packaged (Ultra High Temperature) UHT milk and bottled water industries of Pakistan. Pakistanis have traditionally been buying open milk from local vendors and consuming it after pasteurizing it at home. Nestle in early 1980s got into the country and developed a market for packaged UHT milk. There are now many packaged UHT milk brands in the country competing with each other though Nestle brands enjoy the advantages of being the pioneer.

Nestlé claims that it markets pure milk, aseptically packaged in the perfect hygienic conditions. The company buys milk from the local farmers at dirt cheap prices and in its advertisement campaigns ridicules and degrades the traditional milk distribution system of the country. It has invested millions in its aggressive media ventures for convincing common consumers to stop buying milk from traditional chains on the grounds that it is unhygienic and unfit for human consumption.

TheNetwork for Consumer Protection in Pakistan decided to put their claim to test. We carefully collected samples of all the brands and got these tested in a distinguished and reputed government laboratory, which uses the acknowledged scientific methodology for product testing. The results were horrible.

Almost all the companies including Nestlé use formalin as preservative in their products (with the exceptions of Skims milk of Haleeb and open milk) to prolong shelf life of their perishable products (for detailed analysis of

testing see table below). Formalin is a dangerous chemical, which has serious implications on human health and is considered a carcinogen.

Milk is a highly perishable commodity, which shall be used within shortest possible time. Pakistan's traditional milk supply system had ensured that it is consumed while fresh. An attempt to industrialize this sector in 1960s failed miserably as it relied on Pasteurizing milk and maintaining its temperature at 4C till consumption. This did not suit the country's climate where temperature may rise to 48C in summer. High wastage rates made the industry unviable. Nestle in early 1980s came to the country with a different technological 'solution'. It brought Ultra Heat Treatment and TetraPak paper cartons. It built its feasibility on the expectation that UHT milk will remain safe in TetraPak for a time good enough to set a profitable chain of supply. Many experts believe that this technology works well only in theory and the high rate of spoiled milk returned from market still haunts the financial planners.

Formalin is a chemical normally used to preserve dead bodies. Formalin has many negative impacts on human health. If it becomes part of food, it turns into formic acid in human body and increases acidity level. More intake of formalin can cause breathing problems, coma and even death. US Environment Protection Agency and International Agency for Research on Cancer count formalin as one of the cancer-causing agents.



# Consumer Report

Release No: 017/06

Issued on: 13 December 2006

467 words

## Laboratory analysis of milk brands available in Pakistani market

No	Brand Name	Mention Contents on label	Code No/ Batch No	Amount (in ml or litre)	Date of manu	Expiry Date	Formalin Presence	Total Energy (k Cal)	Calcium in 250 ml (mg)
PSQCA* Standard	Must	Must	Must	Must	Must	Must			
1	Nestlé Nesvita	Yes	Yes	Yes	No	Yes	Yes	83.1	391
2	Dairy Queen	No	Yes	Yes	No	Yes	Yes	129	277
3	Haleeb Skims	Yes	Yes	Yes	No	Yes	No	82.34	310
4	Haleeb	No	No	Yes	No	Yes	Yes	139	244
5	Nestlé Milkpak	Yes	Yes	Yes	No	Yes	Yes	155	238
6	Noorpur	No	Yes	Yes	No	Yes	Yes	142	527
7	Olpers		Yes	Yes			Yes	184.9	436
8	Open milk**						No	127	352

\*PSQCA: Pakistan Standards and Quality Control Authority

\*\* Sole non-UHT milk



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## WORLD AIDS DAY STATEMENT

For immediate release:

1 December 2006



World Alliance for  
Breastfeeding Action

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### **Increasing babies' HIV-free survival *Is formula-feeding the solution?***

Evidence in 2006 continued to accumulate to favour a more rational approach to prevention of postnatal paediatric HIV.

Worldwide, HIV-infection among young women is far outstripping infection in men and the health of tomorrow's mothers is crucial to child survival. But while nine-tenths of pregnant women and most infected children still do not have access to antiretroviral therapy,<sup>1</sup> and findings presented at major conferences this year<sup>2,3</sup> confirm that up to 96-99% of babies are not infected after birth when mothers breastfeed exclusively, the provision of free formula may swallow up 25% - 60% of Prevention of Mother-to-Child Transmission (PMTCT) Programme budgets.<sup>4</sup> Research from Nigeria, Uganda, South Africa and Botswana documents high rates of young child morbidity and elevated mortality due to diarrhoea, acute respiratory infection and sepsis when formula-feeding replaces breastfeeding.<sup>5</sup> Even as the absence of research on HIV risk attributable to later mixed breastfeeding following 6 months' exclusive breastfeeding precludes a rational recommendation for early cessation of breastfeeding, prematurely weaned babies in Mozambique, Uganda, South Africa, Malawi and Zimbabwe suffer high rates of malnutrition and illness.<sup>5</sup> Indeed, in most PMTCT programmes, for reasons of cost, HIV-free survival of infants is only ascertained at 12-18 months and the number of infants who do not survive formula-feeding long enough to be tested remains unknown.

A stark reality check from Botswana early this year showed how horribly things can go wrong when bottle-feeding becomes well entrenched in an African country. When the national PMTCT programme was launched in 1999 a UNICEF-funded survey showed that only 3% of children were never breastfed; 55% were breastfed until 24 months, 7% until 35 months, and 2% until 59 months.<sup>6</sup> In an effort to prevent paediatric HIV infection, and as one of Africa's wealthiest countries, with a water supply generally regarded as safe, Botswana recommended replacement feeding by all HIV-positive women, accompanied by provision of a year's supply of free formula.<sup>5</sup> Its success in providing free PMTCT services to a higher percentage of pregnant mothers than any other country has been hailed as an example for the rest of Africa to follow.<sup>7</sup> Today, one-third of pregnant women are living with HIV and ~98% of HIV-infected mothers formula-feed their babies. Indeed, formula has been promoted so strongly that one in five uninfected or untested mothers have also stopped breastfeeding before their babies reach six months of age.<sup>5,8</sup>

But late last year Botswana suffered a catastrophic outbreak of gastrointestinal illness. Hospitals throughout the country were overwhelmed by 35 000 cases and 532 deaths.<sup>9</sup> The most affected group was infants aged 0 – 12 months who were not breastfed. Assistance was requested from the US Centers for Disease

Control, WHO and UNICEF.<sup>10</sup> A closer evaluation found that a variety of pathogens was responsible, including cryptosporidium, enteropathogenic e coli and salmonella.<sup>8</sup> Over half the affected infants were already malnourished, and despite mothers returning to the clinic several times per month, had received only 51% of the quantity of formula they needed before their illness. However, the most significant risk factor was that 93% were not breastfeeding, resulting in a 50-fold higher risk of diarrhoea and an 8-fold risk of dying from diarrhoeal illness.<sup>9</sup> The final death toll remains unknown, since many babies died at home, with one village reporting the loss of 30% of its formula-fed babies.<sup>8</sup>

Botswana may not be alone. Outside the research setting, little is known of the fate of babies served by hundreds of PMTCT sites around the world where formula feeding has yet to be demonstrated as acceptable, feasible, affordable, sustainable and safe. Calls have been made for ethical and standardised research including operational research, monitoring and evaluation at all levels, and dissemination of findings.<sup>11</sup> In the face of inequitably distributed resources in an unequal world the events of 2006 constitute a tipping point for re-assessment of the competing risks of postnatal HIV transmission and formula feeding.

The recent WHO Technical Consultation on HIV and infant feeding, held in Geneva on 25-27 October 2006, was the first to be convened in six years to discuss this issue. WABA calls for formula feeding not to be recommended in communities that cannot safely support it, and that optimal breastfeeding to be revitalised and recommended where appropriate to maximise HIV-free young child survival in each different setting.

\* Endorse the *Joint Statement on Gender, Child Survival and HIV/AIDS: From Evidence to Policy* at <http://www.waba.org.my/hiv/conference2006.htm>

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## Endnotes

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<sup>1</sup> UNAIDS/WHO AIDS Epidemic Update 2006

<sup>2</sup> International AIDS Conference, Toronto 2006

<sup>3</sup> PEPFAR International Meeting, Durban 2006

<sup>4</sup> Koniz-Booher P, Burkhalter B, de Wagt A, Iliff P, Willumsen J (eds) 2004. HIV and infant feeding: a compilation of programmatic evidence. Bethesda, MD, published for UNICEF and the US Agency for International Development by the Quality Assurance Project (QAP) University Research Co., LLC (URC)

<sup>5</sup> Smart T, HIV & AIDS Treatment in Practice # 74, and #75, Safer infant feeding updates, 12 and 21 September 2006

<sup>6</sup> Central Statistics Office. Botswana Family Health Survey III Gabarone, Botswana, Botswana Government 1999

<sup>7</sup> UNICEF Press release, Abuja, Nigeria. Major increase in services needed for pregnant HIV-positive women to stop virus being passed to children, 30 November 2006

<sup>8</sup> Creek T. Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children - Botswana, 2006. PEPFAR Implementers Meeting, Durban, South Africa, Abstract #LB1, 2006

<sup>9</sup> Humphrey J. Early cessation of breastfeeding for the HIV-positive mother, PATH Satellite Session, International AIDS Conference, Toronto, 2006

<sup>10</sup> Mmegi/The Reporter, Diarrhoea Outbreak Declines, April 18 2006, <http://allafrica.com/stories/printable/200604180647.html> 4/28/2006

<sup>11</sup> International Lactation Consultant Association, Position Paper on HIV and infant feeding, 2006

# Meet the Founders of La Leche League International

by Judy Torgus, USA



In the summer of 1956, seven women realised that breastfeeding mothers needed support from other mothers. Marian Tompson, one of the original seven Founders of La Leche League International, said recently in a television interview, “It just didn’t seem fair to us that mothers were not able to breastfeed their babies even though they wanted to do it.”

Marian, along with the six other Founders – Mary White, Viola Lennon, Mary Ann Cahill, Mary Ann Kerwin, Betty Wagner, and Edwina Froehlich—did not plan to establish a worldwide organisation. But they responded to the need and stepped up to the challenge. Remarkably, after 50 years, all seven of them are still active in the organisation and they are enjoying the events and festivities surrounding the 50<sup>th</sup> Anniversary celebration.

What began at a church picnic in Elmhurst, Illinois, USA, is now an organisation spread all over the world with information in multiple languages and recognition from medical associations and government agencies as the world’s foremost authority on breastfeeding.

It started with a simple dream—to help mothers who wanted to give their babies the very best start in life. None of the seven women imagined that their dream would travel around the world and affect the lives of millions of mothers and babies.

The rapid spread of the organisation happened because so many mothers agree with Marian’s observation. Once mothers discover the simple facts about how to breastfeed successfully, they are eager to share this information far and wide, especially with other mothers.

To honor the Founders, celebrations of the LLLI 50<sup>th</sup> Anniversary are being held in locations all over the world where local LLL families are joining together in a variety of events. In August, a 50<sup>th</sup> Anniversary Picnic was held in Wilder Park, where Marian and Mary first discussed the idea of helping other mothers breastfeed. More than 300 adults and children attended the picnic, including many of the Founders’ children, grandchildren, and great grandchildren.

A more formal celebration was held in October. One hundred and seventy people joined the Founders and their families at the 50<sup>th</sup> Anniversary Gala Dinner. The culmination of the Anniversary Celebration will be in July 2007, when the LLLI 50<sup>th</sup> Anniversary Conference

will be held in Chicago, Illinois, USA. For more information, see [www.llli.org](http://www.llli.org).

Whenever the Founders are asked to reflect on their achievements, each one gives credit to their families. They point out that the support and encouragement of their families enabled them to continue their involvement in La Leche League for all these years.

When La Leche League began in 1956, all seven Founders were stay-at-home mothers. Their family size ranged from 2 to 6 children. One husband was an accountant, another was a doctor, and two were lawyers. Only three of the Founders had college degrees.

As the organisation grew, so did their families. Mary White eventually had 11 children, and Viola Lennon had 10, including a set of twins. Mary Ann Cahill and Mary Ann Kerwin had 9 children each, Betty Wagner and Marian Tompson had 7 each, and Edwina Froehlich had 3 sons. Yet they found a way to fit La Leche League into their busy lives because they were committed to the importance of the work they were doing.

Even after 50 years, they all still share one dream—that every mother everywhere will have a chance to learn about breastfeeding and share in its joys.

The Founders of La Leche League hold a very special place in my heart. I have been involved with the organisation and with the Founders for most of my life. I attended my first LLL meeting as an expectant first time mother, still in my teens, wanting to breastfeed my baby. And they taught me all that I needed to know.

Over the years, I have been involved in various aspects of the organisation and I have spent 30 years as a part of the LLLI Publications Department. I am proud to offer this tribute to the LLLI Founders, and to thank them for all they have given me and all they have given to the world. And I extend my thanks to all of you who are carrying on the message of the importance of breastfeeding to mothers and babies all over the world. You are helping to make the Founders’ dream come true.

*Judy Torgus, Publications Director, La Leche League International, River Grove, Illinois, USA, Mother of 4 grown children, grandmother of 7 and LLL Leader since 1962*



**50TH ANNIVERSARY  
CONFERENCE  
50 Years--Celebrating the Power  
of Breastfeeding**

**Chicago, Illinois USA--Where It  
All Started!  
July 20-23, 2007**

“50 Years--Celebrating the Power of Breastfeeding” will be the theme of the 2007 La Leche League International (LLL) Conference. The Conference will be held in Chicago Illinois USA from July 20-23, 2007 at the Hilton Chicago. This meeting will be the culmination of a year-long celebration of the founding of LLLI in 1956.

The power of breastfeeding is evident in the properties of human milk. World health experts estimate that exclusive breastfeeding for the first six months of life could save at least 1.3 million lives a year. Human milk is a living and changing substance that is designed to provide all the nutrients a baby needs in exactly the right proportion. Breastfeeding provides invaluable immunological protection from a host of diseases and is the cornerstone of lifelong health. Breastfed babies also develop better language skills and higher IQs as they grow.

Breastfeeding affords powerful emotional benefits as well. Nursing is a source of great comfort and security for babies, and the skin-to-skin contact stimulates the baby and enhances bonding. The power of breastfeeding affects the mother who is physiologically different because of the hormones associated with breastfeeding. Mothers who breastfeed reduce their risk of developing breast or ovarian cancer, urinary tract infections, and osteoporosis.

The influence of breastfeeding extends to the environment as the most ecologically sound form of infant feeding. Breastfeeding affects economics as well as ecology. When more mothers breastfeed, governments save money otherwise spent on subsidies for artificial feeding. Women all over the world who breastfeed their babies enrich their local economies by reducing health care costs and conserving energy.

We may never know all the ways in which human milk protects both infants and adults from disease. Most mothers continue breastfeeding because it's not only a wonderful way to feed babies, but also an effective mothering tool, and a once-in-a-lifetime experience. As a mother nurtures her child at the breast, she gains confidence and feels empowered not only in her role as a mother but in other facets of her life.

LLL is a nonprofit organization founded by seven women who wanted to help other mothers learn about breastfeeding. The power of mother-to-mother breastfeeding support has helped LLLI become an internationally recognized authority on breastfeeding with a network that includes LLL Leaders and Groups in countries all over the globe. A Professional Advisory Board reviews information on medical issues. Visit the LLLI Web site at [www.lalecheleague.org](http://www.lalecheleague.org)

Plan now to celebrate the power of breastfeeding at the LLLI Conference. As Anwar Fazal says in the Foreword to the seventh edition of *THE WOMANLY ART OF BREASTFEEDING*, “The natural power of breastfeeding is one of the greatest wonders of the world.”

# 1<sup>st</sup> Youth Workshop for the Promotion of Breastfeeding and Humanized Childbirth



Guatemala, December 2006

RUMBA Guatemala's first workshop took place on December 9th, 2006 with the support of IBFAN (International Baby Food Action Network), WABA (World Alliance for Breastfeeding Action), The Birth Company and La Leche League Guatemala (LLLG). The members who supported RUMBA, as lecturers, at the event were: Melissa Pop (RUMBA Guatemala Coordinator), Mariana de Petersen (LLLG), Viana Maza, (LLLG/RUMBA) and Rae Davies (The Birth Company/WABA) on RUMBA, Breastfeeding and Humanized Childbirth.



RUMBA (Red Unida por las Madres Bebés y su Alimento / United Network for Mother's Babies and their Nutrition) is a network integrated by a new generation of young people who educate, support and promote the culture of breastfeeding. The axis of work that RUMBA includes are education, sensitisation and promotion of breastfeeding, humanized childbirth, gender equality, sexual education and prevention of HIV/AIDS, paternity and maternity protection and rights, among others.

One of the assets of RUMBA is that they are a group of young people coming from different professional fields. RUMBA also has defined objectives and clear, measurable and attainable goals, as evidenced by its many activities undertaken so far. RUMBA envisions trainings for all members in subjects like:

a) Breastfeeding;

- Importance of breastfeeding, benefits for the mother and baby, the family and the environment.
- Correct and incorrect positions to nurse.
- Nutritional values of breastfeeding.

b) Mother Kangaroo Program;

c) Importance of Natural Childbirth, and;

d) Humanized Childbirth and the International Mother-Baby Friendly Initiative (IMBFI).

Rae Davies, representative of WABA and The Birth Company, presented on humanized childbirth and the IMBFI. A total of 26 people attended this workshop and they were invited to endorse RUMBA. In the activity there were 16 affiliated persons



reaffirming their commitment to participate and work in the matters that our network promotes, protects and supports. They can collaborate in the execution of RUMBA's

strategies, indicating and presenting the importance of taking action in different themes of breastfeeding, its relation with maternity-paternity rights and humanized childbirth. Every participant was given a T-Shirt and a Certificate.

There was an announcement of the event in a local FM radio. At the workshop there was a young reporter from “El Periódico”, a national newspaper. After sensitization through the workshop, he offered to help with the cause for next year.

That day “El Periódico” offered an article for RUMBA that describes the network and the benefits of breastfeeding. It was published on December 15<sup>th</sup>, 2006 in a special publication. The article also appeared in a magazine for young people that carries news on music, sports, fashion, social events and other topics for youths. It is a great achievement for us, as a youth network, for our news to be published, because through this promotion we can let other people know about RUMBA and reach all the people who are interested.

During this year, more than 25 young people endorsed RUMBA in Guatemala and they committed to work hard to accomplish the goals of RUMBA. All our activities were done with the sole objective to fulfill the commitment required and accepted by RUMBA to expand the network in all the countries in Latin America and the Caribbean. Nationally, we aim to get Guatemalan youths to support, promote and protect the breastfeeding culture. After the workshop we established contact with a group of women who work with native communities of women in gender based violence, discrimination by gender and gender inequality and other related issues, so that RUMBA can visit these communities and support by giving lectures and support in these matters.

No doubt that RUMBA has been fortified and expanded its horizons, since its foundation, for the life of the babies, mothers and their families. In addition, it has impact the entire world and with pride, it is possible to affirm that we are a group of people faithful to their mission and ethical principles and eager to face any challenge for the well-being of the present and future generations.

Report by:  
Melissa Pop  
RUMBA (Guatemala)



Alejandro Petersen, Melissa Pop and  
Debora Villatoro



"I'm 100% breastfeeding"  
Ana Paula Zapeta Rossil (5)



Paola Quinto and her baby boy Santiago André  
and Rae Davies

16<sup>th</sup> Breastfeeding: Practice & Policy Courses

**APPLICATION FORM**

Please send before 1<sup>st</sup> May

Name :

Qualifications and Profession:

Present Position and place of work:

Email:

(All correspondence will be by email unless you specify otherwise)

Mailing Address:

Telephone:

Please indicate which you are applying for:

4 week Breastfeeding: Practice & Policy Course

2 week Part 1: Breastfeeding Clinical Management & Public Health 18-29 June

2 week Part 2: Infant & Young Child Feeding: Addressing Challenges to Optimal Practice 2-13 July

Are you interested in enrolling on the Taster Programme to earn MSc credits?  Yes  No

Where did you get this brochure from?

Please send a one-page summary of your Curriculum Vitae outlining

1. your involvement in infant feeding
2. any previous training courses on infant feeding which you have attended, or directed
3. your proficiency in English (written and spoken).

Please send by email to [bfeed@ich.ucl.ac.uk](mailto:bfeed@ich.ucl.ac.uk).  
Forms can be downloaded from  
[www.cihd.ich.ucl.ac.uk](http://www.cihd.ich.ucl.ac.uk).

**Course Rationale**

Poor infant feeding practices are a major contributor to child mortality, morbidity, malnutrition and poor growth and development worldwide.

The established recommendations for optimal infant feeding are exclusive breastfeeding for six months followed by complementary feeding and continued breastfeeding for 2 years or more. Few countries meet these recommendations. Exclusive breastfeeding of young babies is rare. Most are given other foods and fluids as well as breastmilk. This mixed feeding increases the risk of dying from diarrhoea or pneumonia, interferes with breastmilk supply and demand, and negates the contraceptive effects of breastfeeding. Mixed feeding also increases the risk of transmission of HIV from infected mothers to their babies.

Taking action to improve infant feeding requires leadership, advocacy and competent health staff with up-to-date knowledge and skills to identify the problems, negotiate the solutions and implement programmes of training and support for mothers and communities. Our specialist evidence-based course equips participants to implement the WHO/ UNICEF Global Strategy on Infant and Young Child Feeding.

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The Breastfeeding Course,  
Centre for International Health and Development,  
Institute of Child Health, 30 Guilford Street,  
London, WC1N 1EH.  
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Email: [bfeed@ich.ucl.ac.uk](mailto:bfeed@ich.ucl.ac.uk)  
web page [www.cihd.ich.ucl.ac.uk](http://www.cihd.ich.ucl.ac.uk)

**UCL Centre for International Health  
and Development**  
(formerly Centre for International Child Health)  
**Institute of Child Health**

**International Courses on  
Infant Feeding 2007**



**Breastfeeding: Practice  
and Policy Course**  
18<sup>th</sup> June – 13<sup>th</sup> July 2007

- **Breastfeeding: Clinical Management and Public Health.** (Module 1) 18-29 June 2007
- **Infant and Young Child Feeding: Addressing Challenges to Optimal Practice.** (Module 2) 2-13 July 2007
- **Breastfeeding: Advocacy and Practice Course.** Flexible outreach course.
- **Infant Feeding Consortium Training**



## 16<sup>th</sup> Breastfeeding: Practice & Policy Certificate Course

This annual masters-level course provides comprehensive scientific, technical and practical training on all aspects of breastfeeding, from birth to two years or beyond.

It is the only advanced level international training course on breastfeeding and related topics available worldwide.

It is an intensive course with a high level of contact time between participants and course directors, with an emphasis on equipping professionals with skills and knowledge to use in their employment.

### Course Aims

To develop participants' capacity to take an active role in protecting, promoting and facilitating optimal infant feeding practices.

### Who should apply

The course is designed for doctors and other senior health professionals who are involved in national or local infant feeding programmes as clinicians, trainers, advisers, coordinators or advocates for optimal infant feeding. Teams from the same course are particularly welcome. The course is limited to 30 participants and is conducted in English.

### Modular Course

The 4-week course is divided into two 2-week modules which can be taken together, separately or over successive years. Under CIHD's Taster Programme you can earn UCL MSc/Diploma credits for each module. This entails additional course work and a separate application to the Taster Programme once you have a place on the breastfeeding course. Closing date 01/05/07.

## Module 1: Breastfeeding: Clinical Management and Public Health.

18-29<sup>th</sup> June 2007 (also runs as an MSc module 12-23<sup>rd</sup> March 2007)

Extends and up-dates scientific knowledge of breastfeeding, breastmilk and the importance of breastfeeding for public health. It examines the evidence behind good practice recommendations and concentrates on feeding the younger baby. It aims to enhance practical competencies for working with mothers and babies, and community based counsellors.

## Module 2: Infant and Young Child Feeding: Addressing Challenges to Optimal Practice.

1<sup>st</sup>-13<sup>th</sup> July 2007

Designed for those who want to go beyond the essentials of breastfeeding and examine the broader aspects of infant feeding initiatives, including maintenance of breastfeeding, feeding babies who are older, need special care or whose mothers are HIV-infected, complementary feeding, milk banking and psychological aspects of feeding. It examines the evidence base and implementation of the main global initiatives designed to improve infant and young child feeding (IYCF) including the International Code of Marketing of Breastmilk Substitutes, the Baby Friendly Hospital Initiative and the Global Strategy. It aims to develop participants' skills for programme coordination and planning projects to improve IYCF. It is useful for those working in both clinical and non-clinical settings.

Both modules include components which enhance participants' practical skills for advocacy, teaching and training others and implementing improved policies to improve infant feeding.

## Application procedure

Send this application form or download from our website and submit by email to [bfeed@ich.ucl.ac.uk](mailto:bfeed@ich.ucl.ac.uk). We will offer successful applicants a provisional place on the course and provide a letter for approaching donors. Definite places are allocated when we receive confirmation of funding.

### Course Costs:

The course fee is £2300 for the full 4 week Certificate course, £1150 for a 2- week module. (Plus £50 UCL registration if you wish to earn MSc/Diploma credits.) We recommend that sponsors provide £100-£150 for purchase of training resources. Modest accommodation costs range from around £35 -£65 per night.

Applicants without funding are advised to start seeking financial sponsorship immediately. The course does not have any scholarship or bursary schemes. The Centre for International Health and Development accepts no support from manufacturers of infant formula or feeding bottles and cannot accept applicants funded by such companies

### Infant Feeding Consortium (IFC)

The IFC comprises the Course Directors and Advisers of our international infant feeding courses. IFC consultants can provide a range of flexible training and related services, including outreach courses such as the 2-week **Breast feeding: Advocacy and Practice Course**.

### More Information -

[www.cihd.ich.ucl.ac.uk](http://www.cihd.ich.ucl.ac.uk).

Includes details of accommodation and other practical arrangements, learning outcomes, MSc Taster Programme, IFC and our other courses.





Ministry of Public Health



# Kabul Declaration on Infant and Young Child Feeding

*22nd November 2006*

The South Asia Breastfeeding Partners Forum 3, held in Kabul, Afghanistan, from November 20-22, 2006, brought together over 70 participants from South Asia countries representing governments, public interest groups, professional bodies, media, United Nations agencies and other international organizations. The Forum 3 was organized with the theme "Breastmilk Save Lives, Saves Money" to find ways and means to scale up the coverage of early breastfeeding within one hour and exclusive breastfeeding for the first six months in South Asia and also to protect, promote and support optimal infant and young child feeding.

## **Recalling the global commitments enshrined in the:**

- Convention on the Rights of the Child (CRC) and the Convention on Elimination of all forms of Discrimination Against Women (CEDAW);
- Millennium Development Goal 4 to reduce child mortality;
- International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions;
- Global Strategy for Infant and Young Child Feeding, 2002;
- Innocenti Declaration on Infant and Young Child Feeding 2005.

## **Recognizing that:**

- Artificial feeding of infants is dangerous to the health of infants and young children;
- Artificial feeding perpetuates poverty;
- Lack of optimal breastfeeding leads to malnutrition early in life, limits the survival, growth and development of infants and young children, leads to chronic diseases later in life, and is detrimental to sustainable human development and socio-economic development;
- If all mothers begin breastfeeding within one hour of birth, 22% of all newborn deaths can be prevented;
- Exclusive breastfeeding for the first six months can save 13-15% of under-five child deaths; and that a further 6% can be prevented through timely introduction of adequate and appropriate complementary feeding;
- Women need gender-sensitive support and enabling environments at the time of birth to begin breastfeeding within one hour and later to maintain exclusive breastfeeding, and optimal feeding for their infants and young children;
- Capacity building from national level to family level is essential for providing such support;

- Irresponsible marketing of baby foods interferes with optimal infant and young child feeding practices;

The participants endorsed the Call for Action in the Innocenti Declaration on Infant and Young Child Feeding 2005, and reaffirmed that breastfeeding is a life saving measure in whole of South Asia, and is the best investment for human development. The Forum Participants are convinced that early (within one hour) and exclusive breastfeeding (for the first six months) must be among the major outcomes of any development process, and call upon all concerned for the following 10 actions:

1. Recognize optimal infant and young child feeding with a focus on early and exclusive breastfeeding as the most critical intervention to save infant lives.
2. Establish a SAARC regional fund for infant nutrition and survival with a focus on early and exclusive breastfeeding.
3. All governments should commit to the Call for Action contained in the Innocenti Declaration 2005 and World Health Assembly (WHA) resolution 2006.
4. All governments should develop plans of action and commit clear budgets to implement such plans.
5. Revitalize and link the Baby Friendly Hospital Initiative (BFHI) with community initiatives, including strengthening the pre-service curriculum at all levels, with an objective to implement the "Ten Steps to Successful Breastfeeding".
6. Strengthen national legislations or enact new ones to stop all kinds of commercial promotional practices including contacts of baby food industry with health providers.
7. Ensure that maternity entitlements to facilitate early breastfeeding within one hour and exclusive breastfeeding for six months are legalized.
8. Ensure that women receive skilled counseling and support to practice optimal infant and young child feeding, including in situations of HIV and disaster management.
9. Create national coordination and review processes to monitor these practices and programs on a regular basis.
10. Ensure that all policies and programs at national level do not violate the infants' right to survival through optimal infant and young child feeding.

### All Participants Pledge to Support and Act on the 10 Actions

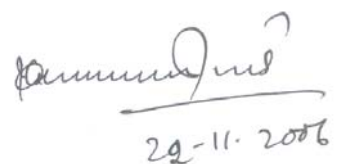
The South Asia Breastfeeding Partners Forum was organized by the Ministry of Public Health (MoPH), Government of Afghanistan, Afghanistan Breastfeeding Promotion Partners (ABPP), and International Baby Food Action Network (IBFAN) Asia Pacific, with financial support from Swedish International Development Cooperation Agency (Sida), Netherlands Ministry of Development Cooperation (DGIS), UNICEF, and WHO. The Forum also received technical and logistic support from Tech-Serve/USAID, ACF, WHO, UNICEF, World Food Program, IBFAN, and WABA.



Dr. Zarmina Safi  
Director, ABPP



Dr. Faizulla Kakar  
Tech. Dy. Minister, MOPH



Dr. Arun Gupta  
Regional Coordinator, IBFAN Asia Pacific