

# Mother-to-Mother Support Groups in the Dadaab Refugee Camps

## Background

Since 2004, CARE USA has implemented an initiative to increase capacity to improve infant and young child feeding in emergency settings. CARE's program sites include three refugee camps outside the town of Dadaab, in northeastern Kenya. The camps, established in mid-1992, are home to refugee communities from throughout the region (e.g., Ethiopia, Burundi, the DRC and Sudan), with Somalis making up the great majority of the population. Due to ongoing insecurity in Somalia, regular influx into the camps has continued throughout the period of the CARE initiative, with the population increasing at an average rate of 5000 per month during 2008 and 6000 in 2009.

Dadaab continues to experience a continuous influx of new arrivals from Somalia. More than 43,000 new arrivals have registered this year with some 39,000 from Somalia. There is a noticeable increase of arrivals in June 2009. The arrivals are mainly from the Lower/Middle Juba regions and also from Mogadishu.

The overall population in Dadaab currently stands at 286,962 persons as of 19 July 2009, an increase of 22% since the beginning of 2009 (from 235,455 persons).

The camp population, which was approximately 134,000 in 2005, now stands at approximately 286,692. Many of the new arrivals are pregnant and lactating mothers, and children.

From 2005 through the present, CARE, UNHCR, GTZ, IRC, NCCK, MSF-SWISS and other partners have worked in an interagency collaboration, the Dadaab IYCF Team, to provide support for infant and young child feeding in the camps. The objective is to integrate IYCF into ongoing, multi-sectoral programming rather than create a stand-alone system. Activities include orientation for all staff to ensure their understanding of their responsibilities in supporting appropriate IYCF practices, including emergency preparedness; on-going training; training of facility and community-based IYCF counselors, and mother-to-mother support group leaders/

facilitators, and provision of on-going support through mentoring activities; implementation of behavior change communications approaches, which include the camp-wide annual celebration of World Breastfeeding Week; tracking program coverage and monitoring program process and results; and advocacy and feedback to the community on progress in improving IYCF practices and child nutritional status.



## Mother-to-Mother Support Groups: Capacity-Building

Much of the support among the lower-literacy population is implemented through community-based workers and volunteers. Capacity-building activities in Dadaab include a mother-to-mother support group strategy. Support groups empower women to make better decisions, and build self-confidence.<sup>1</sup> Mother-to-mother support is a powerful strategy for catalyzing change. In a support group a woman moves through all the basic steps of behavior change: awareness, information, intention, trial and begin use, maintenance and advocacy. The mother-to-mother support group is an effective way of harnessing the collective power of women as agents of change in the community.

Facilitators of mother-to-mother support groups come from a cadre of women living in the Dadaab camps. The MtMSG facilitators are peers who speak the same language as other

1. The Johns Hopkins University Population Communication Services Community Mobilization Task Force Bulletin. May 1999. The Mobilizer, Volume 2: Issue 1.

mothers and are known and trusted in the community. They are trained over 4.5 days using a curriculum developed in Dadaab for lower-literacy workers: *Preparation of Trainer's Course: Mother-to-Mother Support Groups (MtMSG) Methodology and Breastfeeding and Complementary Feeding Basics*.

The training methodology, which focuses on enhancing both existing knowledge and skills, addresses listening and facilitation skills, group dynamics, and includes a review of technical content in optimal breastfeeding and young child feeding practices.

## Mother-to-Mother Support Groups and IYCF protection, promotion and support

Over the past year, IYCF support activities have targeted the new arrivals, with the objective of quickly reaching pregnant and lactating mothers with information on optimal infant and young child feeding practices, and linking them to IYCF-related resources in the camps.

The support groups provide peer counseling within a supportive group setting. The non-formal education and experiential learning approach allows women to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and learn new ways of thinking. IYCF mother-to-mother support groups are designed to encourage women and communities to identify and solve their own problems, and to receive support for their infant feeding decisions.

The support groups also provide information and expose the mothers to global recommendations for optimal infant and young child feeding. Among the topics of discussion may be the recommended pattern of breastfeeding, adequate management of breastfeeding difficulties, how to access practical help, and recommendations for appropriate complementary feeding with local, available, appropriate, and affordable foods. Pregnant women and mothers are supported to practice skin-to-skin contact and timely

initiation of breastfeeding at birth, as well as adequate nutritional behaviors for themselves, including additional food intake during pregnancy and lactation. As pregnant women and mothers do not make decisions in a vacuum; decisions about breastfeeding and infant feeding must involve the whole family, including fathers and mothers-in-law and the community in which the woman lives. These secondary audiences are targeted through behavior change communications activities and are sometimes included in support group activities.

## Results

Results are monitored using different strategies that facilitate triangulation to judge the progress of programme activities. IYCF staff oversee the training and support group activities and capture feedback during ongoing mentoring. Progress in achieving coverage is tracked through mapping that tracks the geographic distribution of trained IYCF counselors and mother-to-mother support group facilitators. Mother support group facilitators track their activities and group participation using pictorial monitoring forms. Progress in impacting infant and young child feeding behaviours at a population level have been tracked over the course of the Dadaab IYCF programme during an annual nutrition survey using standard WHO IYCF indicators.

Examples of the types of information tracked are provided below.

### Feedback following facilitator training:

1. How has your idea of mother-to-mother support groups been changed or modified?
  - Facilitator should talk less.
  - Facilitator shares experience and gives confidence to others.
  - Mother-to-mother support groups are not an educational talk, lecture or class.
  - In a mother-to-mother support group there is eye contact, sitting arrangement is in a circle with everyone at the same level.



IYCF Hagadera mapping tool and mapped IYCF counselors and MTMSG leaders in Hagadera camp

2. What did you learn in the practice session of facilitating mother-to-mother support groups in the community?
  - It is difficult to change myths, but can overcome them more in small groups.
  - When facilitator shares own experience the group becomes open.
  - Very easy to manage a small group of 6 – 8, and hard to manage a larger group of 15 .
  - Facilitator has to listen more.
  - Motivating is easier on one-to-one counselling.
3. Do you feel ready to facilitate MtMSGs in infant and young child feeding? Why?
  - We have captured the responsibilities of the facilitator.
  - We have received IYCF training and mother-to-mother support group training – we have knowledge and experience; we have seen how it is done.

**Coverage:** There are currently 713 mother support groups in the three camps (581 facilitators trained). The geographic coverage of trained facilitators and IYCF counselors is tracked on maps showing each camp block.

**MTMSG Participation:** The table below show support group participation during the quarter October – December 2008<sup>2</sup>.

MTMSG Meetings Facilitated	Dag	Hag	IFO	Total
Number of Pregnant Women Attending MTMSG Meetings	250	369	378	997
Number of Lactating Women Attending MTMSG Meetings	436	548	385	1368
Number of Grandmothers Attending MTMSG Meetings	100	182	153	435
Total Number of MTMSG Participants	786	1099	916	2801

**Nutritional Status:** Malnutrition rates, which have been high in the camps (22% global acute malnutrition, 4.5% severe acute malnutrition) in 2006 (GTZ figures), have been nearly halved due to concerted interagency action within the camps. In 2008, the GAM averaged 11% and SAM rate was <1.5%.

**IYCF Behaviors:** Despite the increase in the program size due to the refugee influx and concomitant increased demand for services, IYCF behaviors continue to show improvement.

- Timely initiation of breastfeeding: the population-level rates increased from 66.2% in 2007 to 76.5% in 2008 for mothers in the three camps who initiated breastfeeding within 1 hour of birth. A program level indicator is due to be introduced in the maternity services during Q2 of 2009.
- Exclusive breastfeeding (EBF): EBF rates have increased from 4.1% in 2005 to an average of 25.6% in 2008. Rates in each of the camps have exceeded 30% during the past two years, but the continued population influx has been a challenge to maintaining those improvements.
- Timely introduction of solid, semi-solid foods: the rates of timely introduction of solid and semi-solid foods (the WHO indicator is measured on infants 6-8 months) increased from 53.6% in 2007 to 68.9% in 2008.
- Continued BF at one year: in 2008, about 54.4% of children aged 12-15 months were still breastfeeding. These rates have decreased since 2007 (perhaps related to the population increase; UNICEF's State of the World's Children 2008 reports a rate of 35% for continued breastfeeding at one year in Somalia).

## Breastfeeding Success Story

Barni Ali Mohammed feels that receiving training in infant and young child feeding was very helpful to her. She had home deliveries of seven children who were all given water with sugar until the third day when breastfeeding was initiated. The babies would fall sick often and mostly admitted to the SFP program. In the training, she learnt about the importance of early initiation of breastfeeding, exclusive breastfeeding and timely complementary feeding.

When she got Abdiladif, her 8<sup>th</sup> child she observed these optimal IYCF practices and there was a great difference in this child compared to other children. She said, "When I was pregnant with Abdiladif, I also joined a mother-to-mother support group in my block from where I learnt a lot on appropriate infant and young child feeding practices. Abdiladif was delivered in the hospital and I breastfed him within 20 minutes after birth. No other foods or drinks were given to Abdi. I gave him only breast milk for the first six months and then introduced him to other foods after six

2. During 2008, the number of monthly births ranged from ~ 180-600 births/month. The camps consistently report about 1500 infants < 6 months of age.

months, he first refused to eat but when a little breast milk was added to the food he ate it comfortably. I can say that he is different from the others as he is very alert and he has never been sick or admitted to the hospital or any feeding programs”.

Other mothers who have seen her previous children and then Abdi believe in adopting the recommended IYCF practices. Barni Ali Mohammed has been able to reinforce these practices through the MTMSG (Mother-to-Mother support group) where she is the group leader.

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## Acronyms in full

UNHCR	United Nations High Commissioner for Refugees
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (German society for technical cooperation)
IRC	International Rescue Committee
NCKK	National Council of Churches of Kenya
MSF-Swiss	The International and Humanitarian Organization which has implemented feeding camps and out patient clinic centers in Somalia
IYCF	Infant and Young Child Feeding
GAM	Global Acute Malnutrition
SAM	Sever Acute Malnutrition



# The difficulty in coping with policy change for HIV and infant feeding counselors

– by Ted Greiner, South Korea

Counselors who try to help HIV-infected mothers have been through a confusing roller coaster ride over the past 25 years since evidence began to accumulate that HIV could be transferred via breast milk. The first reaction on the part of the world's health authorities was unthinking panic. The head of WHO's AIDS unit opened the first WHO expert meeting on breastfeeding and HIV in June 1987 by asking the experts (all of whom were expert only in the second of the two issues under discussion) to give him a statement calling on HIV-infected mothers to avoid breastfeeding. Thanks to a couple breastfeeding advocates who were present (as observers, not experts), a few of the experts threatened to issue a minority statement unless the meeting agreed to the following wording: In countries where most infant deaths were due to malnutrition and infection, breastfeeding should be promoted to all mothers, irrespective of their HIV status.

Meanwhile, in relatively rich countries (which includes newly industrializing countries like Thailand and Brazil, which have portions of the country that are very poor), there was no question of "allowing" HIV-infected mothers to breastfeed. That would be considered child endangerment and policies ranging from a ministry of health directive in Sweden in 1987 to local interpretation of unwritten policies have ensured that whenever authorities knew of an HIV-infected woman who planned to breastfeed, they took steps to guarantee that this would not happen. If anyone knows of exceptions to this (ie, health authorities in rich countries who sanction HIV-infected women's right to choose to breastfeed), I would greatly appreciate knowing about it. (I am aware of efforts led by Pamela Morrison in the UK to at least avoid stopping breastfeeding in African women about to be extricated back to their home countries--an attempt to avoid an obvious case of iatrogenic harm if not death for the babies involved.)

The 1987 wording made it into the first WHO policy on HIV and infant feeding, which emerged in 1992. All was thus quiet on the HIV and infant feeding front in poor countries until 1997 when the involved

UN agencies (mainly UNAIDS, WHO and UNICEF) quietly launched a new policy. Again, despite their protestations later to the contrary, it was clear that no need was felt to consult the international community of breastfeeding experts. We were widely considered to be fanatics who believed in "breastfeeding at any cost." The HIV community, meanwhile, had the power and money and was blinded by its own mantra: "avoid HIV transmission at any cost." Indeed, even today, few if any PMTCT (prevention of mother to child transmission) programs gather data on any postpartum health outcomes of their program efforts besides HIV transmission rates. If that is the only statistic one looks at, then efforts that result in both decreases in transmission rates AND increases in infant death rates will look successful indeed.

The explanation given for the change in policy was not scientific (at that time there were virtually no relevant data to go on) but "human rights." Oddly, since mothers in rich countries had no choice as to how to feed their babies, it was somehow determined that poor mothers ought to have the right to an "informed choice." This was especially odd given that there was virtually no scientific information to offer them regarding likely risks of various infant feeding patterns for women in various socioeconomic circumstances. (There still is precious little of practical value in specific counseling circumstances.)

WHO and UNICEF staff who WERE breastfeeding experts were of course mortified and did all they could, but they were shouldered aside by the "real" experts, the virologists. Their impression was that the real reason that the policy had to change was "political." Some of this pressure, though no doubt coming from capitalistic governments, likely had its roots in the infant feeding industry, which was finally seeing an opening in poor countries where, ever since the International Code of Marketing had been passed, sales had lagged far behind soaring birth rates. Lancet quoted an example of a Nestle representative who, in a British classroom, shed a tear as he informed the students that Africans could no longer breastfeed because of AIDS. UNICEF was ferociously attacked on the first page of the Wall Street Journal for not

**Lancet quoted an example of a Nestle representative who, in a British classroom, shed a tear as he informed the students that Africans could no longer breastfeed because of AIDS ...**

accepting the purely “charitable” offers of free formula from the industry.

The new policy was followed up in 1998 by:

- 1) Already in March 1998, a press release from the three agencies stated that a “pilot trial” would start in 11 countries, providing free infant formula to >30,000 newborns whose mothers were presumably too poor to afford it. There was never any evidence provided that such mothers could safely use it; indeed, the pilot trial included no measure of infant health outcome. It was only looking at the logistical issues on the assumption that it was a good thing to do.
- 2) An official literature review was commissioned by the first author of one of the only studies ever to find that artificial feeding from birth led to an increase in HIV-free survival.
- 3) A set of WHO guidelines was produced on how to implement the new policy. In the following years, these were supported by teaching materials and a detailed course curriculum. On the assumption that everyone using it would do so only after holding an existing five-day WHO breastfeeding counseling course, the new course focused largely on how to safely artificially feed in low-income settings.

By 2000, a minor revolution was occurring quietly behind the scenes. In particular, UNICEF country staff around the world were expressing their dismay over the harm they could see being done in the implementation of the new policy. WHO held a new expert meeting which modified the policy by, among other things, calling for the replacement of breast milk only in situations in which it was “acceptable, feasible, affordable, sustainable, and safe.” By 2003 the WHO Guidelines were changed accordingly.

But already by 2002, UNICEF was changing its tune. After ignoring earlier advocacy efforts by WABA, it started to say that it shared WABA’s views on the issue and agreed to a joint Colloquium on HIV and Infant Feeding, intended to bring the HIV and breastfeeding communities together in open dialog. This took place in Arusha in September 2002 (proceedings can be accessed at <http://www.waba.org.my/whatwedo/hiv/colloquium/programme.html>). By that time, UNICEF had also decided to stop supplying free infant formula to countries for HIV-infected mothers, issuing a statement to its partner agencies explaining this decision, quite controversial at the time.

Meanwhile, scientific studies began to make themselves heard. Beginning to appear as early as 1998, several studies showed that exclusive

**... 6 months is too early to stop breastfeeding, and the resulting increased rates of severe morbidity, malnutrition and death negate and gains made in reducing HIV transmission ...**

breastfeeding greatly reduced postnatal transmission compared to the more common feeding patterns in which infants are introduced to a wide range of unnecessary and unhealthy foods and fluids soon after birth. (A WHO “expert” had viciously attacked a UNICEF officer for agreeing with me a bit earlier that exclusive breastfeeding appeared to have this effect.)

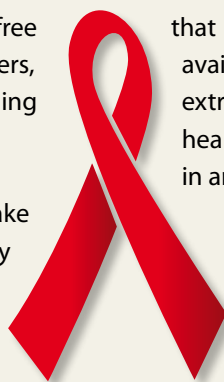
Oddly, the main impact of this was a frenzy of negativity toward “mixed feeding” (confusingly, a term used earlier to refer to mixed breast and artificial feeding; now

used for any pattern of predominant or partial breastfeeding despite the fact that they have quite different outcomes). Most poor countries then implemented a policy (still commonly in effect) calling for low-income HIV-infected women to breastfeed exclusively for six months, followed by rapid cessation of breastfeeding in order to avoid the danger of “mixed feeding” although it also appears likely (though not proven) that HIV transmission rates among infants at 6 months fed complementary foods are lower than rates among younger infants who are partially breastfed.

Research in the past several years suggests that in many settings 6 months is too early to stop breastfeeding, and the resulting increased rates of severe morbidity, malnutrition and death negate and gains made in reducing HIV transmission. Based on this, WHO held another expert consultation in 2006 which resulted in another change in guidance (though the official WHO guidance has not officially been changed yet; nor have the teaching materials or courses). Even at 6 months, breastfeeding was to be continued unless cessation at that time was judged to be AFASS. There was little point in stopping before 6 months. And when infants were given early testing for HIV, a negative test had no implications for how the child should be fed. A positive test meant that there was no point in stopping breastfeeding at any particular time.

There is now little doubt that treating HIV-infected mothers with damaged immune systems (a low CD4 count) with antiretroviral (ARV) drugs, reduce overall postnatal HIV transmission rates by half or more. This in turn suggests that in settings where testing and treatment are easily available, breastfeeding should be practiced by all but extremely well-off mothers with access to high quality health care. However, this type of thinking is not reflected in any official guidelines that I am aware of.

Several studies suggest that providing ARVs to all breastfeeding mothers (or all breast-fed infants)



provide such high levels of protection that rates of mother to child transmission begin to approach those achieved with no breastfeeding at all. However, WHO does not consider the data to be adequate yet to recommend either approach. Look for an expert meeting examining these data in the next year or two.

Back to the poor infant feeding counselor's roller coaster ride: yes, no, maybe? And what exactly does AFASS mean in practical terms? While working at PATH, colleagues and I developed algorithms which take counselors through the various components of AFASS and, as far as possible,

their real life meanings (for example, how much various types of replacement foods cost locally). I presented them at the WHO Expert Consultation in 2006 but they were rejected as too complex (hmm, the reality counselors face is actually simple?) and looking too much like a "decision tree." (Counselors telling mothers what to do is common anyway, but the algorithms were clear that their purpose was to assist the counselor in helping the mother to make her own decision). They can be accessed on my website at <http://global-breastfeeding.org/2006/11/14/algorithms-to-assist-in-counseling-on-whether-it-is-afass-for-an-hiv-mother-to-stop-breastfeeding/>

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# Mother Support Task Force (MSTF)

World Alliance for Breastfeeding Action



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**Volume 7 Number 2**

Published 3 times a year in English, Spanish,  
French and Portuguese

**May-August 2009**

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

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***“When she gives birth,  
every woman has the potential resource of  
breastmilk for two years or more. This ample food resource is perfectly targeted,  
already distributed to households with the need, and should be controlled by the  
mother and baby.”*** --Helen Armstrong (1995)

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## **MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION**

### **1. Connecting Through Different Languages: Paulina Smith, Coordinator, WABA MSTF**

I would like to follow up on what I wrote in relation to *connections* in the January-April, 2009 e-Newsletter. Recently spending a week in a French immersion Course in Cuernavaca, Mexico, has made me think deeply on the importance of the connections we make and that are made, both through speaking and writing, through various languages. Language in itself is a connecting tool. The Mother Support Task Force Team is proud of the fact that this Newsletter is offered to the breastfeeding community in four different languages (English, Spanish, French, & Portuguese), thus connecting so much easier with our subscribers and readers. We hope that, in the not too distant future, the Newsletter will be offered in even more languages. *If there are any volunteers who would like to help us produce the newsletter in another language, please contact Pushpa and Pili.*

I consider myself very blessed to be able to speak and understand four languages (Spanish, English, French and Italian), because when we connect through a language, we better understand national traditions and cultural differences. Language nuances make differences too! When I arrived in Mexico City from Buenos Aires, Argentina (where I was born and raised), I spoke Spanish with a very different accent. It was only when I had fully picked up the Mexican accent that breastfeeding moms opened up to me with their inner fears, needs and wants. Once we were connected through a comfortable language, they felt closer to me.

Can we set as a new goal of the WABA breastfeeding network to strive together to form new language connections so as to widen the mother support circle? We would very much appreciate hearing your thoughts, ideas and suggestions.

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### **2. MSTF Update: Paulina Smith, Coordinator, WABA MSTF**

We have excellent news to share! The mother support electronic map is up and running on the WABA website under the Mother Support Task Force (MSTF) section. We are, therefore, in the position to proudly say that the 2<sup>nd</sup> Key Action resulting from the Summit "State of the Art of Mother Support" has become a reality. Do visit at <http://www.waba.org.my/whatwedo/gims/emap.htm>. The MSTF wants to thank Sam Sh'ng Sh'ng for his technical ability and Julianna Lim for her constant support. It is wonderful to see how, as usual, a dream can turn into reality through encouragement, endurance, and confidence in the end result, colleague support and good teamwork.

Smith and Magalhães carefully scrutinized and selected the organizations and support groups that have so far been included on the map. We would like, now, to invite subscribers to read the Criteria and Guidelines – C&G (see box) and to send in contact details for organizations and mother support groups that fit the C&G framework so they can be added to the e-map. The goal of the MSTF is to have as many established and sustainable mother support organizations and mother support groups as possible on the map. Another goal is for mothers, or others interested in knowing about mother support, or needing information, to be able to access an area/province/state/division in a given country and find the information required. Now, thanks to the map, with only one or two clicks, contacts and locations for mother support can be searched, identified and selected, thereby enabling mothers to receive the support they need and deserve. <http://www.waba.org.my/whatwedo/gims/emap.htm>

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If you are interested in being a country contact for GIMS and the MSTF, please email [Paulina smithpc@att.net.mx](mailto:Paulina.smithpc@att.net.mx), [Rebecca beckyann1939@yahoo.com](mailto:Rebecca.beckyann1939@yahoo.com), or [Prashant psgangal@hotmail.com](mailto:Prashant.psgangal@hotmail.com)

## MOTHER SUPPORT FROM DIFFERENT SOURCES

### 3. The Founding of Liga de La Leche, Dominican Republic: Priscilla Stothers and Yanet Olivares, Dominican Republic

1990 was the year Liga de La Leche, Dominican Republic (DR), was born, and for good measure, birthed by two mothers!

**Priscilla Stothers**, a nurse and health educator from Florida, USA, moved to the DR with her young family in 1983. Over the next few years her three healthy, breastfed babies were living proof of the goodness of mother’s milk and she often found herself sharing “breastfeeding tips” with Dominican moms.



Though traditionally the DR had enjoyed a pro-breastfeeding culture for generations, it was being bombarded with breastfeeding mis-information by medical personnel and the community at large. Priscilla contacted LLLI for breastfeeding materials in Spanish and became a “Breastfeeding Resource Center”, giving “talks” in hospitals and in a childbirth education center as well as supporting moms individually. Encouraged by Judy Canahuati (Honduras) and MaryAnne Stone-Jiménez (Guatemala), she completed the process, long distance, snail-mail, to become, in 1990, the first LLL Leader in the Dominican Republic.

**Yanet Olivares** first attended LLL meetings in Mayagüez, Puerto Rico (PR), where her son Miguel was born in 1990. Before she returned to her own country, the Dominican Republic, the PR group Leader, Gretchen Rivera de Cummings, invited her to become a LLL Leader. Gretchen was often contacted by the mothers from the DR because her group was geographically the closest group and the LLLI office always provided her contact information.



As soon as Yanet moved back home, she started LLL meetings in a depressed urban neighborhood of Santiago, DR. By the end of the first series meetings, she was surprised to receive a phone call from Priscilla, who had discovered, while attending an LLL Latin America Conference in Guatemala, that there was a 2<sup>nd</sup> LLL leader in the DR!

From its inception LLL, DR has had a two-prong vision: to provide support and information in the monthly, traditional Mother-to-Mother meetings where women are mentored and go on to become LLL Leaders and strong supporters of LLLRD, and secondly, to provide breastfeeding education to the community at large through regular radio and TV programs, breastfeeding education in public hospitals and Peer Counselor training.

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Yanet Olivares, mother of two teens; LLL Leader; International Board Certified Lactation Consultant, Member of the AnotherLook Board of Directors.  
Email: [yanet.olivares@gmail.com](mailto:yanet.olivares@gmail.com)

Priscilla Stothers, mother of three young adults, BSN; LLL Leader; Co-Founder and President LLL, DR; Peer Counselor Trainer. Her passion is to help to empower women to be and do all they were meant to be and do!

#### 4. Breastfeeding- an Elective Course for Future Physicians: Dr. Marguerite Duane, USA

Despite the growing evidence of the importance of breastfeeding, physicians do not receive adequate training about how to support breastfeeding. In 2007 at Georgetown University School of Medicine, Dr. Marguerite Duane in collaboration with Carol Ryan, IBCLC, developed an 8-week elective for a small group of first year medical students to learn more about the importance of breastfeeding. Our objectives were simple: to highlight the benefits of breastfeeding, explore the myths associated with breastfeeding, describe how to help women establish a breastfeeding relationship with their baby and explore challenges women and babies face in the early months and later on in infancy. To achieve our goals, students accompanied a certified lactation consultant to see new mothers with breastfeeding concerns and all students attended a La Leche League group meeting to discuss common breastfeeding issues with new mothers. Ultimately, our goal was to enable students to appreciate the critical importance of breastfeeding and to develop a basic understanding of how to assist mothers and babies with breastfeeding for a year.

The first year our elective was offered, we received very positive feedback from all the students who participated. Therefore, we offered it again this year and again received a great response from students, including the following feedback about the La Leche League meeting specifically:

"As a future doctor, it was really enlightening to hear from the experiences mothers have had with their physicians, both positive and negative, with regards to the discussion of all aspects of breastfeeding. Especially as a male, future doctor, it was truly beneficial for me to understand how important breastfeeding is to mothers not only because of its physiological rewards for their baby, but also for the multiple benefits to the mother and her deep attachment with her new baby, or child of any age that is nursing. I would like to thank the La Leche League for allowing me to take part in your meeting. I will take that experience with me and apply it to caring for my patients for the duration of my career. On a personal note, my fiancée joined me at the meeting, and she is very excited to join the La Leche League when we have children in the next few years!"

"I enjoyed talking to breastfeeding mothers and hearing all their different experiences. It was especially interesting hearing about the difficulties that many women have with breastfeeding, as this is most likely what I will encounter most as a physician. I was surprised by the number of mothers who at some point had received advice from a physician to stop breastfeeding. I believe many doctors advise breastfeeding women to stop nursing due to lack of knowledge as to what is normal for a breastfed infant versus a formula-fed infant and what could potentially be passed to the infant via breast milk. My Breastfeeding class and attending the La Leche League meeting has shown me how important it is to nursing mothers that their physicians be knowledgeable and supportive about breastfeeding. In the future, I hope physicians will become more sensitive to this fact and organize formal education on breastfeeding for all medical students."

Offering an elective on breastfeeding and involving the mothers and babies who are directly impacted can make a huge difference in the attitudes and behaviors of future physicians.

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Dr. Marguerite Duane, Georgetown University School of Medicine, USA  
Email: mrd35@georgetown.edu

#### 5. Starting My Own LLL Group: Dilshaad Sungay, South Africa

Ever since my first child was born 15 ½ years ago, I desperately wanted to know the 'true' facts of breastfeeding. After doing the Peer Counselling (PC) course, I attended La Leche League (LLL) meetings outside of my community and became an LLL Leader ten years ago.

It seemed at the time that people from my community did not quite understand what LLL meetings were all about and only a handful showed an interest, but for a short while. But this did not discourage my passion for breastfeeding nor wanting to share the wonderful information I have and am still learning through my involvement with LLL.

My ultimate intention was to start a group in my community but this idea was shelved after a few attempts which included advertising, taking moms along with me to an LLL meeting and putting up notices about breastfeeding support and information. In the meantime, I became more involved with the PC program but I still felt that a support group was very much needed within my community and I needed to find a way to get one started.

My 5<sup>th</sup> child is 18 months old now and having a high-need baby after 8 years reinforced how crucial mother-to-mother support is. An LLL member told me about a wonderful female General Practitioner who shares my passion for breastfeeding and who is keen on the idea of a breastfeeding support group.

I started to plan again but it felt different this time. I had a good feeling about this. I met with Dr Rachmat Bagus who shared with me her excitement on making this idea a reality. We both agreed that within this particular community, predominantly middle-class Indian Muslim, mothers prefer going to a 'medical centre' than to a mother's home for support group meetings. Even though I was prepared to host the meetings at home, Dr Bagus kindly offered a room at her facility and this seems to work well for this particular community.

There were 3 moms at the first meeting, 2 of whom were young first-time mothers. I placed copies of *New Beginnings* as library copies and used my own copy of **The Womanly Art of Breastfeeding** for "show and tell." I also received three books from another group to add to my little library, and made welcome packets which included a membership leaflet, welcome letter and information leaflets of other groups. At the second meeting, there were the same three moms and three new moms (one expecting her third, one with her first premature baby (premie) of 35 weeks and one with a second baby), and the grandmother of the premie who seemed very interested. This was a diverse group of mothers who were willing to share and listen, making it especially enriching for all of us.

While we always knew that different things work for different families, a different approach in starting a LLL group was needed in this community, "referrals" of mothers by a medical professional.

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Dilshaad Sungay is married with 5 children aged 15, 13, 11, 8, and 18 months. She has been a LLL Leader in Cape Town, South Africa for 10 years, and has been involved in the Peer Counselling Program for the past three years.  
Email: sunryde@telkomsa.net

## **6. Matrice – a Breastfeeding Mother Support Group: Fabiola Cassab, Brasil**

Matrice, a Non- Governmental Organization, was founded by mothers to support other mothers to breastfeed and is moulded along the framework of recognised groups worldwide, such as La Leche League and Amigas do Peito. Weekly meetings are held free of charge and public events like World Breastfeeding Week are promoted. We address breastfeeding issues and everything connected to breastfeeding, such as the provision of adequate nutrients, physical and emotional dependence, social bearing, family and environmental work. We transformed all these positive experiences of growth and formed a support group.

The objective of this group is to fulfil the dream that all mothers breastfeed their children. The dream of the group is that all babies have their rights guaranteed to be breastfed and are able to receive a start to a better life. Since May 2006, the mothers of Matrice have personally attended 300 mothers, carried out about 200 meetings and maintained a blog with 200 daily entries.

The meetings take place every Friday from 1:30 (13:30) to 3:30 (15:30) in GAMA – Support Group for Active Motherhood (Natingui street, 380, Room B, Vila Madalena, São Paulo). The meetings are free and open to whoever wants to attend and participate.

Following are some events in which Matrice has participated:

Participated in the video "NBCAL: To enforce the Law" (June 2007)

World Breastfeeding Week – August 2007

WORLD SOCIAL FORUM, São Luis College grounds/São Paulo (January 2008)

ENAM – National Breastfeeding Meeting, Belém/PA (May 2008)

SENAC – Preparatory Seminar for WBW – Palestrante

WBW– World Breastfeeding Week – took place in different areas of São Paulo, to promote and support breastfeeding (August 2008)

International Challenge of Breastfeeding, São Paulo (October 2008)

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Fabiola Cassab, Brazil

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

## **7. Mother-to-Mother Support Groups in the Dadaab Refugee Camps, Kenya: Mary S Lung'aho, PhD in Nutrition Sciences and Special Advisor Infant and Young Child Feeding and related Maternal Nutrition, Window of Opportunity Program, USA; Maryanne Stone Jimenez, MSc., IBCLC, LCCE, La Leche League Leader, Training**



## Consultant, Canada

Since 2004, CARE USA has implemented an initiative to increase capacity to improve infant and young child feeding in emergency settings. CARE's program sites include three refugee camps outside the town of Dadaab, in northeastern Kenya. The camps, established in mid-1992, are home to refugee communities from throughout the region (e.g., Ethiopia, Burundi, the DRC and Sudan), with Somalis making up the great majority of the population. Due to ongoing insecurity in Somalia, regular influx into the camps has continued throughout the period of the CARE initiative, with the population increasing at an average rate of 5000 per month during 2008 and 6000 in 2009.

Dadaab continues to experience a continuous influx of new arrivals from Somalia. More than 43,000 new arrivals have registered this year with some 39,000 from Somalia. There is a noticeable increase of arrivals in June 2009. The arrivals are mainly from the Lower/Middle Juba regions and also from Mogadishu.

The overall population in Dadaab currently stands at 286,962 persons as of 19 July 2009, an increase of 22% since the beginning of 2009 (from 235,455 persons).

The camp population, which was approximately 134,000 in 2005, now stands at approximately 286,692. Many of the new arrivals are pregnant and lactating mothers, and children.

From 2005 through the present, CARE, UNHCR, GTZ, IRC, NCCCK, MSF-SWISS and other partners have worked in an interagency collaboration, the Dadaab IYCF Team, to provide support for infant and young child feeding in the camps. The objective is to integrate IYCF into ongoing, multi-sectoral programming rather than create a stand-alone system. Activities include orientation for all staff to ensure their understanding of their responsibilities in supporting appropriate IYCF practices, including emergency preparedness; on-going training; training of facility and community-based IYCF counselors, and mother-to-mother support group leaders/facilitators, and provision of on-going support through mentoring activities; implementation of behavior change communications approaches, which include the camp-wide annual celebration of World Breastfeeding Week; tracking program coverage and monitoring program process and results; and advocacy and feedback to the community on progress in improving IYCF practices and child nutritional status.

For the complete article please visit <http://www.waba.org.my/whatwedo/gims/english.htm>

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**Editors Note:** A List of the acronyms in full is included after the full article on the website.

## OTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

### 8. Breastfeeding and Expressing Breastmilk – a Litre per Day: Daniela Stringasci Albuquerque Coelho de Almeida Morais, Brasil

*Daniela is a mother who frequents the activities of the group Matrice. We would like to share the story of this working mother who expresses one litre of milk per day. The milk is consumed the next day by her baby- Fabiola Cassab - Matrice*

It never crossed my mind during my pregnancy that I would not breastfeed exclusively for at least six months. Tom was born 3.8 kg and 50 cm long. He was born how I wanted - in water and at home. He nursed a lot in the first hour of his life. Despite his good latch, I experienced pain, soreness and bleeding. I was advised to stop breastfeeding and express instead, but I didn't follow this advice. I preferred to breastfeed despite the pain and let the wound heal naturally. I tried various positions. What helped was placing Tom beside me in a reverse position, on top of a pillow. He nursed every hour. It was a very difficult period, yet very pleasant. It is very gratifying feeding your own son and seeing him grow.

When Tommy was four months, I had to return to work, leaving a stock of breastmilk for 15 days, thinking it would be enough. I was mistaken! I had rented a simple pump expressing milk whenever possible but as he breastfed all the time, it was difficult to save enough. In spite of the fact that I had saved 20/25 containers for the first few days!

At work, initially I did not express milk as I could only express in the bathroom and had no place to store my expressed milk. After almost a week, I got a freezer and began to pump. I expressed 3 times every 3 hours and at home before I slept. I pumped



*Daniela and Tommy*

one breast with Tommy breastfeeding on the other. Tommy's need increased every day as he nursed every hour or so in the 11 hours I was out. Then one day the stock was almost gone and I became desperate.

Thank God for Matrice, the Mother Support Group and its special members who encouraged and supported me and gave me ideas! They said to store my expressed breastmilk and gave me a list of the members whom I could call upon for help! I did not think of quitting breastfeeding, yet I was very tired. Then I received a call from Flavia Gontijo and the sun opened up for me!



*Tommy's one day breastmilk supply*

I replaced my simple pump for a double pump and started expressing more at work and at night too. I expressed while breastfeeding Tommy 3-4 times during the night. I even tried expressing between nursing intervals.

At the peak of his demand, Tommy needed one litre of milk per day, with me expressing one day for the next. Once I was desperate when the babysitter called to say there was no more milk! Luckily it was at the end of the day and she managed to calm him until I arrived. I almost called a motorcyclist to fetch my milk as suggested by Fabíola!

My fear that Tommy would be left without his milk was so great that I would close my eyes and think of him. That was how it was until finally my precious Tom completed six months. Six months of feeding only on breastmilk, exclusively! And from a mother (me) who is a vegetarian! One cannot imagine the pride and happiness that I feel about this!

Breast milk is a real blessing! I hope my story will give strength to all those who dream and desire to breastfeed their children.

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Daniela Stringasci Albuquerque Coelho de Almeida Morais, Brasil, mother to Ananda and Tom, at 8 months and already 10 kg in weight!

Fabiola Cassab of Matrice submitted the above article.

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

## **9. The Joy of Motherhood with my 7th Child: Maria Lisa Villanueva, The Philippines**

I did not fully experience the joy of motherhood until I had my 7<sup>th</sup> child, Isabel Felyzz, who was born on April 15, 2008.

I graduated from college on March 28, 1993 and started work on April 1, 1993. I got married 6 years later and for the next 7 years I was a working mother. After enjoying my maternity leave of two months, all my first six babies were left under the care of domestic help (nursemaids). When my workload increased, I was only able to take 2 weeks of maternity leave.

I decided to quit working and became a fulltime wife and mother. I took over the household chores and the care of my one year-old son and three year-old daughter. My four other children were already at school. As if my house chores were not enough, I got pregnant with my seventh child.

Isabel wasn't born in a hospital or private birthing clinic like her siblings, but in a newly built public birthing center in my hometown. I delivered her normally with the help of two veteran midwives and I am very grateful to them.

It took me less than an hour in labor and Isabel my little angel came to this world without much pain. She was a cute little one to behold. I breastfed her as breastfeeding is part of a signed agreement within the government owned health facilities. I had breastfed my older children at the most for two months because I had to work and my schedule didn't allow for frequent expressing of milk.

Economic reasons also forced me to breastfeed Isabel, only to realize later the many advantages of breastfeeding. I did not worry when the infant formula can was almost empty and payday was still far as I did with my other children. I felt a very special bond with Isabel as she completely depended on me and was never bottle-fed until her tenth month when my nipples got sore as she starting teething.

One of my most unforgettable memories is when she was nine months old and I contacted measles\*, but continued breastfeeding her. I had an extraordinary feeling during breastfeeding when she would place her little fingers on my breast while sucking, a feeling so private and I am lucky to have experienced it. I am proud of all my children, yet when I look at Baby

Isabel, the pride I feel is different knowing that this little angel's growth depended on me.

I would say that breastmilk is a good antibiotic because Isabel, who is now a year and three months old hasn't been to a paediatrician for health problems. I have not given her any medicine since birth. She has a good resistance and self heals from cold and fever. She is an active baby who loves climbing window grills and has a constant smile while winking her eyes. I am a fulfilled mother.

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Maria Lisa Villanueva submitted this story to WABA.

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**\*Editors Note:** According to *The Breastfeeding Answer Book, LLLI, revised edition: p.550 – If the mother catches measles after the newborn period, no special precautions are necessary.*

*If the mother comes down with measles within five days before giving birth and her baby is not born with the disease, the doctor may recommend the mother and baby be separated to minimize the spread of the disease... the mother is encouraged to regularly express her milk so it can be given to her baby. The mother's milk will not transmit her illness, and it contains antibodies that will help the baby fight it off. The baby may begin breastfeeding as soon as the mother is no longer contagious.*

## 10. Breastfeeding Abigail: Geraldine Kyle, Republic of Ireland

As a children's nurse who had assisted many mothers in their breastfeeding journey, I was optimistic about my ability to breastfeed successfully. I assumed that I would have no difficulties in breastfeeding my own baby as I had looked after so many in the past.



My beautiful firstborn daughter, Emily, turned that upside down! From the moment she was born, she had very definite ideas about where she wanted to spend her time - and that was in my arms, suckling at my breast. I spent the first eight weeks of her life in a sleepless blur. My nipples were sore and bleeding and I was crying all the time. I eventually resorted to formula feeding her, getting some sleep at last.

Two years later my second beautiful daughter, Abigail, was born. I was more relaxed and philosophical this time around but overwhelmed when I first looked at my precious child and realised that she had Down Syndrome. I remember wondering, if

I would ever successfully breastfeed a child of mine.

Latching on to my breast was tricky for my small girl. Once she was latched, she had a lovely strong suck, but she tended to let go of the nipple very easily. In the early weeks, it could take as long as 45 minutes to get her latched in a position that enabled her to have a decent feed. I was heartened by the support I received from the midwives in the hospital. They reinforced my knowledge about the good this could do my child in terms of her immunity, nutrition and muscle tone (babies with Down Syndrome typically have low muscle tone.) I can still hear the physiotherapist at our first session telling me that it was the best speech therapy I could give her! What a motivation!

I eventually discovered a hold that suited both of us to get her latched on. I held the back of her head with my left hand, and moved her towards my left breast. My right hand either supported her little bottom, or my left breast. When she finished on the left side, I did the same on the right side. Both of my elbows stuck out and if I did not have another person to help me to arrange pillows under her, my shoulders got quite stiff and sore. However, by holding her firmly this way, she did not slip off my breast and fed quite happily. By the time she was five or six months old, her muscle tone was stronger and I was able to hold her in a more conventional way. Interestingly, I never had a sore or cracked nipple while I fed her.

Another challenge lay in her weight gain, or the lack of it. However, I was blessed with support from wonderful LLL Leaders and also my sensible Public Health Nurse (PHN) who pointed out that she was happy and content, slept well and had plenty of wet nappies (diapers). As far as dirty nappies went, I often had to wait for six or seven days. I was quite concerned about this, as babies with Down Syndrome are more susceptible to a range of intestinal difficulties. After discussing with my LLL Leaders and PHN, and reading *THE WOMANLY ART OF BREASTFEEDING*, I realized that some babies produced minimal waste from breastfeeding with no ill effects. At around six months old, Abigail started pureed fruit and vegetables and lack of bowel movements became a worry of the past!

When I considered returning to work, my husband and I decided to introduce a bottle. I could not express much milk, so we decided on formula in the daytime and breastfeeding in the morning and evening. Abigail, however, had other ideas. She

took a bottle from us on two occasions, but ferociously vomited the contents back, needing an afternoon of breastfeeding to settle her back to normal. On the third occasion, I managed to express enough milk to put into a bottle, but it was breast or nothing!

When I returned to work, I fed her in the morning before I left and my husband added my expressed milk to all of her meals during the day. Luckily, I was job sharing so she did not have to do this every day.

When we celebrated Abigail's first birthday, I felt quite overwhelmed that I was still breastfeeding her. I eventually weaned her at two years and three months. It was very slow and gradual so I know that she was ready to move on to her next stage of development and so was I.

Breastfeeding my child who has a disability helped me to work my way through my grieving process. Learning how to feed her and being so intimately close with her for her first two years was a huge help in teaching me to accept what I could not change and in thinking positively about the rest. I believe with all of my heart that breastfeeding assisted her in terms of strengthening the muscle tone of her lips and jaw, as well as providing her with essential nutrients that have helped her to grow physically and intellectually.

I am so grateful for the support from all of the women I met through LLL in Carlow, Ireland. Whether in person or over the phone, they encouraged and helped me on my way. And most importantly of all, they accepted Abigail and me at a time when I had not fully accepted her myself. Our relationship is stronger because of it and for that I will always be grateful.



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The above story was adapted and printed with permission from January/February 2008 LLLGB NEWS, No. 163.

For further information please email [wendy.laleche@btconnect.com](mailto:wendy.laleche@btconnect.com)

For more information see the LLL leaflet Breastfeeding a Baby with Down Syndrome available from [www.lllgbbooks.co.uk](http://www.lllgbbooks.co.uk)

To read more about breastfeeding disabled or handicapped babies visit:

<http://www.llli.org/NB/NBdisabled.html>

## **10. My daughter is More Like Me than I Ever Anticipated: Gwen Gotsch, USA**

Last May, I attended a high school honors convocation at which my sixteen-year-old son was awarded a scholarship for a summer travel program. Sitting next to me was my daughter, Eliza, an eighteen-year-old young woman with Down syndrome who attends a special education program at the same community high school. Eliza was not very happy about being dragged out of bed a half-hour early to attend this before-school event with her mother and brother. But she sat next to me and read through the fifty or sixty names in the program, picking out the dozen or more kids she knew. Half-way through the program she picked up her backpack and headed off to class.

Many years earlier, a few hours after Eliza was born, I had lain in bed admiring her and had whispered, "Some day you'll be the smartest girl in the high school." That was my dream for my daughter – to be a smart, intellectual girl as I had been. But the next morning we were told that Eliza had Down syndrome, and my late-night wish seemed silly and cruel. My daughter was something that was very different from me. She was tiny and limp with poor muscle tone, her cry was grating and flat, and it was hard work to breastfeed her. She couldn't nurse for very long, she would sputter and choke when the milk let down, she didn't seem all that interested in eating and thriving. I pumped, spoon-fed her my expressed milk, and nursed my four-year-old more often than I wanted to. He had been down to nursing once every two or three days during the pregnancy. With a new baby in the house and lots of milk, he suddenly wanted to nurse five, six times a day or more, and he wanted to nurse while the newborn was nursing. It was more than I wanted to do. On the other hand, this was his way of coping with whatever he was picking up of the stress levels in the family.

I knew that I had to succeed at breastfeeding my daughter. It had to work, because I wanted to feel normal, wanted to enjoy her, wanted to love her. The doctors finally determined that she had a heart defect. After a couple weeks of being on medication, she figured out how to breastfeed, on the afternoon of her baptism.

Now Eliza is more like me than I ever anticipated. The books about Down syndrome all say "fine, straight hair." Hers is curly, like mine. She loves to be onstage and she has no fear of public speaking, just like her mom. She has figured out all kinds of things for herself—text messaging, Facebook, other people. It's unlikely that she'll ever be honored for achievement outside of Special Olympics.\* But there are many, many ways to be smart. I am so proud of her.



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Gwen Gotsch is the author of *Breastfeeding Pure and Simple* and *Breastfeeding Your Premature Baby*, both published by La Leche League International. She currently directs children's choirs and coordinates communications at a church near her home in Oak Park, Illinois. She is the mother of Kristoffer, 22 Eliza, 18, and Kurt, 16. Read her blog at [www.perverselutheran.blogspot.com](http://www.perverselutheran.blogspot.com).

Email: [gwengotsch@gmail.com](mailto:gwengotsch@gmail.com)

*\* Gwen shared in an email to the editors: Funny how that demanding four-year-old is now a mature, responsible, college graduate supervising a summer day camp for teenagers with learning and behavioral disabilities.*

*\*\* Special Olympics Unified Sports brings people with and without intellectual disabilities together on the same team, getting fit, having fun and shattering stereotypes in the process. See: <http://www.specialolympics.org>*

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

## FATHER SUPPORT

### 12. Fathers Support Breastfeeding in India: Opportunities & Challenges: Dr. Prashant Gangal, India

For optimal support by fathers in India along with promoting fathers, grandfathers and uncles, it is also necessary to convince mothers, grandmothers and aunts to visualize such a role for the men.

Fathers can make a difference in several areas which I convey through Pre-Delivery Group counselling sessions that I have held for fathers and grandfathers for the last 5 years in the maternity facility where I work as a Paediatrician.

- Equal responsibility
- Plan to take at least a week's leave after the delivery
- To witness and support early initiation of breastfeeding by Breast Crawl (Breast Crawl video prepared by us is shown during the session)
- Convince grandmothers not to give pre-lacteal feeds
- Help mother to eat well and without restrictions
- Promote mothers to breastfeed the infant even in lying down position
- Participate in learning good positioning and attachment and how to express and store milk
- Participate and learn to clothe, wrap and hold the baby and also learn to change nappies/diapers
- Promote and facilitate the custom of mother staying for a few months with her parents
- Plan to reach home early from work once mother returns to her own house
- More servants \ more help in household chores
- Help with baby care after coming home from work
- Help and support mother to follow Infant and Young Child (IYCN) Recommendations
- Changes in lifestyle and food habits for a healthy lifestyle (which the baby is going to require and which will serve as a role model also)
- Importance of optimal nutrition for optimal growth in the first 3 years of life and monitoring with new WHO Growth Standards

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Dr. Prashant Gangal, Co-coordinator, Mother Support Task Force, WABA, Mother Support and Training Coordinator, Breastfeeding Promotion Network of India (BPNI) Maharashtra, Practicing Pediatrician, Mumbai, India  
Email: [psgangal@gmail.com](mailto:psgangal@gmail.com)

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

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

*Europe – Per Gunnar Engblom [pergunnar.engblom@vipappor.se](mailto:pergunnar.engblom@vipappor.se)*

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

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

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

You can also visit the website: <http://www.waba.org.my/whatwedo/mensinitiative/index.htm>

NEW!!! Please access the First Issue of Men's Initiative Newsletter, January-June 2009 at:  
<http://www.waba.org.my/whatwedo/mensinitiative/publications.htm>

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

## NEWS FROM THE BREASTFEEDING WORLD

### 13. Meet Miriam Labbok, a Lactation Scientist, Breastfeeding Advocate, Friend and Colleague: Audrey Naylor, Judy Canahuati and Michael Latham, USA

*Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In this issue, the Editors and the MSTF would like to highlight breastfeeding advocate Miriam Labbok, USA.*

Audrey Naylor, MD:

Miriam Labbok has been a wonderful friend and colleague for over twenty years. She is a major effective force for the promotion of optimal infant and young child feeding both nationally and internationally. In addition, she has been a continuing inspiration and energizer for many of us who also work in this field. I consider Miriam a leader's leader.

Judy Canahuati, MPhil, IBCLC:

Miriam and I started to work together in the mid-80s when the Honduras Social Security System developed a great operations research intervention to support breastfeeding and family planning simultaneously. This was before Baby Friendly and before LAM (Lactational Amenorrhea Method). Miriam helped us to develop the educational materials, among the most successful of the intervention. In our recommendations we proposed what went on to become LAM. Later on, when we developed a community based breastfeeding peer support model as part of a child survival award to La Leche League, Miriam provided an opportunity for additional operations research. We have been friends ever since we first met and I have had the privilege of working together with her on many occasions since then. Talk about "mothering the mother", Miriam has been a strong and consistent supporter of mother support during all of her professional career.

Michael Latham, MD:

I have known Miriam Labbok for a long time. I greatly admire her and her many contributions in support of breastfeeding. She is that rather rare academic who seems comfortable both doing scientific work on lactation, while at the same time being a strong advocate in support and promotion of breastfeeding. Her work and publications, dealing with the influence of breastfeeding on post partum amenorrhea leading to broader acceptance of LAM as a contributor to child spacing, is an example of the former. Her important role in Innocenti Meetings, both I and 2, in Florence, Italy and her work with WABA are two examples, out of many, of why she is a true "Breastfeeding Advocate."

**Editors' Note:** *If you know of an individual who works diligently and enthusiastically in promoting, protecting and supporting breastfeeding from your country, your region, your city, or your neighbourhood please take the time to write about this person and submit your article to the MSTF E-Newsletter.*

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

### 14. The 6<sup>th</sup> National Breastfeeding Congress in Malaysia: Jess Wong, Malaysia

The 6<sup>th</sup> National Breastfeeding Congress was held on April 5, 2009 at Ridel Hotel, Kelantan, Malaysia. The congress was organized by Persatuan Penasihat dan Pakar Laktasi Malaysia or The Association for Counsellors and Lactation Consultants, with the theme – *Breastfeeding at the Workplace.*



The event started with *Breastfeeding Basics*, where Dr. Nuraini Muhammad, Obstetrician and Gynaecologist, spoke on "Breastfeeding as Babies Best Feed." This was followed by an interesting talk on "Breastfeeding Challenges for the Working Mother - Preparation and Tools That Help" by Mrs. Nor Kamariah Mohd Alwi of susuibu.com. Mrs. Nor Kamariah brought to our attention the availability of products in the Malaysian market for working mothers, e.g. nursing clothes or hidden zipper in baju kurung (traditional outfit in Malaysia), breastfeeding pumps, breast pad, milk collection shield, etc. She added that a mother should nurse her child at least 8 times a day to maintain her milk supply although we always emphasize feeding on demand. This is important as working mothers face challenges in what can be a non-baby friendly working environment. The third speaker, Miss. Noor Syahmum Muhd Nur, a nutritionist, gave an overview of the nutritional status of children under-5 in Malaysia using the data from the National Health Morbidity Survey 3 (NHMS 3), 2006, in her presentation entitled "Reducing Child Mortality and Morbidity through Proper Nutrition."

In the session *Creche at Workplace*, Dr. Zuraidah Abd. Latif, Head of Department of the Paediatric Division in Ampang Hospital spoke on "How to set up a creche at the workplace" using Kuala Lumpur Hospital crèche as an example. Mrs. Sheila Low then spoke of her experience in "Creche at workplace: A Private Sector Experience". An amazing woman, she has started a small private creche in Petaling Jaya and provides all her nursery kids with expressed breast milk brought by their mothers. It was really good to hear her story.

The last session on *Breastfeeding and Its Challenges* began with "Towards Mother Friendly Care" by Dr. Noor Haliza Yusoff. Dr. Zaharah Sulaiman, of the Women's Health Development Unit, spoke on "Role of Healthcare Provider in Promoting Breastfeeding at Workplace." The congress came to an end with Mr. Ismail Mamat of Jabatan Kebajikan Masyarakat (JKM -Community Welfare Department)'s talk on "JKM Guideline on setting of TASKA-Taman Asuhan Kanak-kanak/pre-school children above 4 years old."

In short, the congress was well received and interesting. However, more work needs to be done to improve the exclusive breastfeeding rate in Malaysia.

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Jess Wong, nutritionist under Alor Gajah Health District Office in Malacca, Malaysia  
Email: jess10022001@yahoo.com

#### **15. Communication Skills Development Provided by LLL Around the World as a Resource for Leaders: Devorah Shaked, Israel**

Within the International Division of LLLI, there has been much time and effort invested in training and supporting Leaders who are interested in leading enrichment series that focus on communication skills. These series provide opportunities to LLL Leaders to learn and practice communication skills that enable the effective support of breastfeeding mothers.

As good communication skills are helpful in health care and in all aspects of living, healthcare professionals, lactation consultants and the general public are invited to participate in Communication Skills Development (CSD) series. Content in practice exercises are tailored to meet the interests and the needs of the participants. Continuing Education credits (CERPS) are provided to those who request them. As many International Division Leaders do not have the funds to be able to travel to series in their Areas, or other nearby Areas, these Leaders are now able to participate in CSD series and even train to be CSD facilitators online.

In the past year and a half, there have been six online CSD series; five were presented in English and one in Spanish. The participants in these series were from Asia, Europe, Middle East, and Latin America. Sometimes, participants within a single CSD series were many time zones apart. Two series are planned for September 2009. One will be given in English and one will be given in Spanish. If interested in participating, please contact Devorah at devorah@almondweb.com

Within Latin America, there are a number of facilitators who are regularly facilitating Communication Skills Development (CSD) series in Spanish within their Areas. New CSD departments are being developed in several countries in Latin America.

LLL in France and Germany have active ongoing CSD programs and series are offered in Italy and other European Areas/Affiliates as well. For details regarding the French program, contact: Katy Heteau at ditekafe@orange.fr. For details regarding the German program, contact Isolde at isolde@team-fuer-mediation.de.

Within Asia, series are being given in the Future Areas of Asia: Hong Kong, Taiwan, and in LLL Japan. For more information, contact: RuthAnna (FAIA) at ruthannamather@gmail.com and Hiroko (LLL Japan) at hirokoh@lljapan.org. Information on South Africa's program can be obtained from Nan at brianj@iafrica.com.

For further information on the ID CSD programs not mentioned above, general information on the program, and information about facilitator training, please contact Devorah at [Devorah@almondweb.com](mailto:Devorah@almondweb.com)

*Information on possible cost for taking a CSD series or for a general inquiry about attending a series can be acquired by contacting the persons cited in the article.*

**16. Duration of Lactation and Risk Factors for Maternal Cardiovascular Disease: Eleanor Bimla Schwarz, MD, MS, Roberta M. Ray, MS, Alison M. Stuebe, MD, MSc, Matthew A. Allison, MD, MPH, Roberta B. Ness, MD, MPH, Matthew S. Freiberg, MD, MSc, and Jane A. Cauley, DrPH**

**OBJECTIVE:** To examine dose–response relationships between the cumulative number of months women lactated and postmenopausal risk factors for cardiovascular disease.

**METHODS:** We examined data from 139,681 postmenopausal women (median age 63 years) who reported at least one live birth on enrolling in the Women’s Health Initiative observational study or controlled trials. Multivariable models were used to control for sociodemographic (age, parity, race, education, income, age at menopause), lifestyle, and family history variables when examining the effect of duration of lactation on risk factors for cardiovascular disease, including obesity (body mass index [BMI] at or above 30), hypertension, self-reported diabetes, hyperlipidemia, and prevalent and incident cardiovascular disease.

**RESULTS:** Dose-response relationships were seen; in fully adjusted models, women who reported a lifetime history of more than 12 months of lactation were less likely to have hypertension (odds ratio [OR] 0.88,  $P < .001$ ), diabetes (OR 0.80,  $P < .001$ ), hyperlipidemia (OR 0.81,  $P < .001$ ), or cardiovascular disease (OR 0.91,  $P = .008$ ) than women who never breast-fed, but they were not less likely to be obese. In models adjusted for all above variables and BMI, similar relationships were seen. Using multivariate adjusted prevalence ratios from generalized linear models, we estimate that among parous women who did not breast-feed compared with those who breast-fed for more than 12 months, 42.1% versus 38.6% would have hypertension, 5.3% versus 4.3% would have diabetes, 14.8% versus 12.3% would have hyperlipidemia, and 9.9% versus 9.1% would have developed cardiovascular disease when postmenopausal. Over an average of 7.9 years of postmenopausal participation in the Women’s Health Initiative, women with a single live birth who breast-fed for 7–12 months were significantly less likely to develop cardiovascular disease (hazard ratio 0.72, 95% confidence interval 0.53–0.97) than women who never breast-fed.

**CONCLUSION:** Among postmenopausal women, increased duration of lactation was associated with a lower prevalence of hypertension, diabetes, hyperlipidemia, and cardiovascular disease.  
(*Obstet Gynecol* 2009;113:974–82)

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For the full story: <http://onemillioncampaign.org/doc/lactation-and-heart-attack.pdf>

Eleanor Bimla Schwarz, MD, MS, Roberta M. Ray, MS, Alison M. Stuebe, MD, MSc,  
Matthew A. Allison, MD, MPH, Roberta B. Ness, MD, MPH, Matthew S. Freiberg, MD, MSc, and Jane A. Cauley, DrPH  
Email: [schwarzeb@upmc.edu](mailto:schwarzeb@upmc.edu)

**17. Breastfed Boys – The Tagala Brothers: Vegetarian Voices and Violins: Nona D. Andaya-Castillo, The Phillipines**

The Tagala Brothers, Jonathan, David, Jimmy Jr., Daniel and Samuel are gifted musicians, known on the concert stage as **The Tagala Brothers: Vegetarian Voices and Violins**. They are champions in national competitions and two of them are members of the Asian Youth Orchestra. They can also play other musical instruments like the piano, saxophone, guitar and the flute. These boys, who were breastfed as babies, serve as excellent role models for a healthy lifestyle.

They support the breastfeeding movement by playing beautiful music to entertain mothers and children during various events.

They were awarded a Lifetime Achievement Award of Breastfed Princes at the Malacanang Palace, Manila, The Philippines, in the presence of President Gloria Macapagal Arroyo on February 16, 2009. These professional musicians will be one of the official endorsers of a project between Department of Education and Children for Breastfeeding, Inc. that will institutionalize the integration of breastfeeding education and the consumption of indigenous foods in the curriculum at all levels.

<http://www.youtube.com/user/tagalabrothers>  
<http://www.youtube.com/watch?v=pTtOQcisYDw>

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Nona D. Andaya-Castillo, IBCLC, *Nurturers of the Earth*, A support group for earth-friendly parenting, vegetarians and vegetarians-in-progress, *Heal our bodies! Heal our earth!*  
Email: nurturers2005@yahoo.com.ph

## 18. The Voices of 45,000 People Reach World Health Assembly with a Call to Save Newborn Lives: Radha Holla, India

In the penultimate week of May 2009, Dr. Arun Gupta, Regional Coordinator of IBFAN ASIA and National Coordinator of Breastfeeding Promotion Network of India (also WABA Focal Point in India) gave a clear call to world leaders to save infants and young children's lives by supporting women to breastfeed. Dr. Gupta submitted a petition to the President of World Health Assembly (WHA), Mr. NS de Silva, signed by more than 45,000 people from 161 countries as part of the ONE MILLION CAMPAIGN: Support Women to Breastfeed.



The petition demands concrete support systems for breastfeeding women to increase the coverage of early and exclusive breastfeeding. This would help save more than one million newborn and infant lives annually, as well as improve the health of their mothers. Needless to say, it will also set a path for a healthy adult life.

Addressing the WHA, Dr. Gupta urged the Assembly to adopt a resolution in 2010 to deal with 4 key issues:

1. To prepare a specific plan of action on infant feeding which is budgeted and coordinated in the same way as action plans for immunisation.
2. To ensure the end of promotion of baby milks and foods intended for children under 2 years in a time-bound manner by 2015.
3. To end partnerships in the area of infant and young child feeding and nutrition with commercial sector corporations that present conflicts of interests.
4. To create support and maternity entitlements for women both in the formal and informal sectors, so that mothers and babies can stay close to each other for six months at least.



In response, Mr. de Silva said " ...In Sri Lanka we have very specific indicators...with our campaign for promoting (exclusive) breastfeeding, it has come to 78%, we are happy about it, and we want the Asia region, and whole world to promote this concept."

The ONE MILLION CAMPAIGN: Support Women to Breastfeed, being conducted jointly by IBFAN, WABA, BPNI, Baby Milk Action and several groups across the world, was launched on February 9, 2009 in several countries including India, UK, Korea, Hong Kong - China, Philippines, and Saudi Arabia.

The ONE MILLION CAMPAIGN: Support Women to Breastfeed was initiated by IBFAN Asia as an online campaign to raise awareness amongst people that women need support to breastfeed – support from the family, the health system, the employers and the community. The URL is <http://www.onemillioncampaign.org>.

The Campaign will be highlighting several issues related to breastfeeding through future petitions. Through discussions and blogs, it will convey the various facets of the support women need to successfully breastfeed. It also aims at generating action among the supporters at national, regional and town/village level. Such action will ensure that the message of women needing support to breastfeed will reach every household where breastfeeding actually happens. This is already happening in Canada, where, inspired by the Campaign, breastfeeding supporters are collecting signatures on a petition to be handed over to their leaders.

The Campaign is also linked to FACEBOOK, an extremely popular social networking site, where more than 4,000 users have already become members and have started sharing their views and discussions.

Radha Holla, Campaign Coordinator, IBFAN Asia / BPNI BP-33 Pitampura, Delhi 110088 INDIA  
Email: [radha@bpni.org](mailto:radha@bpni.org)

**Editors Note:** For photos and news articles on the ONE MILLION CAMPAIGN SUPPORT WOMEN TO BREASTFEED LAUNCHED WORLDWIDE see <http://www.onemillioncampaign.org/client/Media.aspx>

## 19. WABA Global Forum 3: WABA, Malaysia

WABA is happy to share with you the first announcement of the WABA Global Forum 3, INNOCENTI & BEYOND - Breastfeeding in a Family-Friendly World, to be held 14 to 17 June 2010 in Quebec City, Canada. For details please click on <http://www.waba.org.my>

We welcome your active participation and contribution to the Forum programme and will keep you posted as the programme develops.

We look forward to seeing you in Quebec City, 2010!

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Susan Siew and Sarah Amin, Co-Directors, WABA  
Email: [waba@waba.org.my](mailto:waba@waba.org.my)

## 20. WABA-FIAN Gender Training Workshop: Sarah Amin, Malaysia

The 5<sup>th</sup> gender training workshop was held from the 6<sup>th</sup> -9<sup>th</sup> July 2009, in New Delhi, India. This joint gender training workshop was organised by World Alliance for Breastfeeding Action (WABA) and Food First Information and Action Network (FIAN). The workshop facilitators were Renu Khanna, Paul Sinnappan, Sarah Amin, Co-Director of WABA and Flavio Valente, Secretary General of FIAN. The goal of this joint training workshop was to enable participants both men and women from the breastfeeding and food rights network to raise awareness and sensitivity on gender issues. This training also tackled the gendered challenges to breastfeeding and food rights issue.

Twenty-six participants from the breastfeeding and food rights networks took part in the 4 day workshop. WABA and IBFAN Africa supported 12 of the participants who were involved and working on breastfeeding issues in the different regions (Europe, South Asia, Arab world and Africa). The diverse participants involved in the training ranged from grassroots workers, lactation consultants, pediatricians, lawyers, social activist, nutritionist and academicians. The sessions combined a series of participatory training methodologies such as exercises games, group discussions and presentations, role plays and experience sharing by participants. The topics covered by the training included gender and sex, gender as a system, gender aspects of breastfeeding and rights to adequate food, gender analysis frameworks, economic and political contexts of women, men's involvement, role and responsibilities, gender mainstreaming and gender indicators. The overall feedback received from the participants were very positive as many of them felt that they had more information on gender sensitisation, breastfeeding and food rights issues after participating in this joint activity.

For further information on this workshop, please contact Revathi or Sarah at [waba@waba.org.my](mailto:waba@waba.org.my)

## 21. WABA Steering Committee Elections 2009 – Results: Sarah Amin and Susan Siew, Co-Directors, WABA

The following persons have been elected by the WABA General Assembly to the WABA Steering Committee. They will serve from January 1, 2010 to 31 December 2012, a period of 3 years.

- \* Global Steering Committee Position – Dr Audrey Naylor
- \* Asia-Pacific Steering Committee Position – Dr Arun Gupta
- \* Europe Steering Committee Position – Felicity Savage (uncontested)

WABA congratulates the elected members and thanks all those who participated in the process as candidates and nominators.

For more information on the WABA governance structure and the current Steering Committee, go to:  
<http://www.waba.org.my/aboutus.htm>

## 22. Journal of Public Health and Epidemiology: Excel Emebane, USA

The Journal of Public Health and Epidemiology (JPHE) is a multidisciplinary peer-reviewed journal published monthly by Academic Journals ([www.academicjournals.org/JPHE](http://www.academicjournals.org/JPHE)). JPHE is dedicated to increasing the depth of research in this subject area.

JPHE will cover all areas of Public Health and Epidemiology. The journal welcomes the submission of manuscripts that meet the general criteria of significance and scientific excellence in this subject area, and will publish:

- Original articles in basic and applied research
- Case studies
- Critical reviews, surveys, opinions, commentaries and essays

Please submit your manuscript(s) to [jphe.acadjourn@gmail.com](mailto:jphe.acadjourn@gmail.com) for publication in the Maiden Issue (October 2009). Further information is available on: <http://www.academicjournals.org/JPHE/Instruction.htm>

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Excel Emebane, Editorial Assistant  
Journal of Public Health and Epidemiology (JPHE)  
Email: [jphe.acadjourn@gmail.com](mailto:jphe.acadjourn@gmail.com) [www.academicjournals.org/JPHE](http://www.academicjournals.org/JPHE)

### **23. Inclusion of Fathers in an Intervention to Promote Breastfeeding: Impact on Breastfeeding Rates: Lulie Rosane Odeh Susin, PhD, Elsa Regina Justo Giugliani, PhD, Brasil**

This controlled clinical trial, conducted in southern Brasil, assessed the impact of paternal inclusion in a breastfeeding education program carried out in a maternity hospital. Rates of breastfeeding in the first 6 months of babies' lives were measured in 586 families: 201 in the control group, 192 in the group with only mothers exposed to the intervention, and 193 in the group with mothers and fathers exposed to the intervention. Paternal inclusion significantly increased the rates of exclusive breastfeeding but not the rates of any breastfeeding. Intervention with fathers with less than 8 years of schooling resulted in a decrease in the rate of breastfeeding when compared with the intervention with mothers only. The likelihood of success might have been greater if the cultural and behavioral complexities associated with this practice had received more attention.

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Lulie Rosane Odeh Susin, PhD, Elsa Regina Justo Giugliani, PhD  
Department of Pathology, Fundação Universidade de Rio Grande, Rio Grande, RS, Brazil  
Elsa Regina Justo Giugliani, PhD  
School of Medicine, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil  
This version was published on November 1, 2008  
Journal of Human Lactation, Vol. 24, No. 4, 386-392 (2008)  
For further information on this article please email Dr. Lulie at [susin@mikrus.com.br](mailto:susin@mikrus.com.br)

### **24. Breastfeeding, but not use of oral contraceptives, is associated with a reduced risk of rheumatoid arthritis: Pikwer, M et al\*, Sweden**

**OBJECTIVE:** To determine whether breast feeding or the use of oral contraceptives (OCs) affects the future risk of rheumatoid arthritis (RA) in a community-based prospective cohort.

**METHODS:** A community-based health survey (18326 women) was linked to regional and national registers, and incident cases of RA were identified. All women with a diagnosis of RA after inclusion in the health survey (n = 136) and four female controls for every case, who were alive and free from RA when the index person was given a diagnosis of RA, were included in a case-control study. Data on lifestyle factors at baseline were derived from a self-administered questionnaire. Potential predictors were examined in logistic regression models.

**RESULTS:** 136 women with incident RA were compared with 544 age-matched controls. A longer history of breast feeding was associated with a reduced risk of RA (OR 0.46 (95% CI 0.24 to 0.91) for women who had breast fed for  $\geq 13$  months and OR 0.74 (95% CI 0.45 to 1.20) for those who had breast fed for 1-12 months, compared with those who had never breast fed). The protective effect of longer breast feeding **remained significant** after adjustment for smoking and level of education in multivariate models, and point estimates were protective also when the analyses were restricted to parous women. Neither parity nor OC use had any significant effect on the risk of RA.

**CONCLUSION:** In this study, long-term breast feeding, but not OC use, was associated with a significant reduction in the risk of RA.

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<http://ard.bmj.com/cgi/content/abstract/68/4/526>

M Pikwer<sup>1</sup>, U Bergström<sup>1</sup>, J-Å Nilsson<sup>1</sup>, L Jacobsson<sup>1</sup>, G Berglund<sup>2</sup> and C Turesson<sup>1</sup>

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For correspondence: email Dr M Pikwer at [mitrakes@gmail.com](mailto:mitrakes@gmail.com)

## BREASTFEEDING RESOURCES

### 25. e-WABALink: Julianna Lim Abdullah, Malaysia

e-WABALink is a current awareness service of WABA, with the mission of sharing news and useful key documents with its global network of supporters. It is produced and edited by the Secretariat of the World Alliance for Breastfeeding Action (WABA).

e-WABALink caters mainly to the WABA endorsers and General Assembly. New sections provide an opportunity for WABA's Core Partners, Regional Focal Points, Task Forces and Working Groups to reach out to the WABA constituents and vice-versa. With e-WABALink, WABA hopes to be able to reach a larger audience as in the past the printed copies were limited to the recipients of WABALink. Please share the message of protecting, promoting and supporting breastfeeding by forwarding copies of e-WABALink to as many breastfeeding friends around the world as possible and encourage them to participate in WABA by endorsing WABA. The WABA endorsement form is downloadable at <http://www.waba.org.my/aboutus.htm>.

e-WABALink is now available for download at [http://www.waba.org.my/resources/wabalink/pdf/ewaba\\_link\\_0609f.pdf](http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_0609f.pdf)

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Julianna Lim Abdullah, Editor, e-WABALink

Email: [julianna.lim@waba.org.my](mailto:julianna.lim@waba.org.my)

**Editors' Note:** *e-WABALink is currently only available in English.*

### 26. The New 3<sup>rd</sup> Edition of Wellstart's Lactation Management Self-Study Modules

Wellstart International launched the new 3rd Edition of Wellstart's Lactation Management Self-Study Modules, Level 1 on Mother's Day 2009.

This educational tool is downloadable for free from <http://www.wellstart.org/>.

This tool is intended for use by medical and nursing students as they begin their clinical assignments but can also be used by anyone who has never been exposed to breastfeeding issues before or those who need a quick review. The Third Edition was reviewed by 15 US and 15 international reviewers who are experienced health provider educators and/or care givers. Wellstart International hopes that this tool will be able to help increase the general knowledge about lactation and breastfeeding promotion among the world's health care providers irrespective of areas of specialisation.

### 27. Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals: World Health Organization

The Model Chapter on Infant and Young Child Feeding is intended for use in basic training of health professionals. It describes essential knowledge and basic skills that every health professional who works with mothers and young children should master. The Model Chapter can be used by teachers and students as a complement to textbooks or as a concise reference manual.

<http://www.who.int/nutrition/publications/infantfeeding/9789241597494/en/index.html>

Currently only available in English

### 28. Acceptable medical reasons for use of breast-milk substitutes: WHO

Almost all mothers can breastfeed successfully -- initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first six months and continuing breastfeeding (along with giving appropriate complementary foods) up to two years of age or beyond. Positive effects of breastfeeding on the health of infants and mothers are observed in all settings. Nevertheless, a small number of health conditions of the infant or the mother may justify recommending that she does not



breastfeed temporarily or permanently. Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed. This list of acceptable medical reasons for temporary or long-term use of breast-milk substitutes is made available as an independent tool for health professionals working with mothers and newborn infants, as part of the Baby-friendly Hospitals Initiative.

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Available for download in English, Spanish and Portuguese (check the websites)  
[http://www.who.int/child\\_adolescent\\_health/documents/WHO\\_FCH\\_CAH\\_09.01/en/index.html](http://www.who.int/child_adolescent_health/documents/WHO_FCH_CAH_09.01/en/index.html)  
For further information please contact:  
Department of Nutrition for Health and Development  
E-mail: [nutrition@who.int](mailto:nutrition@who.int) Web: [www.who.int/nutrition/](http://www.who.int/nutrition/)  
Department of Child and Adolescent Health and Development,  
E-mail: [cah@who.int](mailto:cah@who.int) Web: [www.who.int/child\\_adolescent\\_health/](http://www.who.int/child_adolescent_health/)

## 29. World Health Statistics 2009

**World Health Statistics 2009** contains WHO's annual compilation of data from its 193 Member States, and includes a summary of progress towards the health-related Millennium Development Goals and targets. This edition also contains a new section on reported cases of selected infectious diseases.

**The full report is available for download in 6 languages: English, French, Spanish, Arabic, Chinese and Russian.**

<http://www.who.int/whosis/whostat/2009/en/index.html>

## 30. World Breastfeeding Week 2009 Documents

World Breastfeeding Week Documents are available for Download at [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

- Action Folder 2009 in English, French, Spanish, Portuguese, Chinese, Serbian and Bulgarian
- WBW 2009 Calendar in English, French, Spanish, Bahasa Malaysia, Chinese, Italian
- WBW 2009 Poster in English and French
- International Code Documentation Centre (ICDC) FOCUS on the Code and infant feeding in emergencies in English, Spanish, Portuguese and French
- Media Guide in Emergencies in English, Spanish and Arabic

## 31. Learning from Large-scale Community-based Programmes to Improve Breastfeeding: WHO, UNICEF, AED

A large body of evidence demonstrates the benefits of breastfeeding for child survival, growth, and development. An estimated 1.30–1.45 million child deaths could be prevented each year with improved breastfeeding practices. Community-based breastfeeding promotion and support is one of the key components of a comprehensive programme to improve breastfeeding practices, as outlined in the WHO/ UNICEF Global Strategy for Infant and Young Child Feeding. Learning from Large scale Community-based Programmes to Improve Breastfeeding shares the experiences and lessons from community-based approaches so that others can use the information to strengthen existing programmes and design new ones. The paper will be of particular value to individuals who are interested in studying and applying different models and the results and lessons emerging from them and assessing their applicability in a new setting. Available for download in English at: [http://whqlibdoc.who.int/publications/2008/9789241597371\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241597371_eng.pdf)

## 32. Free access to Breastfeeding Medicine through August

As they do each year, Mary Ann Liebert Publishers has opened access to **Breastfeeding Medicine** <http://www.liebertonline.com/loi/bfm> for the month of August in celebration of World Breastfeeding Month.

## 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.*

### 33. Book on Extended Breastfeeding: Ann Sinnott, United Kingdom

Ann Sinnot is writing a book to be published by Free Association (FA) Books ([www.fabooks.com](http://www.fabooks.com)) on extended breastfeeding (Breastfeeding Older Children) by the end of 2009.

Some of you may have already answered questions for Ann Sinnott (see V5N1 MSTFE-Newsletter). She is hoping to increase the numbers of mothers breastfeeding older children and would like to hear from mothers currently breastfeeding children 3 years old and older, with country, ages of children still breastfeeding, and ages of children that have stopped (age at last feed). Mothers who have fed children 3 and over, who are currently breastfeeding younger children could also write to her. All will be anonymous. If you are interested please email Ann before the 21 of August 2009 at [ann.sinnott@gmail.com](mailto:ann.sinnott@gmail.com)

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This request was received via Facebook from Barbara Higham, editor of Breastfeeding Matters and New Beginnings.

## Breastfeeding, HIV and AIDS

### 34. The Difficulty in Coping with Policy Change for HIV and Infant Feeding Counselors: Ted Greiner, PhD, Professor of Nutrition, Hanyang University, Seoul Korea

Counselors who try to help HIV-infected mothers have been through a confusing roller coaster ride over the past 25 years since evidence began to accumulate that HIV could be transferred via breast milk. The first reaction on the part of the world's health authorities was unthinking panic. The head of WHO's AIDS unit opened the first WHO expert meeting on breastfeeding and HIV in June 1987 by asking the experts (all of whom were expert only in the second of the two issues under discussion) to give him a statement calling on HIV-infected mothers to avoid breastfeeding. Thanks to a couple breastfeeding advocates who were present (as observers, not experts), a few of the experts threatened to issue a minority statement unless the meeting agreed to the following wording: In countries where most infant deaths were due to malnutrition and infection, breastfeeding should be promoted to all mothers, irrespective of their HIV status.

Meanwhile, in relatively rich countries (which includes newly industrializing countries like Thailand and Brazil, which have portions of the country that are very poor), there was no question of "allowing" HIV-infected mothers to breastfeed. That would be considered child endangerment and policies ranging from a ministry of health directive in Sweden in 1987 to local interpretation of unwritten policies have ensured that whenever authorities knew of an HIV-infected woman who planned to breastfeed, they took steps to guarantee that this would not happen. If anyone knows of exceptions to this (ie, health authorities in rich countries who sanction HIV-infected women's right to choose to breastfeed), I would greatly appreciate knowing about it. (I am aware of efforts led by Pamela Morrison in the UK to at least avoid stopping breastfeeding in African women about to be extricated back to their home countries – an attempt to avoid an obvious case of iatrogenic harm if not death for the babies involved.)

For the complete article please visit <http://www.waba.org.my/whatwedo/gims/english.htm>

## NEWSLETTER INFORMATION

### 35. Check out these Websites

<http://www.iycn.org/resources-alphabetical.php#inclusionoffathers>  
US AIDS Infant and Chile Nutrition Project

[http://whqlibdoc.who.int/hq/2009/WHO\\_FCH\\_CAH\\_09.01\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_FCH_CAH_09.01_eng.pdf) Acceptable medical reasons for use of breast-milk substitutes (available in English, Spanish and Portuguese)

Baby Friendly Initiative response to recent media coverage of breastfeeding. In English  
[http://www.babyfriendly.org.uk/newsletter/email\\_updates/news/news\\_update\\_210709b.htm](http://www.babyfriendly.org.uk/newsletter/email_updates/news/news_update_210709b.htm)

Breastfeeding Exclusive- the newsletters are now available for download on the CBI website.  
[http://www.sph.unc.edu/breastfeeding/news\\_updates\\_and\\_activities\\_in\\_the\\_press.html](http://www.sph.unc.edu/breastfeeding/news_updates_and_activities_in_the_press.html)

<http://www.independent.co.uk/life-style/health-and-families/health-news/press-twisted-my-words-says-academic-in-breastmilk-row-1766147.html>

Breastfeeding in Iran: prevalence, duration and current recommendations  
Beheshteh Olang, Khalil Farivar, Abtin Heidarzadeh, Birgitta Strandvik and Agneta Yngve  
<http://www.internationalbreastfeedingjournal.com/content/4/1/8> (in English)

Breastfeeding and Swine Flu, press statements from various organizations immediately after the outbreak:

- [http://www.ilca.org/files/in\\_the\\_news/press\\_room/2009-04-28\\_PressRelease\\_SwineFlu.pdf](http://www.ilca.org/files/in_the_news/press_room/2009-04-28_PressRelease_SwineFlu.pdf)
- Centres for Disease Control and Prevention-[http://www.cdc.gov/h1n1flu/clinician\\_pregnant.htm](http://www.cdc.gov/h1n1flu/clinician_pregnant.htm)  
<http://www.cdc.gov/h1n1flu/infantfeeding.htm>
- United States Breastfeeding Committee  
[http://www.waba.org.my/pdf/USBC\\_SWINE\\_FLU.pdf](http://www.waba.org.my/pdf/USBC_SWINE_FLU.pdf)
- Academy of Breastfeeding Medicine  
[http://www.bfmed.org/Media/Files/Documents/pdf/Press%20Releases/H1N1%20Press%20Release%20\(5-12-09\).pdf](http://www.bfmed.org/Media/Files/Documents/pdf/Press%20Releases/H1N1%20Press%20Release%20(5-12-09).pdf)

International Journal of Nursing and Midwifery  
<http://www.academicjournals.org/IJNM/>

### 36. Announcements: Past and Future Events

**3 - 9 May, 2009:** Global Online Lactation Discussion's GOLD09 is the 3<sup>rd</sup>. online conference sponsored by the international breastfeeding education group, Health e-learning <http://www.health-e-learning.com/>. The conference will be held at the website: <http://www.gold09.net/>. The online format means that you can listen to, and interact with, international speakers from the comfort and convenience of your own home. You are also able to listen to all the recordings of the speakers during the conference. Registration costs are less than equivalent face-to-face conferences and there are no travel and accommodation expenses, plus you earn Continuing Education Recognition Points (CERPs) as a bonus. For more information and to join the mailing list, see <http://www.gold09.net/#mailingList>

**7-10 June 2009:** 3rd WHO International Conference on Children's Health and the Environment: *From Research and Knowledge to Policy and Action*, Busan, Republic of Korea.

The conference will include topics such as new epidemiological trends, the early origins of disease, the value of longitudinal cohort studies, intensified international and interagency collaboration, enhanced training and education for health and other professionals. [www.ceh2009.org](http://www.ceh2009.org) , <http://www.who.int/phe/eNews04.pdf>

**19-22 July 2009:** the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) - to be held in Cape Town, South Africa As the fifth conference in this series, IAS 2009 will continue its strong emphasis on basic, clinical and biomedical prevention science. For the first time, the scientific programme will include a fourth track on Operations Research. This newest track underscores the urgent need to expand research regarding the implementation of HIV treatment and prevention programmes worldwide, as well as their impact on overall health systems.

IAS 2009 is organized by the International AIDS Society (IAS) in partnership with Dira Sengwe. The last IAS Conference on HIV Pathogenesis, Treatment and Prevention, held in 2007 in Sydney, Australia, attracted 5,500 participants from over 125 countries.

IAS 2009 will be held at the Cape Town International Convention Centre (CTICC).

**22-26 July, 2009:** ILCA (International Lactation Consultant Association) Conference and Annual Meeting, 2009, <http://www.ilca.org/conf2009Orlando.html> *Relating Evidence to Practice: An International Perspective*, Orlando, Florida, USA

**1 August, 2009:** Deadline for nominating children for the International Children's Peace Prize. Please contact [info@childrenspeaceprize.org](mailto:info@childrenspeaceprize.org) for further information. For the newsletter see: <http://www.kidsrights.info/img/Nieuwsbrief%20KVP%20ENG%20A4%20def%20LR.pdf>

**1-7 August, 2009:** World Breastfeeding Week: **Breastfeeding: A Vital Emergency Response. Are you ready?**  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

**23-25 September, 2009:** *"Birth, Breastfeeding and Beyond: Embracing the New Era"*, a conference that will focus on community-based approaches to maternal and child health promotion will be held in Chicago, Illinois, USA. Topics include baby-led breastfeeding, creating a baby-friendly hospital, and the role and impact of stress and social inequality on family health. It is sponsored by HealthConnect One. For more information, check: [http://www.healthconnectone.org/pages/2009\\_conference/72.php](http://www.healthconnectone.org/pages/2009_conference/72.php).

**1-4 October, 2009:** Lamaze International 2009 Annual, *Celebrating the Magic of Normal Birth*, at Walt Disney World, Florida, USA, [www.lamaze.org](http://www.lamaze.org)

**23 -25 October, 2009:** The Midwives Alliance and the California Association of Midwives present Midwives Alliance 2009, Monterey, California, USA <http://mana.org/>

**25<sup>th</sup> – 28<sup>th</sup> October, 2009:** 16th Annual Canadian Conference on International Health, *Health Equity: Our Global Responsibility*, Ottawa , Ontario , Canada

The 2009 Canadian Conference on International Health (CCIH) will examine inequities of health status, and the impact on the health of marginalized, vulnerable and Indigenous populations of changing environments, whether these changes are due to climate, technology, the economy or threats to human security.

For further information, email: [2009ccih@csih.org](mailto:2009ccih@csih.org) or see Website: <http://www.csih.org/en/ccih/overview.asp>, Program: <http://www.csih.org/en/ccih/program.asp>

**14 to 17 June 2010:** WABA Global Forum 3, INNOCENTI & BEYOND Breastfeeding in a Family-Friendly World, Quebec City, Canada. For details please click on <http://www.waba.org.my>

### 37. Readers Share

*We bring you correspondence between Chris and Nazli as a result of Nazli's article, (My Personal Story of Holistic Change: Amatul Wadood Nazli, Pakistan), in the MSTF E-Newsletter V7N1*

Dear Nazli,

I enjoyed reading your story in the WABA Mother Support Task Force e-newsletter. I am happy that you were able to learn such useful lessons when you lived in Germany. I am developing a presentation on “Breastfeeding Around the World” for a La Leche League audience. I plan to use your story from the e-newsletter as part of a “globalization” theme.

I would appreciate it if you could send me any little story about breastfeeding in the families that you know, something that is “real” and up-to-date. This could be about a challenge to breastfeeding ... a mother’s job, the attitudes of family or neighbors, an example of one mother who helped another, an example of father support ... And if you have the ability to email a picture...that would be super! Thank you for the support you have given to women in your corner of the world.

Yours truly,  
Chris Mulford,  
BSN, IBCLC, Chair, Workplace Breastfeeding Support Committee, US Breastfeeding Committee  
Co-coordinator, Women & Work Task Force, World Alliance for Breastfeeding Action

Dear Chris Mulford,

Thank you very much for your encouraging e-mail. I am sharing with you my very recent experience about breastfeeding.

My husband and I went to Kashmir (capital Muzaffarabad) to conduct workshops on Organic Kitchen Gardening for the community members of ActionAid.

Before the workshop started, my husband observed that a baby boy of nearly 40 days was crying and the mother put a pacifier in his mouth and started her chores. He told me 'this mother needs your help'. Immediately I reached this mother and asked her why did she put a pacifier in his mouth? She said “he cries a lot and the whole night he does not let me sleep.” I asked her whether she breastfeeds him and she said “yes but I have little milk, therefore yesterday I started giving goat milk to him.” I asked her, is it your first baby? She said, no this is the second one and I could not even breastfed her. I told her, I want to help you. So, come here and take your baby in your lap. I was surprised to notice that she did not know how to hold the baby properly. I took the baby and demonstrated how to hold a small baby. Then, I told her about the concept of latch on. Further, I told the mother in detail about the function of the areola and about feeding the baby on demand.

This information gave her confidence. She was listening to me carefully and asked many questions. In the meantime, the baby slept and the mother put him on the bed. Then we started our workshop.



In this community, we noticed many breastfeeding babies, more than a dozen so we spontaneously replaced one of our sessions with Infant & Young Child Feeding: An Indigenous & Wholesome Complementary Food System. This change of session touched the hearts of all the mothers.

Next day, that mother was very happy as she had already thrown away the artificial pacifier. She thanked me a lot. I gave my telephone to the mother in case of any further breastfeeding problem.

Normally, at all of our training workshops we give our contact details to all the participants for a free telephone and in-person counselling on that specific theme for a period of one month.

With loving greetings,  
Nazli

Thank you so much! Mrs. Texas Beauty Pageant was really such a wonderful event, and yes ... I felt extremely blessed and thankful to have been chosen 4<sup>th</sup> runner-up out of 26 amazing women! I am now 7 weeks pregnant, so I am thinking now that it was for the best that I did not receive the title as I am feeling the effects of nausea and fatigue in early pregnancy. Thank you again for allowing me to write an article.

Leigh Blankenburg, Mrs. Lee County International 2009

Dear Friends, I wish to subscribe to the WABA newsletter. I received Vol 7 and loved it ... surprised and satisfied. I am a mother of 2 children, the older nursed exclusively for 8 months and the second is breastfeeding exclusively for 7 months and I hope it will be until he wishes ...

I am a La Leche League member of my country and a Leader applicant which is why the information received is very useful to me ...

Thank you very much.  
Monica Orozco, Peru

Thanks! Very interesting reading, as usual!  
Claude Didierjean, France

Thanks so much for the Newsletter – it represents most of the areas I focus on for many years in my work as a Lactation Consultant, IBCLC – especially the global perspective.  
Julianne Hensby, Australia

### 38. Submission of Articles and Next Issue

We would like to receive articles of interest for this newsletter. The themes of interest should refer to 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. In particular, please send articles that support GIMS for Breastfeeding and also articles that address father support.

The guidelines for contributing an article are as follows:

Up to, but not exceeding 250 words.

Name, Title, Address, Telephone, fax 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.

To be received by the date specified in each issue.

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 or send the full report/article and the MSTF will send it to WABA to place on the WABA website.

The deadline for submitting articles for consideration for the **September – December 2009** issue is **September 30, 2009**.

If you submitted an article and it didn't appear in this issue, it is being reserved for a future issue. **Volume 7, Number 3**, will be sent on **October 31, 2009**.

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

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

For further information, please write to: Pushpa Panadam [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com) and Pili Peña [vapena@pla.net.py](mailto:vapena@pla.net.py)

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

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003 and the newsletter is beginning its 5<sup>th</sup> full year. The first 8 issues of the newsletter were published in 3 languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005.

The newsletter is a means of communication that reaches out to breastfeeding mothers, fathers, organizations and supporters sharing stories and information. The newsletter helps all of us who work in breastfeeding to feel supported and appreciated in what we do and to improve how we help mothers, fathers, families and communities in breastfeeding.

However, our newsletter needs support too. You can help by disseminating each issue of the newsletter and letting us know:

1. How many are receiving it directly from the newsletter editors
2. How many are downloading it from the WABA website
3. How many are receiving it through you, a subscriber
4. How many are reading the newsletter through printed copies from your organization when there is no easy access to internet.

*The opinions and information expressed in the articles of this issue do not necessarily reflect the views and policies of WABA, the Mother Support Task Force and the Newsletter Editors. For further information or topic discussion, please email the authors directly.*



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

WABA, PO Box 1200, 10850 Penang, Malaysia

Tel: 604-658 4816 Fax: 604-657 2655

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

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

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

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

***“When she gives birth, every woman has the potential resource of breastmilk for two years or more. This ample food resource is perfectly targeted, already distributed to households with the need, and should be controlled by the mother and baby.”***

– Helen Armstrong (1995)