

# Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



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**A protégé of Dr. Herbert Ratner, an early advocate of the wisdom of nature, Dr. White gave me the best mothering advice I ever received: "A baby's wants are a baby's needs."**

**Gone were the confusion and worries about spoiling my baby (her second child, Timothy born 1952), holding him too much or too little, following the clock, or nursing on demand. It was wonderful, blessed freedom!**

– Mary Ann Cahill, La Leche League International Co-Founder in her Foreword to *The Womanly Art of Breastfeeding*, 8th Edition.

*Photo top: Claudia Sanabria during her talk on 25 June 2014, Asuncion  
Photo: Pushpa Panadam*

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

### **1. Breastfeeding Support – Are we ready at all times?**

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

**A**s a breastfeeding mother 19 years ago, I discovered that support groups provided me with more than correct information and support. There was a common thread that drew members of the group together that crossed language, race, religious and class barriers. We were mothers who enjoyed the joy of being able to breastfeed our children, while sharing our joys and challenges. Some of us enjoyed it enough to want others to have similar experiences. We trained to provide information, support and help; becoming La Leche League Leaders, Breastfeeding Counselors in other support groups or professionals as International Lactation Consultants.

Today, there are various ways that mothers receive support in addition to face to face support groups. Technology has allowed Leaders and Breastfeeding Counselors to be creative in providing the much needed support and information. Online forums, support via skype and, since this past year, I find myself providing information, help and support via whatsapp. Perhaps there is really no one ideal way for every mother, baby and family to be helped. On an individual basis, supporters may be unable to provide 24 hour help. Which is why we need to be able to depend on many informed members of the public as well as trained counsellors. Volunteer support, no matter how small and unimportant it may seem, goes a long way in helping a mother breastfeed her baby.

Even a mother who did not succeed breastfeeding exclusively her first baby, if she has information and support, may be able to breastfeed in a more optimal manner with her second baby. She can read all available information, join online groups, and discuss in advance her needs and desires with her family members, doctors and friends. At the moment of birth, she can have her baby with her in skin to skin contact as soon as possible. (A mother told me recently that she had to fight with the staff to do that.) She can decide that she will do all she can to breastfeed her baby exclusively. But she needs our help, trained volunteer or/and professional help to breastfeed. The question as always is: are we ready to help, do we have the time when she calls? If we are unable to help her, for whatever reason, we must be able to direct her to another support person who can help her. Do we have enough members trained to step in ?

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**Pushpa Panadam**

WABA MSTF Co-Coordinator

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### **2. MSTF Update**

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

**A**s the MSTF E-Newsletter enters its 12th year, the MSTF would like to celebrate the year thanking everyone who has made and makes this newsletter possible; from its conception to the present day. Thanks to the contributors to the newsletter who shared their breastfeeding experiences or related how they supported mothers to breastfeed or protect and promote breastfeeding around the world. Thanks, too, to the translators, both past

and present, who have passionately given or continue to give their time to translating articles and at times have contributed articles to the newsletter.

The E-Newsletter is stronger through the experiences shared. Help us tell your story and help others tell their stories. Mothers, fathers and families around the world should have access to your story to learn from them. This may help breastfeeding become a normal part of everyone's life.

The E-map <http://www.waba.org.my/whatwedo/gims/emap.htm> is another way the MSTF and WABA want support to become available to those seeking it. If you are a part of a support group, please make sure that your group appears on the E-map. It is an essential tool that breastfeeding supporters and families can use when searching for breastfeeding help.

For further information, please email [pushpapanadam@yahoo.com](mailto:pushpapanadam@yahoo.com) or [beckyann39@yahoo.com](mailto:beckyann39@yahoo.com)

## MOTHER SUPPORT FROM DIFFERENT SOURCES

### 3. A Breastfeeding Centre Lecheymiel: An Innovative Model for Private Breastfeeding Care

Antonieta Hernández, Venezuela – Part 2 / Continued from VI2N2

Following are the services that are provided:

#### A talk for pregnant mothers is the **BACKBONE OF OUR WORK**

**W**e define this Talk as the lure that attracts the mother, father and the family. The average number of mothers who come to the talk for pregnant women and then come back for the first two consultations is very high; which is why we focus on this “marketing niche” to increase the number of mothers who breastfeed.

*lecheymiel's* main target are pregnant mothers, because a mother and her family should start receiving information during pregnancy. This is why we conduct talks twice a month and invite the baby's family: mother, father, grandmothers and many times grandfathers come. Sometimes even an aunt who will support at the moment of birth will come. The idea is that everyone has the correct information, without the associated myths, to be able to be supportive during the baby's first months. The talk is very pleasant, in the style of “stand-up comedy”,

but based on accurate scientific evidence: the family is treated in a congenial manner, with a variety of snacks and the result is happy young parents. This is how we motivate them for the desire to breastfeed.

#### The family is accompanied at each step of breastfeeding during 7 consultations

Following the birth, we provide consultations for mothers and their babies. In the first consultation, we give every mother a card to keep track of the baby's growth and development, as well as the growth and



*Talk for pregnant parents.*

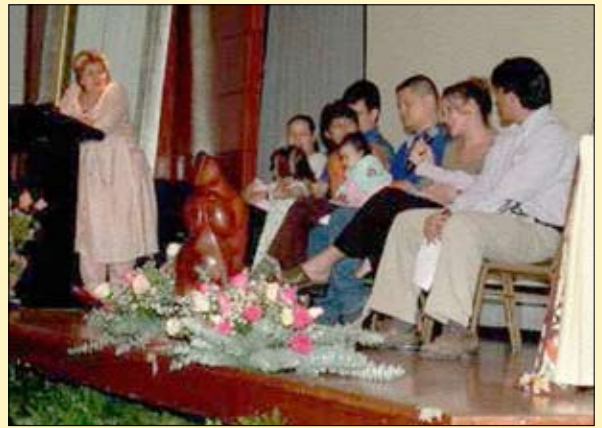


*Snacks are served.*

development chart of the World Health Organization and UNICEF. It is important to note that each baby has its own pediatrician. *lecheymiel* does not do conventional pediatrics; we practice breastfeeding pediatrics. However, at each consultation we examine the baby, weigh it and check its size as exclusive breastfeeding babies are (Ed. Note: sometimes) thinner while the mother's mammary glands continue to mature. It is very important that parents understand that when compared against the conventional growth and development charts, their babies (Ed. Note: may) fall below the normal range. However, when placed on the new charts for breastfeeding children, these children are within the norm.

**Talks on Parenting: New approach in *lecheymiel***

We have a program at the beginning of some workshops to guide parents in caring for their children. It is a concern that has been appearing in our consultations. In *lecheymiel* we are changing the paradigm. Parents have to be very aware of what they will do. It is not easy for a modern mother to have her baby at her breast almost 24 hours a day in the beginning months. A mother needs to know the physiological reasons why this happens and the changes that occur as the baby matures, and grows.



*Talk in the style of stand-up comedy.*

***lecheymiel* supports special cases**

Premature Babies – birth before 40 weeks

In *lecheymiel* we help and support many mothers whose preterm babies are in Intensive Neonatal Care Units (NICU) and who wish to have breastmilk to give to their babies at this first stage of extra-uterine growth. For this we depend on support mothers whose babies suckle the breasts of mothers of preterm babies, thus activating their hormones to increase their breastmilk.

Relactation: Return to Breastfeeding

Other special cases that we frequently see in *lecheymiel* are mothers who have abandoned exclusive breastfeeding and come to us with their babies to resume breastfeeding. They see that, with the introduction of infant formula, their babies get sick more often and they want to give only their breastmilk. In some cases it is a very simple situation, but, at times, we need to resort to certain specialized equipment, breastfeeding helpers, to facilitate the return to breastfeeding.

Breastfeeding Multiple Babies: Twins and/or Triplets

In *lecheymiel* we work with mothers with multiple births who, with our support, breastfeed their babies. It is difficult at first, mostly because of social pressure from those around them, than the faith the mother has in herself. But there are many successful cases and these babies are healthier.

***Introduction of Complementary Foods after 6 months of Exclusive Breastfeeding***

In what we call the menu of complementary foods, *lecheymiel* gives a special session to exclusively breastfeeding mothers, before the baby turns 6 months of age. In this session, we provide the mothers a menu of foods that ranges from 6 to 10 months: day after day, week after week, month after month. We teach them which foods to give and how to prepare these foods. Even many kindergartens and nurseries call us for our menu and we have trained their staff. They have even recommended this menu to the mothers who go there.

**Food for the breastfeeding mother: myths and realities**

Starting with the talk given during pregnancy, we address the topic of food for the mother when she breastfeeds, explaining our criterion: that she can eat everything. So that they understand that it is a myth that they cannot eat some foods, we make a comparison with mothers of the Andean Highlands who breastfeed and eat grains and cabbage, yet their babies are not filled with gases. We also talk about mothers who live in the coastal parts of our country, who breastfeed, eat fish and shellfish every day and their babies do not get allergies; or the mothers in the black forest who breastfeed and eat pork knuckle and sauerkraut, and nothing happens to their babies.

The mothers in *lecheymiel* breastfeed and eat everything. We consider that there is no restriction while breastfeeding, just as there is no restriction during pregnancy when the baby is even more immature and everything passes through the blood. The baby is trying its gastro-intestinal tract swallowing the amniotic fluid and forming meconium and nothing happens.

We always emphasize to mothers and fathers that breastfeeding is not a food, as infant formula is. Breastfeeding is a practice which involves the binding of the nerve transmitters in the baby's mouth that attaches to the areola of the mother. This is why the first thing that a baby does is fly... goes to the stratosphere... turns its little eyes and falls into a state of pleasure and total wellbeing, the ultimate aim of this practice, once the magical liquid flows optimally.

For *lecheymiel* it is very important that the mother, father and the family in general receive all the necessary information and are prepared to breastfeed without fear or insecurity. When the families have information, they understand and are convinced that breastfeeding is the natural and perfect way to feed their babies. With this conviction comes the strength to overcome difficulties and the opinions of those who are not equally convinced. Proper information is the key to successful breastfeeding!

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**Antonieta Hernandez**, pediatrician, specialist in Infant Food and Nutrition and Breastfeeding. She is a mother to 5 breastfed children, founder of 5 NGOs for the Protection, Promotion and Support of Breastfeeding in Venezuela: Amamanta Venezuela, AVE\_LAMA (Alianza Venezolana Pro Lactancia Materna), IBFAN Venezuela, WABA Venezuela, *lecheymiel* Private Breastfeeding Center. Member of WABA International Advisory Council, Member of Academy of Breastfeeding Medicine.  
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**Editors' Note:** The first part of this article is available in VI 2N2. See [http://www.waba.org.my/pdf/mstfnl\\_v12n2\\_eng.pdf](http://www.waba.org.my/pdf/mstfnl_v12n2_eng.pdf)

**4. La Leche League Latin American Workshop**  
**Guillermina Vazquez, Mexico**

Costa Rica, covered in green and with heavy rain, received us with open arms. Waleska, Greta, Rachel, Inés and Silvia outdid themselves in caring for us and coordinating two wonderful events. Thank you, Beautiful LLL Ladies!

As with every LLL get-together, it was very emotional to arrive and see the faces of loved ones from near and afar. Hugs, affection and oxytocin were immediately felt upon meeting again with friends from South Africa,



*Latin-International Night.*

Israel, China, Japan, Argentina, Bolivia, Chile, Colombia, Panamá, Puerto Rico, Dominican Republic, Ecuador, Guatemala and of course, we 5 representatives from Mexico.

Our first event was a 3-day IMS (International Mastery Symposium) for administrators that took place in the adventurous, ecological touristic mountain hotel, “Monte Campana”, in the Heredia District. There, for the first two days, surrounded by thick mountain vegetation, waterfalls and coffee plantations, the Administrators of the International Region shared strategies that are carried out in our different countries to achieve objectives like fundraising, administration of Web pages, formation of Leader Applicants, new materials for the Workshop on Development of Communication Skills, publications, control of articles, among other topics.

We could not miss putting on the traditional « Latin-International Night » as Leaders from different countries wore typical clothes of their countries and brought something traditional/typical to share with others and of course, there were LLL items for sale. How tasty were the different foods: the Colombian arequipe (traditional sweet/Dulce de Leche), cookies and sweets from Japan, spices from Israel, and at the Mexican table, we had « alegrías » of all flavors (Mexican traditional sweet), marzipanes and Miguelitos (sweet pastry).

The most entertaining part of this night was when every country presented a typical dance or song: The Colombians danced to the rhythm of Juanes’ music; Mónica Tesone danced Tango; the Israelis danced their typical dance together with all of us; Asayo Mori and her family wrote names in Japanese for those who requested and did beautiful origami figures; the Guatemalans sang a song of Arjona. However, the person who stole the show was our dear Mónica Ward, the revelation of the Costa Rica Workshop. She danced “El son de la negra”\* (The Song of Black Woman) like a professional, accompanied by Olga with Eva, Rosy and I “toe tapping.” It was a lot of fun and we were proud of our Mexican culture.

Towards the end of the Latin-American Night, Rosa, Puerto Rican Leader, sang a lullaby that she wrote for her grandchildren, shared jokes, and a phrase she created for the days we met: come on, come on, come on! Later for those who were still awake, the Mexicans did « rodeo clown » (Payaso Rodeo – a Line Dance).

During the IMS workshop, two joint meetings were held where we had the opportunity to talk freely and ask questions of the international administrators. The first meeting mainly discussed finances and recent changes. On our last day in « Monte Campana » a



*Honouring Mrs. Nancy Sabeau, Founder of LLL Costa Rica.*



*International Mastery Symposium (IMS) Workshop for LLL Administrators.*



*Workshop sessions at the International Breastfeeding Symposium.*

second joint session was organized where each country had the opportunity to present special situations for which advice was sought.

That afternoon, we returned to San José, to rest and prepare for the event that started the next day. On arrival at the hotel, we met with two more Mexican Leaders, Martha Fragozo and Lucía Schiller, both with their respective babies. Martha came with her newborn and Lucía with her « newborn » doll which caused a sensation and confusion among the participants, as there were many who indeed believed that it was her sixth baby! How we laughed!

The International Breastfeeding Symposium started with a special homage: How wonderful to meet Mrs. Nancy Sabeán, who founded La Leche League Costa Rica in the late 1960s. After the homage, the Mistress of Ceremony who was, proud to say, a Mexican, started the program.

In the hotel “Windham Herradura”, the Conference hall filled with local Social Service Workers and LLL Leaders. Conference speakers from Costa Rica, Guatemala, Argentina, United States and Mexico shared various topics on breastfeeding updates. LLL Leaders provided simultaneous interpretation from Spanish to English.

From themes like new strategies of the marketing of breastmilk substitutes to the more delicate and polemic issues like breastfeeding support for mothers who are victims of sexual abuse and how to help a mother breastfeed and the use of bottles, participants remained interested, interacting with the conference speakers, who with great skill, shared their knowledge.

The last session on the program was a very international and creative Workshop, Module One of the Development of Communication Skills given by Argentinian, Guatemalan, Uruguayan, Colombian, Bolivian and Mexican Leaders. Through diverse dynamics, reflection and games, the facilitators helped the participants acquire a greater understanding of listening skills, indispensable to our work in supporting mothers.

At the end of the workshop, some Leaders returned to their countries, but many others, including the Mexicans, stayed a couple more days to experience other beautiful landscapes in Costa Rica. What beautiful destination awaits us in another two years? We have to wait to know that and start to save and raise funds for the next LLL adventure!

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**Guillermina Vázquez**, mother to 2 children who were breastfed beyond 2 years. Chemistry and English teacher in Secondary, Preparatory and University Education. Leader of La Leche League and founder and facilitator of *Conexión de Corazón*, a Mexican association that supports fathers and mothers to acquire skills and support to be close emotionally to their children.

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The article was translated from Spanish in <http://issuu.com/marcelimon/docs/boletindiciembre2014>

\* “El Son de la Negra” (“The Song of the Black Woman”) is a Mexican folk song, originally from the South of Jalisco, best known from an adaptation by Jaliscian musical composer Blas Galindo in 1940 for his suite *Sones de mariachi*. It is commonly referred to as the “second national anthem of Mexico.” From Wikipedia.

## 5. Celebrating 32 years of Mother-Baby Non-Separation

**Leonardo J. Mata, Costa Rica**

In Costa Rica we have completed 32 years of “rooming in”, of having stopped the separation of mother and baby at birth, in the main hospital in Costa Rica: “San Juan de Dios Hospital.” This Hospital was founded over a hundred years ago and remains as the most renowned in my country.

I spent 12 years in Guatemala (1962 to 1974) conducting the “Santa María Cauqué Study”<sup>\*</sup> where we observed and recorded all the births of babies of the Maya-Caqchiquel culture. In the village, about 93% of the population was Maya; the few non Mayans were “ladino” meaning non-Indian of mestizo with Spanish and of a different culture.

All Indian women delivered their babies in the home, in a kneeling or squatting position, without the assistance of doctors or nurses (there was no Clinic in the village), with support from “traditional midwives”, and in the company of relatives and friends. The Indian midwives cut the cord with a simple instrument. The position to deliver was on the knees, squatting, but not lying. (Relatives were present at the traditional birth; and most deliveries were at night. There was no electricity then, but there was a traditional fire on the floor).



When I returned from Cauqué in Guatemala to the San Juan de Dios Hospital in Costa Rica, I found that all infants were separated from mothers after delivery, and placed overnight for hours in cuneros. The “cuneros” (little cribs) were placed all together in another room, one next to the other, like in an army, for the babies to cry, without the presence of their mothers. The mothers also suffered from the separation of their babies, often wondering about them.

Doctors were convinced to try the “rooming in” that I had seen with the Mayans of Guatemala. Dr. José Rafael Araya agreed to try it at the San de Dios hospital, and within a few weeks, most of the neonates stayed with their mothers. Most of the mothers started breastfeeding freely. For very small babies and for those with complications (about 5%), human milk was provided whenever possible.

Within a few months, the news of our program spread, and the approach, technique, etc. was copied and accepted in other maternities in the country. Costa Rica was transformed from a “bottle feeding” to a breastfeeding population of babies and happy mothers.

In looking back now and remembering; “*I was so happy in Santa María Cauqué (1962–1974) seeing and visiting with those humble, intelligent and hard working mothers, raising children successfully... as to change my life, to teach me so much, and to have made me, I hope, a better person. The best years of my life.*”

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**Leonardo J. Mata**, Emeritus Professor, University of Costa Rica, Ciudad Universitaria, Costa Rica.

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\* See Dr. Leonardo Mata’s Santa María Cauqué Study at <http://wphna.org/wp-content/uploads/2015/02/1978-Children-of-Santa-Maria-Cauque.pdf>

## 6. Online Meetings Help Further Support Reach

**Cathy Heinz, USA**

I am blessed to live in an area where lactation support is plentiful. There are LLL meetings several times a week and a plethora of IBCLCs and Leaders to assist families. However, four years ago, we found many Group participants travelled from communities with little support. Parents were driving an hour or more to attend a meeting. Historically, these communities had low breastfeeding rates and many parents cited lack of support as a cause of premature weaning. Several Leaders alternated the hour + drive to bring support to these families. We began day meetings, but many parents requested a meeting outside of traditional work hours. This was a need left unmet for many years due to the physical limitations of travel.

In late 2014, discussions began with Leaders around the globe exploring the idea of online meetings. This appeared to be an ideal solution to increase support in an underserved community. We held our first online meeting in February 2015 in a Facebook closed group. The group is only open during a scheduled time where the discussion is led and moderated actively. The first meeting drew in 11 attendees and our second grew to 23! Parents have responded positively to this new form of support.

We utilize a post pinned on our Facebook group that explains the rules of the forum. Speak respectfully, stay on topic, no product posts, and take what you need and leave the rest are the most important points of our pinned post. Each participant is asked to read and acknowledge this at the start of the meeting.

To help provide a more structured feel, we have a specific start and end time, and a scheduled social time post-meeting. We have at least two Leaders moderating and our welcome message serves as a sign in sheet. Several short topic discussion starters are prepared in advance to facilitate discussion. As the meeting goes on, Leaders pull questions from the ongoing discussion to highlight specific topics. Discussion points are posted every 10 minutes to keep the discussion from stalling, however the posts become more frequent if participation starts to lag or becomes chaotic.

To ensure privacy of participants the meeting discussion is left up for a few days before being archived into a Word document with identifying details removed. This file is to be added to the file section of the Facebook group for future reference. This was requested by our participants so they would have previous meetings as a reference while maintaining privacy.

Online meetings are a wonderful tool for families to receive tips from multiple people in a short period of time. Our world is becoming increasingly focused on the speed of information. Online meetings appear to

fit well for the way many parents now seek support. While I do not expect these online meetings to replace physical meetings or one-on-one helping sessions, they are an excellent resource to bring breastfeeding support to underserved communities.

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**Cathy Heinz**, LLL Leader, Virginia Beach, VA, USA  
 Email: heinz.cathy@gmail.com

## MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

### 7. The Challenge of Breastfeeding Today: Woman, Children’s Rights, Society and Work Claudia P. Sanabria, Paraguay

I will never forget the first time I saw Constantino, having just been born and his look towards me was immediate. Those black eyes, steady, intense and full of love, bewitched me forever.

When I took him into my arms and moved him closer to me, he latched on very strongly and started to breastfeed. It was a feeling of pure satisfaction. From that moment, we have not been separated, not even for a moment.

I used the 84 days that are permitted by law for maternity leave. To those 84 days, I added another 20 days which I had accumulated and saved from my vacations, to spend more time with my son. In my case, I was able to find a way that allowed me to be with him the first four months uninterrupted, but not all women in Paraguay are able to do this. In most of the cases, they take 42 days after birth and then return to work. This is because they only receive what the Social Security pays them as a subsidy; the employer does not pay their salary during this time, although the law establishes that they must do so.

On returning to work, I was allowed to take my son with me to the office, which meant our togetherness continued and was strengthened. We succeeded in our goal of 6 months of exclusive breastfeeding, no juice, no teas, nothing of that sort, despite all the voices that insisted: *it is hot, give him water, he has gasses, give him tea, your milk does not satisfy him, give him formula...*



*Breastfeeding Constantino in the park.*

At 6 months, we started complementary feeding gradually and with much success. In the first weeks, he did not want to exchange breastfeeding for anything else but slowly, he started to get the taste of the different flavours of the food. Today at 1 year of age, we continue to enjoy this wonderful gift, breastfeeding, that unites love and health.

As an additional personal satisfaction, as a lawyer specializing in the Rights of the Child, during this time, I have been working from the Ministry of Health and Social Wellbeing on a Bill for the Promotion, Protection



*At the launching of the Breastfeeding Room at the Ministry of Health during World Breastfeeding Week 2014.*

and Support for Breastfeeding. The objectives of the Bill are not only to extend the maternity permission, but to create conditions that make it possible for the mother to get support from the health services. I consider this to be from where it all starts.

I should also emphasize the existence of my supportive environment – especially the unconditional support I received from a key person in my life, my mother. She taught me everything, and accompanied me at every moment. My family, my siblings and my officemates supported me during my pregnancy and even now support me in caring for Constantino.

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 Claudia P. Sanabria, Abogada, Especialista en Derechos de la Niñez, Asuncion, Paraguay  
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## 8. The Birth of Volodia Herrade Hemmerdinger, France

**M**y pregnancy started on April 14th 2008, I was pretty sure about it. I was so happy to be expecting again! My third child. After two girls, I could feel I was expecting a boy, although, until he was born, I didn't want to know. I wanted to keep it a surprise. I remember an early scan, when the doctor wrote in her report that the baby had been conceived on April 17th. Somehow, feeling irritated all of a sudden, I said that was not the case, I was adamant he had been conceived on April 14th and I asked her to correct her report. I wasn't sure why I did that. However, she complied, muttering under her breath that if that were the case, he was small for his age...

Afterwards, I wondered why I had been so adamant. But, towards the end of my pregnancy I understood why I felt that way. As a matter of fact, I was planning a home birth with a midwife with a holistic approach, Françoise. She had been there for us during my pregnancy with Victoria and her birth 5 years earlier, in 2003. Laura, my eldest, born in 2001, was born at 8 months + 1 day, Victoria, 8 months + 5 days, Volodia would be born at exactly 8 months, minus a few hours, according to the midwife, anyway. She said that if I gave birth before 8 months, I wouldn't have the legal right to have a home birth and I would have to go and give birth in the hospital. That was a prospect which I didn't like at all... I had a bad memory of Laura's birth, in a hospital. Not her actual birth by cesarean section, which was conducted by the doctor who did almost all my scans in my following pregnancies and whom I liked very much. However, all that happened after this major surgery prevented me from making my daughter's acquaintance the way I wanted and left me with a bitter taste in my mouth.

On the night of December 13th, I remember I felt a few mild contractions. I lay down and Henri (my husband) and I talked to the baby, asking him to remain in my womb a little while longer. I went to bed and spent a surprisingly good night. I got up at 10 am, feeling refreshed. Then I called my friend, Cécile. I remembered that back in September, she had offered to look after my daughters on any Sunday in December for the baby's birth. We were having breakfast in the living room, when all of a sudden, my waters broke. For once, it wasn't in my bed! My waters ran down my legs and onto the parquet floor. I knew that I was going to meet my baby in a few hours. Cécile arrived a few minutes later to collect Laura and Victoria and spent the day at the park with them, along with her youngest daughter, Colline.

I rang Françoise to let her know and also to say that I could feel mild rushes<sup>1</sup>. Then I proceeded to get on with my things as usual. At midday, I rang her again, as the rushes were getting stronger, every 5 or 7 minutes. I said I would call again when they were getting closer. She seemed to be reluctant to come to my house, considering that we should have waited until midnight for me to reach a full 8 month term. I replied: But what is 12 hours in a pregnancy? Nothing much! I started laughing and she relaxed. Then she wanted to ring my obstetrician to ask her permission to attend my baby's birth. I breathed deeply, smiled and said, "But of course! Let's wait until the early afternoon". She said, "All right". Then, I called two of my friends, Céline and my doula Marilyne. I was preparing a cake that morning and I continued until it seemed to be impossible for me to weigh the rice flour. I was experiencing my rushes joyfully knowing that each one was bringing me closer to my baby.

My friend Geneviève had told me to say YES to contractions. What a magnificent present! Saying YES made the rushes incredibly efficient, my freedom of movement and posture made it possible to considerably reduce pain.

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 1. Rushes is the word used by Ina May Gaskin for contractions. She wrote an incredibly empowering pregnancy book, which I warmly recommend: Ina May's Guide to childbirth

This is how, as I was holding on to my kitchen sink, fully experiencing each rush and saying YES in a deep low voice, that I felt my cervix open like a bubble and going from 4 to 10 cm in a single rush!

At 12:30 pm, I called the midwife again, laughing, telling her that my rushes were coming back every minute or two. Had I been myself a midwife and had I received such a phone call, I would have found it hard to take the woman seriously... Françoise said she was on her way. One must remember that we were in December, on a Sunday, just before Christmas, and therefore most shops were open, causing quite a lot of traffic jams...

In the meantime, my rushes got stronger. I would say they were much more intense than painful. I remember having felt the urge to go to the toilet and having pushed in vain. This is when I understood that my baby would be born in the following minutes. But at that stage, the rushes were so intense that, by the time I crossed the corridor and entered my bedroom, I had forgotten that thought.

I was now on all fours, on my bed. I wanted Henri to grab my arms and pull. He was saying: No! I was saying: Yes! He replied that he could already see the baby's head crowning. I said, surprised: Really? Volodia slipped gently out of my body and into his Father's welcoming hands. Then Henri placed him delicately on the bed. It was 1:17 pm. I asked him whether I could kneel back without hurting my baby. He said yes. I kneeled and grabbed my baby in my arms. Henri handed me a towel to keep him warm and we snuggled up under the quilt. It was a boy indeed! First, I rang the midwife, telling her that he was born and she could come with her hands in her pockets, instead of carrying 30 kg of equipment. At that precise moment she heard Volodia cooing and she said: "Oh! I can hear him!" Céline turned up first. She decided to finish baking the cake. Then Marilyne arrived. And last but not least Françoise arrived too!

Volodia was born turning his back to the ceiling, in posterior position. Meaning that at the end of the pregnancy, his back was against mine. This is what one calls back labour; a type of labour and birth that can be very painful. I think that the fact that I was in a familiar setting (my home), that I had total freedom of posture and position, and that I was respected in my privacy enormously contributed to make this birth an almost pain free birth.

I was glad Françoise was there to help me deliver my placenta, which was stuck by my too full bladder... I had envisaged having a lotus baby, i.e, not to cut the umbilical cord until it breaks naturally after a few days, usually 4 or 5, but it involves carrying a baby and placenta together, which is a bit complicated. Anyway, after a few hours, I chose to cut the cord myself. I remember the feeling precisely as a good memory.

I believe the fact that my labour was so quick probably comes from the fact I had been gluten and dairy free for over a year, being intolerant to gluten and dairy. I had read in Gentle Birth, a book by Dr. Gowri Motha, an obstetrician of Indian descent who works in London, about her observation that women who are gluten free gave birth more quickly. By the end of my pregnancy, I didn't fancy any animal products either. Besides, I had read somewhere else that vegan women gave birth very quickly too. I am sure that this combination of factors contributed to an easy and gentle birth.

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 Herrade Hemmerdinger, mother to 3 children, Doula, LLL Leader and MSTF E-Newsletter translator.

**9. Excerpt: "Normal or Radical?" from To Three and Beyond: Stories of Breastfeeding Children and the Mothers Who Love Them, Edited by Janell E. Robisch**

**"Normal or Radical?"**  
**Jessica Dee Humphreys, Canada**

From religion to toilet paper roll placement, our "normal" develops from what we are exposed to, especially when we are young. These are the routines of daily life that we take for granted, that we don't even consider defining us because they belong to everyone we know...As we grow and are exposed more to the larger world, a fundamental truth reveals itself: one person's normal may be another person's radical.

I am an only child, so I didn't witness breastfeeding much growing up. The first of my girlfriends to have kids breastfed her firstborn for four years: through another pregnancy with two years of tandem nursing and yet



another pregnancy. He self-weaned only when the third baby was born... This was my normal. The kids (now all enjoying their teens) were funny, healthy, loving, loud, messy, smart, and nursing.

When my son was born, I never questioned that he would breastfeed as much and as long as he liked... Like so many parenting strategies, it was mere instinct and common sense to my partner and me... we were amused to discover that we were unwittingly part of a movement called attachment parenting... Breastfeeding became the most natural and easiest thing we did.

It was so easy, in fact, that we soon discovered it was useful as far more than just food. This free, portable, sterile, healthy snack and beverage was also a miraculous catchall of problem solvers: a sleep inducer, sleep extender, fever tamer, and air-cabin-pressure reliever; a joy maker, cuddle instigator, and guaranteed boo-boo soother. What started as *de rigueur* became an active (or, more accurately, a lazy) choice, as my new-mom exhaustion gave way to mother-of-an-active-toddler exhaustion, and then to I-haven't-had-a-good-night's-sleep-in-years exhaustion. Breastfeeding was easier than sleep training, bottle sterilizing, and most of all, weaning.

As the months turned to years, breastfeeding resources continued to support us... Long-term breastfeeding had become a highly respected parenting technique, not only in developing countries, but here in North America, where the former U.S. Surgeon General Antonia Novello made the beautiful assertion that it is a lucky baby who nurses to age 2... Nursing toddlers had staunch support, and we breastfed cheerfully and freely for over two years. However, that two-year mark soon came and went. The mothers around us were weaning quickly and furiously... and support from experts was drying up fast.

It was hard for a while, not having that coterie of like-minded mommies and expert support anymore. I could see that we had slipped from normal to radical, but the ease and joy that we continued to experience from nursing kept me confident in the fact that it was still perfectly natural, even if it was not the norm. Every young child in our neighborhood still indulged (or desired to indulge) the urge to suckle. All the 4- and 5-year-olds on our block still drank from baby bottles; sucked soothers, thumbs, and backpack straps; or simply verbally lamented the loss of the breast.

At 4½, mamma's milk is still my son's favorite thing in the world. Not only is it "the most delicious," but he associates it with the safest, warmest, cuddliest, most loving experience of his life...

Is it normal to indulge a natural, healthy instinct? Of course! Is it also normal to follow the overt conventions of our larger society? Definitely! Is there a single universally accepted norm on this or any topic? There is not.

When I consider whether long-term nursing was a mistake, I laugh to myself: we all parent differently, with greater and lesser successes, and if this is the worst parenting mistake that I make, this is some lucky kid! I know that the time is coming when he will stop, and until then, we will proceed mindfully, lovingly, and respectfully both of the baby that is still in him and the man that he will become.

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**Janell E. Robisch's** book *To Three and Beyond: Stories of Breastfeeding Children and the Mothers Who Love Them* explores the unique joys and challenges of long-term nursing through a collection of stories, particularly from nursing pairs with a child who nursed until they were 3 or older.

The full version of the above story and many other wonderful stories from mothers in many walks of life from all over the world can be found in the book, which is available online from Praeclarus Press (ships internationally, <http://stores.praeclaruspress.com/to-three-and-beyond-stories-of-breastfed-children-and-the-mothers-who-love-them/>) and Amazon.com (paperback and Kindle editions available, <http://www.amazon.com/To-Three-Beyond-Breastfed-Children/dp/1939807166>).

**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 birth, breastfeeding, or know of someone working with a father support group, please submit your story.

## 10. Volodia's Birth According To His Dad

Henri Diaz, France

I was very happy that no one interfered with Volodia's birth. He was going to be born at home, with nobody else but Herrade his mother, and myself.

The trustworthy midwife, without whom we could never have envisaged a safe birth, was held up in a traffic jam. Two other friends we were expecting had no idea the birth would be so fast. Since the day before, we had felt things were moving faster. The intuition of a happy ending, although at only eight months' pregnancy, led me to be perfectly calm with regards to the labour and birth about to take place. The good news was we had a green light for all medical parameters, like the ultrasound scans and Herrade's general good health.

The bad news was, having observed medical staff in various circumstances previously (labour and birth, surgeries including a caesarian section, loved-ones being hospitalized) had often led me to believe that the most stressed member of staff would pass on their distress – their negativity – to the most fragile person of the group and in particular to the patient or the woman in labour. And even if the surgery goes smoothly, like for example the c-section that led to Laura's birth, our eldest, thanks to a calm and outstanding obstetrician, well, there is always someone on the staff who would make things worse through their anxiety (at the time the anaesthetist and a nurse).

I'm not against labour and birth in a hospital setting, however, expecting a baby is no illness, as is not said often enough. However, except for times when there is a danger for the mother or child, isn't it idyllic to give birth to one's baby without having nagging people hovering neurotically over the bed of the child to be born?

It was quite wonderful and extremely relaxing to be able to help Herrade give birth naturally, gently, without forceps, or any injection to steer the birth one way or the other and taking over the natural process. There were no health professionals on the clock, ("there's no way we're gonna have that kind of crap", said the anaesthetist elegantly, the one in charge in the Operating Room when Herrade was giving birth to Laura.)

So Volodia's birth, which I intuitively thought would be idyllic, actually was.

First his head crowned, then his shoulder emerged, I caught him and it was over! It happened on the bed we share, at home, because it was the right time and place. Herrade was on all fours, enjoying gravity, wasn't forced to lie back, when being supine would have made it more difficult for the child to emerge.

The only thing I had ready was a list of phone numbers in case of an emergency: have I ever said hospitals serve no purpose? Certainly not, I have the utmost respect for health professionals and modern equipment, providing that when medicine takes over, it does not reduce the labouring woman to some object that can be pushed and tugged; we were lucky enough to live in a hypermedicalized city, and paradoxically, I would never have wished for such a combination of circumstances – wanting a home birth and the midwife being held up – had we lived in the back of beyond.

Last, but not least, the umbilical cord. I didn't feel like cutting it. I was well informed before the birth, so I knew we had all the time in the world! So, no stress and, on the contrary, cutting it too quickly could be harmful, this is where the baby's first cry comes from. Babies suffer at birth when the cord is cut too quickly because their lungs expand brutally, whereas we're led to believe that the primal scream is liberating! So, once baby Volodia was in my arms, I warmed him up under a towel, skin-to-skin, letting the cord hang, like one of these long, umbilical-like lifelines used by astronauts to move about in space around their ship. So first, we got warmed up under the quilt, Herrade, Volodia and myself. Everything seemed perfectly natural. Volodia had left the vessel, the midwife was about to turn up, she would help Herrade delivering the placenta. Then Herrade would cut the cord; all plain sailing.

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**Henri Diaz**, father of 3 breastfed children aged 6, 11 and 14.

**Editors Note:** Volodia's birth experience is also shared by his mother. See no. 8

## 11. Men Do Babywear – 6 Dads Share Their Journey

Shari Wargo Stamps

**Raphaél Wade:** “After I began wearing my daughter more often, I grew to understand that babywearing gave me the feeling of not only being her father, but also her protector... babywearing has become our true bonding experience.”

*Raphaél and his 13-month-old daughter, Kassiana. Credit Katy Trumbull.*



**Chauncey Richardson:** “It’s been fun and convenient! It’s great being hands-free and getting stuff done. My mom wore me and my siblings in carriers [too]. I started with a Baby Bjorn that my wife got from a friend, but it wasn’t that comfortable so she got me the ABC and it was really comfortable. I wore him to a Detroit Tigers game and loved it. It was great being so close to him.”

*Chauncey Richardson with 6-month-old son.*



**Steve Burrell:** “Babywearing has helped me create and maintain a closer bond with my kids, and the added time together has been priceless.”

*Steve Burrell carrying 4-month-old son and helping his 2-year-old son with his Boba Mini carrier.*



**Izdiyar Ibrahim:** “Babywearing makes me feel like I’m protecting the world — as if I am a superhero — and in a way, I am protecting my world. It makes me a better dad to have my baby girl’s heart beat next to mine [and] to know that everything is OK, that she is OK. I know I cannot protect her forever. For now, let me try.”

*Izdiyar Ibrahim and 7-month-old daughter.*



**Kyle Riese:** “When I wear [my daughter] in a front carry and she looks up at me, nothing compares. I can’t even begin to describe what that feels like. She totally relaxes when she’s being worn and can be involved in whatever I’m doing. Plus, it’s convenient: Two hands are way better than one.”

*Kyle Riese with 8.5-month-old daughter cooking breakfast.*



**Matt Bergerac:** “I like being able to hold my kid, but still have my hands free to do other things... it’s really convenient.”

*Matt Bergerac with his 6-month-old son.*



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The fathers’ comments are from <http://www.savvyeveryday.com/real-men-who-babywear-6-dads-share-their-journey/>

## 12. Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial

Jennifer Abbass-Dick, PhD, Susan B. Stern, PhD, LaRon E. Nelson, PhD, William Watson, MD, and Cindy-Lee Dennis, PhD

**Objective:** To evaluate the effectiveness of a coparenting intervention on exclusive breastfeeding among primiparous mothers and fathers.

**Methods:** A randomized controlled trial was conducted in a large teaching hospital in Toronto, Canada. Couples were randomized to receive either usual care (n = 107) or a coparenting breastfeeding support intervention (n = 107). Follow-up of exclusive breastfeeding and diverse secondary outcomes was conducted at 6 and 12 weeks postpartum.

**Results:** Significantly more mothers in the intervention group than in the control group continued to breastfeed at 12 weeks postpartum (96.2% vs 87.6%, P = .02). Although proportionately more mothers in the intervention group were exclusively breastfeeding at 6 and 12 weeks, these differences were not significant. Fathers in the intervention group had a significantly greater increase in breastfeeding self-efficacy scores from baseline to 6 weeks postpartum compared with fathers in the control group (P = .03). In addition, significantly more mothers in the intervention group than in the control group reported that their partners provided them with breastfeeding help in the first 6 weeks (71% vs 52%, P = .02) and that they were satisfied with their partners' involvement with breastfeeding (89% vs 78.1%, P = .04). Mothers in the intervention group were also more satisfied with the breastfeeding information they received (81% vs 62.5%, P < .001).

**Conclusions:** The significant improvements in breastfeeding duration, paternal breastfeeding self-efficacy, and maternal perceptions of paternal involvement and assistance with breastfeeding suggest that a coparenting intervention involving fathers warrants additional investigation.

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Jennifer Abbass-Dick, PhD<sup>a</sup>, Susan B. Stern, PhD<sup>b</sup>, LaRon E. Nelson, PhD<sup>c</sup>, William Watson, MD<sup>d</sup>, and Cindy-Lee Dennis, PhD<sup>e,f</sup>

- a. Faculty of Health Sciences, University of Ontario Institute of Technology, Oshawa, Ontario, Canada;
- b. Factor-Inwentash Faculty of Social Work,
- c. School of Nursing, University of Rochester, Rochester, New York,  
<http://pediatrics.aappublications.org/content/early/2014/11/25/peds.2014-1416.abstract?related-urls=yes&legid=pediatrics;peds.2014-1416v1>
- d. Department of Family and Community Medicine,
- e. Perinatal Community Health, and
- f. Women's College Research Institute, University of Toronto, Toronto, Ontario, Canada.

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](mailto:pergunnar.engblom@vipappor.se)  
Africa: Ray Maseko                [maseko@realnet.co.sz](mailto:maseko@realnet.co.sz)  
South Asia: Qamar Naseem        [bveins@hotmail.com](mailto:bveins@hotmail.com)  
Latin America & Caribbean: Arturo Arteaga Villaroel    [arturoa36@hotmail.com](mailto:arturoa36@hotmail.com)

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



## BREASTFEEDING ADVOCATES – Past and Present

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

### 13. Breastfeeding and an Enduring Friendship – in Memory of Judy Torgus by Rebecca Magalhães, USA

When I attended my first mother support group meeting in 1973, in Aurora, Illinois, USA, I went for breastfeeding help and information, which I received and why I continued to attend for many years and through my last 2 children. However, I quickly learned that an additional benefit was the development of enduring and rich friendships. I could list many women who I have met through the past 30+ years while attending mother support group meetings and working with breastfeeding that are still good friends, in the USA and around the world, but I would like to focus on one in particular: **JUDY TORGUS**.

I met Judy in person, as a work colleague, when I joined the La Leche League International (LLL) staff in Franklin Park, Illinois, in 1993. Gradually, I became aware of Judy's important role in breastfeeding and mother-to-mother support through her work at LLL.

Although not formally trained or educated in editing and publishing, she was incredibly skilled in these areas. She became involved in LLL as a breastfeeding mother in the early years of the organization and had a close relationship with the LLL Founders, who respected and appreciated her work for LLL. She had an incredible and consistent depth of breastfeeding knowledge, which served her well in deciding and working on LLL books and magazines. Her finger was always on the pulse of breastfeeding and mother-to-mother support.

But, even more important to me was getting to know her as a wife, mother, grandmother, and friend. I learned how much she loved her family, her children, their spouses, and her grandchildren. Her support for her family was beautiful to behold. She was also honest and straightforward, as a friend and as a co-worker. And, she was adventurous, always ready to try new things... such as swimming with dolphins in Acapulco! She loved life and living. She was fun to be with and I was so glad when she coordinated our activities on a cruise she, her sister, and I took together a few years ago.

Some of you know and others of you have probably already figured out that Judy is no longer with us. She passed away in July, 2014, but I still think about calling and asking her "what do you think?" Even now, writing this article, I wish I could run it past her for editing!!

Judy made such a positive difference in this world and she is missed by many people, family, former colleagues, neighbors, and friends... I am a friend and a colleague. My hope is that everyone who reads this article has their own "Judy!"

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**Rebecca Magalhães**, mother of 5 wonderful children, 4 very special daughters-in-law, 1 great son-in-law, and 13 fabulous grandchildren, LLL Leader, former Director of the LLL Department of External Relations and Advocacy, co-editor/WABA MSTF e-Newsletter, WABA International Advisory Council Member, living on the family farm and enjoying retirement.



*The trip to Acapulco and the Dolphins.*



*The Alaska cruise (Judy, her sister, Kathie, and me).*

#### 14. Remembering Mary Ann Cahill – One of the Seven Founders of La Leche League International

It is with great sadness we pass along the news that Mary Ann Cahill, one of La Leche League's seven founding mothers died on October 26, 2014. Her commitment to supporting breastfeeding families started when La Leche League was formally created in 1956 and she continued as a member of the La Leche League International Board of Directors to the time of her passing.

On behalf of La Leche League Canada and all those whose lives have been touched by the support of La Leche League we send our thoughts and condolences to her family and all those who loved and admired her.

The La Leche League Canada Board of Directors  
<http://www.lllc.ca/mary-ann-cahill-1927-2014>



Mary Ann Cahill  
 Photo: LLLI e-News  
 Tribute to LLLI Founder

Mary Ann Cahill, La Leche League co-Founder, was born on June 10, 1927 in Chicago, Illinois, USA. At the age of 87, she passed away peacefully on October 26, 2014 in McHenry, Illinois, USA. On June 5, 1948, she married Charles "Chuck" Cahill. Together, they built their dream home, "big enough for all the kids," in Libertyville, Illinois. Chuck passed away in 1978. Mary Ann is survived by her nine children, 20 grandchildren and 15 great-grandchildren. Mary Ann's life was defined by family, her Catholic Faith, particularly the Church's social gospel, a lively intelligence that kept her involved with the world until the day she died, and the cause of her life, La Leche League.

Mary Ann lived her faith, which showed in her daily Mass attendance and her personal, active commitment to making the world a better place, a commitment she passed on to her children and grandchildren. She and Chuck were leaders in the Christian Family Movement at St. Joseph's Church in Libertyville, and she helped establish the St. Vincent De Paul Society at the Church of Holy Apostles in McHenry. On September 14, 2014, she was recognized as A Catholic Woman of Inspiration by the McHenry Deanery Council of Catholic Women.

In 1956, Mary Ann became one of the Founders of La Leche League, an organization in Franklin Park, Illinois, that grew from a group of seven mothers and became a worldwide organization dedicated to "Good Mothering Through Breastfeeding." After the women decided they could no longer keep up with the demand for information by writing individual letters back to the many mothers asking for breastfeeding help, Mary Ann helped write the first manual for La Leche League, "The Womanly Art of Breastfeeding." Mary Ann was the author of "Seven Voices, One Dream", an oral history of La Leche League in the words of the Founders, as well as authoring "The Heart Has Its Own Reasons: Mothering Wisdom for the 1980s," and numerous articles in La Leche League publications and journals. She was an emeritus member of the La Leche League International Board of Directors <http://llalumnae.org/content/We-Remember/703>

#### 15. Remembering André Nikiéma – Regional Coordinator for IBFAN Afrique

##### Arun Gupta – IBFAN ASIA

*When I first met Andre many years ago, it was like meeting someone I had known for years, as if we knew each other, as if he were meant to be with the International Baby Food Action Network (IBFAN) Afrique. The region was passing through a difficult phase at*



*At the 2012 World Breastfeeding Conference in New Delhi, India.*

*that time and we felt so relieved when Andre took over and within no time he very easily began to manage it well.*

*His contribution to breastfeeding for the region was exceptional. He felt for the babies and mothers. That was his real quality and that made him so special. He could face the challenges that came to him. His determination kept the region going. He was always upfront through his voice.*



*He had the ability to analyze situations and issues in a holistic way. He was talented enough for IBFAN to see its goals. His voice had the confidence that led one to believe that you can only ask for the best. His analysis of issues was of high quality and his contributions to the global agenda at the World Health Assembly and other Forums were of great value to the people of the world.*

*He was a friend, family member and a true leader. He was special; his smile was big and full of love. We will always miss him and the region will miss him even more.*

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 Arun Gupta, Dr. Arun Gupta MD FIAP, Member-Prime Minister's Council on India's Nutrition Challenges, Regional Coordinator – IBFAN Asia, Chair, IBFAN Global Council, Chair, global Breastfeeding Initiative for Child Survival (gBICS) Convener-Alliance Against Conflict of Interest (AACI), Email: arun@ibfanasia.org, arun.ibfan@gmail.com

**Sarah Amin – WABA**

*Andre Nikiema, a lovely compassionate soul, became part of WABA's life in the mid 1990s. He joined WABA as a Steering Committee (SC) member and brought a new dimension to WABA's work, both because of his wisdom as a young person and his Francophone perspective.*

*Andre was often a voice of reason, providing balance and consideration in the SC and in other WABA events over the years beyond his SC position. For many years, Andre led the Francophone Africa region and played a coordinating role for WABA as well as for IBFAN, helping with translations, distribution of materials, sharing WABA's advocacy positions and representational work.*

*While Jean-Pierre Allain was offering his translation and advisory services at the time, it was very helpful to have the added Steering Committee member who could give WABA perspective on language and communications to a more localised audience, particularly in Francophone Africa.*

*Andre was someone who worked hard, was totally committed to the cause and would always bring a special presence and nurturing perspective to any dialogue, meeting or event.*

*WABA is grateful to have had Andre in the early part of its journey and to have his involvement in the subsequent years of operation. We remember Andre for all of the above and much more in his many contributions towards breastfeeding and child health in the region and the field of breastfeeding.*

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 Sarah Amin, WABA Consultant and former WABA Executive Director  
 Email: sarah.amin@waba.org.my

**Alison Linnekar – IBFAN-GIFA**

*For over 20 years, André warmed us with his smile, good humour and sense of fun. His commitment to the mothers and babies of Africa touched us and reassured us, especially when the HIV/AIDS pandemic created even greater obstacles to protecting, promoting and supporting breastfeeding. His courage in confronting the many challenges caused by political pressures and the malpractices of the baby food industry inspired our admiration.*



*André with members of IBFAN Afrique Francophone.*

*For more than ten years André was the regional coordinator for IBFAN's French-speaking Africa Network, the FAN, which is called IBFAN Afrique Francophone in French. A brilliant linguist and skillful negotiator, André had been the administrator for the regional office in Burkina Faso since 1995. He then returned in 2004 as regional coordinator to steer the office through rough waters when there were many challenges to face. These included the uncertainty of continued funding support and the many problems in supporting the national groups, especially in countries undergoing conflicts and political upheaval or natural disasters - Mauritania, Chad and the Central African Republic. But worst of all were the aggressive tactics of the baby food companies, with the difficulty of protecting breastfeeding against such commercial pressures, and the need to resist threats by the industry. Sales representatives visited the regional office and complained menacingly that IBFAN Afrique was taking their livelihood away from them. André's work at the country level to implement the International Code as national legislation also brought political pressure from certain governments.*

*It is a privilege to have known and worked with André, as I did for many years when I was responsible for support to Francophone Africa in the GIFA office. The network of national groups that André built and sustained now includes Bénin, Burkina Faso, Cameroun, Gabon, Guinée, Ivory Coast, Mali, Niger, Sénégal and Togo. Edouard Zerbo, André's colleague and right-hand man, is now the acting regional coordinator and faces the immense task of carrying forward the achievements of André's work. We wish Edouard well and know that he will have every success in supporting and strengthening the national groups in what has become a widely spread Francophone Africa network.*

**Alison Linnecar**, from 1987–2010 International Coordinator with IBFAN-GIFA in Geneva and from 2008-2010 Technical Coordinator, gBICS Programme. Since retirement in 2010, voluntary Convenor of the gBICS\_IBFAN global working group on chemical and microbiological contamination of infant feeding products. Three children, all of them breastfed, and three grandchildren, all optimally breastfed thanks to the BFHI and the advances made in breastfeeding protection, promotion and support in the past 30 years.

**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

### 16. World Breastfeeding Week 2015 Jennifer Mourin, Malaysia

**W**orld Breastfeeding Week (WBW) 2015 theme, **'Breastfeeding and Work – Let's Make it Work!'** revisits the 1993 WBW campaign on Mother-Friendly Workplace Initiative. Much has been achieved in 22 years of global action supporting women in combining breastfeeding and work, particularly the adoption of the revised ILO Convention 183 on Maternity Protection with much stronger maternity entitlements, and more country actions on improving national laws and practices. At workplace level, we have also seen more actions taken to set up breastfeeding or mother-friendly workplaces including awards for breastfeeding-friendly employers, as well as greater mass awareness on working women's rights to breastfeed. Yet, after over two decades, global monitoring on infant and young child feeding progress shows that this fourth Innocenti Declaration (1991) target is still the most difficult to meet!

WBW 2015 Objectives are to:

1. Galvanise multi-dimensional support from all sectors to enable women everywhere to work and breastfeed.
2. STEP UP actions by employers to become Family/Parent/Baby and Mother-Friendly, and to actively facilitate and support employed women to continue breastfeeding.
3. Inform people about the latest in Maternity Protection entitlements globally, and raise awareness about the need for strengthening related national legislation along with implementation.



4. Showcase, facilitate and strengthen supportive practices that can enable women working in the informal sector to breastfeed.
5. Engage and partner with specific target groups e.g., with Trade Unions, Workers Rights Organisations, Women's groups and Youth groups, to protect the breastfeeding rights of women in the workplace.

### **WBW Photo Contest**

Participate in WABA's WBW Photo Contest and see your photos featured in the World Breastfeeding Week Action Folders. Deadline has been extended to the 17th April 2015. Download the form and send in your photos. <http://worldbreastfeedingweek.org/>

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 Jennifer Mourin – WABA World Breastfeeding Week (WBW) Global Coordinator  
 Email: [jennifer.mourin@waba.org.my](mailto:jennifer.mourin@waba.org.my)

### **17. Breastfeeding Art Expo: Canada**

The Breastfeeding Art Expo is a three-year arts-and-health project that will celebrate and support breastfeeding. The project will involve artists and community members from across the Interior Health region who will work as a team to explore the topic of breastfeeding, through art.

Breastfeeding has important medical, social, economic and environmental benefits. This community art project aims to advocate for policies and improve cultural acceptance which will better support mothers to breastfeed.

The beauty of the Breastfeeding Art Expo is that ingenuity and inspiration comes from engagement within individual communities. The community members being mentored by the artists will be shaped by their own personal experiences, which will result in ten unique art pieces that will each have their own impactful story. Our mission is to advocate for policy that will support new mothers to start and continue breastfeeding, by improving breastfeeding awareness and support within communities. Ultimately, our vision is to improve the long-term health of infants and families.

The organizers are Interior Health, British Columbia and Kelowna Community Resources (KCR), Kelowna, British Columbia, Canada.

Further information available at <http://breastfeedingartexpo.ca/>

### **18. WABA / LLLI World Health Day Statement**

**Melissa Vickers, USA**

April 7th 2015 is World Health Day. LLLI and WABA have published a joint statement for World Health Day. Please check <http://www.waba.org.my/pdf/statement-whd2015.htm> for the full statement and translations.

### **19. Speaking Out on Safe Sleep: Evidence-Based Infant Sleep Recommendations**

**Melissa Bartick and Linda J. Smith, USA**

The American Academy of Pediatrics (AAP) issued recommendations in 2005 and 2011 to reduce sleep-related infant death, which advise against all bedsharing for sleep. These recommendations overemphasize the risks of bedsharing, and this overemphasis has serious unintended consequences. It may result in increased deaths on sofas as tired parents try to avoid feeding their infants in bed. Current evidence shows that other risks are far more potent, such as smoking, shared sleep on sofas, sleeping next to impaired caregivers, and formula feeding. The emphasis on separate sleep is diverting resources away from addressing these critical risk factors. Recommendations to avoid bedsharing may also interfere with breastfeeding. We examine both the evidence behind the AAP recommendations and the evidence omitted from those recommendations. We conclude that the only evidence-based universal advice to date is that sofas are hazardous places for adults to sleep with infants; that exposure to smoke, both prenatal and postnatal, increases the risk of death; and that sleeping next to an impaired caregiver increases the risk of death. No sleep environment is completely safe. Public health efforts must address

the reality that tired parents must feed their infants at night somewhere and that sofas are highly risky places for parents to fall asleep with their infants, especially if parents are smokers or under the influence of alcohol or drugs. All messaging must be crafted and reevaluated to avoid unintended negative consequences, including impact on breastfeeding rates, or falling asleep in more dangerous situations than parental beds. We must realign our resources to focus on the greater risk factors, and that may include greater investment in smoking cessation and doing away with aggressive formula marketing. This includes eliminating conflicts of interest between formula marketing companies and organizations dedicated to the health of children.

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Melissa Bartick<sup>1</sup> and Linda J. Smith<sup>2</sup>

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2. Center for Global Health, Boonshoft School of Medicine, Wright State University, Dayton, Ohio.

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<http://online.liebertpub.com/doi/abs/10.1089/bfm.2014.0113>

## 20. Airports in the United States: Are They Really Breastfeeding Friendly?

Michael Haight and Joan Ortiz, USA

**Introduction:** State and federal laws have been enacted to protect the mother's right to breastfeed and provide breastmilk to her infant. The Patient Protection and Affordable Care Act requires employers to provide hourly waged nursing mothers a private place other than a bathroom, shielded from view, free from intrusion. Minimum requirement for a lactation room would be providing a private space other than a bathroom. Workplace lactation accommodation laws are in place in 24 states, Puerto Rico, and the District of Columbia. These requirements benefit the breast-pumping mother in an office, but what about the breast-pumping mother who travels? Of women with a child under a year, 55.8% are in the workforce. A significant barrier for working mothers to maintain breastfeeding is travelling, and they will need support from the workplace and the community. This study aimed to determine which airports offer the minimum requirements for a breast-pumping mother: private space other than a bathroom, with chair, table, and electrical outlet.

**Study Design:** A phone survey was done with the customer service representative at 100 U.S. airports. Confirmatory follow-up was done via email.

**Results:** Of the respondents, 37% (n=37) reported having designated lactation rooms, 25% (n=25) considered the unisex/family restroom a lactation room, 8% (n=8) offer a space other than a bathroom with an electrical outlet, table, and chair, and 62% (n=62) answered yes to being breastfeeding friendly.

**Conclusions:** Only 8% of the airports surveyed provided the minimum requirements for a lactation room. However 62% stated they were breastfeeding friendly. Airports need to be educated as to the minimum requirements for a lactation room.

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Michael Haight (San Francisco—Fresno Program, University of California, San Francisco, Fresno, California, USA) and Joan Ortiz (Limerick Inc., Burbank, California, USA)

E-mail: [joan.ortiz@limerickinc.com](mailto:joan.ortiz@limerickinc.com)

For the full article see, <http://online.liebertpub.com/doi/full/10.1089/bfm.2014.0112>

## 21. The Effects of Skin-to-Skin Contact on Temperature and Breastfeeding Successfulness in Full-Term Newborns after Cesarean Delivery Shourangiz

Beiranvand, Fatemeh Valizadeh, Reza Hosseinabadi and Yadollah Pournia, Iran

**Background:** The skin-to-skin contact (SSC) of mother and newborn is uncommon in full-term newborns after delivering via cesarean section due to the possibility of hypothermia in the infants. The aim of this study was to compare mothers' and infant's temperatures after delivering via cesarean section.

**Material and Methods:** In this randomized clinical trial, 90 infant/mothers dyads delivered via cesarean section were randomized to SSC (n = 46) and routine care (n = 44). In experimental group, skin-to-skin contact was performed for one hour and in the routine group the infant was dressed and put in the cot according to hospital routine care. The newborns' mothers' temperatures in both groups were taken at half-hour intervals. The data was analyzed using descriptive statistics, t-tests, and chi-square tests.

**Results:** The means of the newborns' temperatures immediately after SSC (P = 0.86), half an hour (P = 0.31), and one hour (P = 0.52) after the intervention did not show statistically significant differences between the two groups. The mean scores of the infants' breastfeeding assessment in SSC (8.76±3.63) and routine care (7.25±3.5) groups did not show significant differences (P = 0.048).

**Conclusion:** Mother and infant's skin-to-skin contact is possible after delivering via cesarean section and does not increase the risk of hypothermia.

Shourangiz Beiranvand<sup>1</sup>, Fatemeh Valizadeh<sup>2</sup>, Reza Hosseinabadi<sup>3</sup>,\* and Yadollah Pournia<sup>4</sup>

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4291124/>

## 22. Stern Penalties for Discouraging Breastfeeding in Balochistan

Irfana Yasser, Pakistan

**ISLAMABAD:** The Balochistan Assembly has passed a law in order to take effective steps for the protection of breastfeeding and nutrition for infants and young children.

The Balochistan Protection and Promotion of Breastfeeding and Child Nutrition Bill 2014 was passed on January 18, 2014, and assented to by the Governor on January 24, 2014.

According to the new legislation, the government will constitute an Infant Feeding Board to recommend investigation of cases against manufacturers and distributors or health workers, coordinate and disseminate informational, educational and communicational (IEC) materials, organize health education for health workers and general public and propose guidelines to the government for improving and taking care of infants' health.

It says no person will, in any form whatsoever promote any designated products except as provided for under the Act and no person will in any manner assert that any designated product is substitute for mother's milk, or that it is equivalent to or comparable with or superior to mother's milk. It says no manufacturer or distributor shall offer or make gift or contributions of any kind or pay to any extent for any reason to a health worker or his/her family.

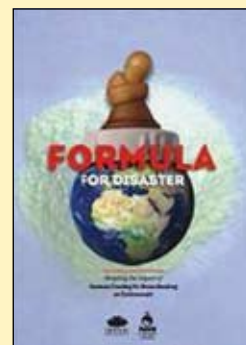
For the full article, see <http://parliamentfiles.com/houses/balochistan-assembly/stern-penalties-for-discouraging-breastfeeding-in-balochistan/>

## BREASTFEEDING RESOURCES

### 23. Formula for Disaster BPNI / IBFAN Asia

**F**ormula for Disaster: weighing the impact of formula feeding vs breastfeeding on environment, BPNI / IBFAN Asia's latest publication is available for download at <http://bpni.org/documents/FormulaForDisaster.pdf>

The path breaking publication aims to raise awareness of the positive impact of breastfeeding on our environment and throws light on the negative impact of formula



feeding. This publication positions formula feeding as detrimental to global environment, whereas breastfeeding is positioned as healthier for mothers, children and the planet.

The following analysis aims to raise awareness of the positive impact of breastfeeding on our environment and throw light on the negative impact of formula feeding. It is vital to expand our knowledge base in the context of the advancement of Sustainable Development Goals, which are under discussion in the 2nd United Nations General Assembly Open Working Group. The chapters examine the facts, identify the action needed, the actors who should be involved, and suggest a policy framework about various aspects of infant feeding and environment. They also suggest ways to move from awareness to action at every level, through national and community research to provide evidence for policy and practice.

Breastfeeding Promotion Network of India (BPNI)/ The International Baby Food Action Network Asia (IBFAN Asia) Email: [bpni@bpni.org](mailto:bpni@bpni.org), [bpni.india@gmail.com](mailto:bpni.india@gmail.com)

## 24. Effect of peer counselling by mother support groups on infant and young child feeding practices: the Lalitpur experience

Kushwaha KP, Sankar J, Sankar MJ, Gupta A, Dadhich JP, Gupta YP, Bhatt GC, Ansari DA, Sharma B, India

**Objective:** Our primary objective was to evaluate the effect of peer counselling by mother support groups (MSGs) in improving the infant and young child feeding (IYCF) practices in the community.

**Methods:** We conducted this repeated-measure before and after study in the Lalitpur district of Uttar Pradesh, India between 2006 and 2011. We assessed the IYCF practices before and after creating MSGs within the community. The feeding practices were reassessed at two time points-2 (T1) and 5 years (T2) after the intervention and compared with that of the pre-intervention phase (T0).

**Results:** The total population covered by the project from the time of its initiation was 105000. A total of 425 (T0), 480 (T1) and 521 (T2) mother infant pairs were selected from this population. There was significant improvement in the following IYCF practices in the community (represented as %; adjOR (95% CI, p) such as initiation of breast feeding within 1 hour at both T1 (71% vs. 11%); 19.6 (13.6, 28.2, p = <0.0001) and T2 (62% vs. 11%); 13.3 (9.4, 18.9, p = <0.0001); use of prelacteal feeds at both T1 (67% vs. 15%); 12.6 (CI: 9.0, 17.6, p<0.0001) and T2 (67% vs. 5%); 44.4 (28.8, 68.4, p = <0.0001); rates of exclusive breast feeding for 6 months at both T1 (50% vs. 7%); 13.6 (7.6, 25.0, p = <0.0001) and T2 (60% vs. 7%); 20.5 (11.3, 37.2, p = <0.0001); initiation of complementary feeding at T1 (85% vs. 54%); 5.6 (3.6, 8.7, p = <0.0001) and T2 (96% vs. 54%); 22.9 (11.8, 44.1, p = <0.0001) and complementary feeding along with continued breast feeding at both T1 (36% vs. 4.5%); 6 (1.15, 31.4, p = 0.033) and T2 (42% vs. 4.5%); 8.06 (1.96, 49.1, p = 0.005) as compared to pre-intervention period (T0) after adjusting for important social and demographic variables.

**Conclusion:** Peer counseling by MSGs improved the IYCF practices in the district and could be sustained.

Kushwaha KP<sup>1</sup>, Sankar J<sup>2</sup>, Sankar MJ<sup>2</sup>, Gupta A<sup>3</sup>, Dadhich JP<sup>4</sup>, Gupta YP<sup>5</sup>, Bhatt GC<sup>1</sup>, Ansari DA<sup>1</sup>, Sharma B<sup>1</sup>

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For full article see, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4219670/>

## 25. Breastfeeding Today

La Leche League International

Breastfeeding Today is a La Leche League International magazine, published in English. Issue 28 March 2015 includes the following:

- Outgrowing the Need
- Breastfeeding "Forever"
- A Child's Perspective





- Who Needs WHO? Global trends in baby milk marketing
- A Response to Indignation at Breastfeeding in Public Spaces
- Breastfeeding after Reduction Surgery
- A Change of Position
- The First Six Months
- Growing Powerful

The pdf is available at <http://viewer.zmags.com/publication/b4fbf2b#/b4fbf2b/> or you can order the hard copy from <http://www.magcloud.com/browse/magazine/83715>

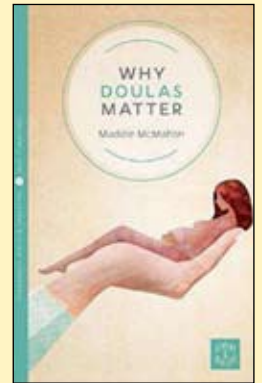
To contribute to the magazine, please email Barbara Higham at [editorbt@illi.org](mailto:editorbt@illi.org)

## 26. Why Doulas Matter

Maddie McMahan, UK

Women have long known, and recent research has confirmed, that having an experienced female birth companion can have a tangible, positive effect on a woman's experience of childbirth and the outcome of her labour. In our era of modern childbirth, most births take place in busy maternity units, where, although women may have access to high-quality medical care, continuous support during labour and post-natally is often absent. Parents can feel overwhelmed and emotionally unsupported, making important decisions about their care without adequate information – a scenario which can colour their whole experience of birth.

In this comprehensive discussion of how a doula can offer new parents practical, emotional and informational support, Maddie McMahon, a UK doula, doula course leader and breastfeeding counsellor, also explains how and why many parents now choose to employ one. <http://www.pinterandmartin.com/why-doulas-matter.html>



## 27. New Breastfeeding Toolkit Offers Comprehensive Resource

A new breastfeeding resource and toolkit from the American Academy of Family Physicians (AAFP) offers office and community based tools, advocacy resources, evidence-based knowledge and educational material that family physicians can share with their patients. <http://www.aafp.org/news/health-of-the-public/20150305breastfeedingtoolkit.html>

## 28. Health Books in Portuguese from Hesperian Health Guides

Books available on Birth and Breastfeeding in Portuguese from Hesperian Health Guides include *Where There Is No Doctor, Pregnancy and Birth, Newborn Babies and Breastfeeding and Caring for Children*. Check out free chapters available at these sites:

- [http://pt.hesperian.org/hhg/Novo\\_Onde\\_N%C3%A3o\\_H%C3%A1\\_M%C3%A9dico?utm\\_source=Exciting+new+materials+in+Portuguese%21&utm\\_campaign=Exciting+new+materials+in+Portuguese%21&utm\\_medium=email](http://pt.hesperian.org/hhg/Novo_Onde_N%C3%A3o_H%C3%A1_M%C3%A9dico?utm_source=Exciting+new+materials+in+Portuguese%21&utm_campaign=Exciting+new+materials+in+Portuguese%21&utm_medium=email)
- [http://pt.hesperian.org/hhg/New\\_Where\\_There\\_Is\\_No\\_Doctor:Cap%C3%ADtulo\\_26:\\_A\\_gravidez\\_e\\_o\\_parto?utm\\_source=Exciting+new+materials+in+Portuguese%21&utm\\_campaign=Exciting+new+materials+in+Portuguese%21&utm\\_medium=email](http://pt.hesperian.org/hhg/New_Where_There_Is_No_Doctor:Cap%C3%ADtulo_26:_A_gravidez_e_o_parto?utm_source=Exciting+new+materials+in+Portuguese%21&utm_campaign=Exciting+new+materials+in+Portuguese%21&utm_medium=email)
- [http://pt.hesperian.org/hhg/New\\_Where\\_There\\_Is\\_No\\_Doctor:Cap%C3%ADtulo\\_27:\\_Rec%C3%A9m-nascidos\\_e\\_alimentamento\\_materno?utm\\_source=Exciting+new+materials+in+Portuguese%21&utm\\_campaign=Exciting+new+materials+in+Portuguese%21&utm\\_medium=email](http://pt.hesperian.org/hhg/New_Where_There_Is_No_Doctor:Cap%C3%ADtulo_27:_Rec%C3%A9m-nascidos_e_alimentamento_materno?utm_source=Exciting+new+materials+in+Portuguese%21&utm_campaign=Exciting+new+materials+in+Portuguese%21&utm_medium=email)
- [http://pt.hesperian.org/hhg/New\\_Where\\_There\\_Is\\_No\\_Doctor:Cap%C3%ADtulo\\_28:\\_A\\_sa%C3%BAde\\_das\\_crian%C3%A7as?utm\\_source=Exciting+new+materials+in+Portuguese%21&utm\\_campaign=Exciting+new+materials+in+Portuguese%21&utm\\_medium=email](http://pt.hesperian.org/hhg/New_Where_There_Is_No_Doctor:Cap%C3%ADtulo_28:_A_sa%C3%BAde_das_crian%C3%A7as?utm_source=Exciting+new+materials+in+Portuguese%21&utm_campaign=Exciting+new+materials+in+Portuguese%21&utm_medium=email)

## 29. Cohort Profile Update: The 1982 Pelotas (Brazil) Birth Cohort Study

Bernardo Lessa Horta, \* Denise P. Gigante, Helen Gonçalves, Janaina Vieira dos Santos Motta, Christian Loret de Mola, Isabel O. Oliveira, Fernando C. Barros and Cesar G. Victora

The 1982 Pelotas birth cohort is considered one of the largest and longest-running birth cohorts in low- and middle income countries. The early phases of the study have provided valuable data on the consequences of infant feeding for child health and on risk factors for infant mortality and undernutrition. Over time the focus of the study changed, and recent visits evaluated the frequency of precursors of chronic diseases and their risk factors. We have assessed the long-term consequences of early exposures, such as caesarean sections, infant feeding patterns and early growth.

Bernardo Lessa Horta,<sup>1</sup> \* Denise P. Gigante,<sup>1</sup> Helen Gonçalves,<sup>1</sup> Janaina Vieira dos Santos Motta,<sup>2</sup> Christian Loret de Mola,<sup>1</sup> Isabel O. Oliveira,<sup>1</sup> Fernando C. Barros<sup>2</sup> and Cesar G. Victora<sup>1</sup>

1. Postgraduate Program in Epidemiology, Universidade Federal de Pelotas, Pelotas, Brazil and

2. Postgraduate Program in Health and Behavior, Universidade Católica de Pelotas, Pelotas, Brazil \*Corresponding author  
Email: blhorta@gmail.com

<http://m.ije.oxfordjournals.org/content/early/2015/03/01/ije.dyv017.full.pdf>

## 30. Breastfeeding Books from Brazil

### Mamãe – eu te mamo: Maria Lúcia Futuro Mühlbauer

Mamãe – eu te mamo is a publication that is the result of the author's academic reflections and her desire to share her experiences. The simple purpose of bringing together these materials is to help form the concept of breastfeeding and its rewards in a pleasant and creative manner.



### O Pulo da Gata – diário secreto de uma mulher que virou mãe: Maria Lúcia Futuro Mühlbauer

The Pulo da Gata was composed from the many stories heard in Amigas do Peito group meetings, in parks, parties, with families, in waiting rooms and school meetings and, of course, from personal experience. It was not possible to include all the happenings in the life of this mother, but what happens with more frequency is included in the diary of this mother who has her first child...

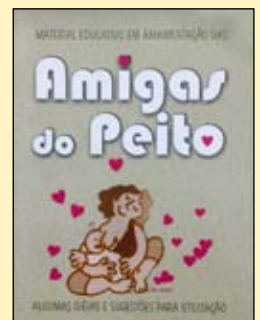
And, if it were a case of adoption, the experiences and observations would be basically the same...

To laugh at difficult situations usually lightens the weight we carry every day... So, there is a hint of humor in the book, precisely to make it easier to read.

### Material Educativo em Amamentação Das Amigas do Peito: Algumas idéias e sugestões para utilização

This book, compiled by Maria Lúcia Futuro Mühlbauer, contains ideas and suggestions for breastfeeding support, promotion and protection that Amigas do Peito has carried out in their breastfeeding work.

For further information on these books please contact Maria Lúcia Futuro Mühlbauer at [mluciafuturo@gmail.com](mailto:mluciafuturo@gmail.com) and/or the editor at [www.livrosilimitados.com.br](http://www.livrosilimitados.com.br)



## 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.

### 31. Grief over Loss of Milk

Jessica Dee Humphreys, Toronto, Canada

My little boy joyfully nursed until he was six years old, but the summer he was four and a half, the milk dried up. We were vacationing at our cottage in Northern Ontario, when we noticed that the flow had finally stopped. We didn't make a big deal out of it, and he continued suckling for the next year and a half. We held a weaning party for him on his sixth birthday, and it hasn't come up much for the past few months. However, when we started planning our summer vacation, he told me he didn't want to go to the cottage. I said, "I thought you loved it there!" He began to cry, responding, "But that's where the milk went away." It was a precious moment of grieving, long overdue. I had failed to appreciate what an enormous loss it had been for him, and I was happy we were able to share it together and move on, bigger, stronger, and even more connected.

**Editors' Note:** Jessica Dee Humphreys' breastfeeding story, "Normal or Radical?" is one of the stories featured in *To Three and Beyond: Stories of Breastfeeding Children and the Mothers Who Love Them*, Edited by Janell E- Robisch.

### 32. Learning by Being There

Viana Maza, Guatemala



*Viana in action during her training sessions.*

When I was a child, I used to accompany my mother when she did trainings in the communities. She worked with very poor women, gave courses, talks, ran workshops and (led) support groups. I was always there, listening to everything. Now I give these trainings. I know everything... I know everything perfectly, even better than what I learnt at the college or university. Work, education, knowledge... travel through generations. Thank you, Mimi Maza, for everything that you have "taught" me by simply taking me to work with you.

Now I am a Doula, a midwife student (a student of birth), psychologist with a Masters in Public Health. My true passion is birth I also do breastfeeding consultations and it is in these consultations that I have succeeded in reproducing what I learned from my mother.

Viana Maza, Guatemala City, Guatemala

## GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

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

### 33. Supporting My Daughter through Birth and Breastfeeding

Cathy Urroz, Mexico

It was a beautiful experience to be able to accompany my daughter during her pregnancy, labour and birth by cesarean. It was difficult seeing her in total concentration, giving fully in labour, not complaining at all for more than 24 hours, until she was fully dilated. Yet even after almost eight hours the baby had not descended due to cephalopelvic disproportion\*. In the end, thankfully with an intervention via respectful cesarean, I saw the birth of my granddaughter!!!

The initial days were very hard on my daughter; the physical pain of her wound, the emotion of being unable to birth (naturally) but due to my years as a La Leche League Leader, and the confidence she had in me, I could accompany her lovingly, help her with her baby and establish breastfeeding successfully. Now both are experts and are in their own house! It was a great gift for me to be able to serve and care for her and take care of them during the confinement period (forty days)!

It was also very lovely and great to have suggested to her to express colostrum before her birth and she had 25 ml frozen. It was with this frozen colostrum that we started to feed Cloe, being skin to skin (with her mother) and when she did not latch. My daughter, Cathy, was very tired and was hurting so, after trying for a while, I gave the colostrum, drop by drop, to the baby's mouth and later returned her to her mother for skin to skin contact. I continued expressing milk to have more (I did manual expression as my daughter could not) and when the colostrum reserve finished, we continued with what we had expressed until much later the baby latched on. From then on, it was smooth sailing!

Apart from giving the colostrum in a syringe, Cathy or the baby's father or I gave the baby a finger to suck and being skin to skin with her mother, the baby divinely forced herself to locate her mother's breast but could not latch on. Never had I seen a baby make so much noise, moving her head towards one breast and then the other. It appeared as if she were giving kisses and only once in the early morning of the second day when we were all asleep, the baby positioned as well as she could and latched on in a really funny position and later unlatched. It was beautiful to see her struggle! There was a moment on the dawn of the second day when she still had not latched on well, I felt really exhausted. The colostrum had finished and I could not express more, I spoke to my daughter on the possibility of giving her baby small amounts of formula and she accepted. That was very good as Cloe only drank 15 ml in total in two feeds of 7 ml and 8 ml which allowed us to rest a little and move on.

The knowledge of knowing what to do was a great gift for the three of us and it was an enormous responsibility on me as my daughter trusted me 1000%. To let her husband rest at night as he had a lot of work, I slept with them to help with the baby as it was very difficult due to the size of her breasts and her fear of hurting the wound. It was an enormous blessing as I helped burp the baby, change diapers and return her to her mother!!! My daughter did not have engorgement, although she experienced a feeling of fullness and we spent a couple of nights awake, laughing a lot with the baby and with the pump to avoid engorgement.

Not only do I feel blessed being a part of the lives of many women but also felt it was worth the effort as when I was with my daughter it was very intense and beautiful. My heart felt even more sensitized towards all mothers, especially to those who undergo cesarean and are heroines and able to succeed in breastfeeding without much support. The strength of mothers and their babies is really impressive!!



Cloe with her grandmother.

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**Cathy Urroz**, mother to 3 children, 2 sons 35 and 32 years old and a daughter 29 years old and grandmother to 2 granddaughters, Leader of La Liga de La Leche Mexico.  
 Email: urroz.cathy@gmail.com

## WEBSITES AND ANNOUNCEMENTS

### 34. Check out these Websites /Links

- e-WABA Link February 2015  
<http://www.dipity.com/waba/WABALink-feb-2015/>
- [http://blog.therainforestsites.com/the-life-of-a-newborn-vervet-monkey/?utm\\_source=social&utm\\_medium=trsfan&utm\\_campaign=the-life-of-a-newborn-vervet-monke&utm\\_term=20150205#EccbF8sxaodPBcjp.97](http://blog.therainforestsites.com/the-life-of-a-newborn-vervet-monkey/?utm_source=social&utm_medium=trsfan&utm_campaign=the-life-of-a-newborn-vervet-monke&utm_term=20150205#EccbF8sxaodPBcjp.97)
- Breastfeeding Basingstoke mums to be given more support – Hampshire Breastfeeding Counselling (BFC) was awarded the funds via Basingstoke and Deane Borough Council's health and wellbeing forum, and will use the cash to train volunteers to offer breastfeeding support in the community and to run a community breastfeeding drop-in for 12 months, staffed by a trained breastfeeding counsellor.  
[http://m.basingstokegazette.co.uk/news/11790084.Breastfeeding\\_Basingstoke\\_mums\\_to\\_be\\_given\\_more\\_support/](http://m.basingstokegazette.co.uk/news/11790084.Breastfeeding_Basingstoke_mums_to_be_given_more_support/)
- Bacteria Help Breastfed Babies digest solid food: University of North Carolina at Chapel Hill, USA.  
 A closer look at gut bacteria suggests exclusively breastfed babies have an easier time transitioning to solid food – potentially with fewer stomach aches. <http://www.futurity.org/breastfed-babies-microbiomes-851152/>
- Black breast-feeding gatherings bridge health gaps  
<http://www.coloradoan.com/story/news/2015/02/01/black-breastfeeding-gatherings-bridge-health-gaps/22728045/>
- Breastfeeding Bill Passes House and Senate  
<http://wric.com/2015/02/10/breastfeeding-bill-unanimously-passes-house-and-senate/37>.
- The latest Growing Up in Ireland (GUI) report, Maternal Health Behaviour and Child Growth in Infancy, notes that “Ireland has one of the lowest national levels of breastfeeding in the world”.  
<http://www.irishtimes.com/life-and-style/health-family/second-opinion-reports-link-low-breastfeeding-rates-and-early-weaning-to-obesity-1.2082486>
- A Post – 2015 World Fit for Children-Issue Brief on Breastfeeding: UNICEF  
[http://www.unicef.org/post2015/files/Breastfeeding\\_2pager\\_FINAL1\\_web.pdf](http://www.unicef.org/post2015/files/Breastfeeding_2pager_FINAL1_web.pdf)
- Are there any cures for sore nipples? Marsha Walker, RN, IBCLC, RLC  
<http://www.clinicallactation.org/tags/sore-nipples>
- Breastfeeding With HIV, is Breast Still Best? Interview With Expert Pamela Morrison  
<https://staywellfireyourdoctor.wordpress.com/2015/04/04/breastfeeding-with-hiv-is-breast-still-best-interview-with-expert-pamela-morrison/>

### 35. Announcements: Past and Future Events

**12–16 January 2015:** 21st International Breastfeeding Conference, The Art and Science of Human Lactation Research and Breastfeeding Management, Orlando, Florida, USA. <http://www.healthychildren.cc/conferences.htm>

**14 February 2015:** WABA celebrates 24 years.

**3 March 2015:** IBCLC Day

**4 March – 16 April 2015:** Joint Online Breastfeeding Conference, Working Together for Breastfeeding Success by iLactation and The Academy of Breastfeeding Medicine (ABM) [www.iLactation.com](http://www.iLactation.com)

**8 March 2015:** WABA celebrates International Women's Day 2015: commemorating 20 years since the Beijing Declaration and Platform for Action.

WABA Steering Committee endorsed WABA Secretariat's collaboration with the Academy of Breastfeeding Medicine (ABM), International Lactation Consultant Association (ILCA), Carolina Global

Breastfeeding Institute (CGBI) and 1000 Days, on a call for “Supporting Women’s Right to Breastfeed”, in a Joint Statement and Call for Action to the CSW 59.

Full statement see: <http://waba.org.my/pdf/statement-csw59.pdf>

**22–28 March 2015:** World Doula Week <http://www.worlddoulaweek.com/>

**28–29 March 2015:** Global Health and Innovation Conference, Yale University, New Haven, Connecticut, USA, presented by Unite for Sight, 12th Annual Conference. This conference annually convenes 2,200 leaders, changemakers, students, and professionals from all fields of global health, international development, and social entrepreneurship. <http://www.uniteforsight.org/conference/>

**19–20 March 2015:** The 10th Breastfeeding and Feminism International Conference, “Breastfeeding, Social Justice and Equity: Reflecting, Reclaiming, Re-visioning”, organized by The Center for Women’s Health and Wellness and The Carolina Global Breastfeeding Institute. For further information see – <http://breastfeedingandfeminism.org/>

**7 April 2015:** World Health Day – «Food Safety » (Assuming you will insert a website link here.)

**13 April – 1 June 2015:** 9th Gold Lactation Online Conference

**21 May 2015:** 34th Anniversary of the Code

**22 May 2015:** Submit an abstract for the 20th Annual International Meeting of Academy of Breastfeeding Medicine. <http://www.bfmed.org/>

**1–7 August 2015 :** World Breastfeeding Week 2015 : Breastfeeding and Work: Let’s Make It Work! <http://www.worldbreastfeedingweek.org/>

**14–16 August 2015:** PRISMA 2015, Malaysian Convention on Breastfeeding Peer Counselors and Natural Parenting, Embracing Your Role, Knitting Our Network, Normalizing Breastfeeding organized by Malaysian Breastfeeding Counselors. Online Registration at: <http://form.jotform.me/form/50814812539457>  
For further information see [www.facebook.com/KonvensyenPRISMA2015](http://www.facebook.com/KonvensyenPRISMA2015) or email: [prisma2015@malaysianbfpc.org](mailto:prisma2015@malaysianbfpc.org)

**16–18 October 2015:** 20th Annual International Meeting of The Academy of Breastfeeding Medicine in Los Angeles, California, USA <http://www.bfmed.org/>

**19–31 October 2015:** 6th Regional Outreach course on Breastfeeding : Advocacy and Practice, by The Infant Feeding Consortium, UK and WABA in Penang, Malaysia. <http://www.waba.org.my/whatwedo/hcp/training.htm#bap>

### 36. Readers Share

*Excellent work. I have spent the last hour reading this issue from the first to the last page! It was wonderful to have the perspectives of mother, father and grandparents. It’s most helpful. Will print this newsletter and make photocopies to share with mothers at MMPS meeting and anywhere we can.*

*Sabrina Sunderraj, Malaysia*

*This issue is excellent. Something for everyone. I’ve posted this newsletter link on the LCA NZ (Lactation Consultant Australia New Zealand) Members’ discussion board and on the LCA NZ Board’s discussion board.*

*Virginia Thorley, Australia*

## NEWSLETTER INFORMATION

### 37. Submission of Articles and Next Issue

**W**e 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.

### 38. 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.*

***A protégé of Dr. Herbert Ratner, an early advocate of the wisdom of nature, Dr. White gave me the best mothering advice I ever received: "A baby's wants are a baby's needs." Gone were the confusion and worries about spoiling my baby (her second child, Timothy born 1952), holding him too much or too little, following the clock, or nursing on demand. It was wonderful, blessed freedom!***

*– Mary Ann Cahill, La Leche League International Co-Founder  
in her Foreword to The Womanly Art of Breastfeeding, 8th Edition.*



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

**WABA**, PO Box 1200, 10850 Penang, Malaysia • T: 604-658 4816 • F: 604-657 2655 • W: [www.waba.org.my](http://www.waba.org.my)

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

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

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