

Breastfeeding Mother Support

E-newsletter

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The Gift of Breastfeeding

“... no mother has the responsibility to breastfeed a child unless she is completely— in every possible way— supported to make the decision and to succeed with her intentions to breastfeed. Hence, no woman can be “expected” to breastfeed unless she is “enabled”— by culturally sensitive, unbiased information and complete social, economic, and clinical support— to decide to breastfeed, and is then given every and all the social, clinical, political and economic support she may need to achieve her breastfeeding goals.”

Paige Smith and Miriam Labbok in “It Takes a Village: The Role of the Greater Community in Inspiring and Empowering Women to Breastfeed (2014)”.



Photo Credit: iStockphoto.com/ Jodi Hall Photography

What does it matter if a baby is breastfed? Are there ramifications of what at first glance is just a feeding delivery system for the baby? As our readers must already know, breastfeeding does matter at least to the baby and his breastfeeding parent. Have you ever thought about how the simple act of breastfeeding becomes ripples in a pond that ultimately impact far more than just the breastfeeding dyad? What a gift that is! In this issue of the Breastfeeding Mother Support Newsletter, we will celebrate that gift and its ripple effect.

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EDITORS' LETTER

The Magic of Breastfeeding

It is with a bit of sadness that we share with you that this is our last edition of the Newsletter as Editors, a role we have been privileged to have. It is time for us to say goodbye as we move onto other endeavors and experiences. We depart with the deepest gratitude for having had this opportunity that has given us so much learning and has enriched us in ways we would never have imagined. The Newsletter will also be taking on a new form. WABA is working on turning it into a blog so stay tuned for this new and exciting development.

As a departing note we each want to touch on the magic of breastfeeding...

The magic of breastfeeding has not felt more deeply true to me, Natalia, and my daughter than over the last few months. My daughter is now 4 years old and even though our breastfeeding journey came to an end over a year ago, the relationship and magical connection it helped us establish continues to this day. When I think of the lasting impacts breastfeeding has had on us, yes, I think of the health benefits, of the benefits to the environment, of the calming benefits, but nothing impacts me more deeply than realizing that breastfeeding helped to establish the foundation of trust—trust in herself and trust in the people that love her. Amalia recently had to spend a few days in hospital. It was a scary time for her, but as long as I was there with her, holding her hand, touching her, she was calm. She learnt early on that physical closeness means warmth, safety and love. Despite how scared she was, she could trust in me just by knowing that I was there, holding her every step of the way. Holding her close, just like I use to hold her during our many breastfeeding hours, helped her trust that everything would be okay. These difficult days are now behind us, but this magical life lesson breastfeeding gifted us will always be with us.



Natalia's children: Liam and Amalia



Melissa's grandchildren: Twins Lynley and Emma, Grayson, Annabelle, and Oliver

Like Natalia, my personal breastfeeding journey has long since ended, though mine ended long before Natalia's. And maybe it really hasn't ended. Choosing to breastfeed my children over 30 years ago set things in motion that continue to impact my life today. Not only did I forge a special relationship with my two children that I still enjoy, I've seen that kind of relationship develop between my five grandchildren—all breastfed—and their mothers. Like Natalia, I witnessed how breastfeeding in a hospital setting was life-saving for him, and sanity-saving for me. When my son was two, he had a mysterious bout with Kawasaki's Disease, and thankfully we were encouraged to keep breastfeeding through the hospital stay—a decision that may have prevented long-lasting effects of that disease. Because of that choice years ago, my professional life is far different than it might have been otherwise. Once a high school teacher, breastfeeding my children gave me reason to chart a new course and become a La Leche League Leader and help other mothers with their breastfeeding journeys. Through that choice, I discovered a love of writing that continues today. And because of that decision to give breastfeeding a try—originally made largely out of laziness and not wanting to bother with bottles and mixing formula—I have met and worked with some wonderful people around the world—including Natalia. Life is good—and I'd like to think that breastfeeding played more than a small role in that!

The GIFT of Breastfeeding SPOTLIGHT

WHEN ONE CHILD IS BREASTFED...

Melissa Vickers

When one child is breastfed, the effects are felt through his family, his community, and ultimately through the world.

Note: The list of gifts below was originally compiled in 1998. The introduction has been added as a way of reflecting changes since it was first written.

The simple act of breastfeeding looked at through a narrow lens is but a delivery of nourishing food directly to baby. That food source is a gift, in and of itself, and would seem to be a one-way gift, with the baby the ultimate—and only—recipient. Even if providing a nutritious food source was the only reason to breastfeed a baby, that would be far from insignificant.

In reality, however, breastfeeding is *not* just about getting food in the baby. In the 20 years since this list of benefits of breastfeeding was originally compiled, scientific research and the mother-to-mother/family-to-family sharing of wisdom and experience continues to validate and add to the points made below. Breastfeeding is *not* merely a one-way street, with the baby being the only benefactor. For that matter, it is not merely a two-way street, as the consequences of breastfeeding go far beyond just baby and parent.

Another interesting trend has taken place, at least in some circles, since this list was originally generated—a rethinking of how we even *talk* about the “benefits” of breastfeeding. Thanks to a landmark article by Diane Wiessinger, “[Watch Your Language](#),” we realize that because breastfeeding is what our bodies and our babies are designed to do, comparisons with any other food source need to be approached as the

risks of not breastfeeding. The list below is still in “benefits” language, simply to emphasize breastfeeding as a gift.

We also are realizing and acknowledging that traditional definitions of family don’t necessarily describe what a family “looks like” any more. Consider this definition of family, developed and adopted by the Young Children’s Continuum of the New Mexico (USA) State Legislature, June 20, 1990:

“We all come from families. Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. As family members, we nurture, protect, and influence each other. Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity. Each family has strengths and qualities that flow from individual members and from the family as a unit. Our families create neighborhood communities, states, and nations.”

When we view breastfeeding through this broader lens of understanding what families are, and how those families interact with each other, we begin to see the real potential for what happens when one child is breastfed. And this broader view only underscores the need for community-wide breastfeeding support.

When one **child** is breastfed:

- He is given the best start possible—the one nature intended—with a food that is nutritionally complete and specifically designed for human dietary needs.
- She is given dose after dose of a disease-fighting, living fluid that can:
 - Decrease risk of respiratory disease, ear infections, gastroenteritis, SIDS, allergies, childhood cancers, diabetes, ulcerative colitis, Crohn’s Disease and many others.
 - Improve his response to vaccines he receives later on.
 - Fill in the gap until his immune system matures.
- He is given brain food that will increase his cognitive scores throughout his childhood.

When one child is breastfed, he gives his **mother**:

- Decreased risk for breast cancer, osteoporosis, ovarian cancer, anemia.
- Daily doses of the “mothering hormone,” prolactin, that calms her and improves her mothering skills.
- Extra time that she might otherwise be mixing formula, sterilizing bottles, cleaning bottles, and heading to the store when the supply runs low.
- A sense of empowerment that comes with providing such an unmatched beginning for her child.

When one child is breastfed, he gives his **family**:

- A higher spendable income:
 - With the savings on the purchase of formula alone, his family can buy a major appliance every six months. In the U.S., this can mean a savings of \$1,200 to \$1,500 a year.
 - A savings on medical bills: breastfeeding reduces risks of the four most common—and expensive—childhood illnesses (ear infections, gastroenteritis, respiratory infections, and intestinal infections) by 50%!
 - Fewer lost hours from work involved in caring for a sick child.

When one child is breastfed, he gives his **father**:

- The opportunity to learn that parenting is not just about feeding, and his non-feeding interactions are just as important to the child.
- A sense of pride in his family.

When one child is breastfed, he gives the **community**:

- A more productive workforce with less absenteeism caused by the need to care for sick children.
- A boost to the local economy when the money that would have gone into formula and doctor bills is put into local goods and services.
- Fewer tax dollars will be needed providing assistance for needy families to feed their children, and can be spent in other ways to help families.
- The potential for a more intelligent adult who will one day be voting and/or running the community.
- Lower health care costs for both mother and baby throughout their lives which results in savings for health insurance companies.
- A role model (along with his mother) to encourage other mothers to breastfeed their babies.

When one child is breastfed, he gives the **world**:

- Less pollution caused by the manufacture and transport of formula.
- Less waste to dispose of in the form of tin, paper, and plastic needed in the manufacture of formulas.
- A lower population growth rate, as breastfeeding prevents more births than all other forms of contraception put together.

It is no accident that the World Health Organization and UNICEF believe that optimal breastfeeding is vital to the lifelong good health and wellbeing of women and children.

WHO and UNICEF recommend:

- **Early initiation of breastfeeding within 1 hour of birth.**
- **Exclusive breastfeeding for the first 6 months of life.**
- **Continued breastfeeding up to 2 years of age or beyond, with introduction of nutritionally adequate and safe complementary (solid) foods at 6 months.**

BREASTFEEDING MATTERS!

Five Ways to Help When Breastfeeding Doesn't Go as Expected

La Leche League Great Britain

Sometimes breastfeeding doesn't go as hoped for, or as expected. Some of those mothers, with a little support, guidance and practice, quickly move to a place of comfort and enjoyment and they don't look back as they overcome challenges. But some don't. Some of them need incredible determination to overcome problems and difficulties. Some go far beyond what even they thought they would do. And some reach a point where they run out of energy and emotion to keep going.

What do these mothers need from those around them?

How can partners, family, friends or health professionals support them in a way that helps those mothers who are discovering that breastfeeding isn't going as well as they expected? Here are five areas for supporters to consider:

1. Help her find the right support

Unicef has shown that eight out of 10 women stop breastfeeding before they want to. And that "For breastfeeding to work, you need someone to turn to who believes it's important and believes you can do it." [1] And that means helping her find a qualified, informed breastfeeding supporter; for example, an LLL Leader or other breastfeeding counsellor [2] or IBCLC (International Board Certified Lactation Consultant).

The first step is almost always to explore what's happening with breastfeeding – not suggest alternatives. The cliché 'Breastfeeding problems have breastfeeding solutions' has great value. It's saying that even if additional solutions are needed to overcome problems and meet the baby's needs, the first step is to look at what's going on with breastfeeding. Finding someone for her who can offer breastfeeding expertise and knowledge, and who will look at the mother and baby as a unit, might be the biggest act of support you can give her and the baby.

Care and concern come from a good place. Of course no-one wants to see someone they love or care about struggling or distressed. And no-one, least of all the baby's mother, wants to see a baby do anything but thrive. The first rule is always feed the baby. And helping her to find the right support to do that is the best help – to help her achieve her breastfeeding goals or make the decision to change those goals.

2. Listen to her

Mothers are already facing a society and culture where bottle-feeding is seen as the norm. By the time a mother's baby arrives, she will have already been bombarded with adverts and images of the best bottles and formulas. Mothers talk about pressure to breastfeed – and also about pressure NOT to breastfeed. It can already feel like swimming against the tide for a mother who WANTS to breastfeed, even with a supportive partner.

And so supporters have a huge role in helping a mother to focus on what she wants to do. Sometimes mothers will say they can't talk to their family about difficulties anymore because they just say, out of care for her, "you've done so well, you could stop now". And mothers say they are told that "You know you don't have to breastfeed". But what if she wants to?

Instead, supporters can ask her what she wants to happen? Where would she like to get to with her baby? What are her goals and ideals for feeding her baby? Without knowing the answer to what she wants, those around might offer the mother solutions that don't help her and in fact make her feel more isolated. Just like those around her, her priority will be to make sure her baby's needs are met – she's not breastfeeding 'just for herself'.

Sometimes a mother's reasons for struggling aren't obvious but are deep-rooted, perhaps she is finding it hard because of hidden issues or historical experiences around her body and breasts and how she feels about herself or her body. Breastfeeding can unearth hidden hurts, complexities and sensitivities about how mothers view their bodies, their breasts and themselves. None of which may be visible or apparent to someone supporting them and yet can make them feel all the more scared and isolated if they are struggling with breastfeeding.

3. Understand she is driven to breastfeed beyond what she expected

For many mothers the instinct to breastfeed is powerful. And that drive can be really hard for supporters to understand. Mothers often say that they didn't realise it would matter so much to them. Just as sometimes a woman has an inexplicable desire and urge to have a baby, the drive to breastfeed can often come as a surprise to the woman herself. The fundamental biological instinct to feed her baby is so ingrained in

what it means to be a mother, that it is beyond words. Mothers talk about “just knowing they wanted to breastfeed”. Mothers are biologically hard-wired to breastfeed their babies.

Petra Hoehfurtner, LLL Leader and IBCLC, in her excellent article *Breastfeeding - A Woman's Right*^[3] talks about the biological drive to breastfeed and she says:

“But at the end of the day - when it comes to breastfeeding - our bodies and minds are run by our instincts. Therefore, if a woman, for whatever reason doesn't succeed in breastfeeding her baby, the sense of loss and failure goes much deeper than intellect or emotions; it connects on an instinct level... This woman has 'failed' the human race as she hasn't been able to do the most basic thing; to feed her baby. This sense of failure goes much deeper than any other failure someone experiences in their life.”

Mothers are driven by the biological need to make sure their baby thrives. When it doesn't go smoothly or there are challenges, many mothers have a single-minded commitment to making it work. Not out of any external pressure to breastfeed (though others might think that), but because they want to, because it's what their body and mind expect to happen. And they are often surprised by the shift from “I'll try to breastfeed if I can, but I won't worry about it” when pregnant, to “I am determined to do this, I NEED to do this” when their baby is in their arms.

Some mothers say that they didn't expect to feel so strongly that they wanted to make it work, and that they are finding depths of determination they didn't know they had. And this is in the context of a culture which already makes breastfeeding complicated in so many ways.

One determined mother said:

“Breastfeeding was something I knew I wanted to do but it was only when I found I had supply issues I discovered that I was willing to walk to the end of the Earth to try to make it work. Rationally I knew she would be fine with formula supplements, but something altogether deeper took over and I found I was willing to do practically anything to return her to being exclusively breastfed as soon as possible.”

For some mothers that will mean days or weeks of struggling and then they get to a place where breastfeeding is what they had hoped for, and they are so relieved that they didn't stop. And they are rightly proud of what they have achieved.

And for others, they get to the point, where they

make the decision to stop or her goals evolve so that she gets to a place where she is satisfied: even if it is different from what she first hoped for. Only she can make that decision if she is to gain any sense of peace with it. She has to know it's her choice. And it might be that her goals may change.

4. Tell her it's okay to be angry

As a supporter, giving mothers space to be angry can be liberating for them. A mother might feel angry that system has let her down. Many mothers who are struggling with breastfeeding have been failed at some point, by not getting the skilled support and information they needed in the early days. Or worse, that their breastfeeding relationship has been sabotaged by ill-informed support or care in the early days or weeks.

Mothers may be told “that latch looks fine” but are still in pain or the baby is hardly swallowing, or “only feed your baby from one breast to get the really good milk” or “only feed every three hours to make sure you baby is really hungry”: all common advice which is likely to undo the breastfeeding relationship. Or when their baby fails to gain weight, mothers are referred to a paediatrician to find out what's wrong with the baby, rather than anyone looking at what's happening with breastfeeding and why the baby isn't getting all he needs at the breast.

And so then not only are mothers coping with overcoming their difficulties, but they are also dealing with a sense of betrayal, isolation and lack of trust in those around who they thought were helping. It can be isolating to think “but I thought they were helping me” and feel let down by the people they put their trust in.

5. And if she stops breastfeeding, let her grieve

For some mothers, the hurdles and challenges are more than they can overcome, and they reach a point where they decide that they will stop breastfeeding. But we need to watch our language: she hasn't ‘given up’; she hasn't failed. It is never her fault for struggling or stopping.

When mothers themselves talk about ‘giving up’, or when we use that language around her we enhance her sense of failure. Instead, she can own the decision. Just like in birth: when mothers feel in control they have a more positive birth experience whatever it might look like. She needs to be in control of the decision of when she will stop breastfeeding.

And at the point of deciding to stop, especially if it has been an intense, stressful, scary, painful time

mothers may feel relief. One mother said: “I was relieved and I knew it was the right decision. It was the right decision at that time –doesn’t mean it couldn’t have been different, but I’m at peace I made the right decision then. Yes, I regret it wasn’t different. But my memory of stopping is overwhelmingly one of relief.”

And that’s the point. Each mother will feel differently, so it’s important that supporters don’t assume, or don’t placate. We just need to listen to what she wants to say about it. One mother who stopped breastfeeding, said about her family:

“They won’t let me say I’m sad about it – every time I say something like that, they shut me down by telling me ‘I did well’, ‘she’ll be fine’. I know all that. But I want them to just let me be sad about it.”

And then we often hear about **GUILT**: that the mother feels guilty for stopping. Or she feels guilty and wonders if maybe she didn’t try hard enough or guilty that maybe, just maybe she wonders if just doing this for herself. But guilt is so hard to deal with because no-one can fix it. But if we turn it around: and perhaps help the mother to see she is describing **GRIEF**, then perhaps she can start processing it. It’s a grief that breastfeeding isn’t as she has hoped for. A grief that her ideal of how she thought it would be for her and her baby isn’t the reality. It’s the grief that Petra Hoehfurner explains as “the sense of loss and failure that goes much deeper than intellect or emotions.”

But just as with any grief – mothers need to go through the process of dealing with that grief. One model proposes five stages of grief: denial, anger, bargaining, depression and acceptance as part of the framework of moving on. And that can take time. Some mothers may skip or revisit different stages as part of the process. But often the instinct of those around is to want to stop her grieving, and to get her to a place of contentment with her decision. But no-one can do that for someone else – it’s grief and that’s a personal process that has its own timing.

A last word to the mother who knows the struggle

In **LLLGB**, we often meet or talk with mothers who have gone to amazing lengths to make it work. Some are still breastfeeding, some are combination-feeding and some are no longer breastfeeding. Many have had brilliant supporters, partners, fathers by their sides: after all it takes a team to parent a baby¹⁴.

But whatever the outcome, each of them has shown

an incredible determination and strength to meet their babies’ needs. It’s not your fault. Be proud of your successes.

And for those mothers who are in the middle of a struggle to make breastfeeding work right now: you are doing an amazing job. Keep asking for support from those who can help you. Celebrate your successes. Hang on in there. We hope you reach your goals – whatever they might be – and that you find a pride and peace in your achievements.

Written by Justine Fieth, LLL Cambridge, 2018

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Further reading and notes

<https://www.laleche.org.uk/joining-the-tribe/>
<https://www.laleche.org.uk/dealing-with-criticism/>
<https://www.laleche.org.uk/find-lll-support-group/>
<https://www.laleche.org.uk/supporting-a-breastfeeding-mother/>
<https://www.laleche.org.uk/finding-right-support/>
<https://www.laleche.org.uk/mothers-on-support-from-our-nearest-and-dearest/>

1. <https://www.unicef.org.uk/babyfriendly/supporting-breastfeeding-make-it-happen/>
2. Breastfeeding counsellors in the UK are trained and accredited with LLL (LLL Leader), ABM, BfN or NCT – see <http://www.lcgb.org/why-ibclc/whos-who-in-breastfeeding-support-and-lactation-in-the-uk/>
3. <http://petrah.co.uk/Articles>
4. For a great article on how partners can support breastfeeding: <https://www.laleche.org.uk/supporting-a-breastfeeding-mother/>

A big thank you to Katie Dring, Helen Lloyd and Maddie McMahon for their very helpful comments and thoughts at various stages in writing this.

Mother's Voices: The essence of breastfeeding support

Breastfeeding is a Journey

Abigail Beeson



Mum and second born feeding at Cannon Beach, Oregon: July 2015

Breastfeeding...as I write this I have logged roughly 2,609 days breastfeeding three children. But if I was really to be honest the word breastfeeding has been a part of my daily conversations for nearly 4,865 days, as I have worked in the public nutrition space since 2005, and discussing breastfeeding has been a large part of my day job. My oldest weaned when she was five and a half years old. With my second I could not cope with the thought of tandem nursing, so gently ended our breastfeeding relationship when he was three and a half years old, and I was 12 weeks pregnant with our third. I have had cracked nipples three times (once was intentional only because at the time I favored my sleep over correcting my newborn's attachment) and mastitis. I have fed on: planes, trains, automobiles, and Tuktuks (three-



Mum and second born feeding, while first born feeds and pumps for her baby in Phnom Penh, Cambodia: April 2015

wheeled motorized vehicle); beaches, mountains, lakes, rivers, streams; in sun, rain, sleet, hail, snow; while sleeping, sitting, standing, facilitating workshops, working 16 hour days, traveling to remote provinces throughout Asia, making long haul flights between continents that begin with "A" and everywhere in between. My first born, when three years old breastfed like a newborn and acted like there was no other purpose in life but to breastfeed. My second born treated the whole thing like a mild inconvenience that he now longingly yearns for as he stares at our third born and every so often asks if he could breastfeed again... However with everything that breastfeeding for 2,609 days brings, I feel I am in the midst of my biggest challenge yet - breastfeeding an infant who is visibly not a newborn anymore in a new country, whose social norms I do not know.



Mum and third born breastfeeding, while exploring the Alps in Switzerland: January 2019

I never intended to breastfeed any of my children for more than two years. However, I never put a limit on how long I would breastfeed. Over the years, I appreciate I have learned what boundaries I am most comfortable with and, given my day job, I have always felt I needed to give breastfeeding a solid try. It was my day job after all and I

could not easily live with the idea of promoting breastfeeding at work, but not really knowing the ins and outs of what it is like to be a breastfeeding mother who works or now is what many call a stay at home mum (I prefer early childhood development practitioner). For most of the time that I have breastfed children, I have lived in Cambodia, where many often find it easier to accept. The water is not good, there are many diseases and illnesses, malnutrition, and poverty.

However, in my new country it is different. The water is glacier clear and like silk in your mouth. Illnesses - the headquarters of the World Health Orga-

nization are not far away. Malnutrition - I have never seen so many fit and healthy people in my life, and poverty... I appreciate that I now live in one of the most expensive countries in the world, but I would not use the word impoverished to describe the socio-economic status of most people here. As a result of this, I find it is harder for people to accept why I STILL breastfeed and finally after 2,609 days, I am starting to have the awkward conversations. I'm getting the surly stares on the train or in parks when I stop to breastfeed my seven month old. I'm fielding questions such as: "doesn't she use a bottle?" or "don't you have a pacifier/dummy for her?" With each fleeting question, I find myself awkwardly saying "No". I say "no" because I truly believe that this is the best for my family.

We do not have problems with allergies and though developmentally second born cannot quite sit through an entire family meal yet, both have pretty well developed palettes. Is this all from breastfeeding? Who knows! I do not know for sure, but what I do know is that I would have not done things any differently. Will the questions, stares, or "concerns" keep me from continuing my breastfeeding relationship with my third born - no, but it does make me realize first hand again that breastfeeding is not always as easy as sitting down



Mum and third born feeding, while cooking dinner for everyone else: January 2019

and bringing my child to my breast for a feed, snuggle, or to help an infant or child work through whatever issue she is currently trying to process or tackle in the world.

Breastfeeding is a journey for many families that is not always from point A to point B and each family has its own intentions about how and what is best for them in this journey. My current journey with breastfeeding is a new one for us, but it is one that I am happy to take.

Joining the Tribe

Vicky Thomas

Vicky had a lot of troubles when she started breastfeeding her son: she turned to LLL for practical advice, and stayed for the emotional support that comes from being surrounded by like-minded mothers.

'I'll give breastfeeding a go but I'm not going to martyr myself or my baby doing it'.

So I said a few weeks before my son was born. I even bought bottles and a few cartons of formula, thinking myself very clever that we wouldn't have to make an emergency dash to an all-night garage at 11 pm on a Sunday when it all got too much. As a paediatric doctor coming to the end of my training, I believed breastfeeding was broken. My professional experience was of weeping mothers and dehydrated

babies. I was pro-breastfeeding in theory but, like many of my colleagues, would heave a sigh of relief when the mother of a small or early baby opted to formula feed. It was measurable and controllable and I knew how to advise on it. I'd attended mandatory breastfeeding training but been deeply cynical about it. My personal experiences were also pretty off-putting: my nephew had been severely ill after he struggled with breastfeeding due to a missed medical condition.

Then my own son was born and the first lesson he taught me was humility. He was a great feeder from our first breastfeed, cuddled in recovery. And then, at ten hours old, he pulled himself up my body, looked me in the eye and latched on. I was astonished and humbled. Above all, I was proud of us. Before we left hospital I asked to be shown how



to [express](#), thinking this would confirm for me that I had milk and could feed. My 12 ml of colostrum was there: physical proof to my sceptical eyes that I could do this.

Unfortunately we quickly ran into trouble and by the time my son was a week old I had severe [nipple trauma](#) and [mastitis](#). We ended up in hospital after he aspirated and stopped breathing when breastfeeding and I had to resuscitate him. This is still the most terrifying thing that has ever happened to me. Years of training do not prepare you for your own baby lying blue and lifeless on your bed, with no equipment or other medical staff to help.

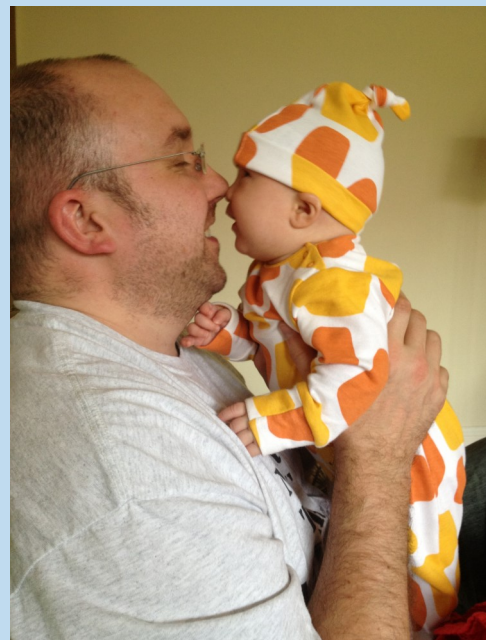
My son fortunately made a very speedy recovery, and I tried to get some help for my lacerated nipples and hugely swollen red painful breasts. By this point I had become quite unwell, had a raised heart rate, temperature and, unknown and unrecognised, the start of a breast abscess. A couple of days of intravenous antibiotics helped with some of those issues but no midwife observed a full breastfeed start to finish. We were discharged home pretty rapidly, with dire

ples after every feed and was fed up of being told 'if it hurts, you're doing it wrong'. I am a perfectionist type A personality so felt utterly frustrated at being told I was doing things wrong when I was doing everything in my power to make it work and given no constructive suggestions to improve things.

What followed was a very dark and difficult few weeks. I required multiple needle drainages of my breast abscesses (yes, plural). My baby was thriving, jumping up centiles and clearly loved breastfeeding so despite the pain and difficulty I felt I could not deny him. He cluster-fed for six or seven solid hours each night and I was exhausted as I had been adamant I would not have him sleeping in bed with me. To this end I had spent more money than I like to admit on a co-sleeper cot which was supposed to be just like sleeping in my arms. No matter how frequently I showed him the promotional literature, however, he was not convinced! I used to sit up to nurse him (no one had taught me to breastfeed lying down and teaching myself from video clips off the internet was not a success), and set an alarm for once he had completed a couple of sleep cycles. He would sleep soundly through the alarm but wake as soon as I tried to lay him in the co-sleeper, settling only by breastfeeding, and so the cycle would begin again as I sobbed with exhaustion.



warnings ringing in my ears from a senior member of staff that my damaged nipples would scar and break down repeatedly (wrong) and that my supply would inevitably falter and I would end up supplementing or using domperidone or needing to express (completely wrong). I did, however, still have problems with painful latch and lipstick-shaped nip-



Two things got me through this period. The first was my amazing husband, who supported me every step of the way. If you saw Steve in the street, you would probably not expect him to be a pro-breastfeeding, sling using, bedsharing attachment parent as he is built like a brick outhouse with a shaved head. However, he has never faltered in the support he has giv-

en me. He used to take Tom for an hour or two every morning once the cluster-feeding had finished, bringing me breakfast in bed before he left for work, leaving food for me to eat during the day, and cooking our meal every night when he got in from work. Equally importantly, he told me all the time what a great job I was doing, and how proud of me he was. He also bought me a lidded china insulated cup which is now the gift I buy for all my new mum friends as it was invaluable in maintaining my sanity, given that I am fuelled principally by tea. When feeding was at its worst he would sit next to me and cram chocolate into my mouth to stop me swearing and screaming in pain as our son latched on.

The second factor in keeping me going was LLL. I came across the organisation more or less by chance, as a friend of a friend in Canada is an LLL Leader. I was beyond desperate when I first made contact with a [local Leader](#) shortly after discharge from hospital. She was the first person to observe a full breastfeed and the first person to offer useful suggestions on how to improve our latch. A second Leader who happens, wondrously, to be an IBCLC offered further detailed help and we finally achieved painless feeding after nearly six weeks, four weeks of antibiotics, multiple needle drainages of two separate abscesses and a course of treatment for thrush. I cannot describe the joy of the first comfortable breastfeed. I cried with relief. I had started to dread breastfeeding, to loathe my baby's need for me. When I heard his first stirrings, I had begun to lie there desperately wishing he would settle and go back to sleep, full of anticipation of the pain I would be in. Now I finally enjoyed breastfeeding, loved seeing his satisfied, milk drunk face, and the rolls of flesh appearing on his chunky thighs and arms. Each new chin felt like a victory.

Having come for the breastfeeding support, I stayed for the mothering advice. I quickly learned that LLL isn't like your average mothers' group. Our local branch has an active Facebook page which is especially useful for those 3am feeds when you feel like the only person awake in the world, while everyone else's baby is peacefully sleeping. I sought advice to encourage my baby to sleep in his cot, and while many helpful (but sadly doomed to failure) tips were offered, a chorus of experienced mums also pointed out that he was still tiny and that his need to be in my arms was immense. In a fit of pique, I threw my phone down, muttering 'bunch of hippies', and then picked it up to order a raft of sleep training books and sign up to a horde of sleep websites. Within a week I realised that sleep training was simply not an

option for us, recognised that I had a snuggly little baby who needed me and returned to LLL for information on [safe bedsharing](#) and maximising my rest.

I found the support especially useful when the whole universe seemed to be offering advice I didn't want to take and that didn't make sense when I looked at the science: 'give him formula to make him sleep', 'he's a big hungry baby - get him on solids, a little thing like you won't be able to fill him', 'he's just using you as a dummy'. For me, LLL offers evidence-based advice I respect as a doctor, whilst emphasising the mother's knowledge and understanding of her baby.

So here I am nearly eighteen months down the line, breastfeeding a toddler, using a sling, refusing to sleep train, baby-led weaning, attachment parenting, bedsharing when necessary and knitting my own yoghurt - only one of these is a joke! I am back at work and trying my damndest to offer a pro-breastfeeding viewpoint without making the mothers I work with feel pressurised, or boring my colleagues too much. I am astonished every day at the embarrassing ignorance of paediatric staff about breastfeeding and am trying, piece by tiny piece, to fix it. And when a new mum posts on our Facebook group about her frustration that her baby won't sleep in his cot all night, I am one of those annoying voices saying, 'well, he's very new, he might not be ready *quite* yet' . Perhaps at those moments I am trying to whisper back a year and a half ago to myself, angry and desperate in the middle of the night.

I am both softer and stronger, which makes me sound a little like a toilet paper advert. But I have learnt to relax into mothering a bit, to throw away the books and read my child, whilst becoming fiercely defensive of the rights and needs of all children in society. In LLL I have found my tribe, and I am grateful for it every day.

Vicky Thomas, LLL Tyne & Wear

This story was originally published in issue 204 of [Breastfeeding Matters \(Nov/ Dec 2014\)](#). We would like to thank the author and La Leche League Great Britain for granting us permission to share it.

Best Practices: Mother support from around the globe

Two Mothers (in their Role as Doctors) Share Why Breastfeeding is a Gift

WHO Timor-Leste

Dr. Theodora da Silva Almeida and Dr. Dulce Mary Magno Pereira come together in a video (put together by WHO Timor-Leste) to share and promote the vital benefits of breastfeeding. The two doctors are not only mothers but also doctors at the Hospital Nacioanal Guido Valadares (HNGV) in Timor-Leste.

[Click here to view the video!](#)

The mother-doctor duo talk about the importance of breastfeeding and its many benefits. They also share their personal experiences of their journey in breastfeeding their own children. Dr. Dulce has two children, and she breastfed her first child from birth exclusively until she was six-months-old and continued to breastfeed till she turned two. Dr. Theodora had just had a baby when the video came out, and has been breastfeeding her exclusively since.

The idea of doing a video with two doctors who are also new mothers was to drive home the message of the importance of breastfeeding and to dispel some of the preconceived notions that exist around colostrum, formula feeding, and skin-to-skin contact. The video was posted on the WHO Country Office for Timor-Leste Facebook page and was hugely popular.

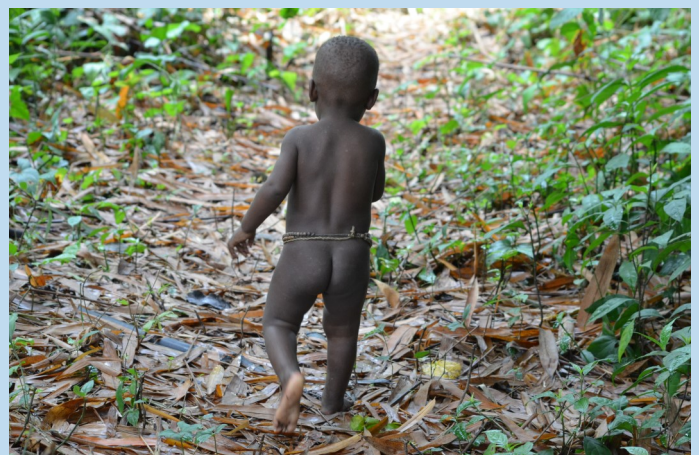
WHO Timor-Leste is now working on a social and behavior change short feature with the same goal as the video testimony, but with a more expansive scope and reach. The film will highlight the preconceived notions that exist in Timor-Leste about breastfeeding, colostrum, and formula feeding, mainly held by the elders, mothers, and grandmothers/senior members of the family. The feature will move away from these cultural practices and focus on how the newer generation is now more aware of the importance of breastfeeding and how the older generation can adapt and trust this new knowledge based on facts and science.

Breast Milk: The Gift that Keeps on Giving

Daša Bombjaková

“Show us your breasts!” – an elderly woman demanded and seeing my bewildered look, laughed wildly. Others, women and children included, followed. These were Mbendjele BaYaka women and we were on a foraging trip in the Congolese rainforest. BaYaka, also known as Pygmies, though this is a derogatory term, live by hunting and gathering. They maintain sex egalitarianism and are highly responsive parents. They respond to children’s demands on food; they sooth them whenever they cry; and corporal punishment of children is strictly prohibited.

Why would they ask me about my breasts? They knew I was childless! Answers to such questions got revealed to me slowly over the course of my fieldwork. BaYaka women shared with me that you can



have breastmilk without having children and that it does not have anything to do with one’s reproductive age, as women can produce breastmilk regardless. During my fieldwork, I witnessed women of all ages breastfeeding. Breastmilk is a gift that women, young and elderly, keep on sharing and help each other in cooperative childcare.

The breast is given to sooth the baby in general. It does not have to be your child. If a baby began to cry, a woman, not necessarily a mother, would give her or him her breast. And as she would hold that baby while she would be taking bouts of milk, she would tap the baby's back rhythmically and sing or yodel louder than the baby's cry. If it were a girl whose breast was not formed fully yet, she would mimic older women and put at least her nipple in the baby's mouth.

The best nourishment is believed to be achieved by frequent breastfeeding. And that is also why women try to keep appropriate birth spacing, ideally about 3-4 years. It is crucial for children to be independent, strong, healthy, and capable of running, or walking in the forest. And that is achieved by breastfeeding. Early weaning can make children too weak and tired (*kwàná*), which can seriously threaten the wellbeing of not only the baby, but the parents, too. Thus, couples should avoid making love in order to prevent another pregnancy. If this takes place, however, woman has two choices. She can either abort the pregnancy and continue to breastfeed her toddler, or keep the pregnancy and wean the toddler. In such cases, the mother applies macerate made of specific medical plants of repugnant taste or smell, so the child will not enjoy breastfeeding anymore.

Breastmilk or "breast water" (*màl má bεεε*) is shared with children generously, as they are breast-

fed on demand. This means that children themselves decide on when and how much they are going to be breastfed. Some can be fed on breastmilk till the age of 3-4 years old, but there are children who continue on even for a longer time. Infants demand their share of milk simply by crying. Toddlers can reach for the breast themselves, as they are carried around in slings, usually tied on women's side. Older children who walk already simply come close to their mothers, sit in their lap and take the breast. BaYaka do not deny breastfeeding to their children.

Breastmilk is also utilised as a medicine. On several occasions, I witnessed how women applied drops of milk to treat eye infections, or used it as a basis for creating different medicines in combination with herbs or roots.

My long-term fieldwork with BaYaka taught me a lot about the importance of non-sexualising women's breasts, and the richness in utilisation of breastmilk. Most importantly, however, about how cooperative and helpful can women be in taking care of their children, if they put their minds to it.

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Cross-cultural Breastfeeding Support

Jo Durdin

Jo Durdin is a Midwife working with SIL Australia as a Health Consultant and Educator in the area of Maternal and Child Health in Cambodia

I have never so deeply loved my job as in these last few years working as a Midwife in Health Education and Development with women and families in Cambodia, alongside our medical colleagues there. I love supporting and walking beside women in their pregnancy and parenting journey and sharing knowledge and experience with medical colleagues for the benefit of all. It is my great privilege to have met and shared with many wonderful mothers, to have been part of their breastfeeding stories and to have worked with many beloved health professional

colleagues. I hope some of the ideas I share here might be useful for others who work with communities cross-culturally.

For me, providing breastfeeding support has looked like late night messaging sessions, house visits, clinic appointments, long WhatsApp (text messaging service)

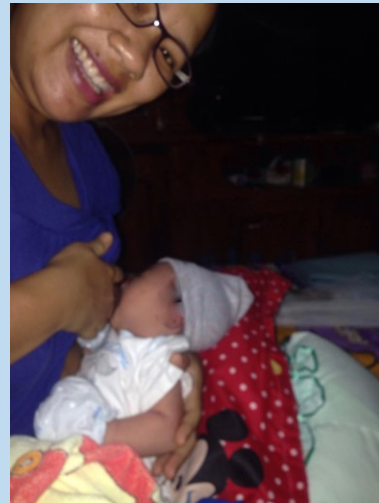


conversations with those in remote areas, and Skype video calls. Technology can help to cross barriers of remote geography, time and access in this modern age, and though Skype can often require too much bandwidth, messaging photographs can really help diagnosis by distance! The main issues I have found women seek out help for are: slow infant weight gain or stalled weight gain; low supply or the perception of low supply; breastfeeding pain, and blocked ducts and mastitis. Confirming signs that a baby is getting enough milk formed a large part of my sharing with women, communities and health professionals – including the demonstration of baby poo colour charts! While these are frequent issues, common to all nationalities around the world, they arise in the context of culture and local beliefs. There is a traditional distrust of colostrum around many parts of Cambodia and while the health administration is making great inroads in encouraging women to give their babies their colostrum from day one, formula supplementation in the first few days of life is extremely common because of the belief that babies are not receiving any nutrition before the mature milk comes in. “There is nothing coming out at all yet and he’s so hungry!” is the classic cry.

As I speak to women in what is not my native language, I know I cannot be as eloquent as I would be in English; I can’t hit exactly the right nuance of meaning to give rich understanding. I find it really helps to not focus on using copious amounts of fancy or literary adjectives or descriptive phrases in an attempt to convey richer or more precise meaning. It’s likely I will use such literary words inappropriately in a way that sounds unnatural and strange to my listener. Instead, to deepen the grasp of meaning, I use of metaphors and analogies that relate to an everyday life experience to help give women a picture in their mind of the intended meaning.

We can say, “colostrum is liquid gold, its price is invaluable for your baby’s health”; or, “antibiotics are an armed soldier that enters the village of your body’s bacterial colonies and kills bacteria indiscriminately” (both the good bacteria and the bad, often leading to breast/nipple thrush). Or, we can say that our breast ductal system is like “a stream that is healthiest when it’s full of water flowing constantly, but can get blocked up when outflow ceases (e.g. debris) and part of the banks can burst and overflow onto dry land” (as in non-infective mastitis). Because people who live on the land know rivers and streams intimately, gold jewellery is often pawned at street markets when people fall on hard times, and sadly, armed soldiers are not outside the historical or con-

temporary experiences of many, the full meaning is grasped in greater depth.



As is common with rapid urbanisation, the traditional support women used to have in village communities can break down. Where women may have successfully breastfed their babies for generations in country settings (there being no other option), in large cities women’s perception of having low supply grows up and threatens to overwhelm. Moreover, marketing of commercial interests can certainly serve to undermine confidence.

Breastfeeding as a process depends in so many ways on confidence. Our bodies make milk in amounts that correlate with our baby’s sucking frequency and duration – particularly, how often and deeply the infant drains a breast of milk. Without confidence that they are making enough milk to meet their babies’ nutritional needs, women give their babies additional nutrition, whether early adult foods like rice porridge, or rice water or formula or other milks. This in turn reduces the amount of time and strength a baby spends sucking at the breast because part of their nutritional needs are being met by other foods. And so mothers begin to produce less and less milk in accordance with their babies’ shortened time sucking at the breast.

Particularly when working with families or groups with low literacy and from orally-oriented learning cultures, I also endeavour to enrich understanding by using storytelling when I share, so as to relate a concept to something in their life experience. For example, many women in the city I lived in were employed in garment factories. It resonates with their experience if we speak of breastmilk production and the “supply and demand” principle: women’s breasts make as much milk as is taken out of them. In terms of a garment factory with successful lines which “sell out”, resulting in more workers hired and more of that garment produced. And so it is with breastmilk

production, with the baby sucking often and efficiently being the main trigger boosting levels of milk production. In contrast, a garment factory whose clothes are not being bought in sufficient quantities will quickly start to lay-off workers and stop producing a product for which there is no demand.

Making known our own confidence and belief in the ability of a mother to produce milk can also be a great seed source to grow that mother's confidence in herself. Speaking out in public with your confidence in women's bodies which were biologically created to birth and produce milk to feed their babies can be like a farmer in a large field planting seeds which will in turn grow, produce seeds of their own that spread and may be carried on the wind to far places. We health professionals can often focus on rare pathological reasons for low milk supply, such as Polycystic Ovarian Syndrome, Hypothyroidism, or insufficient glandular tissue and ignore the much more common "lack of confidence" of mothers in themselves or of family members, particularly in those first crucial days and weeks of the breastfeeding relationship. The baby's role in providing the "demand" by sucking well and efficiently is often not taken into consideration either, as women tend to blame themselves as mothers for any breastfeeding perceived "failure". From my point of view, any breastmilk a baby receives, by whatever method, is a "success" not a "failure" and a cause for celebration and praise.

In addition, cultural prohibitions against sexual relations while breastfeeding (also common in some Pacific and Melanesian cultures) can reduce the period a woman breastfeeds for, whether by her own choice or that of her partner. We know longer durations of breastfeeding are optimal for infant brain development, immune system, and gut health, so some discussions among women, which include matriarchs (Grandmothers, Aunties and female Village Elders) around "sex and the breastfeeding woman" might plant some seeds for the future. Cultural expectations for sexual relations around breastfeeding might remain unchanged, but making space for discussion and encouraging communication between husband and wife, as well as faithfulness in periods of abstinence, can only serve to reduce community sexually transmitted diseases and strengthen families. As breastfeeding takes place in the context of family and community, we cannot separate these social factors from a woman's breastfeeding journey. Conversations such as these are often best un-

dertaken native-speaker-to-native-speaker so as not to offend on delicate topics and so as to avoid the perception, or "old ghost", of cultural imperialism.

Similarly, poverty arising from low-paying jobs with little or no maternity leave can jeopardise breastfeeding duration, with the added burden to anyone lucky enough to be employed, of being responsible to provide for their whole extended family. Employed women return to work full-time before breastfeeding

is fully established and don't have the intensive support and education needed to establish a regime to express their milk. This is quite a significant undertaking for a fully breast-feeding woman who is away from her baby 5 full days a week!

Urbanisation gives rise to breastfed infants being left with other family caregivers in country villages where living is cheaper, while breadwinning mothers are forced to separate from their babies and move back to the city after a short period of post-birth recovery in order to re-commence work. This concept of leaving one's newborn, while no less heartbreaking, is so familiar to mothers in the Majority World and so very foreign in our Western setting where cultural role expectations label any woman leaving her newborn with carers to go back to work, as selfish and prioritising her career above her children. Strategies are needed for building up capacity in the workforce of health professionals who have the knowledge and capability to support women through maintaining a supply for a 2- or 3-month old exclusively breastfed infant while working full-time, as well as wider social advocacy for economic development and maternity leave. Community mothers' groups -- a body of experienced breastfeeding mothers willing to support and help each other -- and which will hire or lend breast-pumps to women, are a fantastic base from which to grow. I was privileged to be part of such a group during my time living in Cambodia. It's wonderful to continue to be there for this peer support group when technical questions arise which they may not have the capacity to answer and to Skype with mothers with complex breastfeeding issues. As I am back in country regularly I hope to continue to support and encourage them, as their capacity to reach more and more mothers grows.

Breastfeeding is such a vital part of life, health, families and society. I've been immensely fulfilled by working in the area in Cambodia and hope to continue to do so for many years to come.

Family Matters: A mother's primary support network

It Takes a Village to Raise a Child

[CinnaMoms](#)



The statement “it takes a village to raise a child” is a common theme and driving force for CinnaMoms—an African American focused support program under PHFE WIC (Special Supplemental Nutrition Program for Women, Infants and Children) in southern California. The CinnaMoms journey began in 2015 with a vision to increase breastfeeding rates among African American women at PHFE WIC. We created support circles that extended beyond our WIC services to provide encouragement and a safe space to discuss historical feeding practices, perceptions of breastfeeding, familial feeding experiences, and the health benefits of breastfeeding. We invite our families to join the conversation and they participate enthusiastically at every support circle and event. Here is Rodnesha Williams who is a WIC participant who shares her experience with CinnaMoms:

“My experience with breastfeeding started about 10 years ago. It has been a very interesting road with my tribe. At some point, I felt like I lived in the WIC office getting assistance with breastfeeding with my third child. He was my challenge but overall we had a great experience. The staff at the Saint Andrews WIC office were amazing and they helped me every step of the way. This made me want to attend different programs to get to know other mothers like myself who have more than one child or were breastfeeding. Then came CinnaMoms a great program that connects you with other mothers just like you. Seeing the compassion the staff at the Saint Andrews office had for me and my cousin Mylexus led us both to become certified

lactation educators. I really wanted to be one of those moms that can relate to all things breastfeeding. I also wanted to share my experiences with other moms that may have difficult time or just need a bit of assistance.”

Throughout the past three years, we have seen the importance of addressing other issues that possibly hinder the breastfeeding experience of our WIC families. Now the mission of CinnaMoms is to create a cultural space that promotes empowerment and self-transformation for African American women. We come together to share and advocate for breastfeeding, parenting, and health for the entire life course.

In our support circles, we discuss interesting topics that spark conversations about maternal and postpartum health, support systems, and cultural beliefs, while enjoying nutritious foods. We currently host bimonthly support circles at six WIC centers that have a high population of African American families. Our WIC employee facilitators, most of whom are certified lactation educators, lead the support circles. WIC mothers and their families in attendance are always provided a network of community support, capacity-building opportunities to learn and acquire new skills to take back to their community, and access to referrals to other family resources. We believe in the #cinnamomseffect on mothers and the entire family as we commit to encourage, excite, and enrich their unique breastfeeding journey and lend a pair of listening ears to ensure a supported motherhood experience.

Supporting “Nyo Nyo” in All Its Forms

Rahul Oka

Born and brought up in India and trained as an anthropologist in the US, breastfeeding has never been an issue. It has been the key characteristic of mammalian evolution for almost 160 million years. Every year, we hear of new discoveries on the complex benefits of breast milk and the act of breastfeeding. I was brought up on the stories of mothers like Hirkani who climbed down a sheer 100-meter cliff face in the middle of the night just so she could get home from work and feed her baby. When my daughter, Kalpana, was born in 2010, given that my wife, Vania, also an anthropologist and brought up with the same philosophy vis a vis breast-feeding, it was not a question if Kalpana should be breastfed or even how long. However, as new parents, we did have to figure out how to do this, and how I would support Vania in breastfeeding Kalpana as long as Kalpana needed it. We even came with our own code, “nyo nyo” (KiSwahili for breastfeeding).

About 7 days after Kalpana was born, Vania got very worried that Kalpana was not sleeping, but seemed to wake frequently, and would only calm down after breastfeeding. So, at 2.00 am, we consulted the Sears bible— “The Baby Book: Everything you Need to Know About Your Baby from Birth to Age Two” where we discovered that this was not only normal, but the good doctors Sears had a term for this: nipple-napping. Soon we discovered that Kalpana was able to sleep “fitfully” through the night as a nipple napper, and that the breastfeeding fulfilled a function that went beyond nutrition: the closeness of her mother and the secured guarantee of being able to “nyo nyo” whenever she woke gave her peace and stability. Around 6 months, we introduced her to solid foods, but without any attempts at weaning. She did not take to solid foods with much enthusiasm initially, but I told Vania that as long as she was breastfeeding, that was fine.

As the first two years went by, as we had thought, Kalpana came to depend less on “nyo nyo” for nutrition, but the act itself was crucial to her development. She herself came to see it as a fundamental part of her life and would do “nyo nyo” to her own dolls and toys in play. After two years, “nyo nyo” became a two-part process, in which she determined when and how long she wanted the closeness. A call for “nyo nyo” was the first part. After that, she would say “otro lado” (Spanish for other side) which meant “I want the other side now.” This became a nightly



ritual where Kalpana would “nyo nyo/otro lado” while I sang her favorite songs (Show me the Way to Go Home, Far Over the Misty Mountains, Hit the Road Jack, 16 Tonnes, and Sukiyaki).

Kalpana weaned herself off the “nyo nyo/otro lado” in her fourth year, right around the time that she transitioned to her own bed. Vania went through some very hard emotional moments at this break. I was surprised at how devastated I felt. “Nyo nyo” was not just a dyad of mother and child, but over the past 3++ years, it had brought our little family together in a triad, where I felt that I played a minor but not insignificant role. The moments when your child is young and looks only at you, for comfort, for love, for play, I felt, were slipping away. But I underestimated the lingering power of “nyo nyo.” The song sessions took up where the physical act of “nyo nyo” had stopped, and introducing Kalpana to new songs and music from across the world, classics of American rock and roll, even heavy metal, became and continue to be a significant pre-bed time ritual for Kalpana and myself. One of the finest moments was when Vania saw us air-guitaring to Slayer, followed by Deep Purple.



When I was asked to write this piece for the newsletter, I was unsure as to how or even if I had provided much support to Vania and Kalpana vis a vis breastfeeding. Vania told me that the support lay in both the actual support during “nyo nyo” and also that I never raised any issue of weaning Kalpana at any time before either of them were ready. I must admit that the idea of weaning as an active process never occurred to me as I knew the psycho-social, bio-medical, neurological, and nutritional benefits of extended breastfeeding. However, as I started to write the piece, I realized that supporting Vania and Kalpana in “nyo nyo” changed me profoundly, and positively affected my relationship with Kalpana in ways that have unfolded years after the last time I heard “nyo nyo,” followed by “otro lado,” and will continue to do so.



Changemakers: Dreamers, doers and innovators normalizing breastfeeding

Milk Stork: The First-Ever Breast Milk Shipping Company

Kate Torgersen

Milk Stork started on Mother’s Day 2014 with two gallons of breast milk and a four day business trip.



It was my first business trip after returning from maternity leave after having twins, and I couldn’t figure out how I was going to supply my babies with breast milk while I was gone. The twins and I had endured countless breastfeeding challenges – latching issues, tongue ties, slow weight gain, and nursing strikes, not to mention tandem nursing! – and I didn’t want a business trip to derail all that we had overcome to

maintain our breastfeeding relationship. At the same time, professionally, I was ready to be back-in-action. And, while it wasn’t the most important business trip of my career, I knew that if I didn’t step up and shine, someone else would.

The business trip was set for early June. At that time my twins were together consuming a half-gallon of breast milk a day. So, to take the trip, I was going to need to pump two “extra” gallons of breast milk to cover my absence (on top of the gallons they were already consuming) and then, I was going to have to manage the two gallons of breast milk I would generate in a hotel mini-fridge while I was away.

And so I did what most breastfeeding traveling moms did at the time. In an effort to create two “extra” gallons of milk, I added incremental pumping sessions to my already busy schedule in the days leading up to the trip. I went from pumping every three to four hours for 20 minutes at a time, to pumping every couple hours. Then, while I was gone, I continued to pump relentlessly around the clock to maintain my milk supply (i.e., my ability to lactate). And then, somehow managed to cram two gallons of breast milk into my hotel mini-fridge.

On the last day of my trip, I packed a soft cooler with the milk along with four gallon-sized Ziplocs filled with ice (it was too much milk to cool with a couple of gel packs). I lugged my sloshing, dripping 25+ lb. carry-on of milk (along with my purse, breast pump bag, and suitcase) to the TSA line and then endured an embarrassing inspection process which required opening all of the milk containers--not to mention the process of explaining (read: justifying) to several TSA agents why I had "so much breast milk."

Once through TSA, I ran to the nearest bathroom to drain the excess water out of the ice bags, and rushed to the nearest bar to replenish the bags with fresh ice. I barely made my flight. On the plane, I continually checked on my milk and the Ziplocs out of fear that my milk wasn't cold enough and that the Ziplocs might leak.

When I share this story with those who haven't experienced breastfeeding, it is often dismissed as a wild "one-off" experience. However, when I share my story with a breastfeeding mom, it is often met with a similar or a worse breastfeeding survival story. In my experience, almost every breastfeeding mom has faced an unnecessary... or unreasonable... or frustrating logistical or societal barrier in her effort to feed her baby.

For me, my experience during that trip was the straw that broke the camel's back. It made me angry - and, my anger made me determined to create a solution. As a full-time, working mom with three kids under the age of three, with a professional background in marketing and public relations--not logistics--I knew that I was going to need help. I called one of the smartest people I know, my dad, Mike Torgersen. Together, we put in \$25,000 and started to build Milk Stork from the ground up with a commitment to stay laser focused on the best solution for breastfeeding moms.

In August 2015, Milk Stork launched as the first-ever breast milk shipping company. Within 10 days, we were contacted by our first enterprise partner, one of the largest consulting firms in the U.S. By December 2015, we had five large clients including one of the largest pharmaceutical companies in the world. Fast



forward to today and we have transported over 1.5M ounces of breastmilk, supported over 12,000 moms, and are offered as an employee benefit at over 400 companies.

While I am proud of Milk Stork's growth, I cannot take credit for it. Today, [47 percent of the workforce is female](#) and [most moms are working moms](#). Also, amazingly, [breastfeeding rates are on the rise](#) even in the face of painfully short and/or unpaid leaves. By all measures, more breast milk is being pumped in America's offices that ever before. And yet, with these realities, come heartbreaking trade-offs - working moms face inadequate paid leave, relentless pumping schedules, and of course, the maternal wage gap (to name just a few!). Milk Stork's growth is a fueled by working moms and the advocacy to get the support they need as well as their efforts to normalize breastfeeding and pumping in the workplace as well as working motherhood in general.

Blood Bikes Riders Will Deliver Breast Milk for Premature Babies as Part of a New Initiative

A Kerry man is part of a new team helping to give mums the chance to feed their babies their own milk – even though they are miles apart.

Blood Bikes rider Neil Sanders is set to be part of the initiative after the neonatal team at The Shrewsbury and Telford Hospital NHS Trust (SaTH) joined forces with The Shropshire, Staffordshire and Cheshire Blood Bikes to help new mothers to be able to provide their premature babies with their breast milk while they are being cared for in different hospitals.

Occasionally pre-term babies in the Neonatal Unit in the Shropshire Women and Children's Centre in the Princess Royal Hospital (PRH) in Telford may be in a different hospital from their mothers, which means that they are unable to feed them.

However, the new partnership with the Blood Bikes – a charity which normally delivers blood products – means that a mother will be able to express her breast milk, which is then collected and transported by the bikers to the neonatal team.

KEEP READING

Enlisting “an Army” of Breastfeeding Moms to Save Lives

Mother's milk is the nutritional gold standard for infants and babies. So, when lives are disrupted by conflict and disasters, experts say it's worth an extra effort to support breastfeeding mothers.

Each year during [World Breastfeeding Week](#), August 1 through 7, it's time to recognize the importance of breastfeeding and nutrition for children to get a healthy start in life.

Newborns and infants, pregnant women, and breastfeeding moms are the most vulnerable in times of conflict and disaster. They are often in emotional distress, homeless, have lost loved ones, and are struggling to get adequate nutrition. They may also be fleeing or living in the open without clean water and sanitation.

Saira, a first-time mother, fled Myanmar with her baby last year after attacks on her village. For three days, she and her in-laws walked through the jungle toward safety in [Bangladesh](#), carrying the baby and listening to his heartbreaking cries.

“He was hungry, and I was unable to provide breast milk,” Saira says. “Nothing I did eased his hunger pains.” Saira was not only stressed; she was undernourished. When she reached a refugee camp, she received food aid for herself and help for feeding her baby.

KEEP READING

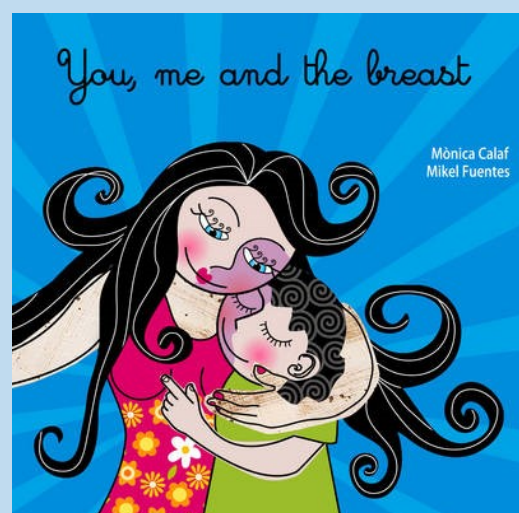
Children's Corner

You, Me and the Breast

Monica Calaf and Mikel Fuentes

“When you came out of my tummy, the first thing you looked for was my breast.”

This beautifully illustrated book tells the story of the powerful bond shared between a mother and her newborn baby.



Honoring Breastfeeding Advocates

Elisabet Helsing— Blessed to Have Known Her

Rebecca Magalhães

I first met Elisabet in 1982, sitting beside her on a plane from Montego Bay, Jamaica, to Miami, Florida. We had both attended the Mother to Mother Support Meeting that was held in Montego Bay, but we hadn't had the opportunity at the conference to really talk. We didn't have much time to talk, either, on the plane - a short flight - but I remember feeling a strong connection to a genuine, caring person. At the time, I was living in Brasil and didn't see her again until years later, when I was working at the La Leche League International office and one of my duties was representing LLLI at WABA events. As an expert in breastfeeding and mother-to-mother support, Elisabet was actively involved in WABA activities, so we had more opportunities to visit and be together. During those interim years, I had learned more about her and her important role in the promotion, protection, and support of breastfeeding and the health challenge she lived with.

However, one of my memories during that time was - once more - sitting beside Elisabet on a plane (a small plane) on our way to Tanzania where we would both attend a WABA conference. Once more, my memory is of being with a genuine and caring human being. I have searched for words that would express how wonderful and wise she was, but I don't think they exist! I just feel so blessed to have known her - she will be missed.

To honor Dr. Elisabet Helsing we are sharing a chapter she wrote in the book "The 10th Step and Beyond— Mother Support for Breastfeeding" by Virginia Thorley and Melissa Clark Vickers (reprinted here with permission).

[Chapter Five. The Scandinavian Breastfeeding Adventure: The First Years \(1968-78\)](#)

Stay Current: Research, resources and breastfeeding in the news

Research

- [Breast Milk is Basically Magical, Science Says](#)
Motherly
- [Even to the Brain: Yes, Breastmilk Stem Cells Do Transfer to Organs of Offspring](#)
International Milk Genomics Consortium, February 2019

Resources

- [Breastfeeding: A Mother's Gift, for Every Child](#)
UNICEF 2018
- [Supporting Breastfeeding in Emergencies: The Use of Baby-Friendly Tents](#)
World Vision
- [The 111 Benefits of Breastfeeding - For Babies, Moms and Everyone Else](#)
Jenny Silverstone 2018
- [Breastfeeding and Racial Equity](#)
ChangeLab Solutions
- [Removing Barriers to Breastfeeding: A Structural Race Analysis of First Food](#)
Center for Social Inclusion
- [It Takes a Village: The Role of the Greater Community in Inspiring and Empowering Women to Breastfeed](#)
Paige Hall Smith and Miriam Labbok 2015
- [15 Breastfeeding Traditions From Around the World](#)
Sheramy Tsai 2017
- [Guideline: Counseling of Women to Improve Breastfeeding Practices](#)
WHO 2018

Breastfeeding in the News

- [Jasmine Paris becomes first woman to win 268-mile Montane Spine Race](#)
- [I'm glad I started a debate, says athlete who breastfed on ultra-marathon](#)



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 & Young Child Feeding. Its core partners are International Baby Food Action network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), and 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 is incorporated in Malaysia as World Alliance for Breastfeeding Action Bhd (847762-P), a non-profit company limited by guarantee.