IN THIS ISSUE

MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION
1. Supporting My Daughter: Paulina Smith, Coordinator, WABA MSTF
2. MSTF Update: Paulina Smith, Coordinator, WABA MSTF

MOTHER SUPPORT FROM DIFFERENT SOURCES
3. Planning Mother Support in Your Area: Virginia Thorley, Australia
5. Breastfeeding in the News: Kathy Abbott, USA
6. Life support – Milk Matters. Human Milk Bank in Cape Town, South Africa: Jacque Nutt, South Africa
7. A Letter to the Editors: Marta Bareiro, Paraguay
8. My Work with the Peer Counselor Programme: Dilshaad Sungay, South Africa

MOTHER SUPPORT - BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES
9. The Best for My Son: Lavinia Cavalcanti Lima Cunha, Brasil
10. My Breastfeeding Journey: Aishah Mariam Sekan, Malaysia

FATHER SUPPORT
11. Supporting My Wife in Her Life Passion: Christopher Smith, Mexico

NEWS FROM THE BREASTFEEDING WORLD
12. Meet Paulina Smith, Mother and Breastfeeding Advocate - selfless, dedicated, committed and inspiring: Odette, Vania and Natalia Smith, USA and Mexico
13. Farmers Market: Kavita Mukhi, India
15. Malaysian Breastfeeding Peer Counselor Program: Rita Rahayu Omar, Malaysia
17. IV International Breastfeeding Symposium: Adelina Garcia, Spain
18. The Burden of Suboptimal Breastfeeding in the United States: A Paediatric Cost Analysis: Melissa Bartick and Arnold Reinhold, USA
BREASTFEEDING RESOURCES
20. Holistic Moms Network Produces New Video Highlighting Nursing Mothers
21. Hold Your Prem – A Workbook on Skin-to-Skin Contact for Parents of Premature Babies by Jill Bergman with Dr. Nils Bergman
23. Facts for Life - LAUNCH of New Edition: Nicholas K. Alipui, USA
24. Blog for Breastfeeding Older Children: Ann Sinnott, United Kingdom

CHILDREN AND BREASTFEEDING
25. Babies and Church Mass: Florencia Basaldua, Argentina
26. Breastmilk, Our Inheritance: Eugenia Ramirez, Colombia

GRANDMOTHERS and GRANDFATHERS SUPPORT BREASTFEEDING
27. Becoming a Grandmother for the First Time: Mary Kolar, USA

BREASTFEEDING, HIV and AIDS
28. Preliminary assessment of breastfeeding practices in HIV 1-infected mothers (prior to weaning) under the Djoungolo programme on the prevention of vertical transmission of HIV: Anne Esther Njom Nlend and Bernadette Bagfegue Ekani, Cameroon

NEWSLETTER INFORMATION
29. Check out these Websites
30. Announcements: Past and Future Events
31. Readers Share
32. Submission of Articles and Next Issue
33. How to Subscribe/ Unsubscribe to the Newsletter

Editors Note: The MSTF regretfully informs the newsletter readers about the recent death of Kathy Baker, LLL Leader and tireless advocate for breastfeeding and peer counselors. Please refer to the WABA website home page www.waba.org.my

MOTHER SUPPORT TASK FORCE COMMENTS AND INFORMATION

1. Supporting My Daughter: Paulina Smith, Coordinator, WABA MSTF

Our daughter, Vania, became pregnant with mono-amniotic* twins in September of 2009. From the onset of the pregnancy we were aware of the challenges and the high risks involved. She needed much care and support; to not only accept the fact that she was carrying twins but also to deal with this type of pregnancy. Sadly, in early December, 2009 one of the twins died in utero and she required support for the loss. It was a hard time for her as she was so worried for the other one. Vania lives in South Bend, Indiana, USA and I live in Mexico City which brought us to the challenge of supporting a daughter at a distance. It was a time to listen and a time to delve into strong emotions. In early January, 2010 Vania developed gestational hypertension, so all our attention and support switched to helping her decrease her teaching activities and to accept the fact of required medication. I can only say how grateful I am for all I know about mother support during difficult pregnancies. She is now in her 31st week and doing magnificently well. The blood pressure is under control. Vania is radiantly carrying the baby and is doing everything she can to have a birth as close as possible to what nature provides. I have travelled to Indiana to help and support her and will be there for the birth. It has been a wonderful mother-daughter time for both of us. She is, of course, totally ready to breastfeed on demand and to co-sleep with the baby. And I am ready to provide her with all the mother support she may need!

Paulina Smith, Coordinator
WABA Mother Support Task Force
Email: smithpc@att.net.mx

Editors Note: * Mono amniotic twins are identical twins that develop inside the same amniotic sac. Also known as MoMo twins (Monoamniotic-Monochorionic), monoamniotic twins are always identical. These share a placenta within their mother’s uterus, but have two separate umbilical cords for nourishment. Monoamniotic twins are rare, occurring in approximately 1 in 35,000 to 1 in 60,000 pregnancies.

Editors Note: Paulina’s granddaughter was born to her parents, Vania and Rahul, on May 31, 2010, weighing 6.2 pounds (3.11 Kg) and 19.5 inches (49.53 cm) long. She was named Kalpana Isabel Oka-Smith. Kalpana was Rahul’s mother’s name and it means “idea, creativity, imagination.” Congratulations to the parents and the grandparents, Paulina and Christopher.

Supporting my Daughter: Paulina
2. MSTF Update: Paulina Smith, Coordinator, WABA MSTF

It is that time again! It is time to share Mother Support Task Force (MSTF) activities planned for this year. It is with great pleasure that I write this update.

In 2010 the MSTF will focus on three projects:
1) Update the Mother Support section on the WABA website,
2) Design an Action Plan to increase the number of mother support organisations and mother support groups listed on the WABA e-map, and
3) Increase the number of Global Initiative for Mother Support (GIMS) endorsers.

We welcome any suggestions you may have for any one of these three projects. When you send in names of organizations and/or groups you work with or have heard of, we will follow up by contacting them to see if they fit the e-map Guidelines. Do let us know if any organization you think would want to endorse GIMS and also WABA. As to the Mother Support section on the WABA website, please send us photos and mother support stories. We will be taking some of the stories off the site and are looking to replace them with new ones. Do visit the MS section of the WABA website in a couple of months at www.waba.org.my and enjoy everything that will be there! Additionally, do re-read the article written by Rebecca in V7N3 and respond to her request to send us your list of how you support breastfeeding mothers. We want to start the listing of what we do to support breastfeeding mothers. Having this list as an easy reference and a quick reminder will be a useful tool for all of us to have at hand’s reach.

Thank you in advance and we look forward to hearing from you.

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If you are interested in being a country contact for GIMS and the MSTF, please email Paulina smithpc@att.net.mx, Rebecca beckyann1939@yahoo.com, or Prashant psgangal@hotmail.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Planning Mother Support in Your Area: Virginia Thorley, Australia

Support for breastfeeding mothers is known to be effective in helping them continue breastfeeding for longer (periods) and lessening the pressure to begin other foods too early. If you are reading this newsletter, you will already be convinced of the value of mother-support.

The people who can provide support in various ways are many, e.g. families, health workers, mother-support groups, peer counselors, and others. However, here I am going to discuss local, grassroots support in two forms: the mother-support group and the drop-in centre. Sometimes these two forms of support overlap.

The mother-support group can provide new mothers with practical support from mothers in the same community who have experience in breastfeeding their own babies. Often they are available seven days a week and most will accept calls at night, though counselors (and their partners!) appreciate it if mothers wait till morning with non-urgent calls. Mother-support groups usually hold meetings where new mothers can learn about breastfeeding from other mothers in a relaxed environment.

Drop-in centres keep set times when they are open and so cannot be available outside these hours. Often the reason is the cost of rent and part-time staffing. They usually provide information about other people new mothers can telephone. Drop-in centres provide a social environment in which new mothers can relax and find encouragement for breastfeeding from the other mothers they meet there, and from peer counselors or coordinators. Both forms of support provide role models for pregnant women and young girls, so that they can see other women breastfeeding as an ordinary part of life. (Readers: Can you think of other advantages of these two forms of support?)

For both these forms of mother-support there are some basic factors which can help a mother to feel she is welcome and want to come back. If she comes back she and her baby will benefit. You may like to share your own ideas on what has worked for you in future issues of this newsletter.
Location:
• Is the meeting place easy to find, accessible by public transport or parking, and safe?
• Is it suitable for the target group? For example, teen mothers may be more comfortable meeting in a shopping centre. Is it accessible for prams (baby strollers)?
• What is accessible and acceptable for some mothers may not be for others (high crime area; no transport; no safe play area for crawling babies). Plan for what suits your target group.

Feeling welcome:
• Who meets and greets mothers who are new to the group?
• Does someone introduce new mothers to other mothers of similar age or interests?
• Who makes all the decisions? Are the mothers in the group consulted?
• Do they feel a sense of “ownership” of the group?

Access to support:
• Is breastfeeding support in your community available 7 days a week and at night?
• Do mothers have the contact details for support that is available on weekends and at night? This may be provided by other organisations.
• If no weekend or evening support is available, what can you and your friends do, that suits your local area? You could brainstorm this idea in a small group. What can you do now? What can you plan that will take longer to implement?

Sustainability:
• Is the support group sustainable, i.e. will it continue if the current leaders retire, become ill or move away? Do you have a plan to prepare future leaders?
• Is the drop-in centre sustainable or does it depend on temporary funding? Some successful programs have closed after short-term funding ended. Do you have a realistic plan for continued funding? Leadership is important, too – constant changes of the coordinator or manager can discourage mothers from attending.
• Who are your allies, people who will support a particular project or provide ideas or practical assistance or donations?

Dr Virginia Thorley has been involved in the breastfeeding movement since she was helped – by letter - by Marian Tompson, co-Founder, La Leche League International, after her first baby was born 45 years ago. Realising that other mothers must need support, in 1966 Virginia trained as a counselor with both La Leche League and the Nursing Mothers’ Association (now the Australian Breastfeeding Association) and founded the first breastfeeding support group in her state, Queensland, in early 1969. One of the first IBCLC lactation consultants (1985), she has remained continuously certified and in 2008 was one of the first to be inducted as a Fellow of the International Lactation Consultant Association (FILCA). Mother-support remains one of her special interests and she has spoken widely on this topic. She sees Step 10 of the Baby Friendly Hospital Initiative (mother-support in the community) as vital.

Email: vgthorley@optusnet.com.au

During my 2 months stay in Malaysia I was often asked what I do in Paraguay. This gave me excellent opportunities to discuss breastfeeding with friends and family and how one can support breastfeeding.

One of my high school classmates, from 37 years ago, after learning what I do, invited my daughter and me to talk to her class at a well known Girls High School in Penang. However, instead of her class, we found ourselves before more than 800 girls, ages 14-18. My daughter began the session with a Paraguayan folkdance followed by a talk on Paraguay. I spoke on Breastfeeding and the Environment. There were many questions raised, so similar to the ones I often hear from mothers on breastfeeding.

When my mother was hospitalised for a week at the General Hospital, we (my daughter and I) not only cared for mum but we were also able to share breastfeeding information with the nurses, trying to understand their demanding work schedule.

The first question my mum’s friend asked her granddaughter in Paris, France after the birth of her first great grandchild was, “Are you breastfeeding your baby?” It is wonderful that when grandmothers understand the importance of breastfeeding, they are able to support their grandchildren (or even great grandchildren!) in breastfeeding.

On our last day in Malaysia, trying to get to a distant shopping mall, we asked for directions at a house. The owner agreed to drive us to town but on learning that we had breastfeeding in common, drove us directly to the place.
5. Breastfeeding in the News: Kathy Abbott, USA

From politics to mommy wars, from science to celebrity baby gossip, breastfeeding makes its way into the news everyday. And whether we like it or not all those carefully chosen headlines (“Breast vs Bottle” “Breast Milk Push is Stressing Mums” “To Pump or Not to Pump”) frame the way we talk about breastfeeding. For over a year now I have been posting articles about breastfeeding on the wall of a Facebook group I created called “Breastfeeding in the News.” Last August I also began blogging about the stories I had collected. (www.TheCuriousLactivist.wordpress.com ) It’s been a fascinating journey. A scientific study titled “The Possible Role of Human Milk Nucleotides as Sleep Inducers” soon became a headline that read “Breast Milk Should Not Be Stored and Fed Later.” From stories about the ultra supportive breastfeeding culture in Mongolia where mother’s milk is praised for the strength it provides, to the woman who was fired from her job at a fast food restaurant because she nursed the baby her husband had brought to her out in her car during her break times, to the city council woman in New Jersey, USA who stood and nursed her baby while arguing a point, the limits of what is acceptable in society can be found in the daily news. As breastfeeding advocates, it is important to listen to the conversations taking place around us. We can’t change minds if we don’t first hear and acknowledge the beliefs of others.

Pushpa Panadam, LLL Leader Paraguay, Founding member of Parhupar.
Email: pushpapanadam@yahoo.com

5. Breastfeeding in the News: Kathy Abbott, USA

Kathy Abbott, IBCLC, has a private practice specializing in home visits in Boston MA, USA, where she is the La Leche League liaison to the Massachusetts Breastfeeding Coalition and to a local postpartum depression task force. Like Einstein, Kathy believes that “you can’t say you truly understand something until you can explain it to your grandmother!” A frequent speaker at conferences, her lecture topics include “Breast Milk: The Original Probiotic”, “Breastfeeding & the News Media”, “The Baby Friendly Hospital Initiative in New England” and “Breastfeeding & the Second Time Mother.” She is currently available for speaking engagements. To contact Kathy go to: www.BusyMomsBreastfeed.com

6. Life support - Milk Matters. Human milk bank in Cape Town, South Africa: Jacquie Nutt, South Africa

18 March 2010
Good day. My son was admitted to GSH neonatal ward in November 2009 - he needed milk. I was unable to give him breastmilk because he was born at 27 weeks with weight 985gr. Thank you very much to the donors who donated breast milk.

It really saved my son’s life. My son is healthy, his weight is at the moment 4.5kg - getting fatter by the day. It’s because of your organisation, most of all your donors. May God bless you all and the work you do. THANK YOU! THANK YOU!


Milk Matters was inspired by the synergy of the WABA Global Forum II in Tanzania, and news of the successful milk bank at iThemba Lethu orphanage in Durban, South Africa. Milk Matters was also born prematurely - many people in 2002 were already talking about the possibilities and the need, so it took only a spark to get the labour started. We little knew how much hard work we were going to encounter, and how much life support we would need, but now we too have grown in size. The struggle is worthwhile, especially when we are reminded that we have been part of giving life to someone precious, as above.

It took a long time to persuade the doctors that our milk is safe. We screen the mothers and ask for a blood test, and pasteurise the milk and eventually the doctors came to trust that we knew what we were doing. One or two paediatricians started prescribing the donor milk for premature babies, and word spread. Some private hospitals have now started their own milk banks.

We believe that our role is not only to supply milk to vulnerable babies, but also to highlight that breast milk is vital to all babies. We are able to inspire mothers to continue breastfeeding for longer since they can see the importance of their milk to vulnerable babies.
Along the way, we have had donors of both milk and money - never a great deal of either, but enough to keep us going till the next big growth spurt. Now demand greatly outstrips supply, and it is sad to know that many babies are not yet able to get donor milk. Donations of both kinds are still needed!

For further information, please look at our lovely (donated) website www.milkmatters.org. Details on the team currently running Milk Matters is to be found on the website at http://www.milkmatters.org/aboutus/team. The project would never have gotten off the ground without the various talents and contacts that each person brings with her, and the contributions of previous helpers who have gone on to other things. It’s truly a community enterprise.

We have a Milk Matters newsletter too, called “Expressions”. People can write to me, at jacquie@milkmatters.org, if they want to be put on the mailing list.

Jacquie Nutt, IBCLC and former LLL Leader, is a mother to two wonderful adults whom she breastfed for some years. She is a founder member of Milk Matters and South African coordinator for the International Board of Lactation Consultant Examiners. Currently she runs workshops for health professionals in Cape Town.

7. A Letter to the Editors: Marta Bareiro, Paraguay

Asunción, July 28, 2009

Señores (Sirs)
ABC Color “Los Lectores Opinan (The Readers Comment)"
Yegros No. 745,
(Asunción, Paraguay)

To Whom It May Concern

Every orientation that provides support in caring for a child is welcome. Thus we accept the message that illustrates the first page of your prestigious newspaper, entitled KUIMBA ÈKUERA (in Guarani – Men), except that this contradicts with the principles of Breastfeeding, which you know is irreplaceable.

We suggest that the mother is the one who holds her child to nurse at her breast and the father helps in the household/domestic chores. *

In this manner, we are able to reach out with two messages: breast milk is the best food and the father’s support in everything, for his family.

Yours sincerely,

Dr. Marta Bareiro
Cruz Roja Paraguay
Breastfeeding Committee

*Editors Note: The comic shows the mother doing the domestic chores while the father is holding the baby to bottle feed.

8. My Work with the Peer Counselor Programme: Dilshaad Sungay, South Africa

It all began when Elaine Dawson and Sophia Blows suggested I get involved to oversee 24 Peer Counselors (PCs) funded by the Department of Health (DOH) to work half day at various Midwives and Obstetrics Units (MOUs) and Clinics. I agreed and started working with some of the PCs.

The work involves visiting PCs at the facilities-clinics and MOUs, twice a month and meeting all of them every second week. (We use our own personal vehicles to drive to these sites… both Sophia and I have extremely supportive husbands!) At the meetings, they share about their work, and also vent about the social ills that mothers share with them. As part of our ongoing training, we discuss updated breastfeeding information and do role plays using experiences that they had with mothers at their clinics.
PCs stay as long as the programme is funded. Sometimes PCs decide to leave because they find better paid jobs. (The stipend that they receive is not much, and most people live in poverty.) When this happens, I need to replace the PC which can be challenging. However, with perseverance and luck, we find really wonderful women to train.

At times, I train one woman to replace a PC who leaves suddenly, and at other times there are groups ranging from three to ten women. I recently trained a group of student nurses doing an assistant nursing course. Among them were two males, and a retired social worker. This was such an interesting mix of people who were also keen on learning and sharing about breastfeeding.

The program ran very smoothly until the Department of Health (DOH) restructured the system and divided the group of 24 PCs into 4 groups under different NGOs. This was extremely stressful for me, so I decided to only oversee the 7 PCs who are still under LLL.

I eventually decided to leave that particular group although I maintain contact with some of the PCs. In fact, we in LLL South Africa are working with one PC to become an LLL leader.

I hope that we will get enough funding to keep these very special ladies doing what they do best. The PCs play a very big role in the Baby Friendly Hospital Initiative. They often continue working at home when they get home-visits from mothers with their babies. Two of the PCs I work with have also started their own support groups. So our passion is there. Sharing with one another and supporting each other!

We constantly face difficulties within the health system as well as in the communities, but Edwina’s (Edwina Froehlich) wise words always lifts me up, which is “one mother at a time.”

Dilshaad Sungay is married with 5 children ranging in age from teenagers to toddler. She has been an LLL Leader in Cape Town, South Africa for 11 years, and has been involved in the Peer Counselling Program for the past four years.

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MOTHER SUPPORT - BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

9. The Best for My Son: Lavínia Cavalcanti Lima Cunha, Brasil

Until a few months ago, I didn’t really know why I wanted so much to breastfeed my son, João Juvenal. I discovered the reason when he was about 8 months old and it is something simple:

It is because it is the best for my son.

This sentence is very strong, because, after all, what mother doesn’t want the best for her child? Because we all want the best, we take folic acid when we are trying to get pregnant. For this reason, we buy the most expensive clothes for the baby and we spend so much on toys, the best diapers and the best health plans or doctors.

But, love and the time we spend with our child is not even considered, in any way, since these things cannot be bought, do not come in a formula can, and can’t be given in a bottle. They are represented, however, by the word “Breastfeeding.”

Breastfeeding is the best you can do for your child. Breastfeeding produces a peace in everyone around the baby, such that when the baby cries, for any reason, giving the breast is the best solution. The baby quits crying in the same instant. The crying ends and the mother is calm enough to be able to discover what is really going on with the baby.

I am not saying that breastfeeding doesn’t come with challenges, but it is also accompanied with a great reward: physical and emotional health for ourselves and our children.

Every once in a while, the challenges seem too overwhelming and I begin to think about weaning my child. In these rare moments of weakness, I go to my room and read Pajuçara Marroquim’s book.* Pajuçara is the LLL Leader of La Leche League in Maceió (Alagoas, Brasil). Her book talks about the importance of breastfeeding and soon my desire to give the best to my son returns and the challenges become “unimportant.”
A certain time, I was traveling and had one of these weak moments, but I didn’t have the book. I had decided to take João, then 11 months old, to the beach, but didn’t take water for him in case he got thirsty. However, in the middle of our play, we decided to walk to another, more distant location and after walking a while, João showed signs of thirst. His thirst increased and he began to cry.

I remembered the best solution that exists: give my breast to quench thirst. After almost a year of breastfeeding, I didn’t know that I could still have a magic moment. We were in the ocean and seeing him quiet, with his little body wet, kicking his legs in the water as he nursed was marvelous. I will never forget this moment.

When João was 13 months old, we were in the grocery store when he hit his head on a grocery cart. I was desperate. It was the first time he had had an accident. I left, running, and called for my husband and we got into our car with my son screaming and at the same time, I was trying to see what had happened to his face. We were both covered with blood. Do you know what he did in the middle of this pain and blood? He said “nurse” and pushed at my blouse to breastfeed. It was like a miracle: he breastfed until we got to the hospital, without pain and without screaming or crying. It was so much more peaceful for his father to drive!

Actually, knowing that breastfeeding makes for better brain development is reason enough to not stop breastfeeding. Not getting sick is also very important. I have a friend who did not breastfeed. Her son, the same age as João, needs dry mist treatments and homeopathic pills EVERY DAY, as his nose is always running, something that doesn’t happen with João.

My son is healthy and breastfeeding him for a year and two months leaves me at peace in relation to his current and future health. This is priceless.

Lavinia Cavalcanti Lima Cunha, Mother, La Leche League of Maceió, Maceió, Alagoas, Brasil

* Amamentar. Por Que Não?

10. My Breastfeeding Journey: Aishah Mariam Sekan, Malaysia

My breastfeeding journey started when I got pregnant in mid-June 2007. As soon as my friend Shuzana knew of my pregnancy, she told me to breastfeed and helped me find information on breastfeeding and working moms.

I did a lot of reading and was very positive about it. On 31st January 2008 I was sent by the doctor to the emergency room for caesarian due to the baby being in a breech position. My caesarian experience was not good; I was given a spinal block but it was ineffective so the anestheologist gave me general anesthesia. The operating theatre was a bad experience for me and I felt scared.

I woke up 6 hours later and wanted to see my baby. The nurses taught me how to latch the baby onto my breast. Although I was too exhausted and sleepy, I continued to nurse my baby now and then. I knew that I needed to breastfeed my baby on demand. After spending 2 nights in the hospital, I was discharged and went back to my mom’s place.

My mom didn’t interfere with my decision to breastfeed as long as she knew her grandchild was getting enough food (Milk). My confinement was easy with my mom but not with my mother-in-law although she had breastfed all her children. Her concern was that as a working mom could I breastfeed during my work. With every single decision I took to fulfill my target to breastfeed she would say “you better ask the doctor what kind of artificial milk is the best.” I ignored what she said, sticking to my decision. I knew she would be my babysitter when I worked so I planned everything to make it easy for her. I put my expressed breast milk according to what my baby needed in each bottle and she just needed to take 1 bottle per feeding and warm it.

Once back at work I faced challenges from my office mates. Most of my office mates are ladies with only 2-3 men in the office. One of my male colleagues was very disturbed whenever he saw or heard my breast pump motor. So I placed my breast pump motor in my drawer and continued pumping as usual. A year later he came to me and asked, “Don’t you pump anymore?” I said yes, I do, why? And he told he did not hear the motor anymore. So I told him that I was aware that he felt disturbed when I pumped so I put it in the drawer. Then he said he was very sad that during the Hari Raya holidays* when he was in his wife’s hometown, the people there gave the new born baby, tea or condensed milk. Is it so hard to give their own milk, he questioned. I was so touched and happy to hear what he told me. He is a father of five and he had finally opened up to breastfeeding.
Now I’m pregnant with my second baby and my daughter still breastfeeds at night. It’s a challenge for me to breastfeed while pregnant because my hormones are changing and my breasts feel sore and sensitive. But I don’t want to wean my daughter because this is the only time we have for each other. Despite the pain, I feel it is the right choice for my daughter and me. I want her to wean naturally by herself.

Aishah Mariam Sekan, 28 years old, is married with a 2-year old daughter. She majored in Computer Science and Technology. She was trained as an LLLI Peer Counselor Programme Administrator (PCPA) and Peer Counselor and is a member of the Malaysia Peer Counselor Group. She is also a facilitator for ratuhati.com breastfeeding support group and a member of Susuibu.com
Email: amyshazz@gmail.com

* Hari Raya Puasa refers to the Festival of Eid al-Fitr, which is celebrated at the end of Ramadan, the Islamic holy month of fasting.

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

FATHER SUPPORT

11. Supporting My Wife in Her Life Passion: Christopher Smith, Mexico

Reflecting on my wife, Pauline (also known as Paulina), and her connection to, and passion for, breastfeeding, I can never forget the serendipity of how it all started. Pauline was pregnant with our first daughter, Vania, and had begun to investigate natural birth options. She picked up a leaflet announcing breastfeeding support meetings and intrigued, she attended her first La Leche League group meeting.

In Pauline’s past life in Argentina, the culture surrounding her was not pro-breastfeeding, as it was customary to bottle feed. In my past (before meeting Pauline) I had seen with my first two children that breastfeeding was so difficult as to be avoided at all costs. So when I came home that evening, I was surprised by her enthusiasm. “I have never seen anything like it before,” she said. “The meeting was full of babies, all of them happy, none of them crying and taking to the breast as easily as anything. This is definitely something I want to do.”

That was the beginning of an unbroken and passionate commitment to breastfeeding, for herself, for her children and for all women who need support and encouragement to fulfill this most natural of functions.

To my mind, the key to understanding how Pauline has achieved so much is Passion. She is driven by an unfailing passion about the extraordinary advantages of breastfeeding for the well-being of all mankind. Never judgmental, she simply transmits to other people, through her passion, the enormous benefits for mother and child of well-functioning breastfeeding, convincing them that they can achieve their aim.

I feel so incredibly privileged to share my life with this remarkable and loving woman. Her powers of persuasion were so powerful that she could convince me to attend family support meetings as a speaker, pointing out to other fathers the bountiful benefits accruing from breastfeeding, not only to their wives and children but also to themselves. It was easy for me to compare the hassle-filled nights I went through with my first children with the blissful peace that comes with seeing a small child clasped to the breast, happily sucking herself to sleep, as I experienced with Vania and later, Natalia.

I am occasionally thanked by well-meaning people for facilitating Pauline’s service to the various organizations she has supported over so many years. I feel a little uncomfortable by these expressions, because they seem to me so wide of the mark. I am proud of all that Pauline has achieved over these years, and certainly do not feel that I have had to sacrifice anything in the process. I think my role has been as a sounding board when she has needed to discuss something, occasionally providing technical help when required, but mainly trying to help her feel my support for what she is doing and avoiding any idea that “I need her here and not there.”

She has given so much to my life. I can only hope that I have been able to give her the support that all of us need to achieve great things.
Christopher Smith, born in Santiago, Chile, resident of Mexico City since 1973, married to Pauline since 1973, father of 4 children (Jerome, Odette, Vania, and Natalia), grandfather of 4 grandchildren (Matias, Dario, Ian, Alan) and one more on the way!

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

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

Europe - Per Gunnar Engblom pergunnar.engblom@vipappor.se
Africa - Ray Maseko maseko@realnet.co.sz
South Asia - Qamar Naseem bvins@hotmail.com
Latin America & Caribbean Arturo Arteaga villaroe®arturoa36@hotmail.com
You can also visit the website: http://www.waba.org.my/whatwedo/mensinitiative/index.htm

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

NEWS FROM THE BREASTFEEDING WORLD

12. Meet Paulina Smith, Mother and Breastfeeding Advocate - selfless, dedicated, committed and inspiring: Odette, Vania and Natalia Smith, USA and Mexico

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 breastfeeding advocate Paulina Smith, Mexico.

When we think of our mother in relation to breastfeeding, two words come to mind: commitment and inspiration. Our mother has demonstrated an unwavering and lifelong commitment in spreading the word about the uncountable health and emotional benefits that breastfeeding provides to babies and their mothers. From the early years of leading mother support groups in Mexico City and training nurses and doctors, then becoming Chairman of the Board and Executive Director of La Leche League International, and currently through her work with WABA, our mother has dedicated her life to helping others with selfless dedication. It is through her immense caring and hard work that she has inspired many who have worked with her as well as us, her three daughters, who have had the privilege of having her as our role model. Our mother’s strength, enthusiasm and commitment in helping mothers and children around the world continue to inspire us today and always will.

From Odette: My mother has inspired me to be the best mother I can be which includes giving the gift of my own milk to both my sons. When I became pregnant with my first child, Dario, over 19 years ago, the question of if I was going to breastfeed him never crossed my mind. I knew what was best for my baby. So when Dario was born with a bilateral cleft lip and palate and was unable to latch on or nurse, I just knew I was nevertheless going to provide him with the best nourishment and immunity nature provides, whatever that entailed. So with my mother’s loving support, knowledge and encouragement, I managed to pump milk for him for 8 months even though there were days I felt like giving up. I never could have done this without my mother’s help. When I had my second son, Ian, three years ago, it was with great joy that I nursed him until toddlerhood, creating a very special bond between us.

From Vania and Natalia: Our experience from Odette is slightly different because we have not yet become mothers, but nonetheless we both admire our mother’s dedication and devotion to women’s and children’s health across the globe. We have fond memories of her answering call after call from distressed mothers and taking the time to patiently listen to their troubles and provide the support they needed to not give up. Many years have gone by since those phone calls and her belief in breastfeeding has never subsided. Today she lends support to a homeless shelter for adolescent pregnant girls in Mexico City, in the hope that, through breastfeeding, these girls can break the cycle of abandonment and violence they experienced growing up. Her drive to help and serve women in need has permeated all our lives and has shaped us into the women we are today—counselors for disadvantaged children, health and education advocates of street children, and researcher for women’s reproductive health. As I, Vania, experience the last few weeks of pregnancy before entering motherhood in my
own life, I find myself constantly drawing from my mother’s strength in order to know what will be best for my new baby. I know that once my baby is born, my mother’s experience will be crucial in helping me to create a loving and trusting bond with my own child, as she has done with me. And I, Natalia, am certain that when it is my turn to be a mother I will nurture my children with the same love and care that she provided us when we were babies.

Editors’ Note: * See article 1.

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. Farmers Market: Kavita Mukhi, India

In Mumbai, India the inaugural Farmers’ Market opened on Sunday, 21st March 2010, the March Equinox, celebrated the world over as a time of rebirth. And surely it was the rebirth of ORGANIC in India, going back to our tradition and culture which was absolutely organic.

At the next market there will be a stall that says ORGANIC MILK and guess what the stall will be about? Yes, La Leche League, which is about support for your child’s first food which is as organic as it can get. Of course, if the mother is guided to eat organic then the milk will be even better. This filtration system i.e. the child being fed via his mother’s body is nature’s way of safeguarding the new life. We all know DDT and other contaminants have been found even in mother’s milk but that only goes to show to what extent we have messed around with nature. Nothing can be more pure or perfect than mother’s milk.

My tryst with nutrition and then organic began with the wonder of first giving birth and then the miracle of breastfeeding – the miracle of a mother’s body enabling her to feed her newborn to the exclusion of even water. For an entire six months, all that a baby needs is breast milk during which time the baby doubles in weight, a phenomenon which is not repeated again in the child’s life. Nature at its best: in my book, nothing matches this amazing fact.

Kavita Mukhi, Eco-nutritionist, Naturalist Farmer, Health & Eco-writer, Certified Lymphologist
Theta Healing Practitioner, Magnified Healing Teacher, Founder of Conscious Food (Organic since 1990), La Leche League Leader (on 24-hr call for mothers with baby feeding issues).
Email: kavitamukhi@gmail.com http://www.kavitamukhi.com/


On October 12th, 2009, IBFAN-GIFA marked the 30th anniversary of the founding of both GIFA and IBFAN with an international event organised in the International Conference Centre in Geneva, Switzerland. More than 150 participants from international organisations, Geneva authorities, Swiss health professionals, members of the IBFAN Europe region, NGO allies and friends, and many supporters and former colleagues came together from over 25 countries to look back with us at the highlights and achievements of the past 30 years and to plan ahead to face the challenges of the future. We viewed extracts from the film “Formula for Disaster” showing the situation in the Philippines as an illustration of the challenges we are still facing today: http://www.youtube.com/watch?v=SNYDPKQOVUE and http://www.youtube.com/watch?v=ZIEiTIaIuT4&feature=related

Professor Zulfiqar Bhutta, of the Aga Khan University in Karachi, Pakistan, lead author of The Lancet Series on Maternal and Child Undernutrition, delivered the key-note address on “Breastfeeding and child survival: opportunities and challenges.” He provided evidence from studies in Pakistan and worldwide emphasising the importance of scaling up early initiation of breastfeeding and exclusive breastfeeding for six months as examples of interventions for child survival, healthy growth and development.

During the event, we launched the global Breastfeeding Initiative for Child Survival, the gBICS. This is a civil-society driven initiative aiming to accelerate efforts to achieve the health-related MDGs (Millennium Development Goals) by 2015. The gBICS is especially geared to increase progress towards reducing child mortality and improving maternal health to attain MDGs 4 and 5, by protecting, promoting and supporting early, exclusive and continued breastfeeding. The gBICS video clip can be accessed through IBFAN’s website: www.ibfan.org. The appeal to Join Us! was heeded by many participants and the Round Table discussion, moderated by Andrew Chetley, the Executive Director of Healthlink Worldwide, provided the
opportunity for representatives of the Committee on the Rights of the Child, the Emergency Nutrition Network, UNICEF, UNHCR and WHO to share their viewpoints with the audience on how to take action for lasting change.

For additional information, please visit:
and http://www.ibfan.org/art/Anwar_Fazal_-_message_to_IBFANs_30th1.pdf

The above article is available in http://www.ibfan.org/art/IBFAN_30_anniv&GBICs.pdf

15. Malaysian Breastfeeding Peer Counselor Program: Rita Rahayu Omar, Malaysia

The exclusive breastfeeding rate in Malaysia, according to Salim et al, 2006, is 19% at 4 months, while it is only 14.5% at 6 months. This is a decrease from 29% at 4 months in 1996 despite efforts to promote Baby-Friendly Hospital Initiative and having higher initiation rates.

At the World Breastfeeding Week 2009 event at the Malaysian National Lactation Centre, it was revealed that one of the major causes of failure of the reassessment of Baby-Friendly Hospitals is Step 10, “Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.” Currently breastfeeding support groups are formed by hospital nurses adding further to the workload of healthcare professionals without adequately meeting the needs of the mother. Furthermore, mothers are normally discharged 1 or 2 days after delivery. Thus, support activities within the hospital set up is minimal.

Our project, the Malaysian Breastfeeding Peer Counselor Program (MalaysianBFPC.Org) focuses on building capacity for breastfeeding counselors in Malaysia to sustain exclusive breastfeeding for 6 months, and continued breastfeeding with appropriate complementary foods up to 2 years and beyond. This project will go beyond the hospital setting and involves the training of mothers and other non-medical personnel as peer counselors.

The initial program of MalaysianBFPC.Org by Susulbu.com, funded by UNICEF Malaysia, covers the training of Train the Trainers; Peer Counselors in 5 regions (North, East, West, South and East Malaysia) and monitoring the overall project until the end of 2010. Nineteen trainers were trained as Peer Counselor Program Administrators (PCPA) and form the Working Committee. A nationwide training program of Peer Counselors is currently underway where participants are selected from existing breastfeeding support groups or interested individuals.

According to the Project Manager, Mrs. Nor Kamariah Mohamad Alwi, “Many mothers are interested to participate in these activities and are willing to support each other. However, there has been inadequate training done for this group of mothers who aspire to become Peer Supporters/Counselors. These mothers had to be included in the hospital’s lactation management training meant for hospital set-up and staff. The hospital training given may not be relevant to the mother-to-mother support needs as participants who underwent this training did not receive proper guidelines on how to be peer counselors yet peer counseling Mother Support has shown to be a most effective intervention in supporting breastfeeding. Furthermore, their activities are not being monitored by any party.”

For those interested to be part of this program, you may write to admin@malaysianbfpc.org. For more information please visit www.malaysianbfpc.org.

Rita Rahayu, mother to 3 breastfed children, is the CEO of *Nurturing Concepts Sdn Bhd, a Breastfeeding and Natural Parenting Company. Rita, a lactation consultant in private practice qualified as an IBCLC (International Board Certified Lactation Consultant) in 2009. She is a member of the International Lactation Consultants Association (ILCA), Lactation Advisors and Consultants Association in Malaysia and the Australian Breastfeeding Association (ABA).
Rita is on the panel of consultants for the Pa&Ma Magazine (Malaysia’s No #1 Parenting Magazine) since 2005, responsible for answering all breastfeeding related questions under their ‘Ruangan Laktasi’ (Breastfeeding column). She writes and edits articles on Breastfeeding for various magazines and books and has appeared on television to talk about breastfeeding. She is frequently invited for breastfeeding talks at private and government hospitals, companies and organisations. She also volunteers at various hospitals as a mother-to-mother support group counselor.

Email: rita@thenurturing.com

*Nurturing Concepts Sdn Bhd (NCSB) is a company founded by individuals and professionals with a common mission - to protect, promote and support breastfeeding. NCSB operates 2 reputable entities: Moms Little Ones, www.momslittleones.com, a Breastfeeding & Natural Parenting Store, focusing on producing and selling a range of high quality breastfeeding and parenting products and Susuibu.com, www.susuibu.com, a Breastfeeding Support Centre focusing on providing quality breastfeeding consultation services, education and training to healthcare workers and the public. The popular online community forum “Mother-to-Mother” Support group has more than 10,000 members worldwide and is recognised by The Ministry of Health Malaysia and WABA (World Alliance for Breastfeeding Action).


Below are some of the comments received on the MS Summit Report, published by WABA, November 2009. The State of the Art of Mother Support Summit: Breastfeeding Mother-Yesterday, Today and Tomorrow, took place 18-19 July, 2007 in Chicago, USA. For further information on the Report please email Julianna Lim Abdullah at: waba@waba.org.my

Dear Paulina and friends,

I agree with everybody, the document that we all received from the MTMS Summit in Chicago is great! Thank you so much to each one of you that organized, implemented and finally, developed this beautiful report. It is great to hear the voices of all Breastfeeding friends around the world responding to your message. Hugs to each one of you and wish you a peaceful year!

Mimi de Maza
Lactancia Materna y Alimentación Infantil
Programa de Seguridad Alimentaria y Nutricional
Ministerio de Salud Pública, Guatemala

Hi Paulina and team,

Thank you very much for sharing this. I was delighted to receive this wonderful booklet in the post, and it all seems like it has happened just the other day, with memories still fresh in my mind. What a great experience!

My fifth child was born 4 months after the summit and conference. He is a high need child, and he has made me realize even more how important mother-to-mother support is! We are still breastfeeding, and will probably continue for a while.

Thanks again,
Dilshaad, La Leche League, South Africa

MSTF Rocks!!! You are awesome!
Rae Davies

WOW!!! MSTF for president!!!!
Keep up the great work!!
Amal Omer-Salim
International Maternal and Child Health (IMCH)
Department of Women’s and Children’s Health
UPPSALA, Sweden

Thank you so much for this, Paulina. I am glad to see it.
Virginia
Dr Virginia Thorley, OAM, PhD, IBCLC, FILCA
Brisbane, Qld, Australia
Dear Paulina, Rebecca & Julianna,

Thanks and Congratulations for the landmark historic and reference MSTF resource book published after the Mother Summit 2007, of which I just received my copy. It is a wonderful document that traces the film of what happened in Chicago and it would occupy a very important place in health libraries around the world. It brings to memory the many attractive, instructive and informative declarations during mass events that rolled out during just two days in Chicago, USA. In Cameroon, this book on the State of the Art of Mother Support Summit, would be used as a social mobilisation and sensitisation tool, especially as it presents ideas for mother support action in the different contexts. It is really a book for sharing of ideas. Kudos to the MSTF from us.

James Achanyi-Fontem
National Coordinator,
Cameroon Link Group

Fantastic, everyone!
Warm regards
Pamela Morrison

Dear Paulina,

Thanks so much for this and well done everyone.
Patti Rundall, Policy Director, Baby Milk Action
Baby Feeding Law Group (BFLG)
Strengthening UK Baby Food Laws

17. IV International Breastfeeding Symposium: Adelina García, Spain

IV International Breastfeeding Symposium, Breastfeeding in Special Circumstances, will be held in Bilbao, Spain, on the 15th and 16th November, 2010.

This Symposium is for paediatricians, neonatologists, gynaecologists, midwives, IBCLCs and other professionals and breastfeeding support group peer counsellors.

There will be simultaneous translations from English-Spanish and German- Spanish.

Further information is available in Spanish and Euskera in www.laligadelaleche.eu

Adelina García, President, LLL of Euskadi
Email: adelina.garcia@laligadelaleche.eu

18. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis: Melissa Bartick and Arnold Reinhold, USA

Background and Objective
A 2001 study revealed that $3.6 billion could be saved if breastfeeding rates were increased to levels of the Healthy People objectives. It studied 3 diseases and totalled direct and indirect costs and cost of premature death. The 2001 study can be updated by using current breastfeeding rates and adding additional diseases analyzed in the 2007 breastfeeding report from the Agency for Healthcare Research and Quality.

Study Design
Using methods similar to those in the 2001 study, we computed current costs and compared them to the projected costs if 80% and 90% of US families could comply with the recommendation to exclusively breastfeed for 6 months. Excluding type 2 diabetes (because of insufficient data), we conducted a cost analysis for all pediatric diseases for which the Agency for Healthcare Research and Quality reported risk ratios that favored breastfeeding: necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, sudden infant death syndrome, childhood asthma, childhood leukemia, type 1 diabetes mellitus, and childhood obesity. We used 2005 Centers for Disease Control and Prevention breastfeeding rates and 2007 dollars.

Results
If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance).
Conclusions
Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective.

Melissa Bartick, MD, MSc\textsuperscript{a}, Arnold Reinhold, MBA\textsuperscript{b}
\textsuperscript{a} Department of Medicine, Cambridge Health Alliance and Harvard Medical School, Boston, Massachusetts; and
\textsuperscript{b} Alliance for the Prudent Use of Antibiotics, Boston, Massachusetts
http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1616v1

BREASTFEEDING RESOURCES

19. Protecting Infant Health - the Health Worker’s Guide to the Code, 11\textsuperscript{th} Edition

Protecting Infant Health – A Health Worker’s Guide to the International Code of Marketing of Breastmilk Substitutes (11\textsuperscript{th} edition) by Annelies Allain and Yeong Joo Kean, 80 pages, illustrated is now available. This popular booklet is designed to make the legal Code language easy to understand.

“Protecting Infant Health” shows how active use of the Code can make a difference, protect breastfeeding and save lives. It also discusses current issues such as the Code in the context of emergencies, HIV and breastfeeding, health claims and sponsorship.

IBFAN Penang now has an easy payment system by credit card which means that you can get the books mailed to you as you pay. For further information, please contact IBFAN Penang at: P.O. Box 19, 10700 Penang, Malaysia. Fax: 604-890 7291
E-mail: ibfanpg@tm.net.my

20. Holistic Moms Network Produces New Video Highlighting Nursing Mothers

Inspired by a recent article in the Herald Sun (Australia) reporting that young women are reluctant to breastfeed their babies due to fear of public embarrassment, the Holistic Moms Network (HMN) has launched a new project to highlight the beauty and confidence of breastfeeding women. HMN members from across North America submitted photos of themselves proudly breastfeeding their children – everywhere from the Eiffel Tower to the Brooklyn Bridge – for the Nursing Our Future video featured on the organization’s website.

“Breastfeeding is one of the greatest gifts a mother can give to her child,” says Executive Director Nancy Massotto, Ph.D. “Nursing offers babies enormous health benefits – physically, psychologically, emotionally, and sustainably for the planet. We want young women to embrace a culture of breastfeeding and to become informed about the benefits for moms, for children, and for the planet.”


21. Hold Your Prem – A Workbook on Skin-to-Skin Contact for Parents of Premature Babies by Jill Bergman with Dr. Nils Bergman

“Hold Your Prem” are words that every parent of a baby born too early longs to hear!

In this book, Jill Bergman describes in everyday language for every parent the key concepts from recent neuroscience and newborn care. Jill talks parents through their emotional turmoil, on to practical things to do, empowering them to become central to the team for their baby’s care.

A practical workbook, for parents confronted (usually suddenly!) by a premature newborn (prem), it gives key information needed to understand the prem and the NICU (the Neonatal Intensive Care Unit). It describes practical steps and tasks that help parents be central in the team that is helping their prem.
This book is a tool to encourage and empower. See http://www.kangaroomothercare.com/prod_HYPbook.htm

Editors Note: This publication is available only in English


The LLLI and WABA joint statement on celebrating World Health Day 2010 on the theme **1000 Cities, 1000 Lives** is available in English, Spanish, and Bulgarian on http://www.waba.org.my/pdf/PR_WHD2010.pdf. The statement is on the role breastfeeding plays in addressing the challenges of improving health in urban areas.

23. Facts for Life - LAUNCH of New Edition: Nicholas K. Alipui, USA

The new edition of Facts for Life was launched April 7, 2010, in the Kingdom of Lesotho. First published in 1989, Facts for Life has benefited millions of individuals and communities. Some 15 million copies of previous editions have been circulated worldwide in 215 languages. Now in its fourth edition, Facts for Life aims to bring vital knowledge to parents and caregivers who are the first line of defence in protecting children from illness and harm.

Facts for Life is jointly published by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS and the World Bank. The 2010 edition of Facts for Life is the result of a consultative process with partners and features the latest evidence and knowledge in the area of child health and well-being. It provides practical advice on pregnancy, childbirth, major childhood illnesses, child development, early learning, parenting, protection, care and support for children. The revised version contains a new chapter on child protection that looks at how to keep children safe from violent and harmful behaviors and practices. In addition, the chapter on Safe Motherhood profiles dominant trends and positive practices in the area of newborn health.

Facts for Life is now available online in English, French and Spanish at www.factsforlifeglobal.org in Word and PDF formats. The publication can be downloaded by all users. We hope that this publication will support and inform your efforts to improve the health and well-being of children, and that we can continue to work together to disseminate its life-saving messages. Together, we can help realize the rights of millions of children around the globe.

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Dr. Nicholas K. Alipui, Director of Programmes, UNICEF New York Headquarters
Email: nalipui@unicef.org; Web: www.unicef.org
Facts for Life can be downloaded in English at: http://www.unicef.org/publications/index_4387.html

24. Blog for Breastfeeding Older Children: Ann Sinnott, United Kingdom

With time and money in short supply, I have decided to start a blog rather than a website. It’s in English only, so apologies to those whose first language isn’t English – I only wish my language skills were strong enough to go multilingual!

http://breastfeedingolderchildren.wordpress.com/

I don’t know how this will ultimately work out as I am a complete novice, but it’s a place where you can easily access information about the book. It’s possible to leave comments (I’d love feedback from those who’ve read Breastfeeding Older Children.) and you will be able to see and respond to each other’s comments.

I have posted links to media coverage and some reactions from the field. I haven’t posted any events yet, but will be speaking at two conferences next month: Gold10 [online conference] and NCT’s Big Weekend.*

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Email: ann.sinnott@googlemail.com

* NCT Big Weekend is UK’s leading charity for parents where each year over a million mums and dads are helped through pregnancy, birth and early days of parenthood. http://www.nct.org.uk/home
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. Babies and Church Mass: Florencia Basaldua, Argentina

On Sundays, when we can, we go to mass. Sofia, 3 years old, carries her bag, backpack and of course, her (doll) baby, who is called Agustin. Lately she says that she still has 4 more in her tummy waiting to be born.

Agustin is put in an improvised baby wrap (baby sling) which she had asked me to make with her blanket. Already on 2 Sundays in mid-mass, she took her baby from the baby wrap, pulled up her T-shirt as something completely natural and put him to her breast to the AMAZEMENT of the people who saw her. Already with her doll in her baby wrap, she is a sight to be seen but I swear that when she is putting it to her breast, it is something else.

I have no clue as to what people will think and I recognise a need to overcome my initial “embarrassment” and try not to say “Sofi, better at home” (why???) For her, it is absolutely normal... and of course, she sees me!!! But as soon as this moment passes, I am filled with tenderness and think that God wants her to feel in her soul the great happiness of motherhood, being close, offering her breast always, an act of total love. Later, when we are leaving the Mass, she tells me “Agustin is sleeping at the breast.”

Florencia Basaldua, mother of Sofia and Manuel, 8 months, is a leader applicant of LLL Argentina. This story was submitted by Maria Luz Aguiila, LLL Leader Argentina.
Email: luzaguilo@speedy.com.ar

26. Breastmilk, Our Inheritance: Eugenia Ramirez, Colombia

When my elder son was 10 years old, anxious about the topic on family inheritance, having heard of it in an adult conversation, asked me, “What will you leave us when you die?” To which his younger brother who was 6 answered, “Well don’t you see that she has given us the best! Her milk!”

I still get so emotional that I cry when I remember this beautiful anecdote.

Eugenia Ramirez, LLL Leader of Medellín, Colombia
Email:eugeramirez@hotmail.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.

27. Becoming a Grandmother for the First Time: Mary Kolar, USA

A baby being born happens everyday, but becoming a grandmother doesn’t. My son, Eddie married a wonderful woman, Angela, last summer and on March 10, 2010 at 8:10 pm., Maureen Elle Kolar, their first child and my first grandchild, was born in Valparaiso, Indiana, USA. When Angela knew she was pregnant she asked me about La Leche League meetings and I gave her the information. My sister-in-law, Allison, offered to go with her to her first meeting. My family is very fortunate because we have many immediate family members living in the same town. My husband’s parents, two of his brothers, and three of my brothers live in Valparaiso. Angela and Eddie decided not to find out what the sex of their baby was and to my amazement that was unusual. Most parents-to-be in the USA find out the sex so they can decorate the nursery a certain way, pick out clothes, and even pick out the name before the child is born. Angela and Eddie also decided not to use any pain medication during labor and that was even more unusual. Angela’s labor was very typical for a first time mom. She started having contractions on Tuesday evening, but didn’t go to the hospital until Wednesday morning. Once she got to the hospital the contractions slowed down, but they kept her there because she was dilated to four centimeters. Throughout the day she progressed with her labor and unfortunately had back labor also. They had a midwife at their delivery and a
wonderful nurse who was very supportive of their choice not to have pain medication. Angela was in transition, the most difficult part of labor, for about five hours. To manage her labor pains she took showers, had a heating pad on her back, did her breathing techniques, and drew support from Eddie, myself, and the nurse. Angela was in control. She had to push for over an hour to give birth to Maureen. Angela also did not have “the urge to push” so she had to manufacture it. We were so excited to see the baby born and all of us were gushing so much over this baby that finally the midwife picked up the baby to see if the baby was a girl or a boy! The midwife announced that she was a girl and put the baby on Angela's tummy. Angela drew the baby up to her breast and the baby snuggled in. After about ten or fifteen minutes the baby latched onto the breast and started to nurse. Maureen nursed for about twenty minutes. Angela walked to her recovery room which most new moms can’t do because of having taken pain medication. She had many nurses and even some doctors stop by her room just so they could see “the mom who delivered a baby without medication.” Angela and Eddie were so empowered by the delivery because, even though it was hard and very long, they made it through. The baby is very healthy and even with some sleepless nights, the nursing and parenting are coming along wonderfully. I have counselled many mothers over the past 25 years about breastfeeding and parenting and know the mothers that have natural childbirth are the mothers who have the fewest problems with nursing and parenting. When you listen to your body and work with your body, the outcome is climactic.

Mary Kolar - married to Edward Kolar III and we have four children, Kirstin, 28 yrs. old, Eddie, 24 yrs. old, Maxwell, 19 yrs. old, and Victoria, 11 yrs. old, along with Eddie’s wife, Angela, 24 yrs. old and their daughter, Maureen Elle, 1 month old. I have been involved with La Leche League since 1982 and a La Leche League Leader for 24 years. I have helped with LLLI Conferences and was an 800-Operator for 7 years. I am presently working at my youngest daughter’s school and continue to be involved with my local La Leche League.

Email: mmk33@hotmail.com

Breastfeeding, HIV and AIDS

28. Preliminary assessment of breastfeeding practices in HIV 1-infected mothers (prior to weaning) under the Djoungolo programme on the prevention of vertical transmission of HIV: Anne Esther Njom Nlend and Bernadette Bagfegue Ekani, Cameroon

Background

Human Immunodeficiency virus (HIV) transmission in a breastfeeding population varies from 20% to 45%. Objective: To evaluate breastfeeding practices and the early basic HIV transmission rate in HIV-exposed children in the Djoungolo health district (prevention of mother-to-child transmission HIV programme).

Methods

A cross-sectional survey was conducted, targeting breastfeeding mothers recruited from an observational cohort of HIV-positive pregnant women intending to breastfeed. Routine immunological assessment was carried out for all pregnant HIV-positive women coupled with initiation to highly active anti-retroviral therapy (HAART) in those with CD4 cell counts below 350 mm–3. Early virological diagnosis of HIV infection was done using real-time Polymerase Chain reaction (PCR) RNA for infants aged between 6 weeks and 6 months. Breastfeeding intervention and counselling support were also provided to respondents.

Results

Out of 545 women, 287 births were registered of which 64 of the HIV-infected mothers opted for breastfeeding. The mean CD4 cell count was 446 mm–3; 34.4% of women were taking HAART. The rate of initiation to breastfeeding was observed to be 53% within 1 hour following delivery. At 13 weeks, 96.1% were still exclusively breastfeeding on demand with an average of six feedings in the daytime and three feedings during the night. Of the mothers, 18.5% reported at least one episode of breast and/or nipple pain and 4.9% of mothers were practicing mixed feeding. The early rate of HIV transmission among 47 infants assessed was observed to be 4.3% [95% confidence interval 1–10.1].
Conclusion
In an HIV context, routine breastfeeding intervention support associated with access to anti-retroviral therapy for women yet requiring treatment for themselves reduces the practice of mixed feeding and slashes the early mother-to-child HIV transmission rate to 4.3% in breastfeeding populations.

Anne Esther Njom Nlend and Bernadette Bagfegue Ekani, Cameroon National Social Insurance Fund Hospital, Pediatric Unit Yaounde, Cameroon
To correspond, please email Anne Esther Njom Nlend: njom_anne@yahoo.fr

NEWSLETTER INFORMATION

29. Check out these Websites


http://www.milkyday.fr/- video in French

Holistic Moms – DVD on Nursing Our Future – Holistic Moms nurse wherever they are

Hathor the Cowgoddess and the Evolution Revolution
http://www.thecowgoddess.com/

Doctors for Global Health (DGH) is a private, not-for-profit organization promoting health, education, art and other human rights throughout the world.
http://www.dghonline.org

http://thecuriouslactivist.wordpress.com/

Norwegian Research on Androgens and Breastfeeding
WABA's response to misleading information and unfounded claims.
The full WABA statement can be viewed here:

Study: Lack of breastfeeding costs lives, billions of dollars
If most new moms would breastfeed their babies for the first six months of life, it would save nearly 1,000 lives and billions of dollars each year, according to a new study published in the journal Pediatrics.

http://www.bestforbabes.org/2010/04/dont-believe-every-breastfeeding-study-you-see/

Interesting article on fathers’ role in breastfeeding by Howard Ludwig, a former Southtown Star business writer, a stay-at-home dad, is available at:
http://www.southtownstar.com/lifestyles/ludwig/2111954,032110ludwig.article

http://breastfeedingolderchildren.wordpress.com/

Facts for Life can be downloaded in
30. Announcements: Past and Future Events

14 February 2010: 19th Anniversary of WABA


6-31 May 2010: Gold 10 (Global Online Lactation Discussion) Conference http://www.goldconf.com/

7-9 June 2010: Women Deliver 2010, a global conference, will be held in Washington DC, USA. The theme of the conference is: Delivering solutions for girls and women. The focus will be on political, economic, social/cultural, and technological solutions, to expand on Women Deliver's hallmark of inclusivity, reaching out to new partners and new communities. http://www.womendeliver.org/conferences/-2010-conference/

10-11 June 2010: WABA-North America Meeting III, Washington DC, United States Breastfeeding Committee's headquarters


30-31 August and 01 September 2010: Global Maternal Health Conference 2010, India Habitat Centre, New Delhi, India, organized by the Maternal Health Task Force (MHTF) and the Public Health Foundation of India (PHFI). This meeting will gather approximately 500 maternal health experts and their allies in a global technical and programmatic meeting focused exclusively on maternal health. www.gmhconference2010.com MHF contact: Sara Gullo<sgullo@engenderhealth.org>; PHFI Contact: Beena Varghese<bvarghese.mhtfconf@gmail.com>

17 – 19 October 2010: Expanded Global Breastfeeding Partners’ Meeting (GBPM), Penang, Malaysia. Revisiting-Celebrating Innocenti 20 years! & Enabling Mothering: Keeping mothers and babies together. To register for this special and important event, go to <www.waba.org.my>

31. Readers Share

I did not know that this newsletter was still published. I'm happy I found it on the WABA website!

I'd like to receive the MSTF E-Newsletter in both: French and English. If you need that I send separate emails, please let me know. When I receive it, you can count on me: I'll share it with my "local breastfeeding world"! ;)

Thanks for your work supporting breastfed babies and their families!
Manon Forcier, Nurse B.Sc. IBCLC
Montréal Qc Canada

I like the sharing of newsletter. You did a great job. One photo was duplicated in the newsletter, attached is the missing photo for nurse showing how to express breastmilk.

Warm regards,
Jess, Malaysia

Editors' Note: Thank you Jess for bringing it to our attention.
The correct photo for page 11, article 11 of English newsletter V7N3
Thanks for sending me the link. I just heard from Jim Akre, who also liked the article so much he will be sending it to the IBLCE Board. 

Warm regards to you all 

Pamela, UK

WABA MSTF Team, 

Congratulations to your entire team for a superb delivery of the MSTF E-Newsletter. It gets richer and richer in content as the months come and with contributions from virtually all regions. A great job done. More synergies and achievements to your team. 

James Achanyi-Fontem
Coordinator, MWG, Cameroon

Thank you dear Editors. The newsletter looks very interesting. 

Hugs, Mimi de Maza, Guatemala

32. 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.

33. 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 7th 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.
We would like to thank Tereza Toma, President of XI ENAM – I ENACS and of IBFAN Brasil for promoting the existence of the newsletter and helping us to increase the number of subscribers for the Portuguese E-Newsletter.

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 (LLLk), 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).

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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

“A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.”

– Grantly Dick-Read