

Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



Roxanna Froese, WABA 2010 WBW Photo Contest

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Breastfeeding is a connection as well as a food source, a baby's first human relationship, designed to gently him into the world with far more than just immune factors and good nutrition.

– *The Womanly Art of Breastfeeding*,
8th Edition, La Leche League International, 2010

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Since the last issue of the MSTF e-Newsletter (V8N3), the world has seen floods in Brasil, an earthquake in New Zealand, and more recently, an earthquake, tsunami and radiation scare in Japan. The Mother Support Task Force sends its best wishes to all those affected by these disasters and sends hope for productive recovery efforts in all countries. We have included web links in this issue where you will find information on breastfeeding in an emergency or disaster.

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MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Measuring Our Support: Pushpa Panadam, Co-Coordinator, WABA MSTF

Walking back home this morning (11th March 2011), after leaving my daughter in her classes, my thoughts turned to Japan – the devastating destruction from earthquakes and tsunamis. The early morning news had announced that more countries would soon be affected. My heart hurt as I visualized mums, families, especially those with non breastfeeding babies, their desperation - what stores, what formulas ... I wonder: why couldn't we have reached them in time with information and support to enable them to breastfeed their babies?

With these thoughts, I write my first article as one of the co-coordinators of the Mother Support Task Force. How **do** we reach mothers before they have their babies, before they even think about having babies? How **do** we reach fathers, families, societies and governments? I know we (anyone passionately and patiently protecting, promoting and supporting breastfeeding) have been reaching out in creative ways for years, but when a tragedy of this nature strikes in any part of the world, it may seem we have not done enough.

A hundred possible reasons on why mothers do not receive the support they deserve to breastfeed their young ones cross my mind. Is it the lack of support groups, media space? What can it be? Then I hear a piece of good news.

Dr. Mireya, a retired paediatrician, who tirelessly promotes breastfeeding, tells me excitedly that Lidia (her live-in employee) breastfed her son Diego, 1 year 8 months, on a long bus journey. Lidia has continued nursing despite negative comments, announcing confidently to anyone who will listen that one can exclusively breastfeed for 6 months and then continue on for two years and beyond. Dr. Mireya told her this and supports her.

Perhaps the size of our contribution isn't important; be it a smile, a pat on the back, writing or sharing an experience, doing research, giving talks ... whatever it is doesn't matter. When a mother experiences a successful breastfeeding experience and shares it with another, we have gained a breastfeeding advocate.

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

Anne Batterjee and I would like to thank Paulina Smith, Rebecca Magalhães and Prashant Gangal for the wonderful work that has been accomplished through the MSTF in their tenure as Coordinator and Co-Coordinators. We are grateful that Prashant will continue on in the position of Co-Coordinator of the MSTF.

We are looking forward to continuing with the E-Newsletter and hope to increase the languages into which the e-newsletter is translated, from the current 4 languages. If you are already translating it into your local language and your translation is available on the website, please do let us know. Another option to increase the availability of the newsletter through more languages is to have selected newsletter articles translated into local languages. Once translated, the articles would be available on the MSTF section of the WABA website. Please do write to us if you are able or willing to translate articles from the newsletter into your local language.

We have recently been informed by the Waba Secretariat that, due to funding constraints, it will be necessary to reduce the number of issues from three to two. Therefore, the next issue will come to you in October. Waba is hoping to be able to go back to three issues in 2012, but we will keep you informed on this matter.

Hopefully, all of you have gone to the MS E-Map and checked out the mother support that is already on the map. If you are facilitating mother support groups and your organization or group is not listed on the MS E-Map, we encourage you to write to us with the necessary information. You will find the requirements for being included on the E-Map at <http://www.waba.org.my/whatwedo/gims/emap.htm>.

We are interested in promoting and informing people about Peer Counseling, so a new feature in the MS section will include articles, studies and stories on Peer Counseling. If you have suggestions, recommendations or information to share on Peer Counseling, please email Anne, annebatterjee@gmail.com; Pushpa, pushpapanadam@yahoo.com or Prashant, psgangal@hotmail.com.

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Peer Counselling in Uganda: Josephine Nalugo, Uganda

In my experience working with mothers in rural and urban areas where there are few or no lactation professionals, peer counseling is an effective way of reaching out to mothers and babies. It is a key element in strengthening and sustaining the existence of mother to mother support groups. Peer counseling is fundamental in reducing child and maternal mortality rates and I call it "social capital."

For successful peer counseling, a peer counsellor must be a passionate breastfeeding mother who is ready to support other mothers and babies at all costs to a tune of travelling over really long distances. That is me I guess, one of the better examples.

We (Children in Africa) have had to build knowledge in Infant and Young Child Feeding (IYCF) of mothers wanting to be peer counsellors, and create trust between the peer counsellors and the mothers. These mothers are very committed and because of this we have more mothers joining the Mother Support Groups (MSGs). In fact, 500 have registered.

We need to equip the peer counsellors with the right knowledge on breastfeeding and keep them updated with new information. Our criteria for a peer counsellor is that she be a mother who has breastfed (has experience), is a resident, has a high school education, trained in Infant and Young Child Feeding and is passionate about breastfeeding.

We face challenges: peer counseling is a voluntary service, we have limited resources to train more counsellors, HIV&AIDS is present in our community, we cope with practices in health centers that are not baby friendly and mothers return home without a clear picture on breastfeeding, and sometimes language is a problem.

Despite our minimum resources we have reprinted some IYCF materials developed by IBFAN -Uganda into the local language and in English to distribute to the mothers in MSGs. This will help solve the problem of lack of information.

With the growing number of MSGs, financial resources are needed to train more peer counsellors and give them a stipend to motivate them. With financial resources, we will also be able to translate and print materials in the local and English languages. This will ensure that our peer counseling project will be even more successful.

Josephine Nalugo, Mother of 2 breastfed daughters, Executive Director, Children in Africa, a Community Based Organisation, Uganda.
Email: inafrica.children@gmail.com



*Mother Support Groups –
A sustainable Breastfeeding Strategy.*

The mission of Children in Africa

To promote, protect and support breastfeeding in order to contribute to achieving the Millennium Development Goals (MDGs) 4 and 5 and empowering the community to take full responsibility for better health of Mothers and Children.

Josephine shares: *At the moment I'm working on establishing a breastfeeding resource center in an urban area where mothers can come for breastfeeding support services. It will be a one stop center for breastfeeding. Any kind of support, financial, material, technical is highly appreciated.*

4. WABA Youth Volunteer Outreach: Kathy Houg, Malaysia

WABA hosted a booth at a local Non Governmental Organization (NGO) fair sponsored by the Right Livelihood College and AIESEC* on January 25th at the University Sains Malaysia, Penang, Malaysia. The event, **Lifting Others through Volunteer Engagement**, was an opportunity to connect and engage action-minded students with worthwhile causes and opportunities.



Kathy and Vasu from Penang MMPS group talking to a young journalist.



Wilson and Sharan deliver a press conference at USM on the importance of student volunteerism.



Kathy with lucky draw winner.

We spoke to many young men and women about breastfeeding, listening to their opinions and suggestions, and received feedback on how we can improve our outreach to young people. Twenty two young people volunteered to help with a variety of breastfeeding outreach activities. For further information on WABA Youth, please see: <http://www.facebook.com/pages/WABA-Youth/126968647356585> or follow us on twitter @WABAYouth



Aida drawing out an activity sheet "where can you breastfeed?"

What WABA Youth members are doing:

- ▶ *Amura Hidalgo (Costa Rica) & Kathy Houg (USA)* are co-writing the World Breastfeeding Week 2011 calendar and Action folder with the assistance of Lourdes Fidalgo, Miriam Labbok, and Marta Trejos. Our main goal is to provide opportunities to enhance traditional outreach methods and to engage normally uninvolved parties in this awareness campaign.
- ▶ *Manami Hongo (Japan)* is conducting research on the Code and will attend the UN Commission on the Status of Women in February and represent the youth perspective at the LLL Japan Conference in July.
- ▶ *Kate Mosso (USA)* is doing her masters in public health at Columbia University and is focusing her studies on health campaigns related to breastfeeding. She is creating a youth blog related to breastfeeding issues. Her link will be published in our future issue.

If you have any questions, updates, or suggestions for young people to whom we should reach out or connect with, please let us know!

Katherine Houg
WABA Youth Coordinator
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* AIESEC is the world's largest student run organisation. Focused on providing a platform for youth leadership development, AIESEC offers young people the opportunity to be global citizens, to change the world, and to get experience and skills that matter today. <http://www.aiesec.org/>

5. Latin American and Caribbean (LAC) Breastfeeding Activities: Susan Siew, Malaysia

In the first part of my article on my Latin American adventure (see V8N3), I shared a photo report of the breastfeeding activities I participated in with friends in Costa Rica, Peru and Paraguay.

After my stay in Paraguay, I met with Santiago Vallone and his one year old son, Valentino, in Buenos Aires, Argentina. Santi was one of the RUMBA* youth who did a three-month WABA YOUth internship at the WABA Secretariat in Penang in 2006.

Santi shared how Valentino, having lost his mother soon after his birth, was exclusively breast milked for six months. This was made possible through the contributions of a total of 33 breastfeeding mothers during the six-month period, and the strong support and assistance from his family and friends. Valentino is now a healthy, cheerful child who has a wonderful sense of rhythm and loves to dance.



Santiago and his son Valentino.

In Buenos Aires, I also met with friends from IBFAN and LLL Argentina, and was invited to speak at the LLL and IBFAN World Breastfeeding Week Conference held at the Argentina National Congress. There were about 60 to 80 mothers and babies, health professionals and workers, officials from the Ministry of Health and press people from local and national media.



LLLI and IBFAN WBW celebration at the Argentina Congress, Buenos Aires, Aug 2011 Susan Siew, former WABA Co-Director, special guest gave keynote address.

In Rio de Janeiro, Brasil, I attended two Amigas do Peito mother support group meetings in the park with Maria Lucia Futuro and Amigas volunteers. Among the issues discussed were - lack of mother support within the immediate family members, and care of the breast during pregnancy and breastfeeding. One of the mothers was shown how to massage the breast in the park. The breakfast meeting with mothers was held by the sea opposite the Copa Cabana beach. Here the mothers discussed childcare and complementary food issues.



Mother Support Group in the park.



Mum receiving breast massage.



Breakfast Support Group Meeting.

My last stop was Guatemala City, Guatemala. I met with Vilma Pops and Ruth Arango from IBFAN, and went with Mimi de Maza, Ministry of Health, to a meeting with Dr. Maria Claudia Santizo, Nutrition Officer, at UNICEF. She shared UNICEF's ongoing concerns and their work and activities in the country. She also showed us a kit for community workers to conduct demonstrations on cooking nutritious local foods in the field. We discussed various communication-outreach strategies and I shared with her the proposed health phone project being developed by Nand Wadhvani, WABA Advisory Council member.



Dr. Maria Claudia Santizo, Nutrition Officer, UNICEF Guatemala and Mimi de Maza. Dr. Maria shows UNICEF nutrition kit – CD with CD player, pot and pan, and a recipe book for community leaders to demonstrate, show and tell, cooking with local foods.

It was a wonderful and memorable two-month experience, thanks to our very warm and kind friends and colleagues in LAC, and to Marta Trejos, who facilitated my trip. It's heartening to witness and participate in the diverse breastfeeding activities of the WABA LAC network which I've been part of for the last 15 years. I

look forward to continuing my breastfeeding advocacy work in whatever capacity for the movement. Once a WABAite, always a WABAite!



Vilma Pop and Ruth Arango – old friends from IBFAN.



Celebrating Guatemala (7 countries) national day with the de Maza family.

Susan Siew, Former WABA Co-Director.

Susan is a consultant in Training and Communication Design; Advocacy and Outreach (in the area of consumerism and breastfeeding). She also actively speaks out in local governance and is an environmental activist.

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* RUMBA: *Red Unida por las madres, bebés y su alimento (Joint Network for mothers, babies and their food)*

6. Christchurch Earthquake February 2011 – How La Leche League New Zealand Responded: Barbara Sturfels and Janine Pinkham, New Zealand

At 12.51 pm on 22 February the city of Christchurch in New Zealand was rocked by an earthquake that left over 170 people dead and thousands injured, and damaged buildings and infrastructure in many parts of the city. Next to Japan, New Zealand is possibly the most earthquake prepared of any country in the world, yet the reality is that in the immediate aftermath of such an event, the ability of civic services to respond is limited ... and the shortcomings in preparedness will soon be exposed.

First thoughts are always to check the safety of those we know and love. With electricity down in much of the city, the most effective way of connecting with people was by text. The cell phone networks worked very well for texting with only a few glitches and delays. It was a huge relief to receive text replies that people were safe, but worrying to learn about extensive damage to homes, schools and workplaces. While no-one in the local LLL network suffered injury or loss of life, unfortunately several LLL Leaders suffered damage to their homes. It's not normal and won't be for many months or years, but with characteristic fortitude people are making the best of a difficult situation.

Once the scale of the crisis became apparent, our thoughts moved on to what LLL could do to help meet the needs of mothers and babies. Within hours, links to information about safe infant feeding in emergencies had been compiled and highlighted on the home page of the LLLNZ website www.lalecheleague.org.nz. Also within hours, we started posting a series of messages and information on our Facebook page www.facebook.com/pages/La-Leche-League-New-Zealand/184036821691. A question from a mother on Facebook, prompted by an incorrect news report that blood donations were urgently required, led to an interesting discussion about the eligibility of breastfeeding women to donate blood. It showed how keen breastfeeding mothers throughout the country were to do something practical to help in a situation where all that most could do was watch in horror and helplessness as events unfolded.

The next job was to check who was available locally for telephone counselling and to run meetings, as well as checking on meeting venues. Some meetings were cancelled or moved to other venues as their usual venues were damaged or awaiting assessment, roads were still hard to negotiate, or Leaders were not available. Some meetings were led by Leaders from other Groups as their regular Leaders had moved out of town. Janine compiled a series of 'earthquake updates' setting out which local LLL Leaders were available for calls and any changes to Group meetings. These were posted on our Website and Facebook page; and distributed to mothers, emergency services and other organisations via local networks.

The need for accurate information and reassurance about the importance of continuing to breastfeed, so as to maintain milk supply and provide comfort to babies and children, became apparent very early on. Unfortunately

this simple information is not always known to all frontline emergency workers, and there have been anecdotal stories of mothers being provided with formula when simple breastfeeding counselling would have been far more appropriate and much safer. Counterbalancing these stories are those of mothers who have delayed or reversed weaning so as to continue to provide their babies and young children with breastmilk, recognising that it is so important for food security, comfort, and maintenance of health in times when access to fuel and clean water – normally taken for granted in New Zealand – is uncertain.

It's probably fair to say that infant feeding issues haven't yet been recognised by the emergency services as a priority. Consequently some opportunities to protect and support breastfeeding, and to facilitate safe artificial feeding where needed, have been missed because of lack of training and knowledge by front-line emergency workers; and lack of timely response and comprehensive information by authorities. Carol Bartle, a breastfeeding advocate in Christchurch, reports that her efforts over recent years to integrate safe infant feeding into emergency response plans have met with a slow response. A manual of simple information sheets that Carol had compiled for this purpose had been presented to Civil Defence managers but was still, at the time of the quake, awaiting attention. It has now been forwarded to emergency and healthcare services in the wake of the quake, but because it wasn't integrated into the system use of it is ad hoc. Hopefully, a review of the emergency response will identify infant feeding as an area to develop in readiness for future events; we anticipate that breastfeeding advocates and networks around the country will be championing this.

Being aware that New Zealand has many immigrants who are not fluent in English, RuthAnna Mather from LLL Asia got in touch almost instantly, providing us with information about breastfeeding in emergencies in Japanese and Chinese languages which we posted online. The meaningfulness of this gesture became especially apparent just 17 days later when parts of Japan were themselves devastated by an earthquake and subsequent massive tsunami that left loss of life and devastation on a far greater scale than that experienced by Christchurch. It seemed beyond belief that in the midst of responding to our own disaster we would be reaching out to our colleagues and fellow mothers in Japan with our thoughts, prayers, and further reciprocal sharing of information and resources. LLL in Japan was particularly keen to translate Carol's manual of information sheets – a request she agreed to without hesitation. Anyone else wanting to access Carol's resources, including requests to translate, can contact her at Carol.Bartle@omwwl.maori.nz. Carol has also recently set up a new Facebook page Infant Feeding in Emergencies where anyone can post and share information and perspectives.

Finally, this recent message from LLL Japan to colleagues worldwide expresses so well how we in LLLNZ are also feeling:

“ Messages keep arriving from Leaders all over the globe, one after another. These messages are just like breastmilk: endless and comforting. Leaders worldwide are outpouring their love, just as mothers do when they care for their baby. Although we have been deeply hurt, we are surrounded by many mothers' love. They have encouraged and empowered us. ”

Barbara Sturfels is an LLL Leader in Auckland NZ, a former Director of LLLNZ, and an administrator of LLLNZ's Facebook page. Email: billandbarb@clear.net.nz

Janine Pinkham is LLLNZ's Administrator of Publications and an LLL Leader in Rangiora near Christchurch. After the quake, Janine acted as a liaison person within LLL since she was close to the damaged areas but personally unaffected. Email: pinkham@ihug.co.nz

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

7. Breastfeeding is The Only Way: Pittipat M. Chupungco, The Philippines

The moment I found out I was pregnant, breastfeeding was never a question, but when my eldest child was born, I realized that breastfeeding was not as easy as it seemed. However, in spite of the challenges, we persisted and succeeded.

When my second child, Janina, was born, she was diagnosed with Apert Syndrome* and our immediate concern lay on her chances of survival, since very few doctors knew about the Syndrome. Janina had breathing

and cardio issues and had to be kept in the high-risk Neonatal Intensive Care Unit (NICU). Later on, when the doctors assured us that children with Apert Syndrome could live normal and healthy lives, we were able to begin to focus on the long road ahead of us.

Janina was born with a high-arch palate and the doctors expected her to have difficulty breastfeeding. The first time the nurses tried to feed her from a bottle, milk would spill everywhere. Whatever little milk I could express, my husband would immediately bring over to the NICU. As Janina gained strength and the tubes were slowly removed, I was allowed to breastfeed directly. It's hard to describe the overwhelming feeling of having a frail baby nursing in my arms. My best comfort was that every drop of breast milk helped her become stronger for us to bring her home.



Pittipat and Janina.

There are several cases of Aperts children who face difficulty in breastfeeding. However, Janina proved to be resilient and determined to take nothing but breast milk.



Janina's 1st birthday.

When she had her first cranial vault* at 10 months, one of the first questions I asked her doctors was if the head surgery would allow me to continue breastfeeding her and I was told that I could.

Janina had to be kept in the neurosurgery ICU immediately after her surgery and was not allowed to take in anything. So, in between bits of sleep and watching over her, I would pump milk and store it. Soon, she was allowed to take in liquids, except that we could still not carry her – so we had no choice but to give her expressed milk. Drinking milk from the bottle was difficult and a lot of the milk would spill from her mouth. I couldn't wait for the moments to carry her so she could feed directly. True to her form, as soon as she was able to feed directly, there were no more spills and she fed heartily.

We were able to bring our little girl home in five days. Two days later, the doctors removed the staples from her head. While she still has to undergo more surgeries, we are confident that she will be able to weather these with ease.

Many would think that special care is required for children with special needs. I wouldn't say that my daughter is a special needs child because she's just about as normal as any other child except for some physical differences. I believe every child has special needs – the most important of which is all the love, care and attention that their families can give them. I breastfeed my children because it's the best way I know of caring for them and ensuring their health.

At 16 months old, Janina remains breastfed and I intend to keep it that way for as long as possible.

Pittipat is the mother of 2 children, aged 3 years old (boy) and 16-month old Janina. She is a wife to her best friend and works as a school administrator for a family-owned school in Pasig City, the Philippines.

Editors' Note: * One of the major Features of Apert Syndrome is Prematurely fused cranial sutures. In a normal child, the skull is made up of several "plates" which remain loosely connected to one another, gradually growing together to form the adult skull. The Apert child's skull, by contrast, has a premature fusion of these plates, restricting brain growth, and causing increased pressure in the brain as it grows. This is known as craniosynostosis. Early surgery relieves the pressures by allowing the plates to be detached from one another.

For further information see: <http://www.apert.org/apert.htm>

8. Poem from a Breastfeeding Mom: Angie Runyan, USA

*Nurse in, nurse out, nurse round about.
Nurse high, nurse low, nurse on the go.
Nurse here, nurse there, nurse in the air.
I think I've nursed 'bout everywhere!*



A spontaneous original by Angie Runyan, LLL Leader, USA

Editors' Note: In V8N3, Article 7. *Freshly Baked Cookies or Spoiled Milk: Mami Angie, Dominican Republic, we did not include Angie's biodata which we received later.*

Angie Díaz is a Creative Director and writer, born and raised in the Dominican Republic. She has worked for more than 15 years in advertising agencies in her country and in Spain specialising in awareness campaigns. Presently, she is the Marketing and Communication Coordinator for Plan International, a non-governmental organization that works with children.

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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

9. La Leche League Chapter Meeting: Afif Say, USA

Affif Say, a photographer from the United States, took the photo in Siem Riep, Cambodia.

He writes: I have a daughter who is 12 now. So it has been 12 years since I have been closely involved with babies and breastfeeding. When our daughter was born we had help from La Leche League. I travel a lot and do wildlife photography whenever I can. When I saw this frame, the first thing that came to my mind was that they seemed to be having a meeting while nursing.

Email: afifsay@msn.com



La Leche League Chapter Meeting.

10. Why It's Easy To Support Your Breastfeeding Wife When Your Favorite Sport is Basketball: Jonathan Adam Roxas, Philippines

My favorite sport is basketball and I even have a big scar on my leg to show it. Basketball and breastfeeding might seem on the surface to have no direct correlation with each other, but they do have a lot in common. You may wonder: What are the similarities of my favorite sport to my family's breastfeeding experience?

More than eight years ago, my first thoughts on breastfeeding were that it seemed like an "exclusive" thing between my wife and my eldest daughter. Watching them from the *sideline* for what seemed like forever, I decided I didn't want to be left out and eagerly yearned to be part of the *play*.

From being a *rookie*, I turned *veteran* in breastfeeding support. Knowledge in basketball helped me succeed as a supportive husband. Here are a few basketball terms that guided and helped me along the way:

TEAMWORK: Breastfeeding entails *teamwork* between the real superstars -- my wife and daughters. I see myself as a *point guard* when they need *assists* to ensure that the *play* is followed. Simple things like positioning pillows to make baby and mommy more comfortable are sometimes the only support they need.



Jonathan with his daughters.

SUBSTITUTION: *Substitution* is made when players need to rest and other players come in. These are moments when fathers can step in and work their magic with the baby like changing diapers or rocking them to sleep.

TIMEOUTS: *Timeouts* are breaks to talk about the *play strategy*. In the context of breastfeeding support, these are the breaks my wife takes whenever we go on a dinner date or to a movie. Our special dates encourage her to breastfeed longer.

COMPETITION: At first I thought I was on *the opposing side competing* with them. But my later experiences made me realize that the real competition to our breastfeeding experience was an unsupportive environment. We were constantly surrounded by media ads brainwashing us to give up breastfeeding and doctors gave the impression that my wife's milk supply was not enough.

Eight years have passed and we have successfully breastfed two daughters. Now my younger daughter is turning four and is still breastfeeding. Ohhhh we are already in *overtime!*

Jonathan Adam A. Roxas, Adam is a father of two breastfed daughters, married for 10 blissful years and is a sports enthusiast. His favorite games include basketball, football, table tennis and boxing.
Email: jaa_roxas@yahoo.com

11. 6th Annual Philadelphia Fatherhood Festival: Daddy UniverseCity, USA

On Saturday 19 June 2011 hundreds of fathers will converge on the Pennsylvania Convention Center for the fifth consecutive Philadelphia Fatherhood Festival. The Fatherhood Festival provides fathers and father-figures with direct access to resources and information about the significance of fatherhood. The Festival promotes educating fathers for the well-being of all children. Fathers and Father-figures of all ages, races, backgrounds, orientations and religious beliefs are invited to attend this FREE event.

<http://www.fatherfest.com/>

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

In October 2006, in Penang, Malaysia, the WABA Men's Initiative was born. To learn more about how you can be involved, please contact the 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

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

Men's Initiative Newsletter Issue No. 4, December 2010 is available for download at <http://www.waba.org.my/whatwedo/mensinitiative/publications.htm> or email James Achanyi- Fontem at camlink2001@yahoo.com

NEWS FROM THE BREASTFEEDING WORLD

12. Meet Ted Greiner, A Breastfeeding Man and a Visionary: Denise Arcoverde/Korea, Penny Van Esterik/Canada, Miriam Labbok/USA and Pamela Morrison/UK

Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In this issue, the Editors and the MSTF would like to highlight Ted Greiner, Korea. Denise, Penny, Miriam and Pamela relate Ted's contributions for breastfeeding promotion, protection and support.

Denise Arcoverde, Ted's wife:

I met Ted Greiner 15 years ago, during a Wellstart International (WSI) meeting. At that time, I was coordinating a project to support mothers in low-income Brazilian communities and was excited to see a man with so much enthusiasm and passion for breastfeeding. Since then, he has inspired me and I have learned a lot from him. His willingness to help others and to share his knowledge never ceases to amaze me. We have been married since 2003 and all I can say is that he is the most amazing man I have ever met: sweet, smart and generous! Ted is my companion and the love of my life. I am so proud of him and everything he has done and continues to do for mothers and babies worldwide.



Ted with his wife Denise.

Email: denise.arcoverde@gmail.com

Professor Penny Van Esterik, Department of Anthropology, York University Toronto, Ontario, Canada:

It is hard to know where to begin on Ted's contribution to breastfeeding advocacy, but easy to know where to begin with my face to face contact with Ted – summer, 1980. I had just lost my job at the University of Notre Dame (UND), partly for too vigorous breastfeeding advocacy. I thought the world had come to an end, but that summer I came to Cornell to interview with Michael Latham for the position of ethnographer with the consortium conducting a 4 country study on infant feeding. Getting that position was the best thing that could have happened to me. Latham was a tough interviewer, but Ted was even tougher. I thought the interview was over when Ted and I left for lunch, but lunch was just the beginning! I think Ted wanted to check for himself how deep my commitment was to the cause, and why and how I "lost" the debate with Nestles at UND. I admired his toughness and his political savvy when faced with conflict of interest on breastfeeding and child nutrition. I still do.

I am sure that he saw all the gaps in my knowledge of infant nutrition, but he is a true interdisciplinary scholar and activist, and he was serious about learning what anthropology was all about, and generous in teaching across disciplinary borders. He helped me make sense of international nutrition and epidemiology (or at least when to keep my mouth shut!), and I hope I taught him something about ethnographic methods.

He was also generous with his research materials. I inherited his collection of papers on breastfeeding and women's work because he was heading off for a project and needed a co-author to put a review paper together on the subject. I still use the simple organizing techniques he used then - numbering articles as he read them – before making a bibliography. I'm sure he has a more sophisticated computer system now, but I still use his numbering method. His important contributions to the field – including his framework for distinguishing between protecting, supporting and promoting breastfeeding – is often cited but seldom attributed to him. But I remember him saying that it is a compliment when people adopt your ideas, and only people who don't have new ideas flowing constantly need worry about it. Fortunately for the breastfeeding movement, Ted always has new ideas flowing.

Email: esterik@yorku.ca

Miriam H Labbok, MD, MPH, FACPM, IBCLC, FABM, Professor, Department of Maternal and Child Health, Director, Carolina Global Breastfeeding Institute (CGBI):

Ted's impact goes way back, but to me, one of his major contributions to the world of breastfeeding support was the Innocenti Declaration. Did you all know that Innocenti – the meeting and the Declaration – evolved from the ad hoc Interagency Group for Action on Breastfeeding (IGAB)?

IGAB was the brain-child of a small group of mid-level technical folks working for international aid agencies in the mid-1980s who thought it was time to take action in support of breastfeeding. Ted was with the Swedish International Development Agency (SIDA). I was the director of the only USAID breastfeeding support agreement, at the time, and none of the other agencies had such resources. Each of us in the group took the responsibility for the different pre-conferences that led to Innocenti. I believe Ted organized and prepared the pre-conference on women and work.

The pre-conferences were covered in the WHO book: *Breastfeeding: The technical basis and recommendations for action*, published in 1993, but the outcomes of these meetings served as the basis for the Innocenti Declaration.

In the end, WHO and UNICEF took over the major responsibility for Innocenti when Mr James Grant, Unicef Executive Director got on board, BUT THE WHOLE THING NEVER WOULD HAVE HAPPENED WITHOUT TED AND CHLOE O'Gara, ESPECIALLY, AND ALSO JIM Shelton, MARGARET Kyenya, AND RANDA Saadeh. They are the 'Godfathers' of all the international aid support for breastfeeding and of the Innocenti Four operational targets, which remain the mainstay of successful intervention even today.



Ted Greiner – A Breastfeeding Man and a Visionary.

Email: labbok@unc.edu
website: <http://www.sph.unc.edu/breastfeeding/>

Pamela Morrison, IBCLC and Co-coordinator of the WABA Breastfeeding and HIV Task Force from 2005 until February 2009:

Dr. Ted Greiner has worked on policy, program and research aspects of breastfeeding in developing countries since 1974. He was involved with WABA from close to its beginning as the consultant that SIDA (Swedish International Development Cooperation Agency) chose to be responsible for its support to WABA (as well as IBFAN). In addition to spending periods of time as the WABA Coordinator for the HIV Task Force and the Research Task Force (current), he served as an elected member of the WABA Steering Committee from 2003 – 2004. He worked for 19 years at the Uppsala University Medical School where he was head of a research group on nutrition and Associate Professor of International Child Health. He was Senior Nutritionist at PATH (Program for Appropriate Technology in Health, a non-profit agency in the USA Washington DC office) for 4 years. Currently, Ted is a Professor of Nutrition at Hanyang University in Seoul, South Korea.

Ted has had a very important role in WABA activities and programs. In mid-October 2001, WABA sent a letter to UNICEF signed by 75 scientists, health professionals and breastfeeding advocates, expressing concern about the continuation of international agency-sponsored pilot projects and lack of monitoring and evaluation of Preventing Mother to Child Transmission (PMTCT) projects in sub-Saharan Africa and elsewhere, to which UNICEF, UNAIDS and WHO jointly responded.

In late 2001 and early 2002, Ted and Michael Latham visited Mark Stirling at UNICEF in New York, USA to try to bridge the widening gap in opinion about how HIV-exposed babies should be fed. Agreement was reached on many of the concerns surrounding HIV and infant feeding and it was decided to jointly fund and organize a meeting at which, for the first time, the HIV and breastfeeding communities could come together to have respectful discussions and debates on the current evidence.

The subsequent WABA-UNICEF HIV and Infant Feeding Colloquium was held in Arusha, Tanzania on 21-22 September, 2002 and succeeded in bringing together 200 people from around the world to learn from each other and to move the HIV and breastfeeding consensus closer to where it is today. Ted was very involved in the planning and implementation of the Colloquium.

In February 2004 a further HIV and Infant Feeding Planning Meeting was held in Lusaka, Zambia at which representatives of WABA and its core partners gathered to learn from local Pediatric HIV programme sites, counsellors, mother supporters and members of the community. A holistic action plan for the breastfeeding movement was agreed encompassing a three-pronged strategy to cover networking, research and training. The group decided to create a new WABA Task Force on HIV and Infant Feeding. Ted Greiner was appointed Chair and Jean Tsiula Co-Chair.

Following the Lusaka meeting, an initial 200 invitations were extended to interested people to join an HIV and Infant Feeding yahoo email group. As key papers were published, Ted sought permission from corresponding authors to upload full-text pdf files onto this private website. He also uploaded dozens of unpublished papers and set up a large system of links to key online-documents, sending out messages to participants about new developments and documents, many of whom would otherwise never have access to them. This list has a current membership of nearly 600 people from the breastfeeding community, including many UN agency staff.

It is widely acknowledged to be one of the best resources available on HIV and Infant Feeding. Queries about joining the list should be addressed to tedgreiner@yahoo.com

Editors' Note: For more information about Ted and his work in breastfeeding, please go to www.tedgreiner.info

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

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

13. Launch of the Breastfeeding Gateway: WABA, Malaysia

WABA launched Breastfeeding Gateway on 14th February to mark WABA's 20th anniversary. It is hoped that breastfeeding advocates will make *Breastfeeding Gateway* their homepage, a "gateway" to breastfeeding advocacy, research, and awareness as it happens in real-time!

The Breastfeeding Gateway – is a source for reliable and up-to-date breastfeeding information. This Gateway will link you with the resources you need to expand your knowledge on breastfeeding and its related issues and connect with others who are doing the same!
<http://breastfeedinggateway.org/>



14. The State of Breastfeeding in 33 Countries 2010 – Tracking Infant and Young Child Feeding Policies and Programmes Worldwide: Arun Gupta, JP Dadhich, Radha Holla, India

In this article we provide you information about World Breastfeeding Trends Initiative (WBTi) and some essence of findings that its 33-country report has provided. The WBTi is a flagship programme of IBFAN Asia to track policies and programmes as required in the *Global Strategy for Infant and Young Child Feeding*.

It acts as a lens and then turns the information into action. It is highly participatory, involving local groups and using simple research techniques to uncover gaps, gather to reach a consensus, and build a set of recommendations to bridge the gaps.

This tool produces objective scoring and color-coding. It then makes the information available on the web to be a unique first place where you can find information on policy and programmes about breastfeeding and infant and young child feeding. This programme is central to and the driving force behind the global Breastfeeding Initiative for Child Survival (gBICS), which is a joint IBFAN-WABA initiative launched in 2009.

The 33-country report shows that only around 36 million of the 78 million infants born each year in these countries receive what is considered to be optimal breastfeeding. The analysis showed that most of the countries show gaps in policy and programmes indicating that achieving optimal rates of breastfeeding has not yet been a priority. Support to women to carry out optimal feeding practices through maternity protection receives an abysmally low average of 4.67 out of 10. This was second lowest only to the indicator of policies and plans to support best practice in feeding of infants and young children in disasters and emergencies, which received an average score of 2.73. The average score for policies and plans to support best practice in feeding among infants and children of mothers with HIV was also low at 4.67.

We believe that supporting women adequately is the underlying issue in all three of these worst scoring areas and much more needs to be done to support women to enhance optimal breastfeeding rates.

Infant and young child feeding policy and programmes are important inputs to achieve early nutrition, which is critical for both Millennium Development Goals (MDG) 1 and 4*. The UN Secretary General recently launched "Global Strategy for Women's and Children's Health" as an output, that in 2015 alone 21.9 million more infants would be exclusively breastfed for the first six months. The 33-country report of WBTi can assist in increasing these numbers of exclusively breastfed children.

In brief, the report provides sufficient material for action and for what you need – a plan, a budget, and a coordinated approach.

Dr. Arun Gupta, JP Dadhich and Radha Holla, IBFAN Asia

Email: info@ibfanasia.org website : <http://www.worldbreastfeedingtrends.org/>

Editors Note: *MDGs 1 – Eradicate Extreme Poverty and Hunger and 4 – Reduce Child Mortality *Global Strategy for Women's and Children's health* – the full document is available at: http://www.who.int/pmnch/topics/maternal/201009_globalstrategy_wch/en/index.html

15. The Surgeon General's Call to Action to Support Breastfeeding, USA

On January 20, 2011, Surgeon General Regina M. Benjamin, USA, released The Surgeon General's Call to Action to Support Breastfeeding in the Jack Morton Auditorium at The George Washington University.

For further information see: <http://www.surgeongeneral.gov/>



16. World Breastfeeding Week 2011 and Photo Contest: WABA Secretariat, Malaysia



The 2011 World Breastfeeding Week theme focuses on engaging and mobilising youth intergenerational work with the catchy slogan of **Talk to me! Breastfeeding – a 3D Experience**. The theme deals with communication at various levels and between various sectors.

Why 3D? Breastfeeding support has been seen from two-dimensions: time (from pre-pregnancy to weaning) and place (the home, community, health care system, etc). But neither has much impact without a THIRD dimension – communication!

Communication is an essential part of protecting, promoting and supporting breastfeeding. In a world where individuals and global communities connect across small and great distances at an instant's notice, new lines of communication are being created every day. We have the ability to use these

information channels to broaden our horizons and spread breastfeeding information beyond our immediate time and place to activate important dialogue.

This third dimension includes cross-generation, cross-sector, cross-gender, and cross-culture communication and encourages the sharing of knowledge and experience, thus enabling wider outreach.

World Breastfeeding Week 2011 Photo Contest

Feature your breastfeeding photos in this year's World Breastfeeding Week (WBW) Action Folder! WABA is organising a global breastfeeding photography contest for WBW 2011. Ten winning photos will be selected, and contributors whose photos are featured in the WBW Action Folders, Posters and Banners will be awarded US\$100 for each published photo.

Contest form in English can be downloaded from:

<http://www.worldbreastfeedingweek.org/pdf/wbw2011-pc-form.doc>

For Spanish at <http://www.worldbreastfeedingweek.org/pdf/wbw2011-pc-form-spa.doc>

Closing date for the contest is 15 April 2011.

For further information see: <http://www.worldbreastfeedingweek.org/>



17. Massachusetts Breastfeeding Coalition's Smartphone Appartatus: Melissa Bartick, USA

The Massachusetts Breastfeeding Coalition's smartphone apparatus, *Breastfeeding Management 2*, is now available in Android as well as for iPhone/iPod touch. It is evidence-based and has triage tools, links, calculators, and lots of other useful information. It is specifically designed to help health professionals manage breastfeeding issues. Proceeds help support the non-profit Massachusetts Breastfeeding Coalition. Please help spread the word.

Melissa Bartick
Email:melissabartick@gmail.com

18. Two Sides of Breastfeeding Support – experiences of women and midwives: Anette Ekström, Caroline Bäckström, Stina Thorstensson and Elisabeth Hertfelt Wahn, Sweden

The study **Two Sides of Breastfeeding Support – experiences of women and midwives** is available at <http://www.internationalbreastfeedingjournal.com/content/5/1/20>

In addition to the above study, the Research Team sent the following to WABA MSTF E-Newsletter:

Childbirth is both a physical and a psychosocial challenge for the woman and her partner where the outcome often depends on the experience of quality of support.^{1,2,3} Support can be offered by health professionals, a partner or a person who the recipient has confidence in, in order to achieve high quality support. Being supportive is a challenge that professionals need to consider in order to sustain and improve quality of care in childbirth. Professionals need to reflect on what should be the focus of support in this situation and what attitude they have in regard to different perspectives of childbirth.^{3,4,5,6}

A process-oriented breastfeeding training programme for antenatal midwives and postnatal nurses, including an intervention guaranteeing continuity of care, changed the attitudes of the health care professionals in a positive way^{7,8} and strengthened the mothers' perception of support from the professionals during childbirth⁹ as well as the maternal relationship and feelings for the baby.¹⁰ A process-oriented training programme for healthcare professionals demonstrates that good professional support during childbirth increases mothers' chances of incorporating parenting preparations, perception of support and the relationship and feelings for the baby, as well as breastfeeding on demand in a long term perspective, which improved breastfeeding duration. However, further research is needed to fully determine women's and their partner's views of professional and social support during childbirth and the effects of this support in both short and long term perspectives.

1. Ekström A, Widström A-M, Nissen E. (2003). Breastfeeding support from partners and grandmothers: perceptions of Swedish women. *Birth*, 30:261-266.
2. Bäckström C & Hertfelt Wahn E. (2011). Support during labour: first time fathers description of requested and received support during birth of their child. *Midwifery*, 27: 67-73.
3. Hertfelt Wahn, E., Nissen, E., Ahlberg, M. B. (2005). Becoming and being a teenage mother: a qualitative study of teenage girls in a county in south western Sweden. *Health Care for Women International*, Vol 26: 591-603.
4. Ekström A., Widström A.M., & Nissen E. (2003). Duration of Breastfeeding in Swedish Primiparous and Multiparous Women. *Journal of Human Lactation*, May; 19(2), 172-178.
5. Hertfelt Wahn, E, von Post I, Nissen E. (2007). A description of Swedish midwives' reflections on their experience of caring for teenage girls during pregnancy and childbirth. *Midwifery*, 23:269-278.
6. Thorstensson S., Nissen E. & Ekström A. (2008) A description and exploration of student midwives experience in offering continuous labour support to the woman/couple. *Midwifery* vol 24, no 4 pp 451-459.
7. Ekström A, Matthiesen A, Widström A, Nissen E. (2005). Breastfeeding attitudes among counselling health professionals. *Scandinavian Journal of Public Health*, 33:353-359.
8. Ekström A, Widström A-M, Nissen E. (2005). Process-oriented training in breastfeeding alters attitudes to breastfeeding in health professionals. *Scandinavian Journal of Public Health*, 33:424-431.
9. Ekström A, Widström A, Nissen E. (2006), Does continuity of care by well-trained breastfeeding counselors improve a mother's perception of support? *Birth*, 33:123-130.
10. Ekström A, Nissen E. (2006), A mother's feelings for her infant are strengthened by excellent breastfeeding counseling and continuity of care. *Pediatrics*, 118:309-314.

Anette Ekström, Caroline Bäckström, Stina Thorstensson and Elisabeth Hertfelt Wahn
 Anette Ekström, RNM, PhD, Senior lecturer, School of Life Sciences, University of Skövde
 Skövde, Sweden
 Email of corresponding author: anette.ekstrom@his.se website: www.his.se/eksa

19. Women's Prenatal Concerns Regarding Breastfeeding: Are They Being Addressed?

**Karen Archabald MD, MS, Lisbet Lundsberg PhD, Elizabeth Triche PhD,
 Errol Norwitz MD, PhD, Jessica Illuzzi MD, MS**

Introduction: This study sought to identify women's concerns regarding breastfeeding during the prenatal period and determine whether women thought that health care providers addressed these concerns.

Methods: A structured interview with both open-ended and closed-ended questions addressing the study objectives was administered to a cross-sectional sample of 130 English-speaking or Spanish-speaking postpartum women at Yale-New Haven Hospital, USA.

Results: When asked an open-ended question regarding whether they had concerns about breastfeeding while making their decisions about feeding their infants, 81.5% of women identified at least 1 concern. Of these women, only 25.4% reported that this concern was addressed by the provider during prenatal care. When prompted with 8 common concerns regarding breastfeeding during the prenatal period, 95.4% of women identified at least 1 of these pre-identified concerns. Only 17.4% of women who identified any of these 8 concerns reported that the concerns had been discussed with a provider.

Discussion: Women's recall of prenatal health care discussions strongly suggests that providers are not adequately addressing women's concerns about breastfeeding.

J Midwifery Womens Health 2011; 56:2-7 _c 2011 by the American College of Nurse-Midwives.
<http://onlinelibrary.wiley.com/doi/10.1111/j.1542-2011.2010.00006.x/abstract>
 For the complete article: <http://onlinelibrary.wiley.com/doi/10.1111/j.1542-2011.2010.00006.x/pdf>

BREASTFEEDING RESOURCES

20. ICDC Legal Update January 2011: Raja Abdul Razak, Malaysia

The International Code Documentation Centre (ICDC) Legal Update gives you a three-page fore-taste of "Breaking the Rules, Stretching the Rules 2010", the global monitoring report which was released just before Christmas 2010. See http://www.ibfan.org/art/LU-Jan_2011-ICDC.pdf

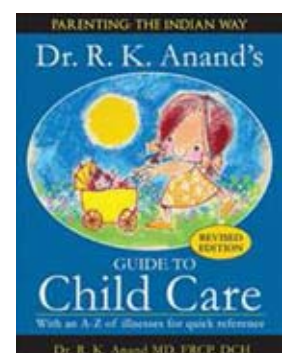
The whole report is 208 pages and took ICDC the better part of 2010 to compile. Please visit www.ibfan.org to see how you can order a copy of the full report.

If you would like to receive the newsletter as an attachment, please email IBFAN –ICDC.

Raja Abdul Razak, Publication Support, IBFAN-ICDC, Penang, Malaysia
 Email: ibfanpg@gmail.com

21. Parenting: The Indian Way by Dr. R. K. Anand, India

Dr. Raj Anand's handbook offers a definitive guide to the Indian parent on pregnancy and child-rearing from infancy to adolescence. Authored by one of India's foremost pediatricians and an internationally renowned authority on breastfeeding, this publication combines the knowledge of traditional Indian childrearing practices with the latest medical developments in child care. Besides



chapters on “immunization”, “learning and schooling” and “diet for adolescents”, a range of guest articles make the book exhaustive and invaluable.

<http://www.vakilspublications.com/H001.asp>

22. Clinical Lactation: Kathleen Kendall – Tackett, USA

I am pleased to announce our new peer-reviewed journal, **Clinical Lactation**, the official journal of the U.S. Lactation Consultant Association. This journal is designed to meet the need of clinicians who work with mothers as lactation consultants, peer counselors or in mother-to-mother-support organizations. With clinicians in mind, we have kept article length short and concise with specific suggestions for clinicians in each article. We will be publishing this journal in both electronic and print formats. We are excited to have both formats available as the electronic format will allow us to link to other materials including video clips. ILCA members in the U.S. will automatically receive this. Individuals and institutions can also subscribe electronically. The first issue is available for free on our Web site, www.ClinicalLactation.org. Check us out.

Kathleen Kendall-Tackett, Ph.D., IBCLC
 Editor-in-Chief
 UppityScienceChick.com (Twitter: UptySciChick)
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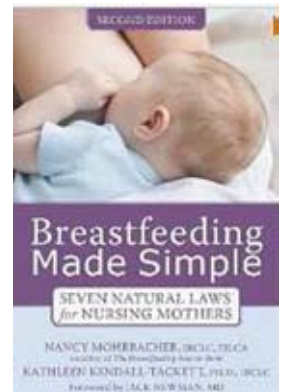
23. Breastfeeding Made Simple – Seven Natural Laws for Nursing Mothers, 2nd Edition by Nancy Mohrbacher and Kathleen Kendall-Tackett

Breastfeeding Made Simple is exactly what the nursing mother needs these days. The natural laws of breastfeeding will help mothers cut through so much of the nonsense that they may hear about breastfeeding, from friends and relatives, from the media, and unfortunately, also from their health providers. By simplifying breastfeeding, it will work better. By simplifying breastfeeding, mothers and babies will be happier. By simplifying breastfeeding, more mothers will breastfeed exclusively and longer. This is a book that has long been needed.

– Jack Newman, MD, FRCPC, pediatrician, internationally known breastfeeding advocate, and coauthor of *The Ultimate Breastfeeding Book of Answers* and *The Latch*

Breastfeeding Made Simple gives mothers the research-based “why” behind every “how.” Head reasons for heart feelings! I recommend this groundbreaking book to all my clients and to the people who care about them.

– Diane Wiessinger, MS, IBCLC, Lactation Consultant, Ithaca, New York



24. Alive and Thrive – nourish, nature and grow

Alive & Thrive (A&T) is a 5-year initiative (2009-2013) to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices. A&T aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia, and Viet Nam.

A&T newsletter Issue 4, January 2011 features the launch of a national communications plan for infant and young child feeding (IYCF) in Bangladesh, Alive & Thrive plans for the upcoming year, and the fourth Abstract Digest, with summaries of recent infant and young child feeding research.

<http://www.aliveandthrive.org/newsletter/2011/february/03/issue-4-january-2011-new-year-action-and-media-campaigns-iyfc>

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.

25. What Children Copy: Eugenia Ramirez, Colombia

Mothers who have breastfed treasure unique experiences and unforgettable anecdotes that we remember from time to time, making us relive those moments that have marked our lives in special ways.

One day during the breastfeeding period of my third son, Jacobo, I was busy cooking while he was asleep, when I heard him wake up crying. I saw Mateo, his older brother of 2 and a half years, running to take care of him. Immediately I felt that the baby had calmed down. Curious, I went to see what had happened and it came as a surprise to me when I found his brother with his shirt lifted, offering his breast to the baby!!!

Now that they are adults and Jacobo is taller and bigger built than the three of them, Mateo, his older brother, makes jokes telling with pride that his (Jacobo's) size is thanks due to his breastfeeding.

How nice to know that we have been able to demonstrate a loving model that our children need, beginning in their infancy when they are recording experiences of their surroundings which nurtures and prepares them to be tender and loving adults in this society that needs it so much.



Jacobo and Mateo.

Eugenia Ramirez, Mother to 3 breastfed sons, Leader LLL Medellín Colombia for more than 23 years.
Email: eugeramirez@hotmail.com

26. Breastfeeding their "babies" comes Naturally: Edda Vargas, Puerto Rico

I have 4 children. My daughters are the older in the family and started to breastfeed their dolls and soft toys while still very young.

When I became pregnant with my second baby, we helped our older daughter to understand that she would share me with a younger brother or sister by using a doll which she would bring to me and I would give it my breast. Both my daughters would lift their T-shirts to breastfeed their "babies" when "they cry."

The older of my boys at that age would bring me his sisters' dolls and soft toys (cuddly toys) so that I could give them "tetita." The baby, who is 2 ½, used to play at breastfeeding the soft toys (cuddly toys)... and now brings me the toys who are crying for me to give the "tita."

Naturally, in a home where babies and toddlers are fed at the breast, this is normal. Our babies care for their babies just as we care for them. When my children grow up, they do not have to decide what type of food they will give to their children, as they know that babies feed at the breast of their mothers.



Edda's four beautiful children.

Edda Vargas, La Leche League (LLL) Leader since 2005, is a proud mother of four children, 10, 8, 5 y 2 years old, each breastfed for two or more years. Edda lives in Cabo Rojo, Puerto Rico.
Email: eddavargas@gmail.com

Edda writes, "I met LLL 2 weeks after the birth of my elder daughter when my nipples were badly damaged. LLL saved my breastfeeding and changed my vision of motherhood for always."

27. Learning to be a Loving Mum: Rita Elena Garza Fishburn, Mexico

Each day our children provide us with different satisfactions and teachings. During these last few weeks my daughter Elena Mariana, one year 9 months, has given me much joy and a moment of reflection.

For several weeks now, she has started to play with her dolls, but then one day something very special happened. We passed by where we hang the slings with which I carried her since she was a newborn and she asked me to get one, in her way of communicating at her age, partly in signs and partly in words poorly pronounced. I took a sling, and started to wear it but she told me no. She took it and went to her room and looked for one of her dolls. At that moment I knew what she wanted as she was trying to put her doll in the sling, so I helped her with it and she was happy. Since that day, her outfit includes the sling and the doll.

A few days later, when we had to go out I put her in the car-seat together with her doll and the sling. After adjusting the belts, I turned to see and in her communicating way she said: "mamá: bebé milk" and raised her blouse and held her doll closely. At the same time, she made sucking sounds. In amazement, I could not help but smile and feel proud of my daughter.

During that week, I was with many of my elder son's friends' mothers who saw Elena giving her breast to her doll in the sling. Each one in their turn told me that they had never seen nor heard of girls playing at breastfeeding their dolls. This sounded strange and absurd, as for me it is most natural and normal. At that moment, I realised that, although they are also mothers, it is not normal for many women.

This whole situation made me reflect that one has to start teaching our children from an early age that breastfeeding is (and should be) the most normal and natural practice in the world. It is extremely important that girls play at breastfeeding their "babies" and carry them in a sling. Parenting with love starts when each girl plays with her dolls. It is the moment for trial and error (it is admissible as the "babies" are not real) for the girls, future mothers, to learn to be gentle, carry their babies, speak in tender words while playing with them, feeding them with imaginary breast milk, while learning to be a real mother.

It also made me think that our children are like sponges, although I already knew and was able to grasp the magnitude of the role we play as parents. Children learn everything through our example. Therefore, it is vital to raise our children with attachment, discipline based on love as they put everything into practice in their games to improve it and later transfer/translate it into their real life.

I am proud of my daughter Elena Mariana, who at such an early age, is already practising her parenting skills although I don't know if, when she is an adult, she will form a family and use these resources of a mother. I do know that this is a game of love which she will take beyond the family and into society.



Rita Elena and Elena Maria who is wearing her baby in her sling.

Rita Elena Garza Fishburn, San José del Cabo Mother Support Group, La Leche League Leader México, Administrative Manager, Integral Centre of Physiotherapy and Orthopaedic
Email: Rita.Elena@gmail.com

GRANDMOTHERS and GRANDFATHERS SUPPORT 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.

Editors Note: *Although the article below is not from a Grandparent, Claire shares how her breastfeeding succeeded with the support of her grandmother.*

28. Why African Babies Don't Cry. An African Perspective: J. Claire K. Niala, Kenya

Although I was born and grew up in Kenya and in Cote d'Ivoire, from the age of fifteen I lived in the United Kingdom (UK). However, I always knew that I wanted to raise my children (when I had them) at home in Kenya. I am a modern African woman with two university degrees and a fourth generation working woman - but when it comes to children, I am typically African. Children are a blessing it would be crazy to avoid. I started my pregnancy in the UK, but the urge to deliver at home was so strong that I sold my practice, set up a new business and moved house/country within five months of finding out I was pregnant. I did what most expectant mothers in the UK do - I read voraciously: *Our Babies, Ourselves*; *Unconditional Parenting*, and any publication written by a member of the Sears Family.



Author Claire Niala and her daughter.

(My grandmother later commented that babies don't read books - and really all I needed to do was "read" my baby.) Everything I read said that African babies cried less than European babies. I was intrigued as to why.

When I went home I started observing. I looked for mothers and babies and, except for babies under six weeks who were at home, mothers and babies were everywhere. The first thing I noticed is that, despite their widespread presence, it is difficult to actually "see" a Kenyan baby. They are usually well wrapped before being carried or strapped onto their mother or sometimes father. Even older babies already strapped onto a back are then further protected from the elements by a large blanket. You would be lucky to see a limb, never mind an eye or nose. The babies are literally cocooned from the stresses of the outside world.

My second observation was a cultural one. In the UK it was understood that babies cry; in Kenya it was the opposite. The understanding is that babies *don't* cry. If they do, something is wrong and something must be done to rectify it *immediately*. My English sister-in-law summarized it well. "People here" she said "really don't like babies crying, do they?"

It all made more sense when I delivered and my grandmother came from the village to visit. As it happened - my baby *did* cry a fair amount, and exasperated and tired, I forgot everything I had ever read and sometimes joined in the crying too. *Yet for my grandmother it was simple - nyonyo (breastfeed her!). It was her answer to every single peep.*

There were times when it was a wet nappy, or the fact that I had put her down, or that she needed burping that was the problem, but mainly she just wanted to be at the breast. It didn't really matter whether she was feeding or just having a comfort moment. I was already wearing her most of the time and co-sleeping with her, so this was a natural extension to what we were doing.

I suddenly learned the not-so-difficult secret as to the joyful silence of African babies. It was a simple needs - met symbiosis that required a total suspension of ideas of "what *should* be happening" and an embracing of *what was actually going on in that moment*. The bottom line was that my baby fed a lot - far more than I had ever read about anywhere and at least five times as much as some of the stricter feeding schedules I had heard about.

At about four months, when many urban mothers start to introduce solids as previous guidelines had recommended, my daughter returned to newborn style hourly breastfeeding. Over the past four months the time between feeds had slowly started to increase. I had even started to treat the odd patient without my breasts leaking or my daughter's nanny interrupting the session to let me know my daughter needed a feed.

Most of the mothers in my mother and baby group had started to introduce baby rice (to stretch the feeds) and all the professionals involved in our children's lives - pediatricians, even doulas, said that this was OK. They said that mothers needed rest, that we had done amazingly well to get to four months exclusive breastfeeding, and that our babies would be fine. Something didn't ring true for me and even when I tried (half-heartedly) to mix some pawpaw (the traditional weaning food in Kenya) with expressed milk and offered it to my daughter, she was having none of it.

So I called my grandmother. She laughed and asked if I had been reading books again. She carefully explained how breastfeeding was anything but linear. "She'll tell you when she's ready for food – and her body will too." "What will I do until then?" I was eager to know. "You do what you did before, regular nyonyo." So my life slowed down to what felt like a standstill again. While many of my contemporaries marveled at how their children were sleeping longer now that they had introduced the baby rice, and were even venturing to other foods, I was waking hourly or every two hours with my daughter and telling patients that the return to work wasn't happening as I had planned.

I soon found that, quite unwittingly, I was turning into an informal support service for other urban mothers. My phone number was doing the rounds and many times while I was feeding my baby I would hear myself uttering the words, "Yes, just keep feeding him/ her." "Yes, even if you have just fed him/her." "Yes, you might not even manage to get out of your pajamas today." "Yes, you still need to eat and drink as much as you feel you need." "No, now might not be the time to consider going back to work if you can afford not to." "It will get easier." I had to trust this last one as it hadn't gotten easier for me - yet.

A week or so before my daughter turned five months, we traveled to the UK for a wedding and for her to meet family and friends. Especially because I had very few other demands, I kept up her feeding schedule easily. Despite the disconcerted looks of many strangers as I fed my daughter in varied public places (most designated breastfeeding rooms were in rest rooms which I just could not bring myself to use), we carried on.

At the wedding, the people whose table we sat at noted, "She is such an easy baby - though she does feed a lot." I kept my silence. Then another lady commented, "Though I did read somewhere that African babies don't cry much." I could not help but laugh.

 J. Claire K. Niala is a mother, osteopath and writer based in Nairobi, Kenya.
 Email: kenyaosteopath@gmail.com

Editor's Note: *The above article appeared in The Natural Child Project at http://www.naturalchild.org/guest/claire_niala.html and was adapted with permission from the author.*

29. The Ekwendeni Agogo Approach: Grandparents as agents of change for newborn survival: Melinda Van Zyl, Malawi

THE AGOGO APPROACH IN BRIEF – In an effort to improve birth outcomes and increase use of key maternal and newborn services and practices in the Ekwendeni catchment area in Mzimba District in Northern Malawi, Primary Health Care staff at Ekwendeni CCAP Mission Hospital collaborated with Save the Children to design and implement a community-level behaviour change approach that would leverage the traditional role of grandparents, or "agogo," as decision-makers in matters concerning care for mothers and newborns. Ekwendeni enlisted the buy-in and assistance of village headmen to recruit the most influential grandparents from local villages – more than 4,000 of them – who then received two days of training in best practices for maternal health and essential newborn care.

Following their two days of training, the agogo returned to their villages and resumed their traditional advising role for the health of mothers and newborns based on the knowledge they had gained during training. They worked to extinguish harmful traditional practices (that had sometimes prevailed for generations before training) and acted as agents of behaviour change by teaching mothers and fathers new ways of caring for newborns and pregnant women. In each village, grandparents were taught to keep an "agogo register" to

MY GRANDMOTHER'S GENTLE WISDOM:

1. Offer the breast every single moment that your baby is upset – even if you have just fed her.
2. Co-sleep. Many times you can feed your baby before they are fully awake, which will allow them to go back to sleep easier and get you more rest.
3. Always take a flask of warm water with you to bed at night to keep you hydrated and the milk flowing.
4. Make the feeding your priority (especially during growth spurts) and get everyone else around you to do as much as they can for you. There is very little that cannot wait.
5. Read your baby, not the books. Breastfeeding is not linear – it goes up and down (and also in circles). You are the expert on your baby's needs.

record the names and details of newly pregnant mothers in their neighborhoods. The agogo register enabled grandparents to monitor the progress and outcomes of pregnancies in the village.

Pregnant women received frequent home visits from local grandparents, who counseled them about the importance of regular antenatal visits, recognition of danger signs, the importance of delivering with the skilled provider, and essential newborn and postnatal care. Grandparents paid more frequent visits to first-time mothers and mothers who had had previous problems. Often they accompanied mothers to the health centre or hospital when the time for delivery arrived.

Traditional leaders and villagers in Ekwendeni's catchment area are enthusiastic about the Agogo Approach and report positive changes in maternal and newborn care practices since the inception of the initiative in 2004.

This report was authored by Melinda Van Zyl, who is now Education Manager with Save the Children UK in South Africa, during a two-month post-graduate internship with Save the Children in Malawi in 2008. The document was developed with input from the Ekwendeni CCAP Mission Hospital Primary Health Care (PHC) Department team, especially Rose Gondwe (Project Coordinator), Alfred Chimaliro (BCC Officer) and Maggie Munthali (Assistant Coordinator).

Download the full report at: <http://www.healthynewbornnetwork.org/sites/default/files/resources/Ekwendeni%20Agogo%20approach.pdf>

BREASTFEEDING, HIV and AIDS

30. Revolutionary New Position Statement on Infant Feeding: Pamela Morrison, UK

Those persons in Great Britain who support mothers and children recently received the news that the British HIV Association and the Children's HIV Association had jointly issued a revolutionary new Position Statement on Infant Feeding, reversing previous prohibitions against breastfeeding.¹ Until now, HIV-positive mothers who indicated an intention to breastfeed risked having their babies removed from them due to fears of postnatal transmission of the virus.

Although clearly recommending formula-feeding for most HIV-exposed babies, the new guidelines appear to be the first from any industrialized country to support HIV+ mothers who want to breastfeed, so long as they are adherent to antiretroviral therapy (ARV) and have an undetectable viral load. The value of exclusive breastfeeding is also stressed. This is in line with recent research showing that adequate maternal ARV and exclusive breastfeeding for up to 6 months can reduce the risk of postnatal transmission of HIV to 0-1%.² While WHO issued revised infant feeding recommendations in 2010,³ suggesting that each country should formulate its own single policy to prevent postnatal infection in HIV-exposed babies, recommending either breastfeeding with maternal and/or infant ARV, or formula-feeding, the new BHIVA/CHIVA Position Statement has gone one step further to include both options.

The release of the new Position Paper follows two years of wide-ranging advocacy. It not only benefits British HIV-positive mothers and the babies it seeks to protect, but also serves as a welcome indication that an ethical and rational approach to HIV and infant feeding is within reach worldwide.

<http://www.bhiva.org/documents/Publications/InfantFeeding10.pdf>

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

References:

1. BHIVA & CHIVA Position statement on infant feeding in the UK, Nov 2010 <http://www.bhiva.org/documents/Publications/InfantFeeding10.pdf> (accessed 2 February 2011)
2. Morrison P, The risk of HIV transmission during breastfeeding; a table of research findings, USAID PEPFAR & AIDSTAR One, September 2010, at http://www.aidstar-one.com/focus_areas/pmtct/HIV_transmission_through_breastfeeding.pdf available at http://www.aidstar-one.com/sites/default/files/Table_of_Breastfeeding_Studies.pdf
3. 2010 WHO HIV and Infant Feeding recommendations, available at http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html

31. Ways ahead: protecting, promoting and supporting breastfeeding in the context of HIV: Karen MI Moland^{1,2*}, Penny van Esterik³, Daniel W Sellen⁴, Marina M de Paoli⁵, Sebalda C Leshabari⁶ and Astrid Blystad^{1,7}

The HIV epidemic, coupled with the assumed benefits of infant formula for the children of all HIV-infected mothers, have in complex ways changed public ideas about infant feeding and represents a threat to well established breastfeeding practices. In the wake of the confusion that postnatal Prevention of Mother to Child Transmission of HIV (PMTCT) interventions have created among HIV-infected mothers, infant feeding counsellors and the public at large, it is time to reinstate the principles of the Innocenti Declaration to protect, promote and support breastfeeding in the context of HIV. The challenge that lies ahead is a search for ways to restore trust in breastfeeding as the normal and safest way to feed an infant. This requires continued research as well as concerted advocacy and action.

The existing evidence of the superiority of breastfeeding in terms of infant survival, and the 2010 infant feeding guidelines promoting breastfeeding as the first choice of infant feeding method, have demonstrated that the advocacy groups were right in their firm and concerted action to protect breastfeeding. One lesson is learnt: replacement feeding has substantial negative, unintended consequences for the individual mother, for her infant, for households and for health systems.

The challenge is how to 'turn the tide' or change the mindset of PMTCT counsellors, mothers and significant others towards breastfeeding as the safest way to feed an infant.

For the complete article see: <http://www.internationalbreastfeedingjournal.com/content/5/1/19>

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NEWSLETTER INFORMATION

32. Check out these Websites

e-WABALink Issue 3, December 2010/January 2011 (in English) -a current awareness service of WABA, with the mission of sharing news and useful key documents with the WABA global network of supporters. http://www.waba.org.my/resources/wabalink/pdf/ewaba_link_1210.pdf

Substance in Breast Milk Kills Cancer Cells

Although HAMLET (Human Alpha-lactalbumin Made LEthal to Tumour cells) was discovered in breast milk several years ago, only now patients with cancer of the bladder treated with Hamlet excreted dead cancer cells in their urine after each treatment. This has given rise to hopes that it can be developed into medication for cancer care in the future.

http://insciences.org/article.php?article_id=8764

Association of Breastfeeding Mothers – Supporting Breastfeeding Women since 1979

The Association of Breastfeeding Mothers offers breastfeeding information and support and a list of support groups around the UK. As well as support for mothers the ABM provides training for counsellors and breastfeeding mother supporters.
www.abm.me.uk

Women who survived childhood cancer should breastfeed, reports new study

<http://www.huliq.com/10473/childhood-cancer-survivors-should-be-advised-breastfeed>

UNICEF UK response to media reports questioning the recommendation to introduce solid food to babies at 6 months

http://www.minnpost.com/_asset/m154y5/UnicefUKResponse.pdf

Breastfeeding Today

1. Issue 5 December 2010 – Laid back breastfeeding, Too busy to breastfeed, Finding your Tribe (English)
<http://viewer.zmags.com/publication/94fb8af9#/94fb8af9/1>
2. Issue 6 March 2011 – Skin to skin, Celebrating the New Baby, New Insights on Nipple Shield (English)
<http://viewer.zmags.com/publication/68057366#/68057366/1>

WABA Research Task Force (RTF) e-newsletter January 2011

<http://www.waba.org.my/whatwedo/research/pdf/rtfnl-jan11.pdf>

Media Release

Will European Union (EU) ban on baby bottles with Bisphenol A lead to dumping in developing countries?

<http://www.ibfan.org/news-2011-0119.html>

Breastfeeding Babies Exposed to Diabetes in Utero Protects Against Childhood Obesity

<http://finance.yahoo.com/news/Breastfeeding-Babies-Exposed-iw-2429099200.html?x=0&v=1>

Michelle Obama to Promote Breastfeeding as Internal Revenue Service (IRS) Gives Tax Breaks for Nursing

<http://www.politicsdaily.com/2011/02/14/michelle-obama-to-promote-breast-feeding-as-irs-gives-tax-breaks/>

The International Breastfeeding Centre (IBC) is now live on Twitter. Follow us for updates on what is happening at IBC!!!

<http://twitter.com/IBCToronto>

Bear Milk by Riley Woodford

Across North America this spring, thousands of baby animals are enjoying their first meals. For mammals, that's mother's milk. Bear cubs are getting some of the richest milk of all, and given bears' unusual gestation, they've been nursing since almost before they were born.

http://www.adfg.alaska.gov/index.cfm?adfg=wildlifeneews.view_article&articles_id=296&issue_id=51



Breastmilk reduces obesity -BREAST milk is a magical liquid that can not only nourish a baby, but prevent them from becoming obese later in life, a Hobart (Australia) conference has heard.

http://www.themercury.com.au/article/2011/03/06/212151_tasmania-news.html

Peaceful Parenting – The joy of nursing toddlers photo gallery

<http://www.drmmomma.org/2011/02/joy-of-nursing-toddlers-photo-gallery.html>

To celebrate World Breastfeeding Week, nursing mothers will gather on Saturday 6th August 2011 at 10:30am* in venues across Oregon and Washington, USA to try to break the record for the most women breastfeeding simultaneously!

<http://biglatchon.weebly.com/>

Web Links for Breastfeeding in an Emergency or Disaster:

http://www.lll-japan.org/binfo/hisai_support.htm

http://www.ilca.org/files/in_the_news/Emergencies/2011-03_PressRelease_JapanEarthquake.pdf

<http://www.usbreastfeeding.org/FamilyCommunity/BreastfeedingPromotionBreastfeedingandEmergencies/tabid/193/Default.aspx>

Joint statement from the Nutrition Cluster on breastfeeding and breast-milk substitutes

UNICEF, WHO and WFP call for support for appropriate infant and young child feeding in the current emergency, and caution about unnecessary and potentially harmful donations and use of breast-milk substitutes

http://www.unicef.org/media/media_57962.html

33. Announcements: Past and Future Events

13–14 January 2011: International Conference on the Theory and Practice of Human Lactation Research and Breastfeeding Management, Orlando, Florida, USA

20–21 January 2011: United States Breastfeeding Committee Membership Meeting, Washington DC, USA

14 February, 2011: WABA 20th anniversary

21 February – 5 March 2011: Breastfeeding Advocacy and Practice, A Regional Outreach Course by the Infant Feeding Consortium, Institute of Child Health, London, U.K. and WABA, Penang, Malaysia. The course is specially designed for doctors and other senior health professionals from the South East Asian region who are responsible nationally or locally for: clinical care of mothers and infants, teaching short courses, pre-service curricula for health professionals, advocacy and policy development, implementation of programmes such as the BFHI. <http://www.waba.org.my/pdf/bap2011brochure.pdf>

8 March 2011: International Women's Day 2011, '*Equal Access to Education, Training and Science and Technology: Pathway to Decent Work for Women*'.

11–12 March 2011: *Reframing Birth and Breastfeeding: Moving Forward*, Chapel Hill, North Carolina, USA. A meeting co-sponsored by The Breastfeeding and Feminism Symposium Series (Center for Women's Health and Wellness, University of North Carolina (UNC), Greensboro, and Carolina Global Breastfeeding Institute, UNC Chapel Hill) and The Coalition for Improving Maternity Services (CIMS). For additional details, visit CWHW, CIMS and/or CGBI <http://www.uncg.edu/hhp/cwhw/symposium/homepage.html>

25 March 2011: Journée Internationale de l'Allaitement, Breastfeeding : Let's Trust Them !, Centre de Congrès de la Cité des Sciences – Paris. www.lllfrance.org
<http://www.lllfrance.org/Que-faisons-nous/JIA-Journee-Internationale-de-l-Allaitement-programme-et-inscriptions.html>

15 April 2011: Closing date for WBW 2011 Photo contest <http://www.worldbreastfeedingweek.org>

1–31 May 2011: Gold 11 Conference. GOLD is an international online conference in human lactation and breastfeeding, now in its fifth year. www.goldconf.com

15 May 2011: Closing date for photo contest on Safe Motherhood organized by Pan American Health Organization. www.paho.org/ims

6 June 2011: 6th Annual Philadelphia Fatherhood Festival

6–24 June 2011: 20th Breastfeeding Policy and Practice Course (BFPP), London, U.K. The course is in 2 parts. Email enquiries to bfeed@ich.ucl.ac.uk.
June 6-17, Part 1 (2 weeks) *Breastfeeding: Clinical Management and Public Health*
June 20-24, Part 2 (1 week) *Addressing Challenges to Optimal Practice and Implementation*.

13–17 July 2011: ILCA (International Lactation Consultant Association) 2011 Conference, “Raising the Bar – Enhancing Practices and Improving Health Outcomes”, San Diego, California, USA
<http://www.ilca.org/i4a/pages/index.cfm?pageid=3798>

1–7 August 2011: World Breastfeeding Week 2011 Theme: Talk to me! Breastfeeding – a 3D Experience. For further information see <http://www.worldbreastfeedingweek.org/>

6 August 2011: At 10:30am in venues across Oregon and Washington, nursing mothers will gather to celebrate World Breastfeeding Week and try to break the record for the most women breastfeeding simultaneously!

20–21 October 2011: Australian Breastfeeding Association International Conference, *Step Up, Reach Out – developing an inclusive breastfeeding society*, Canberra, Australia
<http://www.breastfeeding.asn.au/news/2011.html>

3-6 November 2011: Academy of Breastfeeding Medicine (ABM) Annual 16th International Meeting, Miami, Florida, USA

To Remember:

Jean Liedloff – Author of *The Continuum Concept*

Jean Liedloff, author of *The Continuum Concept*, died peacefully in Sausalito, California, USA on 15 March 2011.

Jean Liedloff (1926-2011) spent two and a half years in the South American jungle with Stone Age Indians. The experience demolished her Western preconceptions of how we should live and led her to a radically different view of what human nature really is. She offered a new understanding of how we have lost much of our natural well-being and shows us practical ways to regain it for our children and for ourselves.

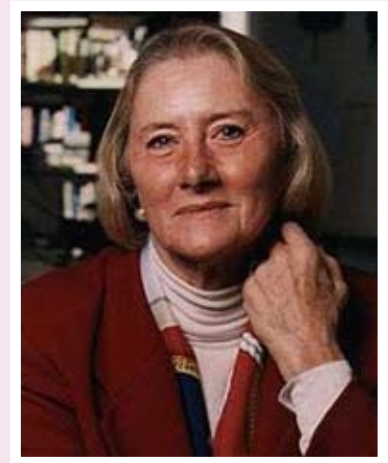
Mothering Magazine named Ms. Liedloff a “Living Treasure” in 2007, and although she never had children of her own, she fully embraced motherhood and experienced it vicariously by encouraging millions of moms to follow nature’s clear and unambiguous imperatives. She supported thousands of parents directly through phone consultations and writings, and remained in touch with her many followers and devoted friends from around the world throughout her final days.

According to Jean Liedloff, in order to achieve optimal physical, mental and emotional development, human beings – especially babies – require the kind of experience to which our species adapted during the long process of our evolution. For an infant, these include such experiences as:

- constant physical contact with this mother (or another familiar caregiver as needed) from birth;
- sleeping in his parents’ bed, in constant physical contact, until he leaves of his own volition;
- breastfeeding “on cue” – nursing in response to his own body’s signals.

Infants whose continuum needs are fulfilled during the early, in-arms phase grow up to have greater self-esteem and become more independent than those whose cries go unanswered for fear of “spoiling” them or making them too independent.

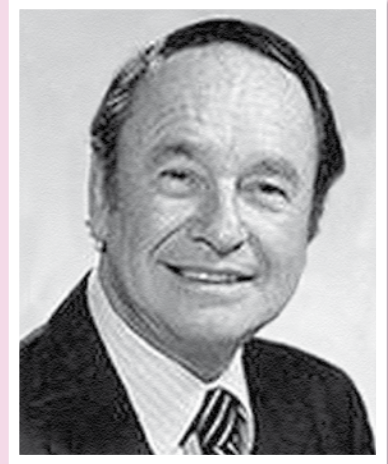
A memorial celebration of her life will be held on Mount Tam this spring (Northern Hemisphere). Her friends and associates at www.continuum-concept.org have also published a memorial website at www.jeanliedloff.com.



Michael Latham – Pioneer in Breastfeeding Promotion, Protection and Support

Professor Michael Latham passed away peacefully on Friday, 1 April. Michael was one of the first persons to serve on the WABA Steering Committee after its founding in 1991. He also led the WABA Research Task Force as its Coordinator for a number of years, and was the current co-chair of the WABA International Advisory Council (IAC) with Elisabet Helsing.

Michael has been a champion for the breastfeeding movement in so many ways – knowledgeable, courageous, spirited, yet kind, sensitive and loving. WABA is deeply indebted to Michael for his enormous contribution to the work of the network. We will miss him and hope his contributions to the world will live on through all the people he has taught, touched and loved!



<http://www.waba.org.my/news/michael-latham.htm>

34. Readers Share

I just got it and it is WONDERFUL! Whoever edited my piece did such a terrific job :) Really lovely, thank you so much for asking me to contribute.

Cassandra
Australia

How exciting to see the story published! I will share it with Amelia... Thank you for everything.

Angie
Dominican Republic

Thanks very much for e-newsletter which I am circulating throughout our national network immediately. The father support articles are excellent. Congratulations for the beautiful and colourful pictures.

Best wishes,

James
Cameroon

Dear Editors,

A belated Happy & Prosperous New Year to all you wonderful people at WABA and at home too. Thank you for the interesting newsletter. Hope that this year will be more "Fruitful" than the previous years in our support towards breastfeeding.

Cheerio & Best Regards,

Quah Kim Cheng
Malaysia

I received the WABA V8N3 newsletter of September to December 2010. I believe it is a very good idea to include new ideas in the newsletter.

I will tell the LLL group for Spanish speaking mothers that we have here in the city of Sherbrooke.

Laura
Sherbrooke, Canada

Thank you. It is very interesting to read.

Vasumathi
Malaysia

35. Submission of Articles and Next Issue

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

The guidelines for contributing an article are as follows:

- ▶ Up to, but not exceeding 250 words.
- ▶ Name, Title, Address, and e-mail of the author
- ▶ Affiliation
- ▶ Brief biography (5-10 lines)
- ▶ Web site (if available)
- ▶ Please be specific in including details where relevant: names of places, persons and exact dates.

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

36. How to Subscribe/ Unsubscribe to the Newsletter

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

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

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

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003 and the newsletter is entering its 9th full year. The first 8 issues of the newsletter were published in 3 languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005.

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

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

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

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



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

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

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

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

Website: www.waba.org.my

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

“Breastfeeding is a connection as well as a food source, a baby’s first human relationship, designed to gentle him into the world with far more than just immune factors and good nutrition.”

– The Womanly Art of Breastfeeding,
8th Edition, La Leche League International, 2010