

Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



Maria Jose © WABA 2010

Maria Jose, WABA 2010
WBW Photo Contest.

Volume 11 Number 1

published twice a year in English, Spanish, French and Portuguese

April 2013

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

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Coordinator WABA MSTF: Anne Batterjee (Saudi Arabia)

Co-coordinators WABA MSTF: Pushpa Panadam (Paraguay),
Dr. Prashant Gangal (India)

Editors: Pushpa Panadam, Rebecca Magalhães (USA)

Translators: Spanish – Marta Trejos (Costa Rica)

French – Stéphanie Fischer (France)

Portuguese - Pajuçara Marroquim (Brasil)

MOTHER SUPPORT TASK FORCE (MSTF)

*Breast Milk: liquid gold
with love vibrations!*

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MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Peer Support Beyond the Breastfeeding Years

Pushpa Panadam, MSTF Co-Coordinator

How far does the bond between breastfeeding mothers go? When I was breastfeeding my son, Jiva, beyond his first year, I needed support from other breastfeeding mothers. The meetings I attended were facilitated by experienced mothers, trained in the art of providing support and updated breastfeeding information, when needed. This was in mid-1996 and the support group was La Leche League Paraguay.

Two weeks ago Jiva, now 17 years old, received an offer to join the Teatro Colon Ballet Company in Buenos Aires, Argentina. I was worried about where to stay in Buenos Aires while searching for a suitable place for my son who will be in Argentina until December. An email to LLL Leaders in Argentina opened up possibilities- not only did an LLL Leader offer her home to us (my daughter travelled with us) but would be "aunts" willing to be available if needed for Jiva while he is there. I also had the opportunity to participate in 2 La Leche League mother support groups in Buenos Aires.

The experience filled my heart with an immense sense of wellbeing and love...and the World Breastfeeding Week theme – **Breastfeeding Support: Close to Mothers** (see www.worldbreastfeedingweek.org) came immediately to my mind. The importance of peer support to mothers of breastfeeding babies is priceless. Not only do trained peer supporters provide women with scientific, updated breastfeeding information but also support by listening actively to mothers as they share their day to day experience with their babies and their joys as they overcome their initial struggles. Society, in general and specifically mothers and mothers-to-be, need to have easy access to peer support – before, during and after birth of their babies. We should strive to welcome every newborn into an environment that is supportive for birth and breastfeeding.

I discovered breastfeeding peer support does not end with the breastfeeding experience. The bond of friendship that develops from similar experiences in caring for their babies from these peer support groups can hold unexpected and wonderful outcomes. The LLL Leaders in Paraguay provided support and information enabling me to breastfeed my son beyond his two years. It is comforting to know that in Buenos Aires, Argentina there are LLL Leaders, close by, who will be supportive and caring, for my son. Thank you...

 Pushpa Panadam, Co-Coordinator
 WABA Mother Support Task Force
 Email: pushpapanadam@yahoo.com

2. MSTF Update: Pushpa Panadam, MSTF Co-Coordinator

The theme of World Breastfeeding Week (WBW) 2013 is **Breastfeeding Support: Close to Mothers**. For further information and activities related to WBW see www.worldbreastfeedingweek.org

How does one provide support for a mother who wants to breastfeed but struggles to adjust to her new life with a newborn who seems to be totally dependent on her? How does one provide this kind of support to a mother who may be a daughter, a wife, a friend, a sister, an employer, or employee? What should be the role of the father, the partner, grandparents (who may not have had a successful breastfeeding experience), the friends, and work colleagues?

So many questions, yet the answer may be as simple as the mother just needing someone to listen to her and not judge her. By listening, we may discover what her needs are... to acknowledge her, find a breastfeeding expert if she needs one, help with household chores, give her encouragement, or care for others in the family.

There are many ways one can provide this support, being close to mothers. If you are reading this newsletter, you may want to share it with another who may or may not be an expectant mother or father. One can always educate oneself with updated breastfeeding information, the latest research, or being aware of the source of this information. Sometimes it may be learning to be more understanding to a pregnant woman or a breastfeeding mother, giving a listening ear at work or in a public place, respecting a mother's need for privacy when she wants to breastfeed her baby or express her milk.

Breastfeeding is not something new. It has been a part of who we are and how we have survived for millennia, yet breastfeeding has now become an issue to be discussed because of life styles, work pressure, commercialisation of artificial products and more importantly because of the high mortality and morbidity rates of infants and young children. Let us acknowledge breastfeeding as a normal human activity by giving breastfeeding its due place in our human lives. Supporting mothers in any way we can is a good first step. Let us always be "close to mothers!"

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Mother Support in Bulgaria: Dr. Roumjana Modeva and Dr. Mariela Todorova, Bulgaria

The Bulgarian IBFAN and WABA group was created in 1995, based on the National Movement (NM) for "Women and Mothers against Violence." The NM was the first Non-Governmental Organization (NGO) in Bulgaria in 1990.

Our mission is to protect the rights of children and mothers and promote and support breastfeeding. We work to implement this through legislation of the International Code of Marketing of Breastmilk Substitutes and subsequent UNICEF and WHO Resolutions.



Supporting and Promoting Breastfeeding in Bulgaria.

Our activities include:

- Organising and participating in national and international seminars and trainings;
- Workshops and meetings;
- Campaigns devoted to the protection of the health of the child;
- Work in "mother to mother support groups";
- Work of Academy for Parents "Nancy Jo Peck";*
- Actions for protection of the rights of working women;
- The Monitoring Project launched in 2001, of violations by companies and producers of infant and followup formula against the International Code of Marketing of Breastmilk Substitutes recommendations;
- Family support through "family friendly communities";
- World Breastfeeding Week (WBW) celebrations since 1997;
- Preparation and distribution of audio, video and printed materials for education;
- Collaboration with other NGOs, institutions and organizations and others interested in the rights of mothers and children;
- Press conferences and other media participation.

We are volunteers – health workers, nutritionists, journalists, psychologists, scientific workers and teachers.

Since 1997 the IBFAN/WABA group in Bulgaria has organised and trained more than 2800 mothers for mother-to-mother support groups that have been established in Bulgaria.

We gave a press conference during WBW 2012, where more than 30 leading journalists from all National Television, Radio channels, and newspapers participated. We prepared a powerpoint to present the theme, main objectives of WBW 2012 and data from monitoring of the situation regarding social protection of breastfeeding mothers at work, and implementation of International Code and the Global Strategy for Infant Feeding in Bulgaria. We found serious violations of the 10 Steps for Successful Breastfeeding in Baby-Friendly Hospitals.

Our Press Conference made leading news in Channel 1 – Bulgarian National TV where Dr. M. Nankova participated in the Morning Edition "The day starts", bTV, TV7, BBT, TV EUROPE, PRO.BG, National NEWS Agencies: News.bg, Vesti.bg, Mediapool, Bulgarian National Radio, Darik Radio, TV+, Evrocom, newspapers: Trud, 24 chasa, Pressa, Sega, Telegraph, Novinar, Klasa, Republica.

We explained in detail the start of WBW 2012 because for us it is very important to reach a large audience in order to promote the objectives of WBW 2012. We organize our activities in accordance with IBFAN recommendations and use WABA folders, poster and leaflets which we receive every year.

Dr. Roumjana Modeva, professor and researcher in South West University in Bulgaria. She is a psychologist, sociologist and national nutritionist expert. She is the President of the NM "Women and Mothers against Violence", member of the National Council on Social Inclusion to the Ministry of Labour and Social Policy. Dr. Modeva has three children, all breastfed for more than two years. She has 25 years of experience in the field of protection of the rights of mother and child and of consumer policies.
Email: r.modeva@gbg.bg

Dr. Mariela Todorova, professor and researcher in University of Library Studies and Information Technologies in Sofia, Bulgaria. She is a cultural anthropologist and an expert on marketing and management. She is a trainer for the International Code and consumer's protection. She is also the main coordinator and project manager of NM "Women and Mothers against Violence." She breastfed her son for two years. She has carried out many campaigns on the protection and promotion of breastfeeding and coordinated initiatives with "mother to mother support groups."
Email: mariela_nankova@abv.bg

Editors' Note: *Nancy-Jo Peck was one of 3 founders of GIFA (Geneva Infant Feeding Association) in 1979, together with Annelies Allain and Judith Philipona. An immensely valuable IBFAN co-worker with GIFA, she passed away on February 23rd, 2001.*

4. When nurses need to NOT do the work: Manon Forcier, Canada

As I arrive to visit a family adjusting to their very new infant, the father greets me by showing how happy he is to see me, then adds: *"It seems ok but she says it hurts a little."*

Oh oh! I think. When he says it hurts a little, this means breastfeeding is very painful!

Sitting beside the mother, I talk with the couple and make sure the family (most of all: mom and baby) is doing well. Lying in his little bed, Baby slowly wakes up. His tongue makes little sucking movements, his hands are moving.

"Your baby is getting hungry. Let's undress him!" I say cheerfully.

"But he'll wake up!"

"See how he shows you he is hungry; we don't want him to skip his meal, so let's help him have a calm and happy meal!"

"I haven't noticed this!" says Mom. *"It is so complex to find the right position!"*

Very gently and carefully, Mom and Dad undress their little infant, leaving only his diaper. [note to reader: I'm holding my paper and my pen]

I ask: "Can you remove your bra and your shirt so we can let him finish his nap on your chest, please?"

While Mom follows my request, I add pillows behind her, helping her lean back: "You can trust your baby: he is strong and capable to get there by himself, believe me!" The pillows help her feel comfortable while holding baby in the most relaxing position possible.

Then, we wait while I continue asking questions, giving suggestions to the couple (hoping Mom pays some attention to the information).

Then the conversation turns to the Baby: *"How is he going to drink like this, in between my breasts?"* asks the Mom.

Note to reader: *I'm holding my paper and pen and haven't touched baby.*

Baby cries a little, then calms down, he sucks his fist a little and massages mom's breast, then sucks his fingers a little. Suddenly, baby lifts his chest and head... Voilà! His mouth grabs the nipple and he starts sucking like a champion, without giving pain to his mom, even though she had had lots of pain earlier! *"Wow! This doesn't hurt! And he is nursing!!!"* as she smiles. A few minutes later, a happy and contented baby lets go of the breast, by himself, and goes back to sleep.

Note to reader: *I'm still holding my paper and pen, while teaching parents the basics of breastfeeding and parenting.*

One last note to reader: *I now master the art of making mothers comfortable with pillows, cushions and rolled blankets – but this can be done by anyone!*

Manon Forcier, nurse B.Sc. LLL Leader since 2001, Montréal, Quebec, Canada

Email: manonforcier@yahoo.ca

Manon writes – The above is my experience as a nurse doing home-visits to help and support new parents in their challenging life with a breastfed new-born. This situation happens to most of my co-workers and me! In Montréal, we visit most of the new parents 24 to 72 hours after they return to their home after childbirth in a hospital.

Editors' Note: *According to Manon, the French version will be published in "La voie lactée" which is edited by Ligue La Leche (the French Canadian affiliate of LLLI (website: <http://www.allaitement.ca/>)).*

5. Breastfeeding is critical and weaning is fundamental: Laura Rangel Batista, Brasil

At this time, we don't need to discuss the importance of breastfeeding as a right, but especially not as a need of every mammal to breastfeed. We are going to talk about how to wean. Throughout my personal and professional life, I have observed how we distance ourselves from our female instincts. We are insecure

with our own bodies, as well as with the bodies of our children. We live in a technological era and are increasingly further removed from our body, heart and our instincts.

For example, when a dog weans its puppies, it does so because the puppies are no longer dependent on her as before. The puppies begin to experiment the world around them. With our children it is no different if we do not complicate matters. Normally, to facilitate the moment, we create future problems.

Exclusive breastfeeding is recommended for 6 months and, at that time, food is introduced gradually. Why do we use a bottle? Or a cup with a hard spout? We do it because it is easier, but we are setting ourselves up for a probable problem tomorrow.

When a child breastfeeds, she uses the **muscles of mastication*** that she will use for chewing. Her tongue is elevated compressing the nipple against the palate and mandibular advancement occurs. When we introduce a bottle, however, we create muscular or rather neuro-muscle confusion since this is a different stimulus. What happens is a greater contraction of the buccinator (muscle),* the lowering of the tongue, early breathing through the mouth and sometimes allergies, due to introducing milk of another mother, the cow.

The worst is yet to come: it is when our child is mobile, we introduce a cup with the hard and practical spout. The child comes and goes and she needs to see where she is going, so the cup is placed at the side of the mouth so as to not interfere with her line of vision. And so? It is now that everything happens to the musculature. Using the bottle causes mandibular deviation which leads to the child having a lateral or anterior crossbite**, growth of mandibular or open bite, not to speak of the probability of caries, because we normally sweeten everything.

This is what I have observed in my clinic. I think our difficulty to wean is possibly linked to our (own) weaning which perhaps may not have been the best. Human beings have difficulty in separating, letting go, saying goodbye and starting a new relationship. The weaning process is a separation the mother-child couple will go through and there is no substitute for the mouth of our child on our breast. So why do we create breast substitutes for the mouths of our children? My suggestion is to not try to make things easier in the moment with bottles and cups. Feed your child with a spoon and a glass. Of course, common sense is everything in life, just practice motherhood and grow in this beautiful relationship. Good luck to you!

 This text is translated from Boletim Peito Aberto - Nº 40, Depoimento 1 - Amamentação é vida! (Testimony 1- Breastfeeding and Life!)» Laura Rangel Batista is an orthodontist, specialist in functional Jaw Orthopedics. She is a mother to 2 teenagers.

* buccinator – is a thin quadrilateral muscle, occupying the interval between the maxilla and the mandible at the side of the face. Its purpose is to pull back the angle of the mouth and to flatten the cheek area, which aids in holding the cheek to the teeth during chewing. It aids whistling and smiling and **in neonates it is used to suckle**.
http://en.wikipedia.org/wiki/Buccinator_muscle

** Crossbites or Malocclusion of teeth – Variations in size or structure of either jaw may affect its shape, as can birth defects such as cleft lip and palate. One of the causes of malocclusion include childhood habits such as thumb sucking, tongue thrusting, pacifier use beyond age 3, and prolonged use of a bottle.
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002053/>

6. Babies On The Beat: Kathy Frey Kerr, USA

Put a baby in my arms and, I admit it, my voice suddenly jumps an octave. “You little sweet thing,” I croon. Am I talking or singing? Why does it feel natural for many of us to speak to babies using what one author calls sing song “googlyeyed gab?” Perhaps this common practice, found around the world, is a wired way to comfort and communicate with babies.

Babies actually invite and encourage us to interact and communicate, says Colwyn Trevarthen. Babies respond and converse by cooing, squealing, gesturing and even conducting the conversation using their arms. Trevarthen observed a blind baby synchronising her arm and even her finger motions with the rise

and fall of her mother's voice. Trevarthen says that within weeks of birth, "communicative musicality" helps caregiver and child get in sync with one another as they create short musical stories. This storytelling prepares baby to learn the rhythm and format of the native language. It is also likely that adult forms of music and dance spring from this very source.

Music, singing, rhythm and storytelling are found in every culture in every part of the world. Research suggests that this all starts in utero and that babies are born with a musical and rhythmic sense. They can recognise the first beat in a sound pattern and will notice if the beat is missing. Researchers played rock music for newborns and monitored their brain response. They found that the babies reacted to off beats.

Babies in the womb are listening to conversations. Even in utero, researchers determined that babies can distinguish between their native language and a foreign language. It may be that they notice a difference in the rhythm or it may be other musical aspects. As they enter the world, babies cry using melodic patterns distinctive to the native language around them.

A musicologist found himself tapping his foot while listening to a mother interacting with her 6-week-old daughter. He found "a rhythmic, melodious give-and-take to the mother's gentle promptings and the baby's pitched vocal replies."

Interactive play songs such as "Eensy Weensy Spider" and lullabies are found throughout the world. Mothers themselves can be relaxed by their own lullabies or by listening to music they enjoy. Listening to relaxing music has been shown to significantly increase the flow and fat content of mothers' breast milk.

Throughout the world it's natural to comfort a baby using rhythmic rocking and swaying. Rocking chairs and hammocks come to mind, but most common worldwide is baby wearing. Babies in baby carriers hear the rhythms of language, along with the natural rock and sway of the caregiver's body, and even the caregiver's heartbeat. It's difficult to stand next to a parent rocking and swaying a baby without joining into the motion.

Perhaps the rhythm and music enjoyed by everyone around the world originates in the sound of the heartbeat and in the musical communication between babies and those who interact with them. I hope that my own "googlyeyed gab" has done its part.

Kathy Kerr plays fiddle and mandolin and enjoys folk music. She is a Breastfeeding USA Counselor. The article is taken from Breastfeeding USA Horizons Newsletter October 2012, Volume 2 Issue 7
www.breastfeedingusa.org

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

7. My Wonderful Experience as a Breastfeeding mother and grandmother:

Zaida Luz Correa Osorio, Puerto Rico

At 39 years old and after having a 16 year old son, I had the privilege of becoming a mother again. I gave birth to a beautiful girl who is now 5 years and 9 months.

I can tell my story because of the support of my gynecologist who educated me to be a breastfeeding mother from the first day that I was in her office, the support of La Leche League of Puerto Rico and the support of my family who were with me to enjoy every moment of my breastfeeding.

I took the issue of breastfeeding as a goal knowing that in order to be successful I had to be perseverant and dedicated to get the best results. At home, my family gave me all the support necessary to make me feel confident that I was doing what was correct for the benefit of my baby.

There came a time when I produced so much milk that I had more than 10 packets of milk. My family took my milk and made fruit shakes. I began to donate (my) milk to mothers whom I knew had infants to help them with breastfeeding. I can never forget when I brought my milk to a blind and deaf baby,

the son of drug addicts. It was an unforgettable experience as this baby was cared for by the mother's cousin, who was not a breastfeeding mother. Any milk other than breastmilk was not good for the baby.

Then on October 23, 2010 my grandson Joshuan Alberto was born and we supported my daughter-in-law Tania Liz, who started breastfeeding immediately. I taught her positions and techniques on how to place the baby, so both can enjoy the beautiful moment of breastfeeding. One cannot imagine the emotion I felt when I became a Breastfeeding Grandmother as both of us started to breastfeed the baby. I felt as if I had given birth! Yes, it was amazing! Later, when my daughter-in-law attended the university, I cared for the baby and my daughter Amaris who was 3 years and 9 months. I breastfed both of them at the same time, one on each breast. Joshuan latched on to my breast and slept on it as if I were his mother. Amaris, full of love, said that she wanted to share her breasts with her nephew Joshuan. At the time of breastfeeding both, she would always say that the right breast was hers and the left was Joshuan's. If this were changed, she would get mad and say that both the breasts were hers!



It has been a wonderful life experience, to be able to have my grandson in my arms at the same time as my daughter and to give them both what is the healthiest: breastmilk.

I share my experience so that breastfeeding mothers know that, with much love and patience, one can have a successful breastfeeding experience, help those who most need it, and contribute to a better quality of life for our children. It is the best gift that one can give one's child.

Zaida Luz Correa Osorio, Bajadero, Puerto Rico
Email: zcorrea25@yahoo.com

8. A Tale of Two First LLL Meetings: Melissa Vickers, USA

Twenty-five years ago, I was the mother of two: Dan was five; Merrilee was a year old. I'd nursed them with the help of a friend and mentor, overcoming early nursing issues – mostly out of sheer determination.

By October 1987, Merrilee, my one-year-old, was not sleeping through the night; still waking many times to be nursed, comforted, and eased back to sleep. I heard that I shouldn't give into her "manipulative" ways and should just let her cry it out. I tried that one night – and vowed I'd never do that again. Everything in my being said that whether she needed my milk or just my presence, Merrilee needed me. And I needed someone who would tell me that my instincts were right.

That brought me to my first La Leche League meeting. I didn't know what I'd find there, but a breastfeeding support group seemed the place to start.



Merrilee Vickers Graf and Melissa Vickers, daughter and mother.

My first LLL meeting was a pivotal point in my motherhood journey, not because I learned things I didn't know, but because I heard and saw things that made sense – both a "head sense," and more importantly, a "heart sense." My heart and my head knew I had found women who understood my need to attend to my daughter's needs.

I heard other mothers talking about nighttime nursing as if it were totally natural and positive. I realised that the goal is not to get young children to sleep through the night, but instead to meet

their nighttime needs, even if that meant nighttime nursing. What an incredible “ah ha!” moment! I found kindred spirits.

Today Merrilee is a lovely young woman, married to her high school sweetheart, and pregnant with my first grandbaby. She’s grown up hearing about LLL philosophy, and she’s observed mothers and babies interacting. Her ideas of birth and parenting are different from most of what she sees.

I encouraged her to find an LLL group to meet others with similar ideas about things that matter. I had no idea whether she would love it or think it was weird. A text to my cell phone summed up her reaction:

“The meeting was awesome! I found people who were thinking exactly like me!”

This brought a smile to my lips and tears to my eyes. I called her and listened as she talked excitedly about meeting mothers who were doing just what she envisions she’ll do in a few months. She noted how attentive the mothers were to their babies, interacting with them, taking care of their needs, and yet still enjoying the company of others.

She found role models – for breastfeeding, and for parenting. And she met women that we both hope will become her friends as well as her mentors.

Merrilee and I both received a special gift from our first LLL meetings – validation. For me, it was validation that what my heart had wanted me to do was indeed good for my baby. For Merrilee, it was validation for what she plans to do. Her heart already knows it’s good for the baby, but she needed those kindred spirits to feel supported in her choices.

Going to those first meetings provided for both mother and daughter a real sense of coming home. Home is where the heart is, and if we’re lucky, we learn to listen to what our heart and maternal instincts tell us, regardless of what we see and hear from the world around us. La Leche League provided a respite from that cacophony of discordant parenting ideas, a calm voice in the wilderness saying, “Yes – You can do this. Your baby needs you!”

Thank you, La Leche League.

Melissa Vickers,
Email: vickers@aeneas.net

9. My Exclusive Breastfeeding Experience: Nadrah Arifin, Malaysia

I am a mother to 4 children, 3 biological and 1 milk-daughter*. My 3rd baby, Wildan was born on June 2012. My first two pregnancies were before 2010, when I had 60 days maternity leave. The government policy has since changed and I took 6 months leave (90 paid and 90 optional unpaid leave) to exclusively breastfeed Wildan. With my first two children, I nursed them at my breast for 2 months and for the next 4 months after I returned to work, they were fed with my expressed milk.

My experience during this 6 month period with my son taught me that biological bonding is greater through breastfeeding (at the breast) and premature separation of an infant from the mother affects both the frequency of breastfeeding and bonding. This is the difference I felt when comparing my previous breastfeeding experiences. From the evidence based lactation facts, breastfeeding provides better immunity and resistance to respiratory and gastrointestinal infections, even viral fever. However, it is achieved through exclusive breastfeeding, not through bottlefeeding expressed breastmilk (EBM). The practice of EBM storage in a freezer destroys the live cells in breastmilk and reduces the effectiveness of the immunoglobulins in breastmilk.



On holiday with the family.

When World Breastfeeding Week 2012 started, my 44 day confinement period ended. I gave three breastfeeding talks baby-wearing Wildan. The audience, including my workplace superiors, reacted positively, contrary to the popular belief in our culture that a baby who is always carried and breastfed by his mother makes it difficult for her to work or carry out other duties. I believe I set an example to my local community on how breastfeeding mothers can be active.

When Wildan was 6 weeks old, I took him to Vietnam where the air was contaminated with smoke from vehicles and residential areas were highly congested. At 7 weeks old, I took him to work at my friend's clinic where I have been conducting a weekly breastfeeding clinic since 2010. I breastfed him in-between consultations, and when he had viral fever twice during the 6 months, he recovered within 3-5 days without any medication.

I "wore" him more than I did my daughters, provided support for other breastfeeding mothers in my area, attended breastfeeding talk invitations and courses. I attended 7 courses, including the Breastfeeding Advocacy & Practice (BAP) course conducted by the Infant Feeding Consortium (IFC) and WABA which lasted almost 2 weeks.

Prior to the BAP course I wrote to Felicity Savage and Sandra Lang asking if I could bring my baby who was almost 4 months. They told me I knew best and although the course was long hours for these 2 weeks, I took him anyway. By the end of the course, he had 24 'mothers' from various countries including New Zealand, Solomon Island, Hong Kong, North Korea, Saudi Arabia, Myanmar, Vietnam, and Brunei.

Babywearing helps me respond immediately to his hunger, his uncomfortable reaction to wet diapers, his play time, and his other needs. He also responds well to my needs and I could pay attention to lectures and participate in classroom activities, like presentations and clinical visits. Although Wildan contracted viral fever during the Childbirth Educator Course, we still attended and participated actively to fulfill the course requirement.

Wildan is 9 months old now and gets along well with his caregiver and family, as I am back at work in the hospital. What has impressed me most are the reactions of his older sisters to his birth, which they and my husband witnessed. My daughters now understand the child-birthing process, witnessed their brother's first latch and breastfeeding-on-demand. To the many who were surprised that they participated in the birth, they would describe how beautiful it was when their little brother was born into this world. They also understand that a newborn needs his mother to comfort him by breastfeeding.



At the Breastfeeding Advocacy and Practice Course.

Breastfeeding is a crucial start which gives our babies a strong physical and psychosocial basis for their future. Breastfeeding helps in parenting and should be strived for whether we are working in the formal or informal sectors, staying at home or always on the move. I can work peacefully now without worrying so much about my children's health. I can work as a doctor and continue hand expressing breastmilk at work. The importance of 6 months breastfeeding leave is invaluable and employers should show their support to women and to our next generation.

Nadrah Arifin, medical officer, Malaysian Breastfeeding Peer Counselor, certified lactation counselor, mother-to-mother breastfeeding support co-ordinator in Perak and 20- Hour Breastfeeding Course trainer. She is a Babywearing Educator and a future Certified Babywearing Consultant with specific interest in breastfeeding and babywearing for special-needs children. Since 2010, she has been a breastfeeding resource for her state.

**Milk daughter- daughter by the fact of having been breastfed by the non-biological mother*

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

FATHER SUPPORT

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

10. MenCare – A Global Fatherhood Campaign Peter Breife and Vidar Vetterfalk, Sweden

The desire to increase involvement of fathers in child care is a global trend that has grown stronger throughout the last decade. The WABA Men's Initiative is one example of this. MenCare is another.

Many of us working with father support groups in Sweden are members of Men for Gender Equality (Män för Jämställdhet), a national NGO working to promote gender equality and to prevent violence. The organization is also active internationally in different contexts. For instance, Men for Gender Equality is a member of the steering committee of the global MenEngage Alliance – a network of NGOs in various countries, seeking to engage boys and men to achieve gender equality (see www.menengage.org).

Furthermore, MenEngage is one of the collaborators in a worldwide campaign called MenCare (www.mencare.org). The initiative is derived from the overwhelming amount of evidence of the positive effects that engaged, responsive fatherhood and men's participation in their children's lives has for both parents and children. These benefits include gender equality, women's empowerment and non-violence. The campaign is targeted at multiple levels to engage men as caregivers and as fathers, through media, program development such as groups for expectant fathers, advocacy and other channels.

MenCare was launched in November 2011 and there are currently activities in many countries: Brasil, Guatemala, Nicaragua, South Africa, Namibia, Botswana, Turkey, and India, to name a few.

Being active in Men for Gender Equality of Sweden and from experiences throughout the world, we are glad to conclude that fathers tend to appreciate – and take over – and choose to increase their involvement in child care which is our desire.

There are strong links between supporting breastfeeding, promoting gender equality and preventing family violence. We are all aiming in the same direction. That is inspiring!

Peter Breife is a Psychologist, working for various organizations, mainly with parental support and treating battering men in therapy. He is also a member of Men for Gender Equality Sweden.

Vidar Vetterfalk is a Certified Psychologist, working as International Project Manager for Men for Gender Equality Sweden.

For further information please email peter.breife@comhem.se

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

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

- Europe Per Gunnar Engblom pergunnar.engblom@vipappor.se
- Africa Ray Maseko maseko@realnet.co.sz
- South Asia Qamar Naseem bveins@hotmail.com
- Latin America & Caribbean Arturo Arteaga Villaroel arturoa36@hotmail.com

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

BREASTFEEDING ADVOCATES – New Directions

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

11. Breastfeeding Advocates from Sweden: Ingrid Ronn Hyttsten, Sweden

We, The Board of Amningshjälpen* saw your call (in the MSTF E-Newsletter) to honour persons who provide excellent breastfeeding support and two special persons came to our mind. At the same time we can celebrate two different kinds of support.

Anouk Jolin

Breastfeeding classes for expectant parents in Sweden have been virtually non-existent. Breastfeeding information was incorporated within the parenting preparation class and it is there that they talk about breastfeeding for about one hour. Apart from that breastfeeding class, breastfeeding is absent, not discussed ever. :)

Anouk took this into her own hands and applied for funding from Allmänna Arvsfonden** and initiated breastfeeding classes for expectant parents with the support of Amningshjälpen and Sensus, an educational organisation.

She provides information, receives registrations for breastfeeding classes and facilitates them. Initially Anouk held classes on her own in her hometown. Now she has educated more leaders and the classes are held all over Sweden, from South to North. :)

During the classes, parents find faith in their own breastfeeding through visualization and information. Now she is spreading these courses to the rest of Sweden.

Birgitta Bellskog, lactation consultant in Amningshjälpen

With her calm, reassuring persona, and her enormous knowledge and experience, Birgitta has helped mothers for thirty-five years. She helps an average of more than ten mothers every week, each year. She does this whole-heartedly, taking on every help-seeking mother as if that mother were her first. Birgitta is our star example for all breastfeeding supporters, working quietly, without fanfare, every day and for every breastfeeding relationship.

To learn more about Amningshjälpen please email: ingrid.ronn.hyttsten@amningshjalpen.se

* Amningshjälpen is a nonprofit breastfeeding organisation in Sweden.

** Allmänna Arvsfonden is an organization that administers money for people who are ill and without relatives or others who may inherit their money.

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



*Anouk Jolin, Breastfeeding advocate,
Sweden*



First World Breastfeeding Conference

The First World Breastfeeding Conference, organised by the World Alliance for Breastfeeding Action (WABA) and International Baby Food Action Network (IBFAN), **"Babies need Mom-Made not Man-Made"**, was held in New Delhi, India from December 6-9, 2012. For further information on the conference – reports, presentations, declaration and more, go to <http://worldbreastfeedingconference.org>

Following are 3 articles submitted by conference participants.

12. Activities on the way to the World Breastfeeding Conference and At the Conference: Amigas do Peito, Brasil

Tereza and Maria Lucia (Amigas do Peito) and Abilene (friend of Amigas do Peito from Rio de Janeiro State University) left Brasil on November 24th on our way to the World Breastfeeding Conference in New Delhi India, with a stopover in the country of Mozambique, Africa.

In Maputo, Mozambique, we participated in the following activities: We met at the Ministry of Health (MOH) with various representatives of IBFAN, MOH and health organizations. We also conducted a mini workshop (PLEC-Community Learning through Educational Play) with very interesting results and with the active participation of health students from the local university, IBFAN members, and professionals from MOH institutions. Before the workshop, Tereza captivated everyone with a demonstration of educational and interactive cloth materials and Graphic Humor catalogs.

A meeting with local midwives, resulting in the exchange of experiences, was carried out by Tereza, who works with Traditional Birth Attendants (TBAs) in Trancoso, Bahia, Brasil and Abilene, a nurse and Head of the Maternity Teaching Hospital Pedro Ernesto in Rio de Janeiro. There were many similarities in the work of midwives in the two countries, although one striking difference was that the midwives in Mozambique take full responsibility for births, including cesareans. There are few doctors and the midwives are trained to do everything. We left the meeting with the promise to exchange questionnaires and procedures related to labour and birth.



Tereza Araújo at the workshop on Educational Play (PLEC) in Maputo.



Abilene with midwives and physician during their exchange of information.



Amigas do Peito displaying and selling their materials at the IBFAN LAC booth.



Conference Session by the Brazilians.

We maximised our participation at the **World Breastfeeding Conference 2012** as best as we could, since we could not be present at all the plenary sessions, nor at all meetings. The Conference focused on policies for the promotion and protection of breastfeeding. Support groups were in the minority, although there were representatives of Ammhjelpen, La Leche League, and Indian Groups, in addition to Amigas do Peito.

At the IBFAN LAC booth Amigas do Peito displayed printed materials from MINA (the Brazilian network of support groups for breastfeeding mothers), RUMBA LAC, Breastfeeding News in Portuguese by IBFAN Brasil and the IDEC Brasil magazine that published the 2012 monitoring results in Brasil. These materials were distributed in addition to Amigas do Peito Educational Play materials, which were for sale.



Showing the cloth book to mother support groups.

The technical approaches of the conference themes that were discussed and the different topics featured at the conference opening on the protection of breastfeeding (media attention, collaboration of youth in universities, and intergovernmental support for the implementation of the International Code – an example is the Brazilian Code or Norma Brasileira de Comercialização BNCIF) filled the rooms with participants even standing.

The presentations by Abilene were very good and gave visibility to our country (Amigas do Peito collaborated in preparing part of the presentation, in its design as well as ideas and discussion points.) Marina Réa also spoke, from her vast experience, on laws and (Code) monitoring. The presentation by Maria de Lourdes, the Brazilian Representative, was easily understood and showed what the Brazilian government is proposing (for breastfeeding).

Our PLEC Workshop competed with the technical sessions, but we did our part, as we presented our power point at the scheduled time... even though it was only for 2 participants. However, our presence at the Booth covered some of what was presented in the Workshop.

Among many wonderful things about this Conference: seeing friends of many years, meeting in person people who understand the importance of breastfeeding and seeing how we have moved in the direction of a world that is more supportive towards breastfeeding ... although we are still far from the ideal.

The final document which summarized the proposals of the meeting had a point on education that we consider very positive, although the focus is still in educating youth and adults, not recognizing the transformative power of working through educational play from childhood. This is the project of Amigas do Peito: breastfeeding through play, at home, in daycare centers, schools.... which can be used at any stage of life.

The above article was written by members of Amigas do Peito.

Email: amigasdopeito@amigasdopeito.org.br

website: www.amigasdopeito.org.br

For more information on the interactive cloth materials and the Graphic Humor catalogs, email the Amigas do Peito.

13. Highlights of the World Breastfeeding Conference: Anne Batterjee and Shera Lynn Parpia

The World Breastfeeding Conference, held in New Delhi, India in December 2012, had many inspiring, informative, and uplifting sessions. It was wonderful to meet many of the Breastfeeding Champions of the world. More than 700 participants from 83 countries, including every corner of India, were present. There was a variety of clothing and languages- incredible to think how breastfeeding unites us all.

The inaugural session saw the participation of important Indian politicians with speeches from the Minister of State for Women and Child Development and the Cabinet Minister for External Affairs. The Breastfeeding Promotion Network of India (BPNI) is clearly influential and has obtained high profile attention, including newspaper coverage in national daily newspapers. WABA, IBFAN, UNICEF, UN and WHO representatives were present at various stages of the Conference.

During the opening session, homage was paid to seven people who had died since the last global conference, including La Leche League International (LLL)'s Founder Viola Lennon. Anwar Fazal (Chairman Emeritus of WABA) explained and praised the origins and importance of the Womanly Art of Breastfeeding when he spoke of her. The others who were honored included Chris Mulford, Andy Chetley, Michael Latham and Gandhi Vi Demanya.

Everyone presented in English, although some struggled, while a few spoke in their own language. It is humbling to see how much they wanted to share their enthusiasm. There were people from national ministries of many countries, NGOs, small breastfeeding support organizations, activist organizations and many self-sponsored individuals and representatives from the sponsoring organizations.

Although the breastfeeding movement has faced difficulties and setbacks over the years, judging by the conference it is vibrant and strong. People are seeing results, some faster than others. There were discussions on conflicts of interest, on mother to mother support, on hidden sponsorship and there was much information about the SUN (Scaling up Nutrition) /1000 days initiative and infiltration by the food processing industry.

Afghanistan and Cambodia had wonderful news of breastfeeding rate increases. An Afghan doctor (there were 12 doctors at the conference, including a woman) described with great pride how they had worked to change legislation and enforce it while refusing tempting offers from Nestlè representatives. He was applauded at length and the BMA (Baby Milk Action) representatives commented on how good it was to have such positive news from Afghanistan!

There were three or four parallel technical sessions (eight at a time) with multiple presenters, making it difficult to attend more than one each time. What distinguished these sessions was the variety of experiences from different countries and presented by different types of people- no one topic was ever addressed from a single point of view or country.

The third day started with a WABA parade and with people coming forward to tell the audience where they celebrated World Breastfeeding Week. The enthusiasm was contagious. It is amazing to see the breastfeeding movement so widespread the world over.

There were sessions dedicated to Maternity protection practices that showed what governments are doing to ensure that women can breastfeed. Dr. Raj Anand of India, an outspoken advocate of breastfeeding and maternity protection, asked at the end of one session if we (the LLLI Representatives) could send a letter to President Obama, USA, from the conference, asking why a country like the USA couldn't protect women in this way when a country like India now provides 6 months of paid maternity leave!!!

One evening there was a play on child survival, which was a one woman show of many characters depicting the terrible state of affairs related to infant feeding. Sponsored by Save the Children, it was very touching and poignant.

All in all, the conference was amazing, well organized and a real boost to all who were able to attend.

Anne Batterjee, Coordinator WABA MSTF <annebatterjee@gmail.com> and
Shera Lyn Parpia, La Leche League Leader <sheralyn.parpia@gmail.com>

14. World Breastfeeding Conference – Youth Experience: Viana Maza, Guatemala

At the World Breastfeeding Conference I represented the Latin American Youth Movement, RUMBA. It was a unique experience that motivates me to continue working passionately for breastfeeding, especially among vulnerable population and youth.

Participants from 83 countries included governments, breastfeeding organizations, healthcare providers, community organizations, and international non-governmental organizations. Latin America was represented by the countries of Costa Rica, Nicaragua, Guatemala, Brasil, Peru, México and Guatemala.

Our work in infant feeding is important as 7 million children under 5 years, mainly from poor countries, die each year from preventable causes. Two thirds die before their first year from diarrhea and pneumonia and one third from malnutrition. Breastfeeding is an important public health issue as breastmilk is normal, nutritive and local.

Participants were reminded about the importance of talking about the risks to babies who are not breastfed and NOT just talking about the benefits of breastfeeding. In “benefits” we compare one type of food to another. With risks, breastfeeding is the norm and if a baby is not breastfed, there is an increased risk of childhood infections and non-transferable diseases like diabetes, obesity, cardiovascular diseases and cancer.

Breastfeeding within the first hour, exclusive breastfeeding for 6 months and breastfeeding as a birth spacing method (especially where no other methods are accessible) – these were constantly reiterated and analyzed. Initiation of breastfeeding within the first hour of birth reduces neonatal mortality by 20%, yet more than half the newborns in the world do not receive breastmilk in their first hour of life.

Youth groups contributed to the Conference through artistic expression for breastfeeding promotion and protection. This space complemented the scientific and epidemiological work of experts. RUMBA contributed a video with individual testimonies by WABA Youth, inviting other youth to participate in the movement.



Presentation by the Youth.



Viana Maza at the Conference.

The Conference concluded with a document “Declaration and a Call to Action” which includes twelve important points. The Conference Declaration and Call to Action is available at <http://worldbreastfeedingconference.org/declaration.html> in English, Arabic and Russian.

The main reasons why mothers fail at breastfeeding is due to lack of support and information on breastfeeding and adequate complementary feeding. Misinformation and lack of support, combined with the push by the industry and its market of “ready to use” processed foods to replace appropriate foods, results in fewer children breastfed for two years.

This is a challenge for me. We know the statistics, the problems with support for mothers, lack of scrupulousness of companies that sell infant formula and processed food for children, and the lack of policies and laws that protect. Clearly, there is work to do.

Through the experience of each of the experts who presented, one could observe and feel their passion and their total dedication. This creates a tremendous desire in me to work. People working in the field without receiving a salary, professionals with integrity who are not swayed by the multinational producers of infant formula, are our main motivation for believing in this issue.

I did notice a lack of awareness on how breastfeeding is a relationship, and not a technique or a recipe. Breastfeeding is based on love between mother and child, where mothers need to be loved in order to love their children. When we are closer to mothers, creating a friendly environment for living, protecting them from the influence of industry, mothers are able to breastfeed with greater success.

I invite all Latin American youth networks to unite to generate ideas, projects, and initiatives based on the outcome of the World Breastfeeding Conference. By contributing to our region, country, community, childhood, mothers, and babies, we can convert this planet into a better place to live.

Viana Maza, mother to 10 year old Ariana and 3 year old Luca. She graduated in Clinical Psychology and works from the perspective of Perinatal Psychology and Psychotherapy. She holds a Masters in Health and Community Wellbeing from the Universidad Autónoma of Barcelona, Spain. She is a Doula (companion to pregnancy, birth and postbirth) and is working on the formation of the first Doula school in Guatemala. She has been an LLL Leader for 8 years and is a member of the RUMBA team.
Email:viana.maza@gmail.com

15. Community Lactation Room Open to Public

The Northern Manhattan Perinatal Partnership (NMPP) opened the first community lactation room in New York City, USA, that is open to the public.

Although NMPP advocates for businesses to support their breastfeeding employees and their patrons, not all have adequate space to accommodate them. In order to remove that barrier, “Lac Lounge” was opened to promote, support and educate women of childbearing age on the benefits of exclusive breastfeeding. Women who use the lounge have on-hand support from NMPP’s Certified Lactation Counselor, as well as other community breastfeeding health educators.

Our “Lac Lounge,” is a private room that is comfortable and spacious, furnished with a hospital grade pump, a milk-only fridge, a rocking chair, changing table and a television to show health education videos. We invite all breastfeeding moms working in the area or on the go to use the community lactation lounge, and we urge employers to let their nursing employees know about this resource.

The above article is adapted from Innovative Lactation Lounge Offers Comfort and Support to Nursing Moms
<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9554&lvl=3&lvlID=326>

16. Celebrating 35 years of LLL Colombia: Eliana Duque V, Colombia

Liga de La Leche celebrated 35 years of its activities from October 31 to November 4, 2012, in Medellin, Colombia where the main event was the International Breastfeeding Congress. Dr. Carlos González, pediatrician from Spain, Dr. Jack Newman, from Canada and Dr. Héctor Martínez, Colombia were the main speakers. The 35th Anniversary of Liga de La Leche Colombia was a triple celebration.

The first event was the **10th La Leche League Latin American Workshop** where LLL Leaders from more than 20 countries of Latin America, Europe and North America met to exchange experiences, update knowledge and plan.

The second and main event was the **International Breastfeeding Congress** from November 2–3 at the Hotel Dann Carlton. The event brought together breastfeeding experts from Canada, Spain and Argentina. The congress was for professionals in the health and related fields, LLL Leaders and those interested in the topic. A former Colombian beauty queen and wife of Carlos Vives, Claudia Elena Vasquez, attended and shared her experience as a nursing mother and as the Goodwill Ambassador for UNICEF.

The third event held simultaneously to the Congress was the **Conference for Parents** by the well-known Dr. Carlos González, pediatrician, and well-known breastfeeding and attachment parenting advocate.

The greatest success of this celebration was promoting breastfeeding in major Colombian media and in linking the private and public sectors in disseminating, promoting and providing financial support for the event. The Congress was very successful because of the quality of speakers and the number in attendance – more than 700 participants (nurses, nutritionists, general practitioners, pediatricians, obstetrician-gynecologists, psychologists, dentists, physiotherapists, social workers, doulas, community workers, parents and LLL Leaders) – who fulfilled expectations and achieved the objectives.



Coming from 40 Colombian cities and 21 countries, including Spain, Canada, USA, France, Israel and a great part of Latin America, participants fulfilled their expectations in terms of the quality of the conference, as well as the topics that were addressed and the organization of the event. Without a doubt this was a great opportunity to position LLLI as a world authority in breastfeeding and childcare and to create awareness about such an important topic as breastfeeding for the future of humanity.



Participants at the conference.



*Panel speakers at the Question and Answer session:
From left to right, Dr. Dr. Héctor Martínez, Waleska Porras,
Dr. Jack Newman, Monica Tesone, Dr. Carlos Gonzalez
and Dr. Diana Espinoza.*

Eliana Duque V., Communications/La Leche League of Colombia
Email: eduque@lllcolombia.org

17. Breastfeeding: The foundation for healthy weight: Academy of Breastfeeding Medicine

New Rochelle, NY, February 1, 2013 – As the USA marks Healthy Weight Week, it's worth remembering that healthy weight begins in infancy and is facilitated by breastfeeding. Studies show that mothers who do not breastfeed are more likely to retain the weight gained during pregnancy, and infants who are bottle-fed are more likely to become overweight or obese in later life.

"As we struggle with a world-wide obesity epidemic, we need to protect every woman's right to breastfeed her child," said Arthur Eidelman MD, president of the Academy of Breastfeeding Medicine. In the USA and around the world, a growing number of mothers initiate breastfeeding, but few are able to achieve medical recommendations for six months of exclusive breastfeeding and continued breastfeeding through two years and beyond.

For mothers, exclusive breastfeeding burns about 500 calories a day – the equivalent of an hour on a treadmill – and thus contributes to postpartum weight loss. Moreover, women who do not breastfeed are more likely to be overweight in later life, and are also more likely to develop diabetes, high blood pressure and heart disease.

For children, breastmilk contains multiple hormones that regulate appetite, and infants who are breastfed show better appetite regulation in childhood. These differences have consequences for child health: children who are not breastfed are more likely to be overweight or obese, and face a higher risk of type 2 diabetes in later life than children who are breastfed.

"The obstacles that breastfeeding women face worsen the obesity epidemic," Eidelman said. Poor training for medical providers, disruptive maternity care practices, and aggressive marketing of formula all undermine maternal and infant health.

"The data are clear: Obesity prevention begins with breastfeeding," Eidelman said. "Policies that enable women to initiate and sustain breastfeeding must be a central part of the global obesity prevention agenda."

The Academy of Breastfeeding Medicine is a global organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation through education, research, and advocacy. An independent, self-sustaining, international physician organisation and the only organization of its kind, the Academy's mission is to unite members of various medical specialties through physician education, expansion of knowledge in breastfeeding science and human lactation, facilitation of optimal breastfeeding practices, and encouragement of the exchange of information among organisations. It promotes the development and dissemination of clinical practice guidelines. The Academy has prepared clinical protocols for the care of breastfeeding mothers and infants that are available on the Agency for Healthcare Research and Quality's (AHRQ) National Guideline Clearinghouse website.

Email: abm@bfmed.org

18. WABA Joins Global Campaign to Stop Violence Against Women and Girls: Aida Redza, Malaysia

WABA celebrated its 22nd Anniversary on February 14, 2013 by joining the global campaign, ONE BILLION RISING to Stop Violence against Women and Girls around the world. WABA asserts that gender based violence has serious consequences on women's reproductive health and life – including her right to breastfeed her children – and it must be stopped! Women must have the ability and right to live safe, healthy, meaningful and productive lives at home, at work and in their communities.



The WABA Team at the Global Campaign.

ONE BILLION RISING began as a call to action based on the staggering statistic that 1 in 3 women on the planet will be beaten or raped during her lifetime. With the world population at 7 billion, this adds up to more than ONE BILLION WOMEN AND GIRLS.

In Penang, Malaysia, supporters of WABA and WCC (Women's Centre for Change) danced to the One Billion Rising theme song. Aida Redza, WABA Advocacy and Youth Liaison successfully coordinated and taught the dance where the movements symbolised reclaiming freedom from violence.
www.youtube.com/watch?v=IgtUix7wA3M

Break the Chain dance revolution was also performed by WABA, WCC and MMPS (Penang Mother-to-Mother Peer Support) to celebrate the Penang State "Penang Women Rising" on 8 March, International Women's Day (IWD). <http://www.youtube.com/watch?v=AssGhAVz4cA>

To view the full statement of support for the "One Billion Rising" campaign, see: http://www.facebook.com/I/VAQHlqNWf/https%3A%2F%2Fdocs.google.com%2Fdocument%2Fd%2F1t7HYidFihUfmWRzrY_4YGJLWC1diwzTDx_0waIGLa%2Fpub

See WABA's statement for IWD on the theme "The Gender Agenda: Gaining Momentum".
<http://www.waba.org.my/pdf/st-iwd2013.pdf>

 Aida Redza, WABA Advocacy and Youth Liaison
 Email: aida.redza@waba.org.my

19. World Breastfeeding Week 2013: Breastfeeding Support: Close to Mothers

The 2013 World Breastfeeding Week (WBW) theme, 'BREASTFEEDING SUPPORT: CLOSE TO MOTHERS', highlights Breastfeeding Peer Counseling. Even when mothers are able to get off to a good start, all too often in the weeks or months after delivery there is a sharp decline in breastfeeding rates and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be provided in a variety of ways. Traditionally, support is provided by the family. As societies change, however, in particular with urbanization, support for mothers from a wider circle is needed, whether it is provided by trained health workers, lactation consultants, community leaders, or from friends who are also mothers, and/or from fathers/partners.

For further information on WBW Photo Contest, Calenders and Action Folders for download see:
www.worldbreastfeedingweek.org

20. World Health Day: WABA/LLLI Statement

Join La Leche League International (LLLI) and the World Alliance for Breastfeeding Action (WABA) in celebrating World Health Day on April 7, 2013 with the theme, Hypertension. Is it possible that breastfeeding might play a role in reducing the risk of hypertension in the mother, or her child, or both? What might be the mechanisms for such a benefit?

That breastfeeding contributes to normal healthy development in children is well established. Does it also contribute to health in later life? Obesity in adults is a risk factor for hypertension. Many studies indicate that breastfeeding is protective against unhealthy weight gain in children, which could also contribute to healthy blood pressure.

For the full WABA/LLLI statement see: www.waba.org.my
 The statement is available in English, Spanish, Arabic, French and Portuguese.

21. Digested formula but not digested fresh human milk causes death of intestinal cells in vitro: implications for necrotizing enterocolitis: Alexander H. Penn^{ff1}, Angelina E. Altshuler^{ff1}, James W. Small^{ff1}, Sharon F. Taylor^{ff2, ff3}, Karen R. Dobkins^{ff4} & Geert W. Schmid-Schönbein^{ff1}

Background

Premature infants fed formula are more likely to develop necrotizing enterocolitis (NEC) than those who are breastfed, but the mechanisms of intestinal necrosis in NEC and protection by breast milk are unknown. We hypothesised that after lipase digestion, formula, but not fresh breast milk, contains levels of unbound free fatty acids (FFAs) that are cytotoxic to intestinal cells.

Methods

We digested multiple term and preterm infant formulas or human milk with pancreatic lipase, proteases (trypsin and chymotrypsin), lipase + proteases, or luminal fluid from a rat small intestine and tested FFA levels and cytotoxicity in vitro on intestinal epithelial cells, endothelial cells, and neutrophils.

Results

Lipase digestion of formula, but not milk, caused significant death of neutrophils (ranging from 47 to 99% with formulas vs. 6% with milk) with similar results in endothelial and epithelial cells. FFAs were significantly elevated in digested formula vs. milk and death from formula was significantly decreased with lipase inhibitor pretreatment, or treatments to bind FFAs. Protease digestion significantly increased FFA binding capacity of formula and milk but only enough to decrease cytotoxicity from milk.

Conclusion

FFA-induced cytotoxicity may contribute to the pathogenesis of NEC.

<http://www.nature.com/pr/journal/v72/n6/full/pr2012125a.html>

Journal name: Pediatric Research(2012)Volume:72,Pages:560–567 doi:10.1038/pr.2012.125

Affiliations

1. Department of Bioengineering, University of California, San Diego, La Jolla, California
• Alexander H. Penn, Angelina E. Altshuler, James W. Small & Geert W. Schmid-Schönbein
2. Department of Pediatrics, University of California, San Diego, La Jolla, California
• Sharon F. Taylor
3. Department of Pediatrics, Rady Children's Hospital, San Diego, San Diego, California
• Sharon F. Taylor
4. Department of Psychology, University of California, San Diego, La Jolla, California
• Karen R. Dobkins

Corresponding author Alexander H. Penn

22. WABA Research Task Force (RTF) E-Newsletter: Amal Omer-Salim and Khalid Iqbal

We are pleased to share with you the fifth issue of the WABA Research Task Force (RTF) E-newsletter. See <http://waba.org.my/whatwedo/hcp/pdf/rtfnl-sep12.pdf>

This issue deals with a variety of topics ranging from how to provide support for breastfeeding mothers and fathers in their efforts to transition to fatherhood, to the effects of breastfeeding on maternal body composition to more technical issues on the composition of breastmilk and coeliac disease.

We hope that this newsletter will enhance your work, whether programme, clinical or advocacy, as well as stimulate discussion about research findings, methodologies and ethics.

Amal Omer-Salim & Khalid Iqbal
 Co-coordinators of the WABA RTF
 Emails: Amal: amal.omer-salim@kbh.uu.se
 Khalid: kitfeed@gmail.com

Note: *If you (or others) wish to subscribe to the newsletter, please complete the form at <http://www.waba.org.my/whatwedo/research/rtnl-form.htm> and we will put you on our distribution list.*

23. WABA Link – Issue 3, 2012

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

This issue contains the following:

- Mothers gather for global breastfeeding event
- 1,000 mothers take part in breastfeeding event
- Flash mob bares mothers' dire need for more nursing rooms
- Breastfeeding in South Africa is dangerously low
- Breastfeeding can cut a woman's risk of breast cancer
- Breastfeeding protects baby against bite problems
- Increase in breastfeeding could save National Health Service £40million (60,428,000USD) a year, according to report
- UNICEF gives Wishaw General a Baby Friendly Initiative for supporting breastfeeding mothers
- Health department honours breastfeeding champs
- Mother and baby care in Cornwall wins UNICEF accreditation

http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_1212.pdf

24. ICDC Legal Update January 2013: IBFAN ICDC, Malaysia

The download latest issue of Legal Update (Jan 2013) click the link – <http://www.ibfan.org/art/LU-Jan-2013.pdf>

The highlights of this issue of Legal Update:

Laws in two more countries!

- Regulations in South Africa
- Parliamentary Act in Kenya

Danone in Laos – Behaving better or what?

Fiji uncovered – Nestlé creates artificial shortage

Undermining breastfeeding in Asia

- Hong Kong – manipulating public opinion
 - Philippines – divide and rule
 - Vietnam – using diplomatic channels
 - Thailand – bad press for the Code
-

Raja Abdul Razak, Publications Support, IBFAN-ICDC (International Baby Food Action Network – International Code Documentation Centre), Penang
 Email: ibfanpg@gmail.com

25. Effects of mother-infant skin-to-skin contact on severe latch-on problems in older infants: a randomized trial: Kristin E Svensson, Marianne I Velandia, Ann-Sofi T Matthiesen, Barbara L Welles-Nyström and Ann-Marie E Widström

Background

Infants with latch-on problems cause stress for parents and staff, often resulting in early termination of breastfeeding. Healthy newborns experiencing skin-to-skin contact at birth are pre-programmed to find the mother's breast. This study investigates if skin-to-skin contact between mothers with older infants having severe latching on problems would resolve the problem.

Methods

Mother-infant pairs with severe latch-on problems, that were not resolved during screening procedures at two maternity hospitals in Stockholm 1998 – 2004, were randomly assigned to skin-to-skin contact (experimental group) or not (control group) during breastfeeding. Breastfeeding counselling was given to both groups according to a standard model. Participants were unaware of their treatment group. Objectives were to compare treatment groups concerning the proportion of infants regularly latching on, the time from intervention to regular latching on and maternal emotions and pain before and during breastfeeding.

Results

On hundred and three mother-infant pairs with severe latch-on problems 1--16 weeks postpartum were randomly assigned and analysed. There was no significant difference between the groups in the proportion of infants starting regular latching-on (75% experimental group, vs. 86% control group). Experimental group infants, who latched on, had a significantly shorter median time from start of intervention to regular latching on than control infants, 2.0 weeks (Q1 = 1.0, Q3 = 3.7) vs. 4.7 weeks (Q1 = 2.0, Q3 = 8.0), (p-value = 0.020). However, more infants in the experimental group (94%), with a history of "strong reaction" during "hands-on latch intervention", latched-on within 3 weeks compared to 33% in the control infants (Fisher Exact test p-value = 0.0001). Mothers in the experimental group (n = 53) had a more positive breastfeeding experience according to the Breastfeeding Emotional Scale during the intervention than mothers in the control group (n = 50) (p-value = 0.022).

Conclusions

Skin-to-skin contact during breastfeeding seems to immediately enhance maternal positive feelings and shorten the time it takes to resolve severe latch-on problems in the infants who started to latch. An underlying mechanism may be that skin-to-skin contact with the mother during breastfeeding may calm infants with earlier strong reaction to "hands on latch intervention" and relieve the stress which may have blocked the infant's inborn biological program to find the breast and latch on.

International Breastfeeding Journal 2013, 8:1 doi:10.1186/1746-4358-8-1

Published: 11 March 2013

<http://www.internationalbreastfeedingjournal.com/content/8/1/1/abstract>

or Full article <http://www.internationalbreastfeedingjournal.com/content/pdf/1746-4358-8-1.pdf>

Kristin E Svensson^{1,2,*} Marianne I Velandia^{1,3}, Ann-Sofi T Matthiesen¹, Barbara L Welles-Nyström⁴

Ann-Marie E Widström¹

Corresponding author, kristin.svensson@ki.se

1. Department of Women's and Children's Health, Division of Reproductive Health, Karolinska Institutet, Stockholm, Sweden
2. Karolinska University Hospital, Stockholm, Sweden
3. Academy of Health, Care and Social Welfare, Mälardalen University, Västerås, Sweden
4. Department of Educational Studies and Teacher Preparation, Graduate School of Education and Allied Professions, Fairfield University, Fairfield, CT 06842, USA

26. Breastfeeding Today Issue 17, January – March 2013

In this issue, Leader RuthAnna Mather discusses the importance of mother-to-mother support from an Asian perspective and frequent contributor Diana Cassar-Uhl writes about breastfeeding with insufficient glandular tissue (hypoplasia) and how moms can find support with this perplexing condition.

Mothers share their ideas in the “Mom to Mom” letters column on breastfeeding beyond a year when faced with criticism of their choices. We also have three mothers’ stories from Germany, Canada and the UK.

For expectant mothers “What’s Cooking?” has some at tips on healthy snacking and, in celebration of Spring and motherhood, there’s a poem from a book we’d like all mothers to read. If you don’t know where your local LLL Group is look for us on www.llli.org or on Facebook via the links in “GloboLLL.”

Barbara Higham is a La Leche League Leader, managing editor of Breastfeeding Today and coeditor of LLLGB’s Breastfeeding Matters. She lives in Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (14), Edgar (11) and Amelia (7).
Email: editorbt@llli.org
<http://viewer.zmags.com/publication/7aece22c#/7aece22c/1>

27. Publish your articles in International Breastfeeding Journal

All authors who publish with International Breastfeeding Journal, www.internationalbreastfeedingjournal.com or any other BioMed Central journal, retain copyright and their articles are covered by an open access license agreement. Open access policy means that anyone with internet access can read, download, redistribute and reuse published articles as long as the article is correctly attributed.

Publish your next article with International Breastfeeding Journal, keep your rights and freely distribute your work to the world. Submit your manuscript now.

With best wishes, The International Breastfeeding Journal Team
www.internationalbreastfeedingjournal.com

28. Perception and management of risk in Internet-based peer-to-peer milk-sharing: Karleen D. Gribble

The perception and management of the risks of peer-to-peer milk sharing was explored via a written questionnaire administered to 97 peer milk donors and 41 peer milk recipients who were recruited via Facebook. All recipient respondents were aware that there were risks associated with using peer-shared milk and took action to mitigate these risks; however, their knowledge and risk mitigation was incomplete. Recipient respondents were well informed as to the risks involved in artificial feeding and this contributed to their decision to prefer peer-shared milk. Many donor respondents did not follow guidelines for safe milk expression. Many respondents had not discussed milk sharing with a health provider. It is recommended that health providers be proactive in providing education to minimise the risks of peer-to-peer milk sharing. This is the first study to examine the views and practices of Internet-facilitated peer-to-peer milk sharing and provides insight that may improve the safety of the practice.

Karleen Gribble, School of Nursing and Midwifery, University of Western Sydney, Australia
<http://www.tandfonline.com/doi/full/10.1080/03004430.2013.772994>

CHILDREN AND BREASTFEEDING

Please send us your children’s breastfeeding stories, quotes, or experiences. This could be something your breastfed child said or did; something an older child did to promote breastfeeding, or even a story you saw or read that pertained to children and breastfeeding.

29. Biology Mid-Term Exams

Students in an advanced Biology class were taking their mid-term exam. The last question was, ‘Name seven advantages of Mother’s Milk.’ The question was worth 70 points or none at all. One student, in particular, was having a hard time thinking of seven advantages. However, he wrote:

1. It is perfect formula for the child.
2. It provides immunity against several diseases.
3. It is always the right temperature.
4. It is inexpensive.
5. It bonds the child to mother, and vice versa.
6. It is always available as needed.

And then the student was stuck. Finally, in desperation, just before the bell rang indicating the end of the test, he wrote:

7. It comes in two attractive containers and it's high enough off the ground where the cat can't get it.

He got an A.

The above was distributed online from an unidentified source.

30. Breastfeeding leads to reading: Barbara Parker, USA

I read to my kids for years, until they were able to and/or wanted to read to themselves - different ages with different kids! One of my fondest memories is of one night when I was reading to my eight year old before bedtime and as I finished that night's chapter(s) he sighed and said, "Mom I hope I marry someone who likes to read." I asked why and he replied, "Well, I don't like to read very much but I want my kids to be read to, so I hope I marry someone who likes to read!"

Barbara Parker, North Carolina USA, mother of three children, all breastfed, active Leader in LLL for 20 years.

GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

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

31. Filipino Peer Counselling, Lactating Grandmothers: Ma. Ines Av. Fernandez, The Philippines

In 2011-2012 WHO funded a community based project on Peer Counselling and Mentoring which ended with 4,091 trained Peer Counsellors in 19 cities and 1 municipality nationwide in the Philippines. Arugaan provided the Training and Mentoring inputs.

A selected 1,563 Peer Counsellors were mentored by the Arugaan Trainers cum Mentors and encouraged 4,378 Moms for exclusive breastfeeding. They were counselled in one day as part of the training practicum.



Expressing milk from grandmothers.

The peer counsellors included health workers, health personnel and mother leaders and male politicians, who were trained on Exclusive Breastfeeding. During our training in Metro Manila, we discovered 6 grandmothers lactating. It was during the Lactation Massage Skills session to enable them to address engorged breasts, clogged ducts or enhance lactation production and flow. It is also a useful skill for relactation and adoptive breastfeeding.

All 6 grandmothers volunteered to be role models at different dates and trainings. The participants and trainers were surprised when breastmilk dripped from these grandmothers. We also demonstrated how to express breastmilk and indicated its lifespan in tropical climate.

According to the grandmothers, they volunteered to re-affirm that what they are doing is okay. We saluted them for being modern heroines in supporting their daughters who are working in factories, call centres and offices.

In some cities, the lactating Grandmas-Peer Counsellors became the role model in mentoring mothers in the communities. One Grandmother wet-nursed triplets and this was documented by our top tv show, Groovy Grandma.

Ma. Ines Av. Fernandez has pioneered the breastfeeding movement in the Philippines since 1981. She has trained thousands of Mothers as breastfeeding counselors and hundreds are now Lactation Massage Specialists. She has organised mother support groups in every community training, running three generations. The Breastfeeding guru is a grandmother while the breastfeeding baby is a breastfeeding Trainer on the WHO and UNICEF funded projects on Peer Counseling Training and Mentoring and Relactation.

Email: innes.sea@gmail.com

Arugaan developed Pantomime Moms as an advocacy tool showcasing information and issues as entertainment to protect breastfeeding from the marketing of milk companies. The Milk Code law was co-authored by the Arugaan mother support group. The group started as Bunso meaning "save the youngest" but in 1989 it became Arugaan group meaning to nurture with lifetime commitment. Arugaan spearheaded breastfeeding support and a ten-hour creche at the workplace for working mothers. Its signature program is "let's eat, learn and play" integrating early childhood education, nurturing care and indigenous foods for babies and young children. Recently, Arugaan launched "Healthy Moms Meals on Wheels" livelihood for mothers.

BREASTFEEDING, HIV and AIDS

32. Understanding International Policy on HIV and Breastfeeding:

Pamela Morrison, UK

WABA marked World AIDS Day in December 2012 with a new Comprehensive Resource entitled "Understanding International Policy on HIV and Breastfeeding" which can be downloaded at www.waba.org.my/whatwedo/hcp/ihiv.htm#kit or at www.hivbreastfeeding.org

The Resource sets out why breastfeeding in the context of HIV has never been as safe as it is today. HIV-positive mothers who receive effective Antiretroviral drugs (ARVs) protecting their own health sufficiently to result in a near-normal life-span, can also expect that the risk of transmission of HIV to their babies during pregnancy, birth, and throughout the recommended period of breastfeeding, can be close to zero. As a consequence, today's HIV-positive mothers are enabled to avoid both the stigma and the risks of formula-feeding because current HIV and infant feeding guidance is once again more closely aligned to WHO recommendations for their uninfected counterparts, in place over the last decade: exclusive breastfeeding for 6 months and continued breastfeeding with the introduction of age-appropriate complementary feeding for up to 2 years or beyond.

With appropriate ARV treatment, it is recommended that HIV-positive mothers breastfeed until their babies are 12 months of age. Updated programmatic advice issued in 2012 clarifies many previously perceived ambiguities. Rather than different ARV regimens being decided on the basis of an individual mother's disease progression, a clear recommendation is now made for ARVs for all HIV-positive pregnant women from first diagnosis, and continued for life. Drug therapy for 13-16 weeks and continued throughout lactation and beyond, can lower an infected mother's viral load to undetectable, not only protecting her own health and survival, but also reducing to virtually zero the risk of her baby acquiring HIV through her breastmilk.

Fully referenced throughout, the WABA Resource's six sections clarify many past misconceptions by helping to explain how they came about. They review past and current research on transmission of the virus through breastfeeding, outline current policy and counselling recommendations and list easily accessed informational and training materials. It is hoped that this tool will enable all who work with HIV-positive mothers to confidently endorse current HIV and breastfeeding recommendations so that each individual child's chance to survive and thrive can be maximised.

Lastly, up to date research has enabled countries as diverse as South Africa, the United Kingdom and most recently the USA, to develop national HIV and infant feeding guidance documents which effectively permit breastfeeding by all mothers, regardless of their HIV-status.

References:

American Academy of Pediatrics, Committee on Pediatric AIDS, Infant feeding and transmission of HIV in the United States, Pediatrics, DOI: 10.1542/peds.2012-3543, 28 Jan 2013

Available at <http://pediatrics.aappublications.org/content/early/2013/01/23/peds.2012-3543.full.pdf+html>

British HIV Association and Children's HIV Association position statement on infant feeding in the UK 2011. GP Taylor, J Anderson, P Clayden, BG Gazzard, J Fortin, J Kennedy, L Lazarus, M-L Newell, B Osoro, S Sellers, PA Tookey, G Tudor-Williams, A Williams,†, A de Ruitter for the BHIVA/CHIVA Guidelines Writing Group, Article first published online: HIV Medicine, 21 MAR 2011, DOI: 10.1111/j.1468-1293.2011.00918.x

Shapiro RL, Hughes MD, Ogwu A, Kitch D, Lockman S, Moffat C, Makhema J, Moyo S, Thior I, McIntosh K, van Widenfelt E, Leidner J, Powis K, Asmelash A, Tumbare E, Zwierski S, Sharma U, Handelsman E, Mburu K, Jayeoba O, Moko E, Souda S, Lubega E, Akhtar M, Wester C, Tuomola R, Snowden W, Martinez-Tristani M, Mazhani L and Essex M. Antiretroviral Regimens in Pregnancy and Breast-Feeding in Botswana. New England Journal of Medicine 2010;362:2282-94. Available at <http://content.nejm.org/cgi/rechprint/362/24/2282.pdf>

WABA's International Policy on HIV and Breastfeeding: a Comprehensive Resource, released 3 December 2012, see <http://www.waba.org.my/whatwedo/hcp/ihiv.htm#kit>. <http://www.hivbreastfeeding.org>

Pamela Morrison, IBCLC, served as an accredited La Leche League Leader in Harare, Zimbabwe, from 1987 to 1997. In 1990 she became the first International Board Certified Lactation Consultant in Zimbabwe, where she worked in private practice until 2003, before moving to Australia and then to England. She served as Co-coordinator of the WABA Breastfeeding and HIV Task Force from 2005 until February 2009 and worked with WABA colleagues on the documents comprising WABA's International Policy on HIV and Breastfeeding: a Comprehensive Resource. Pamela continues to write and speak for breastfeeding in the presence of HIV and on the baby's right to be breastfed. Email: pamelamorrisonibclc@gmail.com

WEBSITES AND ANNOUNCEMENTS

33. Check out these Websites

http://www.huffingtonpost.com/2013/01/13/breastfeeding-mothers-protest-costa-rica-mall_n_2465529.html?utm_hp_ref=fb&src=sp&comm_ref=false

Breastfeeding Moms Hold Nurse-In Protest At Costa Rican Mall resulting in President Laura Chinchilla admonishing Lincoln Plaza's managers, saying interfering with breastfeeding in public was unjust and stressing that the provision of lactation rooms is only "so that women have an alternative location" to breastfeed if they wish.

<http://bfnews.blogspot.fr/2012/11/world-health-organization-sells-out-to.html>

http://www.aliveandthrive.org/VN-TV-spot-no-water?utm_source=Copy+of+Copy+of+LESS+GUESS+Blog+-+FHI360+-+01%2F17%2F13-FINAL&utm_campaign=Research+to+Action+case+study&utm_medium=email

Vietnam TV Spot: No water, feed only breastmilk for first 6 months with subtitles in English

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

Why Breastfeed?

Dr. Jack Newman interviewed during the Cappa Conference in Kansas City, USA. He spoke on why it is better to start breastfeeding than to start bottle-feeding.

http://www.ilbreastfeedingblueprint.org/pages/download_toolkit/80.php

<http://www.youtube.com/watch?v=ZgmbJso-2-o>

Breastfeeding Commercial by Luvs

Luvs is a brand of disposable diapers by Procter & Gamble.

The video shows a mother at a restaurant nursing her first baby. Then she is shown nursing her second child. See the difference and the confidence the mother shows.

<http://lactationmatters.org/2012/06/19/great-breastfeeding-blogs-to-read/>

<http://www.youtube.com/watch?v=CDQ8wOvNXIE&list=PLdvavEd0TC-lwv722pFPKHbUb8rAE958g>

You Won't Regret It -

This celebrity-packed exploration of the choice of breastfeeding is an ideal video for any public event. A must-see for its entertainment value alone, this fast-paced video shares laughs, facts, personal thoughts, song and passion. As a group of celebrities begin by discussing the benefits of formula feeding, the conversation quickly twists. In the end, all agree, breastfeeding is the one parenting choice you won't regret.

<http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF>

Superfood for Babies- How overcoming barriers to breastfeeding will save children's lives by Save the Children

34. Announcements: Past and Future Events

14 February 2013: 22nd Anniversary of WABA

6 March 2013: IBCLC Day "*Connect with IBCLCs, the Experts in Breastfeeding Care*"

<http://www.ilca.org/i4a/pages/index.cfm?pageid=3304>

8 March 2013: International Women's Day. In conjunction with the Day, WABA presents its statement on the theme "The Gender Agenda: Gaining Momentum". For the full statement see

<http://waba.org.my/pdf/st-iwd2013.pdf>

International Women's Day (IWD) is an opportunity to reflect on the importance of supporting mothers who increasingly work both at home and elsewhere, in formal and informal sectors. In some instances mothers are the main breadwinner of the family.

- 6 March – 6 April 2013:** lactation On-line Breastfeeding Conference *Breastmilk Power! Premies, priorities and practice*
- 29 March 2013:** Journée Internationale de l'Allaitement (JIA) 2013 – International Breastfeeding Day 2013
BREASTFEEDING: let's build the future! Cité des sciences et de l'industrie, Paris, France
<http://www.illfrance.org/Evenements-Manifestations/Journee-Internationale-de-l-Allaitement-JIA-2013-International-Breastfeeding-Day-2013.html>
- 5 April 2013:** WBW photo contest deadline. See <http://www.worldbreastfeedingweek.org/> for more information.
All entries must be submitted by 5 April 2013 to: wbw@waba.org.my
- 7 April 2013:** World Health Day, Hypertension. See joint statement by LLLI and WABA www.waba.org.my
- 14 April 2013** – Welcome Reception and Optional Supplementary Session, *Guidance on Implementing Effective Programs to Prevent Pre-Eclampsia and Eclampsia and Anemia to Improve Maternal and Newborn Outcomes*.
For further information see – <http://newborn2013.com/en/home>
- 15–18 April 2013:** 2013 Global Newborn Health Conference, *Accelerating the Scale-up of Maternal and Newborn Health Interventions to Reduce Mortality*, Johannesburg, South Africa
- 26–28 April 2013:** LLL New Zealand Conference 2013 – *Breastfeeding: Establishing Identity*
For more information see <http://lalecheleague.org.nz/news-a-events/lllnz-conference-2013>
- 3-5 May 2013:** United States Lactation Consultant Association (USLCA) 1st National Conference, *Gateway to Excellence*, St. Louis, Missouri, USA. For further information email info@uslca.org
- 12 May – 16 June 2013:** iMothering Talks, Talks on-line. www.iMothering.com
iMothering is a new concept created for mothers by mothers
- 28–30 May 2013:** The 3rd Global Conference, Women Deliver 2013, Kuala Lumpur, Malaysia. For further information see <http://www.cvent.com/events/women-deliver-2013-conference-registration/event-summary-ccfb71484fb4492da451fabcc2679863.aspx>
- 15 June 2013:** 8th Annual National Fatherhood Conference, Redwood City, California, USA
register@daddyuniv.com <http://daddyuniv.com/>
- 18 –19 June 2013:** Puerto Rico San Juan Inaugural Caribbean Regional – Fatherhood and Healthy Families Institute, Father and Families Coalition of America
- 1–7 August 2013:** World Breastfeeding Week – *Breastfeeding Support: Close to Mothers*
- 8–9 August 2013:** Reaching our Sisters Everywhere (ROSE) is having their 2013 Breastfeeding Summit *Organizing for Action* in Atlanta. <http://www.breastfeedingrose.org/>
- 11–23 November 2013:** A Regional Outreach Course by the Infant Feeding Consortium, United Kingdom, and WABA, Penang, Malaysia. To know more about the course, please contact WABA at info@waba.org.my

35. To Remember

Dr. Elizabeth Coryllos: Juanita Jauer Steichen, France

Dr. Elizabeth Coryllos, pioneer in infant tongue-tie research, staunch breastfeeding advocate and a wonderful human being, passed away on March 6, 2013. Thank you, Betty, for all that you gave to us, we will miss you. Deepest condolences to the family.

<http://www.legacy.com/obituaries/nytimes/obituary.aspx?n=elizabeth-c-lardi&pid=163515126>

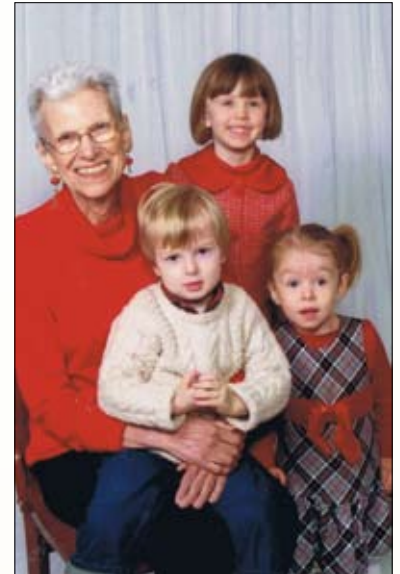
Following is a quote from the obituary:

"As a mother, Elizabeth treated every child in the way she would hope another doctor would treat her own. Elizabeth lived her personal life as passionately as her professional life. She was a daughter, wife, mother, grandmother, cousin, friend, role model, a reason to believe that nothing is impossible, a symbol of hope and encouragement, and so much more. She lived her life to help others and have a great time in the process. Whenever cautioned that a planned new challenge would overtax her capacities, Elizabeth would quote her idol, Joan of Arc, and say, "I'm not afraid, I was born to do this."

Sally Murphy: Judy Torgus, USA

Sally Murphy passed away on January 23, 2013. Sally became an LLL Leader in 1970, when her younger daughter was 3. She led meetings in Westchester, Illinois and worked as a volunteer doing Public Relations for several LLLI Conferences and then she worked on the LLLI office staff for almost 30 years. She was an Assistant to the Executive Director, Publications Director, Manager of Customer Service, and worked again with LLLI Conferences as an Associate Director in the Education Department. She was thrilled to become a grandmother at the age of 72, and spent as much time as possible with Emma, Morgan, and Jack, even though they lived out of state. Besides being a long-time Breastfeeding Advocate, Sally was a very special friend of mine. And I know she was a very special friend to many, many others.

Sally had a way of making everyone feel special and everyone enjoyed being with her. She had a unique ability to inspire others to succeed. Sally was always eager to see new places and try new things, besides being a wonderful travel companion. We worked together for many years and we enjoyed movies, plays, dinners, weddings, picnics, lunches, and other events. We shared in a full range of life events together. Sally was a wonderful friend for more than 30 years. I will always miss her but I will treasure the memories of all the good times we had together.



Sally with her grandchildren.

NEWSLETTER INFORMATION

36. Submission of Articles and Next Issue

We welcome articles of interest for this newsletter which may be any actions taken, specific work done, investigations and projects carried out from different perspectives and from different parts of the world which have provided support to women in their role as breastfeeding mothers. We are interested in articles that support GIMS for Breastfeeding and that address support from fathers, children and grandparents.

The guidelines for contributing an article are as follows:

Up to, but not exceeding 250 words.

Name, Title, Address, and e-mail of the author

Affiliation

Brief biography (5-10 lines)

Web site (if available)

Please be specific in including details where relevant: names of places, persons and exact dates.

If there is a lot of information, please write a summary of 250 words or less, provide a website url or link for readers to access the full report or article.

37. How to Subscribe/ Unsubscribe to the Newsletter

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

For further information, please write to: Pushpa Panadam pushpapanadam@yahoo.com and Rebecca Magalhães beckyann1939@yahoo.com

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

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003 and the newsletter is entering its 9th full year. The first eight issues of the newsletter were published in three languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005. The Arabic newsletter was started in 2011.

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

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

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

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



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

WABA, PO Box 1200, 10850 Penang, Malaysia • Tel: 604-658 4816 • Fax: 604-657 2655

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

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

Website: www.waba.org.my

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

*Breast Milk: liquid gold
with love vibrations!*