

# Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION

## Volume 12 Number 1

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

## April 2014

<http://www.waba.org.my/whatwedo/gims/english.htm>  
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*Breastfeeding Carnival in  
Rio de Janeiro, Brasil  
Photo courtesy of Amigas do Peito*

*When we as a society begin to value mothers  
as the givers and supporters of life, then we will see  
social change in ways that matter.*

– Ina May Gaskin

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**MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION****1. Follow Up on Emergencies**

**Anne Batterjee, WABA MSTF Coordinator**

Every natural disaster or terrible emergency that affects an area of the world's population draws our immediate attention. Over time, however, the urgency fades and our attention diverts to other topics of interest. Often, we fail to realize that the truly hard struggle is not the immediate response to a crisis but rather the desperate hard work of those on the ground who face the continuing challenge of rebuilding and supporting the victims through the long process of returning to normality.

Recently, I received a mass email from a Charity organization asking for donations. What caught my attention was the fact that they used their donations to provide food support to Filipino communities devastated by the Typhoon Yolanda/Haiyan.

*Communities reduced to rubble, people cut off from relief and thousands left with nothing.*



*Anibong, Tacloban*



*Anibong, Tacloban*

I was surprised by the request for support because I had been following communication from those working to support mothers to breastfeed and knew that they were struggling to help in the face of free foods being distributed. I looked through the organization's policies to see if there was anything on breastfeeding support, but found little on active support. When artificial foods are given out in emergencies it provides only temporary relief. Helping mothers to continue breastfeeding and supporting women to lactate or relactate provides a more permanent solution regardless of the time needed to recover. Otherwise, when the food or the money runs out, people are left to struggle again. I decided to find out from my friend, Ines Fernandes and her team, The Arugaan BEST, how they managed during the aftermath of the typhoon disaster. She kindly submitted the following report and pictures.

*Arugaan Services, Counseling and Hotmeals,  
Astrodome, Tacloban.*



The Arugaan BEST is a breastfeeding expert support team of 29 members of which 28 are breastfeeding counselors and one a professional documenter-photographer. Tasked with covering a large geographical area, the team set up Breastfeeding Tents in evacuation sites and wherever they could access a large number of mothers. In the mobile breastfeeding tents, breastfeeding counseling would take place in clusters of 3 – 5 mothers with their babies. The team also provided breastfeeding tips for pregnant women to a maximum of 6 mothers in a cluster group. The Breastfeeding Counseling sessions covered a minimum of 20 minutes per grouping simultaneously with other mother clusters and counselors.



*Julita, Leyte.*

The goal for pregnant women was to prepare them for birth and to encourage positive breastfeeding behaviors. Part of the breastfeeding support also included information on how to prepare cooked hot meals using indigenous foods and nutritious soup for mothers and their older children. Fathers and grandparents were also included in cases where infants had lost their mothers.

Many of the surviving families who, earlier on, were crammed into evacuation centers resettled in their respective communities. Thus, the Arugaan BESTeam decided to continue their support by journeying to nearby municipalities that suffered the most severe damage from the typhoon. Five teams journeyed in rented jeeps to provide breastfeeding counseling intervention for those most likely to still need immediate attention. They sought out mothers with babies, as well as pregnant women in every home in each community they came to along the coastal shores. This took place especially in areas where devastation was clearly visible. They continued with their work despite exhaustion and the psychological stress of what they saw.



*Sirum, Basey, Samar.*

The Arugaan BESTeam truly are the people who need and deserve full support of every kind.

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 Anne Batterjee, Coordinator  
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## 2. MSTF Update

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

How have you and I from our respective corners of the world provided information and support, creating awareness of breastfeeding and infant and young child feeding – within our family members and neighborhoods, our communities, in our countries, to help achieve the Millennium Goals?

Let us celebrate our passion in supporting mothers, babies and families by creating greater awareness during this year's World Breastfeeding Week 2014. The theme for this year is Breastfeeding: A Winning Goal for Life! For further information and action or activity ideas, see [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org) Share your plans with WABA and be supported with information and connect with others around the world. If you have not started planning, now is a good time to begin.

Mothers, pregnant women, family members need to know where breastfeeding help is available. Find ways to help by making this information readily available – on websites, through communication media, pamphlets and posters with your contact information available at hospitals, clinics, health centers, schools etc. You can also check out WABA's E-map <http://www.waba.org.my/whatwedo/gims/emap.htm> to see if your group appears on the map. If not, please write to us so that we can help you and your group to be a part of the E-map family.

If you train Peer Counselors for mother support, your group should also be available on the E-map. This will provide information to those interested in being trained as peer counselors. It can also connect you and your group with others who are doing similar work. Connect and be connected now. For further information, please email [annebatterjee@gmail.com](mailto:annebatterjee@gmail.com), [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com) or [beckyann39@yahoo.com](mailto:beckyann39@yahoo.com)

## MOTHER SUPPORT FROM DIFFERENT SOURCES

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### 3. After a Breastfeeding “Train Wreck”

Rebecca Ruhlen, USA

**B**reastfeeding can be, and often is, a lovely and rewarding experience, but it is also true that breastfeeding sometimes goes badly wrong. When mothers end up weaning much sooner than they had planned, they may be left with very negative feelings about breastfeeding – and even about those who tried the most to help them: lactation consultants and other breastfeeding supporters. Why is this?

Partly, it’s because today’s mothers are falling through a large gap between breastfeeding advocacy (“Thou shalt breastfeed for the following indisputable reasons...”) and breastfeeding know-how (“Here is the information and support, tailored to your specific situation, that will allow you to breastfeed successfully and happily...”)

Instead, mothers are typically surrounded by outdated information and non-evidence-based, damaging advice, even from their trusted healthcare providers. Mothers often must unlearn things they’ve heard or read before they can learn how to make breastfeeding work for them. Sometimes they can’t.

When one is promised rainbows and unicorns and instead receives anxiety, pain, and disappointment, it is inevitable and normal to feel profoundly betrayed and angry. But why blame the breastfeeding helpers? Sadly, our formula-feeding culture positions breastfeeding experts as the apparently responsible party for all breastfeeding troubles -- including those troubles that aren’t really about breastfeeding but are instead about how hard our culture makes it to breastfeed for any length of time. Many mothers remain blind to the harsh reality that their breastfeeding experience has been sabotaged long before they see a skilled breastfeeding helper for the first time. When the IBCLC (International Board Certified Lactation Consultant) or volunteer breastfeeding supporter cannot wave a magic wand to reverse the train wreck of their breastfeeding relationship, mothers may wean and then blame the breastfeeding experts for the whole disaster.

However, this is not the only reason a mother may carry resentment from her encounters with breastfeeding supporters. It is an unfortunate fact that some breastfeeding “experts” are not helpful in supporting women through breastfeeding challenges. Some allow their passionate advocacy to override their sensitivity for a mother’s suffering. Some are not mindful of how difficult their advice may be to implement in a particular mother’s life situation. Some are just badly trained and inept.

There tends to be widespread confusion about what a breastfeeding expert is. There are too many credentials with misleadingly similar acronyms. I’ve heard mothers blame an entire organization for something that another mother (not a trained volunteer) said at a meeting or online. Likewise, a mother may believe that she’s “tried seeing an LC (Lactation Consultant)” when her hospital doesn’t actually employ any IBCLCs, but instead has a few nurses with minimal, outdated training in basic breastfeeding support.

How can a breastfeeding advocate or supporter best respond to a mother who is expressing outright loathing for breastfeeding helpers? It depends on the context, but if I have a conversation with a mother who has already weaned and is clearly trying to process and emotionally resolve her traumatic, disappointing breastfeeding experience, I’ve learned to recognize that my role at that moment is not to defend breastfeeding or the people who tried to help her. Rather, I might say things like:

“I’m so sorry that you had such a difficult and disappointing experience; it’s no wonder you still feel angry about how things went.”

“In my experience, very few women can breastfeed for very long without good information and support. It sounds to me like you had neither.”

“When breastfeeding is going well, it can be amazing and wonderful, but when it’s going badly, it can be sheer hell.”

"It sounds like you tried really hard and did your best with a really difficult situation. I'm so sorry things didn't work out the way you had hoped they would. If you ever have another baby and want to breastfeed, I think there's a good chance that it might go differently if only you can get better information and support when you need it. I'd be very happy to talk with you further about this if you're ever interested."

In short: compassion, compassion, compassion.

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Breastfeeding USA December 2013, Volume 3 Issue 8. The article is published with permission from the author, Rebecca Ruhlen, Breastfeeding Counselor and Breastfeeding USA Horizon.

#### **4. Kangaroo Mother Care Support Group**

**Washiela Fredericks, South Africa**

My Kangaroo Mother Care (KMC) support group for mothers with premature babies has been operating for the past eight weeks. The support group meets on Mondays at 10.30 am, at Vanguard Maternity Obstetrics Unit (MOU), Cape Town, South Africa.

Initially, we started with four mothers and have now grown to twelve mothers. The group consists of mothers who are exclusively breastfeeding. One mother is HIV positive and she pasteurises her expressed milk. The mothers and babies in the group are doing very well and the babies are gaining weight on a weekly basis. One particular mother who gave birth to her baby the end of December, 2013, came to the MOU for a check-up with her baby always wrapped in a blanket and this baby was not gaining weight at all. I counselled her on the benefits of skin to skin but I could see she did not believe me. This mother then joined the group and was encouraged by other mothers to do skin to skin.

To my surprise, on the following Monday she came with her baby to the KMC support group. The baby had gained weight and filled out; the skin had lost its shallow pallor and the baby looked the picture of health. That mother went on to be my best ally. Every week, she would show her baby to the new mothers and very proudly say she did not believe a word of what I had told her until she joined the support group and saw what it did for her baby.

I believe these mothers benefit from our weekly meetings and seem to be more confident that KMC is the best for their premies (premature babies).

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**Washiela Fredericks** is a South African Peer Counselor. She was trained by La Leche League of South Africa.

*The Editors would like to thank Sophia Blows of LLL South Africa Peer Counseling Program Coordinator, for submitting this article.*

#### **5. A Lack in Educational Experience in Breastfeeding**

**Maria Lucia Futuro, Brasil**

There are many opportunities to experience breastfeeding in families. Other possibilities for (breastfeeding) contact are found in volunteer activities in support groups, professional activities, meetings and projects for development of techniques, and research that defends the act of breastfeeding.

In the last 30 years I have observed a great increase in the number of mothers involved and searching for better ways to raise their children, a commitment by professionals from different areas who support, promote and protect breastfeeding, as well as initiatives that bring breastfeeding to the fore (e.g. campaigns, World Breastfeeding Week, joint efforts in favor of breastfeeding and infant feeding). A lot has been invested in the education and training of adults to support the breastfeeding mother and other initiatives that involve adolescents and children. However, there still remains a gap in the contact with small children, especially those who do not have breastfed siblings, or those that have had no contact with breastfeeding. Most toys do not represent the "relationship" of mother / baby and instead present go-between objects (pacifiers, bottles) as necessary for the relationship.

Preparing educators to include breastfeeding as a daily “practice” not just as logical, but necessary for child development, is still timely. Proposing the idea of including the act of breastfeeding as play, or including breastfeeding in games of playing house, to daycare centers, schools, and child spaces, still surprises parents and teachers. However, playing with pacifiers and reading books with bottles are such a part of everyday life that they are being incorporated into the lives of infants and families.

To bring the aspect of our mammal nature into play and fun, as much in the home as well as the living spaces of a child’s life, has been a timid, personal and still new initiative. In all mothers’ groups this need is clear. Breastfeeding mothers are an example and an incentive for their children to include breastfeeding in their play. Unquestionably important is the establishment of the (breastfeeding) practice in childhood experiences, yet I believe that it is not enough to increase it socially. Reaching a child who has had no opportunity to at least see a baby being breastfed, can make a huge difference. In 1994, a group of mothers (Amigas do Peito), decided to expand their family experiences to reach children in planned events. It took a year to elaborate the project, another year to secure space for a pilot project and the trial runs of the experience were carried out in 1996, 1997 and 1998 and expanded in two more in 2000. The results came somewhat faster than we thought they would, as children captured and reproduced the concept through play, drama and fantasy.

At the beginning of the experiment, I took a course in Education and Public Health to gain experience and to get the feel of the project in terms of theory and on how to evaluate the validity of the initiative. Later, the initiative took the form of brief workshops and a new course in Educational Play was started. A broader view, inclusion in the context of proposals for childhood, the Millennium Development Goals and the importance of including the project in the spirit of proposals for the future of knowledge as mentioned by Morin (Dr. Edgar Morin\*), and many other fundamental ideas make me think that there is still much to do. The book I wrote on the subject is just crawling in that direction.

To foster collaboration of educators and thinkers to develop a comprehensive project that takes advantage of previous experiences, to deepen the subject and to think of a strategy for implementing these ideas, makes me excited. Here is my invitation. The offer is on the table. Who’s with me? Whoever calls me I will (take it up)!! For anyone who is interested in the book “**Brincar para amamentar.... O conceito lúdico da amamentação e a importância da sua cultura para a família, as sociedades e o planeta** (Play to breastfeed .... The concept of play in breastfeeding and the importance of its culture in a family, society and the planet)”. It is available on the website [www.livrosilimitados.com.br](http://www.livrosilimitados.com.br).

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**Maria Lúcia Futuro Mühlbauer**, mother to 5 adult breastfed children and grandmother to José and Francisco. Amigas do Peito member since 1984, member of IBFAN Brasil since 1987, Specialist in Education through Play and author of children’s books.

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\* Dr. Edgar Morin is an eminent sociologist and philosopher known for his *Seven Complex Lessons for the Education of the Future*

## 6. Currently Drinking Life-Giving Donor Milk... Expressions, Milk Matters’ Newsletter

Imagine having a baby of only 850g (1 lb.9 oz.) at 27 weeks gestation – yes, 13 weeks too soon! And so very tiny.

That is scary enough by itself, but imagine what it is like for a mother in that situation who has had a heart transplant and is on medication that is severely contraindicated for breastfeeding. Her baby needs breastmilk for survival and yet she herself needs to take her medication for survival – what does she do?



A Cape Town (South Africa) mother faced this very dilemma recently. This mother, under close supervision of her doctors, came off her medication for a couple of weeks so she could provide expressed breastmilk for her baby. However, she was not coping without her medication which is needed to prevent rejection of her heart. Reluctantly, she started the medication again.

To her great relief, she was told her baby could remain breastmilk fed – he could have donor milk. This baby is currently receiving donor milk and is growing beautifully. He now weighs 1,220g (2 lbs. 7 oz.) and is not on any medication.

If you are donating milk at the moment, thank you. Your milk could be feeding this baby and giving his mother peace of mind as she takes her own life-saving medication.

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The above article is from *Expressions: Milk Matters' Newsletter February 2014*.

**Milk Matters** is very much a community enterprise, run by four lactation consultants and one part-time co-ordinator. Our slogan, "Mothers Expressing for Others", alludes to the fact that, without community involvement in various forms, including the generous donor mothers, there could be no milk bank.

To receive the newsletter please email [info@milkmatter.org](mailto:info@milkmatter.org) website: <http://www.milkmatters.org>

## 7. Experiences from Brasil: Human Milk Banks Promote and Support Breastfeeding

### Manaus, Amazonas (AM): Ivone Amazonas Marques Abolnik

The Municipal Secretary of Health in Manaus through DAP (Departamento de Atenção Básica or Department of Basic Care) and USB (Basic Health Unit) Maria Ida Mentoni of Rede Amamenta Brasil (Breastfeeding Network Brasil), provides relaxation exercises for mothers and babies with Shantala Massage, carried out by community massage therapists. On World Health Day we got the inspiration to bring this simple and effective technique to the general public. The USB provides this as a routine service during conversations with pregnant and nursing mothers. The main objective is to help relieve the babies of colic through relaxation. Those who benefit are the mothers, fathers, babies and the general public. About 15 mothers and babies participate each time (twice a week). This action is coordinated by a nurse and a social worker. The major impact is that the babies are calm and comfortable before and after breastfeeding and are consequently relieved from colic.

*Shantala Massage for the babies before breastfeeding in the participation of the parents in UBS in Manaus.*



### Porto Alegre, Rio Grande do Sul (RS): Eliana Machado

A "Sunday of the Baby" in Porto Alegre is an event with mothers, babies and families of the community and a group of pregnant women and breastfeeding mothers, as well health professionals and hosts – about 30 participants. During the event mothers breastfed their babies in a cozy corner, comfortably seated on a pelego (a sheepskin or lambskin rug with natural fur), typical gaúcho style! Some used the fichu, a kind of gaúcho shawl used by women, while breastfeeding. The idea was launched at the WBW 2012 State Seminar and had the support of many local entities. Educative materials, copies of the booklet "Piá Benício, with all milk", were distributed.

*Group of mothers breastfeeding in a cozy corner during a "Sunday of the Baby" in Porto Alegre.*



**Editors' Note:** We would like to thank Paula Marroquim, Brasil, for providing the additional information below.



*Pelego* is a kind of lamb rug to put children on, to get warm or to anyone to sit and be rested. In the State of Rio Grande do Sul (Porto Alegre is its capital) they are very traditional, so they carry these rugs everywhere to be more comfortable holding their babies. They can be made of sheep/lamb skin with natural hair.

*Gaúcho* refers to people from Porto Alegre – cowboys from Southern Brasil. They usually are from small farms, follow local traditions and wear typical clothes. The men work in the field for weeks feeding cattle.

*Fichu* is a shawl, part of the traditional costumes worn by women from Rio Grande do Sul, Brasil. Fichus can be very long and used as a scarf. It is warm and used in winter or to cover the chest.

#### **Sorocaba, São Paulo (SP): Cláudia Godim**

The Model Hospital – Intermedical Health System of Sorocaba, which was certified as a Baby Friendly Hospital in 2010, has an open door clinic where scheduling appointments only exists with the doctor once a week. Without scheduling, the hospital receives the whole family and normally the woman usually brings along a family member who has difficulty in understanding why breastfeeding is important. The idea is to disseminate breastfeeding through the families!



*Mothers with their babies, husbands, partners in a support group at the Model Hospital – Intermédica Sistema de Saúde de Sorocaba.*

#### **Vitória, Espírito Santo (ES): Maria das Graças B. Amorim**

The USF (Family Health Unit) Consolidação in Vitória started a group for pregnant women as a strategy for working on the mother-baby relationship during pregnancy, strengthening the bond and working on the importance of integral care for the baby. This activity has existed for 5 years and since 2010, a course was developed with the objective of facilitating the participation of pregnant women in prenatal monitoring in UBS.

There are three courses per year, lasting 2 months with weekly meetings. The topics addressed are breastfeeding, visits to the Human Milk Bank of the Hospital of Clinicas (University Hospital), care of the baby, oral healthcare of mothers, rights of pregnant women and the babies, visits to the referral maternity of the municipality of reference (PRÓ MATRE), work with breathing and relaxation. All the modules end with a layette workshop where the mothers make clothes for their babies. A group of 15 pregnant women participate in each session. Each week, a professional is responsible for the module. In this way, doctors, nurses, social workers, dentists, and community health agents participate. The course provides a greater closeness of the team to the participants who then access the available USF services with more frequency.

More than 80% of the pregnant women who took the course breastfed their children exclusively for six months!



*Weekly Meeting Breastfeeding Group for pregnant women: In the USF in Vitória where the main objective is to work at Relaxation of mother and baby during pregnancy.*

*All the modules for the pregnant women's group in the USF include a workshop where mothers sew clothes for the baby.*



The above articles were submitted by Regina da Silva of Belo Horizonte, Brasil. Additional articles on Human Milk Banks and Breastfeeding Support in Brasil appeared in V11N2 of the MSTF E-Newsletter.

## MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

### 8. She did the Breast Crawl Stevie Baker, Canada

On June 27<sup>th</sup>, 2013, at 12:53pm my daughter (Stella) was born. She was not born the way I wanted her to be, but the way many babies are: via c-section. We had planned a water birth, at home, for Stella, but as my due date approached she remained breech. Two days before her birth, we learned that she was a footling breech and were told we would need to go in for a c-section. Though devastated by losing out on the natural birth I wanted her to have, I thought, *“At least she will go on my chest right away, she can do a breast crawl, she can breastfeed.”*



When Stella was born, she was floppy. She wasn't breathing well on her own and had had her cord wrapped around her neck twice and her shoulder once. She was whisked off to the resuscitation room while I was stitched up. My husband went with Stella and I went to recovery.

After two hours in the recovery room, I was going to be moved to the mom and baby ward. Before they took me up, I was taken to the resuscitation room. They put Stella skin to skin on my chest and to everyone's surprise she slowly wiggled her way down to my breast to latch on. I had read previously that it was unlikely a baby would do a breast crawl unless they were placed on the chest immediately after birth and it was something I was so excited to experience. I was so delighted that she seemed interested in eating and it felt like she had a good strong latch.

Unfortunately, this ease of breastfeeding didn't last. I wasn't able to see Stella again for ten hours. I pumped a very small amount of colostrum, which my husband ran down to the Neonatal Intensive Care Unit (NICU). He did this a number of times.

My milk did not fully come in until about day 10 and even then it was minimal. Soon, I was taking Fenugreek and Blessed Thistle. When I was finally diagnosed as having Insufficient Glandular Tissue I started taking domperidone. I was taking 40 pills a day and still unable to exclusively breastfeed. I learned how to feed with an SNS (Supplemental Nursing System) and was supplementing with formula (a friend described it to be as the modern wet nurse). I remained hopeful that I would eventually exclusively breastfeed, but I was never able to. At 8 months old, my daughter still breastfeeds each time she eats before she has her bottle. I estimate she gets about an ounce of breast milk per feeding.

Though Stella's birth and our breastfeeding experience were not what I had planned on, or looked forward to, I still think back to that moment when I realized she was doing a breast crawl. I remember my wonder at nature and evolution. I was amazed that my daughter and I were so in tune immediately. We were so bonded in that moment, so at peace and the world was our oyster.

Stevie Baker, Toronto, Ontario, Canada  
Email: [stevie.baker@gmail.com](mailto:stevie.baker@gmail.com)

## 9. My Postnatal Experience: to My family with Love

Melissa Codina, Argentina

My son Federico arrived 3 weeks before the expected due date by cesarean which took us by surprise. But nature is wise and the bond that I formed with him was immediate: as soon as he was in contact with my breast, we fused in a physical, emotional and psychological dyad, which was the most wonderful thing that I have experienced in my life, as well as the most fulfilling.

From one day to the next, I found in my arms a really small human being who depended on me one hundred percent, and to sustain, protect and feed constantly, I had to set aside my most basic needs.

As I could not take care of anything else apart from the baby, it was necessary that other people took care of these things for me. It became essential to depend on all the help I could receive. And fortunately I had help.

Alejandro, my husband, became an attentive binomial satellite, participating intensely and actively in stimulating and caring daily for our son. His love and his protection were fundamental pillars of my success as a mother.

My mother and my sister were always with me, showing love and respect. They “mothered” me in my vulnerability.

My mother-in-law, a mother experienced in breastfeeding, helped me in establishing breastfeeding, saving me from pain and frustrations in this pleasurable, vital, and amazing bond that I was developing with my son.

It is thanks to them that I could provide the time needed to emerge myself without pressure in this gigantic uterus my house had transformed to since the arrival of Federico.

I feel that my postnatal period was unique in that I gave myself totally to the bonding of my baby who became the axis of my life. And the best gift that I received from those around me was and is the support and the help I need to fully enjoy this time.

-----  
Melisa Codina, Daughter-in-law to Monica Tesone, LLL Leader in Argentina  
Email: melisacodina@gmail.com

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

### FATHER SUPPORT

## 10. An Open Letter to Partners: Sarah McCall, USA

*Dear Partner,*

*You may be wondering, “What is breastfeeding going to mean for me?” It’s a valid question! While a partner is not required, a supportive partner can be a key element in helping the mother to breastfeed.*

*Mother and baby may be the stars of the breastfeeding show, but partners play a major supporting role. Some partners are worried that they won’t bond as well with the baby because they can’t be directly involved in feeding. Some feel a little jealousy over the unique*



relationship shared by the mother and child (Jordan & Wall, 1990). They are afraid that the only time they'll get to interact with the baby is during diaper changing. An informal poll on a breastfeeding support group's Facebook page revealed more concerns partners had about breastfeeding:

- "Once the baby was born, he wasn't very comfortable with NIP [nursing in public] ...it's the thought of another man seeing my breasts that bothers him."
- "My husband didn't like not knowing exactly how much milk the baby was getting."
- "He didn't like how unsexy breastfeeding first appeared to him, especially when I was still 'deflating' after the engorgement."
- "He totally supports me breastfeeding, but I think in the sex department he really enjoyed my breasts, so there is some jealousy mixed in with the love and support he has for breastfeeding."
- "I think for him it was the lack of knowledge, but sharing what I was learning helped him feel a part of it."
- "My husband's cousin doesn't want his partner to breastfeed because he can't help."

**The good news** is that families develop many creative ways to meet these challenges. Partners can and do help with breastfeeding! In fact, research has shown time and again that partners are an important source of support for breastfeeding mothers (Raj & Plichta, 1998). Mothers are more likely to initiate breastfeeding and breastfeed longer if their partner supports it (Giugliani, Caiaffa, Vogelhut, Witter & Perman, 1994). This makes sense because partners are in the trenches with mothers – witness to the 2 a.m. cluster feeds, engorgement and other issues that can pop up in breastfeeding. Partners are there when breastfeeding counselors are not available.

Research is informative, but what does this support look like in real life? There are many ways a partner can bond with the baby, strengthen the relationship with mom and support both mom and baby (Rempel & Rempel, 2011).

#### **STRENGTHEN YOUR RELATIONSHIP**

- **Give Mom a break.** Right after the baby has finished nursing, offer to take the baby so that she can relax. Suggest that she take a nap, eat a hot meal, read a book, take a bath, or just relax. Chances are, she wants a break but hasn't asked. Don't let her clean the house! Tell her you'll find her when baby is ready to feed again.
- **Take charge of the household.** Take on a few extra responsibilities around the house so Mom can focus on getting breastfeeding off to a great start without worrying about the laundry or dishes.
- **Talk about sex.** Intimacy doesn't have to stop when breastfeeding starts. What's important is to keep the lines of communication open, bearing in mind how she is physically ready at different stages of postpartum.
- **Assist with night feeds.** Breastfeeding does not mean a free pass for partners to sleep all night. If not co-sleeping, partners can bring baby to Mom for night feeds and then put baby back to sleep – allowing Mom to catch a few extra winks.

#### **BOND WITH BABY**

- **Go skin to skin.** You probably already love touching your baby's soft skin, so take it further and hold your diapered infant against your bare chest. At birth, skin-to-skin contact will help a newborn stabilize vital signs after the stress of birth. Skin-to-skin is beneficial at any age and can help babies and partners bond.
- **Sing or talk to baby.** Did you know that the lower pitch and deeper tones of a male voice can both calm and intrigue an infant? Bonus points if you do this during skin-to-skin time, when the infant can feel the vibrations of your voice through your chest!
- **Perfect your baby dance.** Most infants love to be rocked, lightly bounced, walked or gently swayed, which can have a calming effect on an infant. Experiment to find out what your baby likes, and pull it out during fussy times.



- **Actively share the reins of child care.** This is where we strongly encourage you to change the diapers. However, this is not the only way you can get hands on with your baby! Burping, bathing, dressing, calming and playing are all ways to interact and bond with a young baby.

#### **SUPPORT THE BREASTFEEDING RELATIONSHIP**

- **Be the expert.** Make it your second job to read up on evidence-based breastfeeding information. Know your state's laws, so if she gets harassed for breastfeeding in public, you can jump in with the facts. Having more knowledge may make you feel more comfortable with breastfeeding, and you will be in a better position to help Mom with questions.
- **Be the coach.** Help Mom to feel comfortable with NIP. Practice with her at home so that she becomes comfortable arranging herself and the baby, getting latched, and breastfeeding with a minimum of fuss. Keep an eye out for comfortable locations to nurse when baby is ready. While Mom is nursing, act as if this is the most natural thing in the world, because it is!
- **Be the personal assistant.** Make sure Mom has what she needs during a nursing session – snacks, water, pillows, etc. Help her get comfortable or position the baby, if she needs it.
- **Be the gatekeeper.** A new baby is exciting, and everyone wants to be a part of the magic. It's up to you to make sure Mom and baby don't get overwhelmed, especially in the first few weeks.
- **Be the cheerleader.** Armed with your knowledge about normal newborn behaviors, you will be able to remind Mom that cluster feeding, for example, is normal and then praise her for meeting baby's needs. Thank her for breastfeeding to show her how you value her efforts. Let Mom vent whenever she needs to, and cheer about her progress toward her breastfeeding goal. If there are any ongoing problems, encourage her to seek help by reaching out to a breastfeeding counselor.

When it comes to breastfeeding, partners can make a big difference. Breastfeeding is a family affair – the whole dynamic is affected by how mother and baby are doing. Supporting your partner in her goal to breastfeed will strengthen that dynamic and benefit everyone in the family.

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The above article is taken from Breastfeeding USA.

<https://breastfeedingusa.org/content/article/open-letter-partners>

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### **11. These Dads Are Going Above And Beyond To Support Breastfeeding**

When Hector Cruz's wife gave birth to their daughter, Sophia, he experienced first-hand issues that many breastfeeding moms face. Dads aren't educated enough about nursing, the act is sexualized wrongly, and feeding your baby in public is frowned upon, all too often.



His response was Project Breastfeeding, a photo series of dads pretending to nurse with the words "If I Could, I Would" imprinted on the images.

*"I believe that the only way to really begin to get rid of the stigma that surrounds public breastfeeding begins with men," Cruz wrote in an email to The Huffington Post. "We need to educate men. If we educate men, we have empowered women, and the whole stigma of public breastfeeding goes out the window."*

The article appeared in [http://www.huffingtonpost.com/2014/03/07/project-breastfeeding\\_n\\_4912436.html](http://www.huffingtonpost.com/2014/03/07/project-breastfeeding_n_4912436.html)

The photos are published in the E-Newsletter with permission from Hector Cruz.

Hector Cruz is the Founder and Photographer of Project: Breastfeeding. In addition to the photos, Project Breastfeeding is raising money to launch co-ed breastfeeding support classes in 2015.

For more information about Project Breastfeeding, visit their website, Facebook page, or Twitter.

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

*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](mailto:camlink2001@yahoo.com)> or the Regional Focal Persons:  
 Europe – Per Gunnar Engblom [pergunnar.engblom@vipappor.se](mailto:pergunnar.engblom@vipappor.se)  
 Africa – Ray Maseko [maseko@realnet.co.sz](mailto:maseko@realnet.co.sz)  
 South Asia – Qamar Naseem [bveins@hotmail.com](mailto:bveins@hotmail.com)  
 Latin America & Caribbean – Arturo Arteaga Villaruel [arturoa36@hotmail.com](mailto:arturoa36@hotmail.com)*

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

## BREASTFEEDING ADVOCATES – New Directions

**M**any 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 recognized for promoting, protecting and supporting breastfeeding. Longer articles are also welcome.

### 12. Lifetime Achievement Award, from American Public Health Association (APHA) for Miriam Labbok, MD, MPH

Congratulations to USBC (United States Breastfeeding Committee) member representative Miriam Labbok, MD, MPH, on receiving the Carl E. Taylor Lifetime Achievement Award from the American Public Health Association (APHA)'s International Health Section. Dr. Labbok is Professor of the Practice of Maternal and Child Health at the Gillings School of Global Public Health and director of the School's Carolina Global Breastfeeding Institute. She accepted the award on November 5 (2013) at the APHA Annual Meeting and Exposition in Boston. The award honors public health visionaries and leaders who have shaped the direction of international health and/or the development of APHA. Dr. Labbok is the first recipient of this award whose career concentration has focused upon breastfeeding and family planning.

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November 13 issue of the US Breastfeeding Committee weekly newsletter

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

## NEWS FROM THE BREASTFEEDING WORLD

### 13. La Leche League Chile Celebrates World Breastfeeding Week 2013 Graziana Bozzo, Chile

**D**r. H Strain, the Coordinator of the Breastfeeding National Commission (CONALMA) asked La Leche League (LLL) Chile to organize and carry out activities to celebrate World Breastfeeding Week (WBW) 2013.

The main activity was held in the Auditorium of the Municipality of Maipu, Chile, with the participation of the Mayor and the Sub-Secretary who represented the Minister of Health. Simultaneously, in the space outside the Auditorium various activities were conducted. Governmental and non-governmental organizations of the districts set up stands to exhibit materials and carry out recreational activities for children. In our LLL Chile stand, we had information and didactic materials on the theme which was of great interest to the participants. Jenny, Catalina and Loreto, with their group mothers, gave out materials and interacted with those who visited the LLL Chile stand. Chile Crece Contigo (Chile Grows with You) contributed printed information and the Pan American Health Organization (PAHO) provided a poster. With resources from Grupo L&C, we printed pamphlets in color that we received from WABA to promote WBW.



There was also a request from the Hospital San José to celebrate WBW with LLL Chile on the 5<sup>th</sup> of August. We organized and carried out a meeting “*todo sobre lactancia*” (Everything on Breastfeeding) which started at 9:00 am and ended at 5:30 (17.30), with a Breastfeeding Mother Support Group Method for breastfeeding couples and pregnant women in the northern area of the city. In this activity Nancy, Loreto, Juanita and Claudia participated with the mothers and babies of their group.

LLL Chile also participated in WBW celebrations and the presentation of certificates to students of *Escuela de Nutrición y Dietética* (The School of Nutrition and Diet) who had completed their Peer Counselor training on Tuesday August 6, 2013. There was a live interview on Channel 13, without prior notice, for the 2 newscasts on Wednesday August 7, 2013. The interview was on the importance of breastfeeding, the presence and work of LLL Chile and the celebration of WBW.

Finally, we were invited to present at the Meeting of Sharing Successful Breastfeeding Experiences organized by the Regional Commission for Breastfeeding. The session was carried out to a packed audience at the Aula Magna of the University of Santo Tomás in Viña del Mar.

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Graziana Bozzo, LLL Leader Chile  
Email: bozzo@vtr.net

#### 14. World Breastfeeding Week (WBW) 2014 Jennifer Mourin, Malaysia

WABA is pleased to announce the slogan and theme for World Breastfeeding Week 2014: **BREASTFEEDING: A Winning Goal For Life!**

The theme asserts the importance of increasing and sustaining the protection, promotion and support of breastfeeding – in the Millennium Development Goals (MDGs) countdown, and beyond.

The WBW Objectives are:

1. To inform people about the MDGs and how they relate to Breastfeeding and Infant and Young Child Feeding.
2. To showcase the progress made so far and the key gaps in Breastfeeding and Infant and Young Child Feeding.
3. To call attention to the importance of STEPPING UP actions to protect, promote and support breastfeeding as a key intervention in the Millennium Development Goals (MDGs) countdown, and in the post 2015 era.
4. To stimulate amongst young people of both genders to see the relevance of breastfeeding in today's changing world.

The Calendar Announcement and Action Folder are being developed and should be ready for distribution soon. So do keep a lookout for it.

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Jennifer Mourin, WABA WBW Coordinator  
For updates on World Breastfeeding Week, please see [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

#### 15. Child's Rights Law in United Arab Emirates: Anne Batterjee, Saudi Arabia

Human rights are the basic standards needed for people to live in dignity. Every person is entitled to enjoy his/her right to a decent existence. Human rights exist to ensure that we are all treated fairly and that our freedom to live to our full potential is safeguarded. Included within human rights for all people are specific rights relating especially to children. Children are extremely vulnerable and completely at the mercy of adults around them. Children need more protection than adults.

Recently, the government of the United Arab Emirates (UAE) announced a new law related to children. The law was initially called Wudeema's Law in memory of an eight year old girl who was starved and tortured to death by her father and his girlfriend. Many in the community were horrified by the details of this case. The UAE Federal National Council members have since voted to change the name to protect the honor of all children and thus the law will be known simply as the Child's Rights Law.





When the little girl's ordeal came to light last year, His Highness Shaikh Mohammad Bin Rashid Al Maktoum, Vice-President and Prime Minister of the UAE and Ruler of Dubai, ordered policymakers to hasten the completion of the legislation, which was then at the draft stage. The purpose of this law, as well as many others that have been drawn up since the CRC (Convention of the Rights of the Child) was drafted, is to put the child first by protecting him/her from abuse and neglect. The law provides for seven basic rights, including the right of empowerment and the right to protection in keeping with the CRC, to which the UAE became a signatory in 1996. Importantly, it contains instruments that ensure its implementation, as well as punishments against those who violate the rights of children.

The UAE draft law provides for a child's right to security, to freedom from inhuman, cruel, or degrading treatment and the right to special protection during childhood. It also states a child's right to life, the right to a name, the right to express their views freely, the right to health care, the right to protection from economic and sexual exploitation, and the right to education. The bill says that every child, regardless of origin, nationality, religion or social status, has the right to a secure life, permanent care and emotional and psychological stability. Hence, it covers any child of any nationality living in the country.

When the announcement came out in the media, many people took exception to what they assumed would be the government placing a heavy hand on the public. However, the council has carefully underlined the government's commitment to meet those basic needs and rights in the best ways, thus sharing the responsibility. The law will require that every child shall be registered immediately after birth and shall have the right from birth to a name and the right to know and be cared for by his or her parents, according to the law. Under the legislation, children have the right to protection from abuse, neglect, exploitation and discrimination. It also provides, among other rights, economic, social and cultural rights, related to the conditions necessary to meet basic human needs such as food, shelter, education and health care.

The UAE recently become the first Middle Eastern country to sign up to recommendations to combat the spread of online material depicting child sexual abuse. Under the law, children have the right to be protected against cruel acts or exploitation and they shall not be obliged to do work which hinders their development both physically and mentally. They also have the right to be among the first to get help. This is where it got particularly interesting. The Federal National Council's Health, Labor and Social Affairs committee then passed a clause in its broad Child Rights law making "RED AH" (Arabic word for infant feeding which can mean breastfeeding) a "duty, not an option, for able mothers." This is a reference from the Quran where it clearly states that breastmilk is the way to feed a baby.

According to a report in the *National* (newspaper), the committee explained that every infant has the right to be breastfed (receive optimal nutrition) for the first two years of life. Under the law, a wet nurse would be provided for women unable to breastfeed for health reasons. Social media reacted to the news with a huge outcry. I was surprised at the negative reaction from those who fight so hard to protect, promote and help mothers sustain breastfeeding. The UAE has and is one of the more progressive states on the topic of breastfeeding, acknowledging Lactation Consultants as healthcare workers and attempting to implement the Baby Friendly Hospital Initiative.

There is still much to be debated and a final clarification to be sought once we have a copy in writing to be reviewed. However, it is my personal opinion that it appears they are on the right track. From the many articles written, it appears that they are well aware of the opinions pouring in, both positive and negative. Meanwhile, they remain steadfast in ensuring optimal nutrition without causing chaos and more problems. Wet nurses used to be a common phenomenon in this region, but it has completely died away. To bring wet nursing back as an honorable position is a good idea.

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**Anne Batterjee**, CEO AMB Group, Al Bidayah Center, Batterjee Medical Services, LLLI Board of Directors, LLLI Leader and PCP Administrator, IBFAN Arab World, WABA Regional Focal Point, WABA Mother Support Task Force Coordinator, Jeddah, Saudi Arabia  
 Email: [annebatterjee@gmail.com](mailto:annebatterjee@gmail.com)

## **16. Reports on Breastfeeding Sibling Study are Vastly Overstated: Breastfeeding Medicine**

A recent analysis of breastfeeding's effects on child health is making headlines that some of the benefits of breastfeeding have been overstated.

The authors examined behavioral assessments of children born between 1978 and 2006. When they compared breastfed children with formula-fed children, they found that the breastfed kids were healthier and smarter, as many other studies have previously reported. However, they then looked at families in which only some of the children had been breastfed, and they found that whether or not siblings were breastfed did not significantly affect their health outcomes. The authors argue that this proves that a child's family – not infant feeding – is what really determines long-term child health, and breastfeeding doesn't really matter.

The biggest problem with this conclusion is that the study ignored anything that happened in these families before their children reached the age of 4, disregarding well-established links between ear infections, pneumonia, vomiting and diarrhea and the amount of human milk a baby receives. There's strong biological evidence for these relationships, because formula lacks the antibodies and other immune factors in breast milk that block bacteria from binding to the infant gut and airway. For preterm infants, formula exposure raises rates of necrotizing enterocolitis, a devastating and often deadly complication of prematurity. And evidence continues to mount that formula feeding increases risk of Sudden Infant Death Syndrome. Furthermore, mothers who don't breastfeed face higher rates of breast cancer, ovarian cancer, diabetes, high blood pressure and heart attacks. None of these outcomes were addressed by the recent sibling study. The paper's authors note they were interested in longer-term outcomes in childhood, but that's been lost in the news coverage, which has effectively thrown out the breastfeeding mom and baby with the bath water.

There are also other, more subtle issues. The study's within-family design is a relatively novel attempt to solve an age-old problem. **What we really want to know is this: If the same child lived exactly the same life, but in one universe he was formula fed, and in the other, he was breastfed, would it make a difference?** In the absence of access to parallel universes, the "gold standard" way to ask this question is to randomly assign study participants to an intervention and see what happens.

The problem is most families would not agree to have a researcher tell them how to feed their infants. Furthermore, it's unethical to randomly assign people to an exposure if there's evidence that it is harmful. Researchers have tried to solve this problem by randomizing families to breastfeeding support, but these studies are limited by "crossover" – many families randomized to the control group breastfeed anyway, and many families getting extra support formula-feed. Despite these challenges, the largest trial of breastfeeding support, the PROBIT study, found significant differences in child IQ favoring breastfeeding.

In observational studies – where researchers simply collect data on feeding and outcomes over time – the problem becomes accounting for the differences between families who both decide to breastfeed and succeed vs. those who don't. In the US, income and education are strongly related to breastfeeding. That's why the authors of this paper looked within families, where things like income, education, and access to healthy foods were similar. The only thing that differed among siblings was whether they were breastfed or not. Essentially, these siblings were supposed to occupy their own, private, parallel universe – except that they didn't.

And the assumptions these authors made about these different siblings' lives are important. For example, in the paper, the authors argue that any differences among siblings would favor the healthier child being breastfed. But, in fact, a preterm sibling of a bottle-fed child might be much more likely to be breastfed, if mom was counseled on the importance of mother's milk for a NICU (Neonatal Intensive Care Unit) baby, than the term sibling of a bottle-fed child. Other issues, such as birth order, age difference between siblings, and changes in parental employment, education and marital status might also affect why a mother breastfed one child and formula fed another. **These issues are not explored in any way by this paper, and cannot be "adjusted away,"** any more than the differences between families could be adjusted away by prior observational studies. Something was different at the time of that child's birth that affected the way he or she was fed, destroying the possibility of parallel universes.

But let's assume, as a thought experiment, that it is the conditions that make breastfeeding possible, and not breastfeeding itself, that reduce child obesity, raise IQs and improve school performance. What does that mean for health policy? If the secret ingredient is "being born in a family where breastfeeding is possible," then creating the conditions that enable families to breastfeed must be our highest priority. The take-away is that we need to fight for paid parental leave, high-quality childcare and a living wage for every family, regardless of how they decide to feed their infants.

The study's authors say as much in the conclusion of their paper:

*Efforts to increase breastfeeding that solely focus on individually based behavior change without addressing the economic and social realities women face and the difficult tradeoffs they are forced to make in the months following the birth of their child risk alienating and stigmatizing the very women they hope to help. Instead, they need to be considered in conjunction with social policies that also influence a mother's ability to breastfeed, especially when current recommendations are that women exclusively do so for at least 6 months of age... A truly comprehensive approach to increasing breastfeeding in the U.S., with a particular focus on reducing racial and SES disparities, will need to work toward increasing and improving parental leave policies, flexible work schedules and health benefits even for low-wage workers, and access to high quality child care that can ease the transition back to work for both mother and child.*

Feminist scholars have articulated this point eloquently, arguing that breastfeeding is not a "choice" but a reproductive right. If the conditions that allow breastfeeding make our children smarter and healthier, then we'd best stop fighting about how much breastfeeding matters and focus on fighting for the policies and programs that enable all families to optimize the health of their children.

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**Alison Stuebe**, MD, MSc, is a maternal-fetal medicine physician, breastfeeding researcher, and assistant professor of Obstetrics and Gynecology at the University of North Carolina School of Medicine. She is a member of the board of the Academy of Breastfeeding Medicine. You can follow her on Twitter at [@astuebe](#).

**Eleanor Bimla Schwarz**, MD, MS is a clinician and researcher at the University of Pittsburgh, Departments of Medicine, Epidemiology, and Obstetrics, Gynecology and Reproductive sciences.  
<http://bfmed.wordpress.com/2014/03/01/reports-on-breastfeeding-sibling-study-are-vastly-overstated/>

## BREASTFEEDING RESOURCES

### 17. Nipple Pain, Damage, and Vasospasm in the First 8 Weeks Postpartum

**Miranda L. Buck, Lisa H. Amir, Meabh Cullinane, and Susan M. Donath for the CASTLE Study Team**

#### ABSTRACT

**Background:** Nipple pain and damage are common in the early postpartum period and are associated with early cessation of breastfeeding and co-morbidities such as depression, anxiety, and mastitis. The incidence of nipple vasospasm has not been reported previously. This article describes nipple pain and damage prospectively in first-time mothers and explores the relationship between method of birth and nipple pain and/or damage.

**Subjects and Methods:** A prospective cohort of 360 primiparous women was recruited in Melbourne, Australia, in the interval 2009–2011, and after birth participants were followed up six times. The women completed a questionnaire about breastfeeding practices and problems at each time point. Pain scores were graphically represented using spaghetti plots to display each woman's experience of pain over the 8 weeks of the study.

**Results:** After birth, before they were discharged home from hospital, 79% (250/317) of the women in this study reported nipple pain. Over the 8 weeks of the study 58% (198/336) of women reported nipple damage, and 23% (73/323) reported vasospasm. At 8 weeks postpartum 8% (27/340) of women continued to report nipple damage, and 20% (68/340) were still experiencing nipple pain. Ninety-four percent (320/340) of the women were breastfeeding at the end of the study, and there was no correlation between method of birth and nipple pain and/or damage.

**Conclusions:** Nipple pain is a common problem for new mothers in Australia and often persists for several weeks. Further studies are needed to establish the most effective means of preventing and treating breastfeeding problems in the postnatal period.

Miranda L. Buck,<sup>1</sup> Lisa H. Amir,<sup>1</sup> Meabh Cullinane,<sup>1</sup> and Susan M. Donath<sup>2,3</sup> for the CASTLE Study Team  
<http://online.liebertpub.com/doi/pdf/10.1089/bfm.2013.0106>, BREASTFEEDING MEDICINE, Volume 9, Number 0, 2014

<sup>a</sup> Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2013.0106

## 18. WABA Link Numéro 3/2013

Pei Ching, Malaisie

The powerful typhoon that swept across the Philippines on 8th November 2013, one of the strongest storms ever to make landfall, cut a path of destruction through several central islands, leaving the seaside city of Tacloban in ruins. With no electricity, no clean water and with limited food supply, how did new mothers respond to this crisis? This edition of WABALink brings you perspectives (and hope) from the frontlines of this natural disaster.

While 2013 was both memorable and challenging, it also represented a turning point for the breastfeeding movement. UNICEF's new landscape analysis, Breastfeeding on the Worldwide Agenda, was released in October. The report called for greater unity in the breastfeeding movement and warned that our mission had lost momentum. WABA is committed to keeping breastfeeding relevant, especially with the younger generations. WABA was proud to provide sponsorship for young professionals from various Latin American and Caribbean countries who gathered to revitalise the regional movement. Find out more in this issue about how youth (young persons below 35 years old) can promote, protect and support breastfeeding among their peers.

Pei Ching, Editor, e-WABALink 1.

[http://www.waba.org.my/resources/wabalink/pdf/ewaba\\_link\\_1402.pdf](http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_1402.pdf)

## 19. Accommodating Breastfeeding Employees in the Workplace

The United Kingdom Government asked Acas (Advisory, Conciliation and Arbitration Service) to use its expertise in employment relations to develop this short guide to help employers and employees better manage requests to breastfeed in the workplace. In most instances, these requests will be for facilities to express and store milk and time away from work to do so.

It is good practice for employers to discuss with employees who are still breastfeeding what could reasonably and proportionately be done to facilitate their breastfeeding needs on return to the workplace.

The guidance sets out what employers are required to do by law and also gives good practice around managing a workplace issue that can be a sensitive and difficult one for an employee to discuss with their employer, but it is an important one to help their transition back to work after maternity leave and also for the wellbeing of both the mother and child.

The Guide can be downloaded at: [http://www.acas.org.uk/media/pdf/j/k/Acas\\_guide\\_on\\_accommodating\\_breastfeeding\\_in\\_the\\_workplace\\_\(JANUARY2014\).pdf](http://www.acas.org.uk/media/pdf/j/k/Acas_guide_on_accommodating_breastfeeding_in_the_workplace_(JANUARY2014).pdf)

## 20. Books on Women's Health in Nepali

Hesperian

**Where Women Have No Doctor** is an essential resource for any woman who wants to improve her health, and for health workers who want more information about the problems that affect only women, or that affect women differently from men. [http://store.hesperian.org/HB/prod/POD086.html?utm\\_source=Three+Nepali+women%27s+health+titles+released%21&utm\\_campaign=Three+Nepali+women%27s+health+titles+released%21&utm\\_medium=email](http://store.hesperian.org/HB/prod/POD086.html?utm_source=Three+Nepali+women%27s+health+titles+released%21&utm_campaign=Three+Nepali+women%27s+health+titles+released%21&utm_medium=email)

**A Book for Midwives** covers the essentials of care before, during and after birth, providing a variety of designs for low-cost equipment and training materials. Heavily illustrated, clearly written, and developed with the participation of community-based midwives, midwifery trainers,



and medical specialists around the world. [http://store.hesperian.org/HB/prod/POD096.html?utm\\_source=Three+Nepali+women%27s+health+titles+released%21&utm\\_campaign=Three+Nepali+women%27s+health+titles+released%21&utm\\_medium=email](http://store.hesperian.org/HB/prod/POD096.html?utm_source=Three+Nepali+women%27s+health+titles+released%21&utm_campaign=Three+Nepali+women%27s+health+titles+released%21&utm_medium=email)

## 21. Breaking the Rules, Stretching the Rules 2014

ICDC/IBFAN, Malaysia

Breaking the Rules, Stretching the Rules (BTR) 2014 is the result of three years of collective voluntary effort by individuals and IBFAN groups from all continents. After sieving out materials which failed our legal analysis and the more common violations, we counted 803 entries from 81 countries covering 27 companies. Regretfully, for this massive report we cannot afford to print. We are putting every chapter of the electronic reporting for sale. We hope our friends and supporters will help publicize the report to generate sales. If you believe in naming and shaming these companies and to keep monitoring alive, please help us promote this report.

Since the entire report is 237 pages, we are working on a smaller edition for advocacy purposes. We plan to launch it at the 2014 World Health Assembly and will send this summary version to all contributors and IBFAN groups. If you belong to either group and want to read the whopping 237-page report, write to us at our new official email address at [code@ibfan-icdc.org](mailto:code@ibfan-icdc.org)

For further information on BTR read the ICDC Legal Update January 2014 Newsletter at [http://www.ibfan-icdc.org/files/Jan\\_2014-2.pdf](http://www.ibfan-icdc.org/files/Jan_2014-2.pdf)

## 22. Breastfeeding Today Issue 22 February 2014

La Leche League International

### Good For Mothers Too

La Leche League Leaders believe that mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby. And that in the early years the baby has an intense need to be with his mother which is as basic as his need for food. We take the baby's perspective while supporting mothers to meet their babies' needs.

Sometimes it can feel like being a mother is all-consuming. A support network can then play an important role, particularly when a mother is depressed. The letters in the "Mom to Mom" column reflect this and mothers share their practical ideas for coping when suffering postpartum blues.

Learning about the many health benefits for mothers often strengthens women's resolve to breastfeed. You can read about these advantages for mothers in the article "Breastfeeding is a Shared Gift." I hope this helps boost your positive feelings about breastfeeding.

Edith Kernerman examines three common challenges that mothers encounter when breastfeeding and illustrates helpful ways to address them with video examples.

Mothers share their stories about gentle weaning, coping when birth doesn't go as planned, and finding virtual support online when in hospital with a baby born prematurely.

Our recipes in "What's Cooking?" use the queen of greens to cook up some nutritious and delicious dishes.

We hope you will find reassurance, warmth and support here and that if you are not already a member of LLL, reading Breastfeeding Today will encourage you to join our global family <http://store.llli.org/memberships>

I hope you enjoy the magazine!

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Barbara Higham, Managing Editor of Breastfeeding Today.

A La Leche League Leader since 2004, she lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (15), Edgar (12) and Amelia (8).

Email: [editorbt@llli.org](mailto:editorbt@llli.org)

[http://www.llli.org/docs/0000000000001\\_BT\\_PDF/bt-1-2014-22\\_llli.pdf](http://www.llli.org/docs/0000000000001_BT_PDF/bt-1-2014-22_llli.pdf)

## 23. IBFAN ASIA Newswire Series 3, January – February 2014

The following articles appear in IBFAN ASIA Newswire Series 3 January – February 2014:

- Gender and Breastfeeding: A perspective
- Karnataka and Jammu Kashmir Ensures Child Survival by evidence based advocacy Afghanistan, Nepal and India build capacity for reducing IMR
- One Asia Breastfeeding Partner's Forum 9 presented the "Luang Prabang CALL TO ACTION"
- Canada, Egypt, Mexico, Columbia, Costa Rica, Guatemala, Bangladesh, Nepal support the global investment of \$17.5 for optimal breastfeeding suggested by the "World Breastfeeding Initiative."
- Montek Singh Ahluwalia, launched the World Breastfeeding Costing Initiative (WBCi) Report 'The Need to Invest in Babies' by IBFAN.

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Breastfeeding Promotion Network of India (BPNI)/The International Baby Food Action Network Asia (IBFAN Asia). To receive the Newswire please email [nupur@bpni.org](mailto:nupur@bpni.org)

### 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.*

#### 24. You are Gramma: Marilyn Thompson, USA

Gramma is picking out a card and says to 3 year old Odin, "How about this one?"

Odin – "No, that's for girls."

Gramma – I'm a girl.

Odin – No, Mama's a girl. You're a gramma.

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Marilyn Thompson, USA, former LLL Leader, mother to 2 adult sons, mother-in-law to 2 wonderful daughters-in-law, grandmother to 16 month old breastfeeding twin girls (Opal and Liesl), and 2 yr. old (Odin) and 10 month old Otto (breastfeeding).

### 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.*

#### 25. My Son has a Son

**Monica Tesone, Argentina**

When one has all sons, and has been working many years in breastfeeding, as in my case, one often wonders if the daughter-in-law will breastfeed? Whether it will be important to her? I see them becoming a part of my family and try to guess how they will be. And now.... my son has a son and it is strong to see the sons becoming fathers.



*Monica with her newborn grandson.*

My daughter-in-law gave birth under very different conditions from what she had imagined. She suffered preeclampsia and was very strong, requesting that her childbirth delivery be induced and faced the pain of the contractions before giving in to a cesarean. Once in surgery, she asked for her husband. Meanwhile, he was outside walking up and down desperate to enter until finally he was allowed.

I would never have imagined my son imposing himself with the doctors in the delivery room to delay the clamping of the umbilical cord until it had stopped pulsating. He did not allow the nurse to put any tube nor give the baby a bath. He did not stop until they placed the baby on the mother's breast. In the meanwhile, he cried and cried (not my grandson, my son cried).

How exciting it was waiting and suddenly to see them enter, appearing as if in a hallucination, my son with his baby. Soon after, the mother was brought in and from that moment onwards, there was no separating the three of them.

I did not know when I would have to say something... nevertheless... I stayed there sitting in the waiting room and at some point they called to ask me: if the mouth is fine like this or that, if he has hiccups, if it is alright if he prefers the left to the right, if the nurse says to use the pacifier....

There was no doubt of what they wanted.

And I feel that I have the best son turned father that I wanted to have and the best daughter-in-law/mother that I had dreamt of.

My grandson, of course, is lovely, words of the grandmother.

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**Monica Tesone**, mother to 3 sons, with a total of 7 years of breastfeeding. Her grandson, Federico, was born on October 16, 2013. Monica is an LLL Leader in Argentina since 1982, Vice-president of LLL Argentina and advisor to the Communication Skills Development for LLL's International Division. A psychologist, she has done postgraduate studies in Family mediation; Family and couple therapy; clinical psychology and in Ericksonian Hypnosis. She is the Advisor to the Commission of Women, Adolescence and Children of the Government of the City of Buenos Aires. She is also a university lecturer in the area of breastfeeding in various universities, as well as author and co-author of various articles and documents on Breastfeeding.  
 Email: monicate@gmail.com

## 26. A Grandmother Twice within a Short Time... Different Experiences

### Maria Lucia Futuro, Brasil

Seven months ago, my first grandson, José, was born. I learned the art of respect, even in a crisis which began with his hospitalization in the NICU (Neonatal Intensive Care Unit) for almost 15 days and through a difficult phase against the hospital structure that supported weaning. I was able to do this, thanks to feedback that I had heard through the 30 years of mother support group meetings of Amigas do Peito.

Twenty days ago, Francisco, was born at home, the son of another daughter. Being in a room in a nearby apartment, along with my own mother, waiting for the moment where I could help, was really wonderful. We talked, while responding to those who wanted to know about the couple, the midwives and the baby. At the time of birth we thought we heard a baby's cry.... and the midwife came to call us. Everything was fine, everything was calm. A big baby, 55 cm (21.45 inches) and almost 4 kg (8.8lbs)... He was born in the late afternoon.

I stayed that night to help and returned to my house the next day, leaving the other grandmother to provide support, wash the birthing clothes, and calm the couple and the baby, inexperienced sailor for the first time. In the excitement, contradictions and fatigue, no one noticed that there was little urine and long intervals between feedings. Stubborn, excited and agitated, accepting visits in the afternoons... Baby was born in full summer



with almost 40 degrees Celsius (104 degrees Fahrenheit), disappearing urine, and of course the colostrum... Adrenaline, fear, phone calls at dawn the next day!

I was upset and asked for help from her sister to give me her milk to have as a resource if necessary. Many times what is done in these kinds of cases, is to supplement in order to correct the situation when dehydration and hypoglycemia occurs in big babies.... In this case, the aunt quickly took her breastfed son, José, and we all went to help Francisco.

Knowing that it is a temporary situation, for in home births the milk letdown usually happens sooner as the baby is closer to the mother and breastfeeds more often, gave some assurance that this would be temporary and easy, which, in the end, it was.

To deal with two styles of motherhood, with two babies so close in birth and my own learning as a grandparent... is interesting. Now José crawls, eats a little food, while Francisco gains weight rapidly on the breast. José grew and gained weight very well on the breast and it appears that his little cousin is not falling behind, but also breastfeeding well and gaining weight very well...

As an emotional experience, I felt it was lacking in us as mothers, a calm that comes once we are grandmothers, of naturally allowing space for our daughters to make mistakes and to learn. Although we have the internal image that "we know things" or maybe children are still in our minds children... while at the same time we allow ourselves to humbly learn about new times, new ways to educate, care for and organize life with babies.

The difference in attitude between my daughters and the experience of other young women who have participated in groups, and the exchange between grandparents of groups, I recognize a wealth of possibilities, of ways to be, of caring opportunities and of conflicting emotions too. Realizing the possibility of helping, knowing that we are not the priorities in the life of these babies brings a mixed feeling of accomplishment and loss of "position." In my heart I feel the passing of multiple emotions and yet accepting and loving is a challenge.

I'm in the early stages of this (grandmother) road, using a little of what I have learned with my five children and what I learn in our mother support groups... My four daughters and my daughter-in-law really help, as I am willing to use joy and care in this path to be a complete grandmother.

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**Maria Lúcia Futuro Mühlbauer**, mother to 5 adult breastfed children and grandmother to José and Francisco. Amigas do Peito member since 1984, member of IBFAN Brasil since 1987, Specialist in Education through Play and author of children's books.

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

Website: [amigasdopeito@amigasdopeito.org.br](http://amigasdopeito@amigasdopeito.org.br)

**Editors' Note:** Read about Maria Lucia's experience as a grandmother for the first time in MSTF E-Newsletter V11N2, [http://www.waba.org.my/pdf/mstfnl\\_v11n2\\_eng.pdf](http://www.waba.org.my/pdf/mstfnl_v11n2_eng.pdf)

## BREASTFEEDING, HIV and AIDS

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### 27. Discovered: A Natural Protein in Breast Milk That Fights HIV

Joseph Stromberg, USA

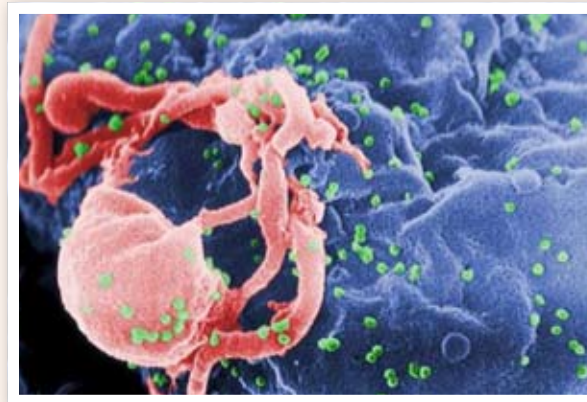
For decades, public health officials have puzzled over a surprising fact about HIV: Only about 10-20 percent of infants who are breastfed by infected mothers catch the virus. Tests show, though, that HIV is indeed present in breast milk, so these children are exposed to the virus multiple times daily for the first several months (or even years) of their lives.

Now, a group of scientists and doctors from Duke University has figured out why these babies don't get infected. Human breast milk naturally contains a protein called Tenascin C that neutralizes HIV and, in most cases, prevents it from being passed from mother to child. Eventually, they say, the protein could potentially be valuable as an HIV-fighting tool for both infants and adults that are either HIV-positive or at risk of contracting the infection.



The researchers say that other natural elements in milk might play a role in fighting HIV as well. "It's clearly not the whole story, because we do have samples that have low amounts of this protein but still have HIV-neutralizing activity," Permar says. "So it may be acting in concert with other antiviral and antimicrobial factors in the milk."

Whatever those other factors are, though, the finding vindicates recent changes to UN guidelines that recommend even HIV-positive mothers in resource-poor countries should breastfeed, if they're taking anti-retroviral drugs to combat their own infection. That's because – as statistics bear out – the immense nutritional and immune system-boosting benefits of breast milk outweigh the relatively small chance of transmitting HIV through breastfeeding. Tenascin C, it seems, is a big part of why that transmission rate is surprisingly low, and sufficient access to anti-retroviral drugs can help drive it even lower – as low as 2 percent.



*Scientists have identified a milk protein called Tenascin C that binds to HIV (the virus is shown in Green) and prevents it from injecting its DNA into human immune system cells (shown in purple with pseudopodia in pink).  
Image via CDC.*

The article is adapted from <http://www.smithsonianmag.com/science-nature/discovered-a-natural-protein-in-breast-milk-that-fights-hiv-3189537/?no-ist>

## WEBSITES AND ANNOUNCEMENTS

### 28. Check out these Websites

<http://phenomena.nationalgeographic.com/2014/02/03/how-breast-milk-engineers-a-babys-gut-and-gut-microbes/>  
<http://touchbroward.org/cape-coral-hospital-triplets-skin-to-skin/>

Reports on breastfeeding sibling study are vastly overstated:  
<http://bfmed.wordpress.com/2014/03/01/reports-on-breastfeeding-sibling-study-are-vastly-overstated/>

The importance of breastfeeding: Selma Roth of Saudi Gazette interviews Dr. Modia Batterjee  
<http://www.saudigazette.com.sa/index.cfm?method=home.regcon&contentid=20140104191416>

"We were enthusiastic to welcome our community advocates to participate in the workshop because of the passion and experience they bring to the table," says Michelle Voegtler, Registered Nurse Team Lead at BCHS and one of the group organizers. "It's such a great opportunity to expand partnerships across the community in order to provide better services to moms and families."  
<http://www.brantfordexpositor.ca/2014/03/10/it-takes-a-baby-friendly-community-to-raise-a-child>

Sensory processing and breastfeeding: We all know about "the five senses". They are smell (olfactory), taste (gustatory), touch (tactile), sight (visual), and hearing (auditory). Did you know that there are at least three more that we know of? These are proprioception, vestibular and interoception. Naomi Hambleton's a2zlactation.  
<http://a2zlactation.wordpress.com/2012/10/11/sensory-processing-and-breastfeeding/>

[http://www.who.int/maternal\\_child\\_adolescent/documents/9241590351/en/](http://www.who.int/maternal_child_adolescent/documents/9241590351/en/)

<http://www.stpeterslist.com/11884/our-lady-of-milk-20-images-of-mother-mary-nursing/>

<http://iblce.org/about-iblce/news/iblce-calls-upon-the-american-academy-of-pediatrics-to-terminate-arrangement-with-formula-manufacturer/>

[http://www.mewpeers.org/About\\_Us.php](http://www.mewpeers.org/About_Us.php)

Breastfeeding mothers get help from Google Glass and Small World-New mothers struggling with breastfeeding may soon have the latest technology at their disposal to get expert help at any time of day.

<http://www.theage.com.au/technology/technology-news/breastfeeding-mothers-get-help-from-google-glass-and-small-world-20140118-311s3.html>

## 29. Announcements: Past and Future Events

**14 February 2014:** WABA 23<sup>rd</sup> anniversary

**4 – 6 March 2014:** HealthConnect One's National Summit: *Racial Justice or Just Us? in Birth and Breastfeeding*, Washington D.C. USA [http://www.healthconnectone.org/pages/national\\_action\\_summit/72.php](http://www.healthconnectone.org/pages/national_action_summit/72.php)

**5 March – 16 April 2014:** i-Lactation On-line Breastfeeding Conference, *Heart to Heart: Connecting with Breastfeeding Mothers*, <http://www.ilactation.com/conference/>

**8 March 2014:** International Women's Day – *Equality for women progress for all*. WABA statement available at: <http://waba.org.my/pdf/statement-iwd2014.pdf>

**20 – 21 March 2014:** *Breastfeeding and Feminism International Conference, Forging Partnerships for a Better Tomorrow*, Chapel Hill, North Carolina, USA.

*Life is not always Either-Or. Life is often richer and more complicated when it is Both-And. So for 2014 our theme seeks to locate and discuss ways we are building or could build partnerships that bridge gaps, explore intersectional ties, break down silos, and strengthen policy and action through increased synergies and energies from collaboration and mutual activities.*

<http://breastfeedingandfeminism.org/conference-2014/>

**7 April 2014:** World Health Day theme – *vector-borne diseases*. See WABA/LLLI statement at: <http://www.waba.org.my/pdf/statement-whd2014.pdf>

**14 April – 31 May 2014:** Gold Lactation Online Conference 2014, *Feeding on Experience... Nurturing Knowledge* <http://www.goldlactation.com/>

**23 – 26 July 2014:** 2014 ILCA Conference, *Breastfeeding in the Real World: Meeting the Challenges*, Phoenix, Arizona, USA

**1 – 7 August 2014:** World Breastfeeding Week 2014, **Breastfeeding: A Winning Goal for Life!**

**27 – 30 September 2014:** Pathways to Child Flourishing; University of Notre Dame, South Bend, Indiana, USA; Co-Sponsor – Attachment Parenting International; Website: <http://ccf.nd.edu/symposium/>

**13 – 16 November 2014:** 19<sup>th</sup> Annual International Meeting of the Academy of Breastfeeding Medicine, Cleveland, Ohio, USA. <http://www.bfmed.org/Meeting/ConfDetails.aspx>

## 30. Readers Share

*The Editors would like to thank Hidayatullah who helped promote the MSTF E-Newsletter.*

*Dear Agents of Change,*

*Attached is one of the best existing e-newsletters in the world suitable especially for pregnant, new mothers, breastfeeding women and wider family members. You can directly subscribe to this free e-newsletter of World Alliance for Breastfeeding Action as well as forward it to the above audience to support a strong mother-child relationship.*

*Please consider incorporating the concepts of the vital subjects of Breastfeeding and Infant & Young Child Feeding into your community oriented women programmes. Together, we can turn concepts into action.*

Hidayatullah Neakakhtar  
Resource Centre for Development Alternatives  
Mansehra 21300, Khyber-Pakhtunkhwa  
Pakistan  
Email: ResourceCentre.Pakistan@gmail.com

## NEWSLETTER INFORMATION

### 31. 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.

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

*When we as a society begin to value mothers  
as the givers and supporters of life, then we will see  
social change in ways that matter.*

– Ina May Gaskin