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I. My Journey with Working Moms – A compilation of stories
Dr. Prashant Gangal, WABA MSTF Co-coordinator

As the MSTF Co-Coordinator, I was invited by my colleague, Pushpa Panadam, to write for the MSTF section of this edition of the well-read MSTF Newsletter. After a week thinking about the topic for my write up, I realized that this edition will be published soon after this year’s World Breastfeeding Week (WBW) celebrations. Hence, it would be appropriate to continue in the WBW 2015 theme ‘Breastfeeding and Work – Let’s make it work!’ . I already had stories of working moms. It has been 8 years since the publication of ‘Hirkani’s Daughters’ to which the MSTF had contributed and publishing these new stories would be like revisiting and remembering that collaboration with La Leche League International (LLL). A few stories include the child’s ‘WHO Growth Curve’ to prove that the mother’s breastfeeding efforts had paid off.

A few months ago, I had an unusual visitor to my pediatric clinic. A working mother had specifically come to thank our team for helping her to breastfeed successfully as per the recommendations. Her daughter was almost 5 years old and she continues to breastfeed occasionally (night feeds). Discussing with her, I also found that her child had sparkling teeth without any caries. It further strengthened my conviction that breastfeeding, even at night, is not only not harmful but also protects teeth (Ananya was also not being offered junk food and was brushing her teeth regularly.)

Such incidents continue to be an inspiration for me and breastfeeding advocates (Obstetricians, Pediatricians, Public Health Experts, Lactation Consultants and Mother Support Counsellors) from BPNI(Breastfeeding Promotion Network of India) Maharashtra, to continue our mission to motivate, support and help mothers to breastfeed successfully. Working mothers form a large number of mothers in need of counselling, both in urban and rural settings. The above mentioned incident is the story of Dr. (Ms) Pradnya Kedar and her daughter Ananya. Her story appears under Breastfeeding Mothers Relate Their Experiences.

In 25 years of pediatric practice and breastfeeding promotion, I have met thousands of working mothers whose dedication and motherly love has continued to inspire me and our team. Some of these wonderful mothers responded to my request and submitted their stories within 24 hours. Computer mother, Ms. Smita Tiwari guided her Human Resource Department to provide a curtain and lock to her room to facilitate expression of breastmilk. Two mothers, Ms. Shubhada Chaukar (her story is also published here) and Ms. Utkarsha Naik, whose stories have been published in ‘Hirkani’s Daughters’ also penned their feelings about working and breastfeeding and how they feel with their daughters who are now 15 years old. Ms. Arya Patil Gayakwad’s story reflects her passion to breastfeed successfully. Each mother has a story to tell. It was my pleasure to be a part of this endeavour by helping to compile and edit stories and lovely photographs of these wonderful moms and babies.

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Prashant Gangal, MD, DCH, IBCLC,
WABA MSTF Co-Coordinator
Email: psgangal@gmail.com

Editors’ Note: Hirkani’s Daughters is a compilation of inspirational tales from women around the world. It tells the stories of modern employed mothers who have overcome various obstacles to continue breastfeeding. Each woman shares how she evaluated her options, and took the path that worked best for her family. The title of this book was inspired by an ancient Indian tale about a young mother, Hirkani, who scaled down a 1,000-foot vertical cliff in order to get to her baby to breastfeed. The book is available at http://store.llli.org/public/profile/125

Breastfeeding experiences of Ms. Smita Tiwari, Ms. Utkarsha Naik and Ms. Arya Patil Gayakwad will be available on the WABA website: http://waba.org.my/mother-support/mother-support-publications/
2. MSTF Update
Pushpa Panadam, WABA MSTF Co-Coordinator

As the MSTF E-Newsletter enters its 12th year, the MSTF would like to celebrate the year thanking everyone who has made and makes this newsletter possible; from its conception to the present day. Thanks to the contributors to the newsletter who shared their breastfeeding experiences or related how they supported mothers to breastfeed or protect and promote breastfeeding around the world. Thanks, too, to the translators, both past and present, who have passionately given or continue to give their time to translating articles and at times have contributed articles to the newsletter.

There is a question that keeps popping up in my head. How can the Mother Support Task Force (MSTF) help and support mothers, fathers, families and support groups around the world? Have you ever referred to the WABA e-map to find a mother support group to provide information to someone? If you have, we would like to thank you. If not, please help us understand how we can make this important resource more accessible.

Another important activity of the MSTF is the E-Newsletter. It provides information and support for people who want to learn more on how to provide breastfeeding support. For mothers and babies to succeed in breastfeeding, support from every person close to the breastfeeding dyad is important. Many times we are at a loss as to how best to provide help or support to a breastfeeding mother. The stories in the newsletter can help us know how to help. Stories of personal experiences, of support from many perspectives – support groups and support organizations, mothers themselves, fathers, grandparents and children - unfold in these pages.

Stories are what one hears when one attends a mother support group meeting, where mothers of every race, religion, country or age are invited. As you read their stories, you begin to understand the kind of information and support mothers need or are looking for. You get a glimpse of a child who “breastfeeds” her doll baby or “facilitates” support meetings. Breastfeeding is normal in her/his daily life. And if you are a grandparent, you see how support was given to the breastfeeding family.

If you have had any of these experiences, then tell us your story. Your story matters to everyone who promotes, protects and supports breastfeeding. Success stories that demonstrate overcoming obstacles, help and support others. Other mothers begin to see that they are not alone in their breastfeeding experiences and feel strengthened to breastfeed another day, to support another mother. Don’t keep your story to yourself. Please share it with others through the MSTF Newsletter.

To share your story, email us at pushpapanadam@yahoo.co and beckyann1939@yahoo.com

Editors’ Note: To learn more about MSTF and how you can play an active role in the Global Mother Support Initiative, please email pushpapanadam@yahoo.com or beckyann39@yahoo.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Mother’s Confidence Increased along with Her Milk Supply
Cathy Case Liles, USA

A mother called. She had returned to work at 6 weeks and her baby was now 9 weeks old. Her supply was dwindling; she had run out of stored (expressed) milk and was supplementing with formula which increased daily. This was not how she wanted nor expected things to go. What could she take or do to increase her milk supply? She had tried milk tea, lactation cookies, herbs, oils, etc., and nothing helped. She had a decent pump and was pumping at home while dad fed the baby (formula) hoping to increase her supply, yet it kept dropping. Her diet was good, she drank gallons of water and still her supply dropped. What could she take to fix the problem? I told her that I didn’t have a magic pill, but there were some pumping and feeding strategies she could try that might help.
We worked on nursing strategies. She learned that milk is produced on a supply and demand basis; the more the baby nurses, the more milk she will make. Instead of feeding more often, she was feeding less, hoping for her breasts to fill before she pumped again. We talked about how the baby can always remove more milk and stimulate production better than a pump. This was a surprise to her. She had been led to believe the pump was more effective and more efficient than a baby.

First, I suggested that she feed on one side and pump on the other first thing in the morning when she had more milk. She could take advantage of her let down, stimulated by the baby. She figured out that she let down faster and more frequently when the baby was nursing. I suggested that she set her alarm 15 minutes earlier, feed the baby, get ready for work and feed again before she left. I suggested that she sleep with her baby so he could nurse while she slept. I suggested that she take the baby to bed over the weekend and nurse as often as she could to try to build her supply. I suggested that she offer to feed the baby anytime he was awake and willing. I suggested that she stop pumping and instead breastfeed, especially in the evenings and on weekends. I suggested switch nursing every 5 minutes during nursing sessions to help her body get the message that the baby needed more milk.

Second, I encouraged her to spend more time holding the baby, doing skin-to-skin contact, bathing with the baby, doing infant massage. I also encouraged her to find more ways to have physical contact with her spouse and others- more hugs, back massages, holding hands. All these tactile stimulation opportunities help production of oxytocin (hormone of love), a hormone which impacts milk supply and letdown.

Next, we worked on some pumping strategies. I suggested that she massage her breasts before pumping, compress or apply gentle pressure to different areas of the breast while she was pumping and suggested she hand express after pumping to increase the tactile stimulation of the breast and to empty it more fully. I also suggested she reduce her pumping time, as the pump was making her breasts and nipples sore.

Third, I encouraged her to attend a La Leche League meeting to meet other mothers who were successfully working and breastfeeding, to receive encouragement and see evidence of success in breastfeeding and working mothers. She came (to a meeting) and found that these moms had additional helpful suggestions about managing breastfeeding and working. These moms also helped her focus on how she was succeeding and helped her feel good about the choice she had made to continue breastfeeding after returning to full time employment. They shared their frustration and their success and provided true support for her monumental efforts. The last thing we talked about were the gimmicks she used which undermined her ability to breastfeed successfully. She started focusing on effective ways of increasing her supply.

She felt a little overwhelmed by so many suggestions which weren’t all offered at once. She had a good, productive weekend with the baby and by Sunday night, she noticed that she had more milk and the baby didn’t need to be supplemented as much. He loved all the cuddle time, skin-to-skin time and frequent nursing. He became a calmer, less fussy baby. Her spouse also became calmer, less frantic about their fussy baby and his distraught wife. She felt her confidence as a mother grow along with her supply. When she returned to work on Monday, she was able to pump more milk and to decrease the formula supplement when they were apart. She began to have hope that she could achieve her goal of continuing to breastfeed and provide enough of her own milk to feed the baby while she was away. It took a few weeks, but she succeeded in accomplishing her goal. Although it wasn’t without frustration, education, encouragement and support – this mom is making it work. She commented, when I last spoke with her, that focusing more on feeding the baby helped her feel closer to him. It made her feel more satisfied as a mother. She also reported that all those back rubs and hand holding led to other things and her spouse was quite appreciative of the help she received.

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Cathy Case Liles, IBCLC, Texas, USA

Editors’ Note: Cathy shared her experience on Facebook and agreed to have it published in the MSTF E-newsletter.
Thank you Cathy.
4. **Anggugu – Breastfeeding Support for Mothers**  
*Lily Yeoh, Malaysia*

Ten years ago when I was pregnant with my son, the first thing I did was to search the internet to find out which formula milk was best for my baby. I never thought about breastfeeding until my search results showed me the benefits of breast milk. Then I searched for information on breastfeeding. As a Malaysian Chinese in a multi-racial country, I searched for local breastfeeding information in Chinese but could only find information from The People's Republic of China, Taiwan or Hong Kong. In Malaysia, there were only English or Malay breastfeeding websites at that time!

Since I have no trouble reading in English, I learnt a lot from a local breastfeeding community forum, *My Mom's Best*, to prepare myself. After my son was born, my breastfeeding journey was smooth, without much trouble.

By the time my son turned 1, I started to have more time to do something I have always wanted to do — create a breastfeeding website for Malaysian Chinese mothers. There were still no Breastfeeding websites for Malaysian Chinese and I know that not all Chinese speaking mothers in Malaysia are proficient in English. I knew that I was capable of doing it as I have an Advance Diploma in Computer Studies, majoring in multimedia.

During July 2007, I created my Chinese language breastfeeding community forum named Anggugu. “Anggugu” is an endearment we use towards babies, similar to “Coochy-coo.” I picked this name because it is easy to remember, and it always brings a smile to everyone’s face.

Anggugu has been successful in bringing together quite a number of mothers from all over Malaysia. It has become an online platform for Malaysian Chinese breastfeeding mothers to share experiences and support each other. Non-breastfeeding mothers and expectant mothers are also welcome to join the community. By reading the experiences breastfeeding mothers shared in the forum, many were influenced to breastfeed their next baby.

Maintaining my website while supporting breastfeeding mothers, I realized that I should learn more about lactation. I joined the Malaysian Breastfeeding Peer Counsellor program, volunteered at a local hospital, took online courses from Health e-Learning, attended online lactation conferences, and in 2011 I sat for the IBLCE exam and was certified as one of 23 IBCLCs in Malaysia.

In Malaysia, there are a few IBCLCs who are Chinese educated. However, I believe I am the only full-time IBCLC in private practice that provides monthly breastfeeding workshops and consultation. The other IBCLCs are doctors, pharmacists or nutritionists. That makes me realize that I have an important role to play in the Malaysian lactation field. With my IT (Information Technology) skills, breastfeeding knowledge, experiences and Chinese literacy, I am able to use the internet and social media to provide breastfeeding knowledge and support to Malaysian Chinese mothers.

Now I have converted my website www.anggugu.com into a blog with Chinese breastfeeding articles, similar to kellymom.com. I have also moved my community forum to a Facebook group which has grown rapidly with more than 30,000 members in less than 2 years. Anggugu is now the largest Chinese language breastfeeding community in Malaysia!

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*Lily Yeoh* is an IBCLC in Cheras, Malaysia. She is the founder of Anggugu, a Chinese Language Breastfeeding Blog. She conducts breastfeeding workshops at the Anggugu Lactation and Sewing Craft Centre.

Email: lily@anggugu.com  Website: www.anggugu.com

5. **Welcoming Speech at the PRISMA (Breastfeeding Peer Counsellor and Natural Parenting) Convention 2015**  
*Nor Kamariah, Malaysia*

PRISMA Convention 2015 was held from the 14th – 16th August, 2015. It was organised by the Malaysian Breastfeeding Peer Counsellor Association, in Subang Jaya, Malaysia. 150 participants were at the pre-convention which covered topics on disaster relief work and support for breastfeeding mothers under these conditions. There were 250 participants
at the convention. About 60% were from the Ministry of Health – medical officers and specialists, nurses, and nutritionists. Honoured guests at the opening included: Datuk Dr. Lokman Hakim bin Sulaiman, Deputy Director of Public Health, Ministry of Health Malaysia, Dato’ (Dr.) Anwar Fazal, WABA (World Alliance for Breastfeeding Action) Chairperson Emeritus and Miss Yeong Joo Kean, Representative from IBFAN-ICDC (International Baby Food Action Network-International Code and Documentation Centre).

Since the start of Malaysian Peer Counseling in 2010, and the founding of the Malaysian Breastfeeding Peer Counselor Association (MBfPCA) in 2012, high expectation was placed on the day we would meet all the trained Peer Counselors and other Breastfeeding Supporters in a convention. Thankfully, that day has come.

I sincerely thank all the committee members who worked tirelessly organizing the Convention from its beginning. Many had to work virtually communicating through the social media where not even the South China Sea stopped them. It was not easy balancing their daily chores with this work. This is the characteristic of each of our highly empowered volunteers. They were supported and encouraged by their family members who shared in the experience. That is the custom and work tradition, the hallmark of the Association. So, on behalf of the Association, I would like to say: Your service is highly valued!

The Malaysian Breastfeeding Peer Counseling Program started 6 years ago. It was through the cooperation of 3 important breastfeeding organizations in the world – WABA (World Alliance for Breastfeeding Action), UNICEF and La Leche League International (LLL). Now there are more than 500 breastfeeding peer counselors throughout Malaysia, including Sabah and Sarawak.

It is not the number of Breastfeeding Peer Counselors we have trained that is important, but the quality of our program. Each peer counselor is effective and credible in the roles they play in our society. It is for this purpose that our trainers have continuously revised the program to improve its training modules and its delivery method to ensure it is easily understood and put into practice by its graduates.

We in the MBfPCA have been very lucky in this respect. This year we have again made history as Global Health Media Project (GHMP) selected us as an implementing partner. GHMP is an international...
organization that has produced various health educational videos. As an implementing partner, GHMP has given us the privilege of testing its latest educational products on its breastfeeding series. In this special project, as many as 38 members have been trained for 2 months. This gives our training sessions which have been ongoing for the past 6 years, a breath of fresh air.

Dear ladies and gentlemen, I hope that after the Convention, all participants will benefit from the knowledge shared by the panel of expert conference speakers. It is my hope that the knowledge gained will be practiced and internalized to improve existing practices.

I sincerely hope that our brief meeting here at the convention will help us know each other better and recognize the different roles that we play according to the theme of this Convention: “Embracing Your Role, Knitting Our Network, Normalising Breastfeeding.” Let this convention seal a permanent relationship to support, promote and protect breastfeeding in the future.

Finally, please accept 2 verses of my poem (in the Malay Language)

Berburu ikan di bukit batu, tidak kusangka terjumpa kangaroo,
Ilmu bukan hanya di buku, juga dari pengalaman dan para guru.

Rupanya ada si kura-kura, besar dari seekor labi-labi.
Gunanya ilmu tiada terkira, bekal manusia di atas bumi.

English translations below:
Hunting fish in mountain stone, never expected a kangaroo,
Knowledge is beyond books, from experiences and guru too.
Looks like there're smaller tortoise called labi-labi
Knowledge use is uncountable as long as man on earth be.

Nor Kamariah Mohamad Aliwi, IBCLC, is the mother of 3 daughters. She is the founder, in 2004, of SusuIbu.com, a breastfeeding support centre where she works as a lactation consultant. Since 2012, she has been the President of Malaysian Breastfeeding Peer Counseling Association (MBfPCA). She actively participates in creating breastfeeding awareness for the public, establishes breastfeeding support group activities and ensures breastfeeding protection in Malaysia.

Nor Kamariah’s original speech in Bahasa Melayu (Malay Language) is available at http://malaysianbfpc.org/prisma2015/speakers/nor-kamariah/
For articles from the PRISM Convention 2015 see https://www.facebook.com/KonvensyenPRISMA2015
Email: kamariah@susuibu.com

6. Global Health Media Videos on Health Care

Global Health Media’s vision is to improve health care and health outcomes in resource-poor areas by developing videos that “bring to life” basic health care information known to save lives. There are many videos on breastfeeding which provide a simple and effective solution to help health workers and communities gain the knowledge and basic skills that can save people’s lives. These videos include breastfeeding positions, breastfeeding in the first hour, expressing breastmilk, knowing if baby is getting sufficient milk, breastmilk storage, helping a breastfeeding mother and many more.

The videos are available in English, Spanish, French, Swahili, Nepali, Lao and Khemer. See http://globalhealthmedia.org/portfolio-items/increasing-your-milk-supply/?portfolioID=5623
http://globalhealthmedia.org/portfolio-items/early-initiation-of-breastfeeding/
MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

Editors’ Note: No 7, 8, and 9 are stories submitted by Dr. Prashant Gangal. Thank you Dr. Prashant.

7. Radiologist Mom
Dr. Pradnya Kedar, India

During my pregnancy I listened to pre-delivery counselling lectures by Dr. Gangal and his breastfeeding support team. However, within hours of delivery I was skeptical about breastfeeding successfully. I was struggling to position and calm my crying baby. Thoughts of less milk (“Universal Question”) started creeping in and innumerable suggestions, including bottle feeding from the elders, confused and depressed me further. My training as a doctor (which I think was quite inadequate) did not shield me in these troubled waters. Fortunately, however, I settled well in a couple of days.

I started offering food after exclusively breastfeeding for 6 months. I returned to work when Ananya was 8 months old. I was quite stressed about continuing to breastfeed after returning to work. However, counselling from Dr. Gangal’s team was extremely helpful and taught me the art of expressing and storing breastmilk. My mother-in-law was also extremely supportive and she cared for the baby and fed expressed milk, along with other foods in my absence. Unfortunately, I could not store milk at my work place. However, I made it a point to express breastmilk at my lunch break to keep up my milk supply.

When I arrived home, I would breastfeed my baby and continue through the night till the next morning. When my daughter was 2 ½ years old, I started my post-graduate in Radiology and my work-schedule got even more difficult. Although Ananya was eating well during the day, I continued to breastfeed at night partly to compensate for my day time absence and also because Dr. Gangal had informed me that breastfeeding is useful even beyond the second birthday. At times it was tiring and frustrating, but my hard work, perseverance and support from my family paid off. I felt very satisfied that my baby was getting adequate nutrition and her weight was progressing well on WHO Growth Charts.

Today my baby is 5.5 years of age and she is doing quite well. I have almost stopped breastfeeding but occasionally my baby asks to breastfeed at night and I feel no inhibition in continuing this bonding. As a mother, I feel proud and feel immense pleasure that I have successfully breastfed my baby in spite of the need to continue with my job and studies. I am fully satisfied that I gave her the nutrition which was meant for her and that I DID NOT BOTTLEFEED her. I am very thankful to Dr Gangal and his team who gave such wonderful support and guidance that I could achieve this goal. Being a doctor myself, I could understand the importance and physiology behind lactation and that partly helped me to achieve this goal. The take home message is that working mothers can successfully breastfeed their babies. What is required is the will to do so, hard work, perseverance and appropriate lactation counselling.

[Weight for Age Chart for Ananya]
8. My Breastfeeding Journey
Regina Jacob, India

I am Regina Jacob, mother to Alisha, my 16 month old daughter, who is the sunshine in our lives.

My pregnancy was a comfortable one with only the initial 4 months of morning sickness. After that, my pregnancy was smooth sailing. I started reading about breastfeeding when I was pregnant. I was completely convinced about the benefits of breastfeeding.

When Ally was born on 22nd March 2014, immediately after the delivery, the Doctor placed her on my chest and it was the most heavenly feeling ever. A lactation consultant taught me how to feed and luckily Ally latched on correctly from the first time. I was concerned in the initial 2 days, since she would wake up and cry. I feared that my supply was not sufficient.

However, the hospital staff were a great support and did not feed her formula. I have heard from other friends that this is a practice in other hospitals. Once I was discharged on the third day, I came home and continued feeding with the help of a feeding pillow.

When we went to consult Alisha’s pediatrician, Dr. Gangal, on the 19th day, I was surprised to note that her weight increase wasn’t satisfactory. Dr. Gangal’s team of lactation consultants asked me to demonstrate my method of feeding and taught me the right way to feed Ally. After that, my breastfeeding journey was smooth sailing.

Another crossroads and decision making I encountered was when I had to return to work when Alisha was 4 months old. I wanted to exclusively breastfeed her for 6 months but couldn’t give up on work too! Dr. Gangal suggested that I try to extend my leave for another month. So I thought I would give it a try. To my surprise, my company and managers supported my decision and agreed to let me extend my leave. Thus, I had managed to get 1 more month to exclusively breastfeed Alisha. :)

Then at 5 months, I wasn’t sure how I would continue to breastfeed her. Dr. Gangal suggested I read a book named Hirkani’s Daughters. The book inspired me as there were many examples of women who managed to feed their baby, even with really hectic jobs. Armed with this knowledge, I purchased an electric pump and started to build my supply of breastmilk and it was my best decision ever!

When I started work, Alisha would be at my mother’s place, and my mom would feed my milk to her. It was not at all easy, as I would pump in the morning, at office and feed her through the night. It was physically challenging. There have been many times when I would think about quitting and taking the easy way out. But when I remembered that I was feeding my daughter my breastmilk instead of formula, I decided to continue. I cannot thank my husband, mother, father and family enough for encouraging and motivating me throughout. The pleasure that I experienced when Ally was comforted through breastfeeding and the love I experience when she is cuddled to me is something that cannot be described in words.

I have felt a lot of peer pressure from friends who tell me it is convenient to formula feed and you can plan your day easily, go out, travel etc. I am relieved that I am breastfeeding her since I realise that breastfeeding is far easier than warming milk at night, sterilizing utensils etc! Travel is also convenient with a breastfeeding baby. There is no need to carry anything additional. Alisha is 16 months old now and our journey continues! I am hopeful that we will be able to continue in this journey until she turns 2 or she decides that she has had enough of Mumma’s Duddu!

9. Mother’s greatest gift!
Shubhada Chaukar, India

My daughter is 15 years old, in her mid-teens. I am happy that she is yet very close to me emotionally. Whenever she is upset or tired, my hug changes her mood. She shares all her feelings with me. Many of her teenaged friends are not close to their parents, considering they (the teenagers) are old enough. But my daughter doesn’t enjoy being emotionally away from me. Her IQ (Intelligent Quota), EQ (Emotional Intelligence) and SQ (Social
Intelligence) and academic performances are excellent. This, I feel, is thanks to my breastfeeding her until she was 3 years old.

How and why did I do so? The thought itself takes me back to when I was breastfeeding her. When she was 3-4 months old, I came in contact with Dr. Prashant Gangal and the BPNI-Maharashtra team. I also translated BPNI’s breastfeeding manual from English to Marathi*. It was then that I learned of the benefits of breastfeeding for physical health, emotional development and bonding. This made me determined about breastfeeding her longer. I gave her breast milk for more than 3 years till she entered kindergarten.

I had read about breastfeeding during my pregnancy. I fed her completely till she was 5 months old, without even a single drop of water. Then I thought she had to start weaning since I was returning to work. I was a journalist with long working hours. It would have been very difficult to breastfeed her once I resumed work. But I was lucky to get the timely counseling of Dr. Prashant Gangal. He suggested that I talk to my Management and seek concession in my working hours. Initially I was reluctant, thinking it would be considered as taking advantage of motherhood. But after talking to Dr. Gangal, I was convinced that such a request was for the baby! That also reminded me of a famous saying of John Kennedy – “Children are the world’s most valuable resource and its best hope for the future.” Thus, I wrote to my Management seeking permission to work for half time for another 3 months, to be able to breastfeed my baby. To my surprise, I got the permission easily! The trust I had built for almost 9 years since I had started working for the leading newspaper paid off!! Thus, I worked part-time for another 2-3 months which helped me continue breastfeeding my baby for at least 4 times a day till she was 9 months old. Even after starting full-time work, I would breastfeed her twice a day. And bed-time breastfeeding continued until she was 3 years old. Dr. Gangal asked me to send my success story to La Leche League for an International Book Project. To my surprise, it got published in the Book- HIRKANI’S DAUGHTERS. This book is a compilation of inspirational stories written by mothers from around the world who continued breastfeeding while working.

Now that I am the proud mother of a daughter approaching ‘Sweet 16’, I feel—“Breastfeeding is a mother’s greatest gift to herself, her baby and the Earth.”

* Marathi is an Indian language spoken mainly in the state of Maharashtra, India.

10. Breastfeeding My Triplets Exclusively and Going Beyond
Alyssa Sheedlo, USA

Shortly after celebrating the news of the miracle of the 3 babies growing inside me, my mind shifted to the logistics of having triplets. How will I hold all three? How many diapers will we go through? How are we going to fit three cribs in one room or three car seats in our car? And how will I be able to feed all three infants? As a WIC (Women, Infant and Children) dietitian I was very knowledgeable about breastfeeding benefits and wanted to do as much as I could to make breastfeeding work with my babies. Initially, I set a small goal and had the mindset that we would try it and see how it went but not put pressure on myself to provide 100% breast milk for them. I didn’t know if they would be very premature like the doctors warned, or if they’d be able to latch right away, but when it was time to deliver them at nearly 36 weeks I thought we might have a shot at it.
On July 24, 2014 God blessed us with 3 perfectly healthy baby girls that had no medical conditions or short comings at birth. As soon as I was able to in the recovery room from my cesarean, I began our first feedings, laying each tiny baby on my chest and, to my surprise, they all latched on without any difficulty! During our four day stay at the hospital, we didn’t run into many problems at all. I began pumping after the feedings to increase my milk supply. Another initial goal of mine was to avoid bottles in the first month at least. However, after telling as many nurses and staff members as I came into contact with before delivery not to give the babies bottles, they failed to listen to my request and provided each of them one ounce (29.57 ml) while they were transferring me up to our room. At that point I was angry and upset that they didn’t listen to my request as their mother and feared that they wouldn’t want to go back to the breast. Thankfully, as soon as they got to my room we started feedings again and I continued to pump extra for them. I again didn’t want to offer bottles, but was pressured by nurses and doctors until regretfully, I gave in and allowed them to feed some pumped milk and a small amount of formula despite them transferring milk well, gaining adequate weight and having frequent feedings at the breast.

When I returned home with the babies on day 5, I contacted a certified lactation specialist to help determine how the babies were doing with feedings. She brought in a baby scale for pre and post feeding weights and assessed latch and milk transfer and helped me to determine that the babies were receiving plenty of milk at the breast and that supplementation was not necessary at that time! I was able to rent a hospital grade pump through my insurance to help store milk for when I returned to work but while I was home with them on my maternity leave I completely breastfed them. Feedings were on demand, but having 3 babies meant when one wanted to eat, the others would be offered to feed at that time as well. The babies slept in a crib together in our room for two weeks, then transitioned to elevated single sleepers on each side of our bed with one still in the crib in our room. My husband (or family members who stayed the night for the first few weeks) changed diapers and then brought the babies to me for feedings. We would start with the “squeaky wheel” as my husband and I put it, and offer the breast first to the baby that was most hungry and double feed with baby #2 at the same time. After #1 and #2 were finished on one breast each, baby #3 would breastfeed on both sides for the most part, but would sometimes be satisfied with just the one side as well. This turned into their own sort of self-made schedule while I was home during maternity leave for the first 10 weeks.

After 8 weeks, my employer allowed me to come back to work part time and ease into my regular full time schedule until my allowed 12 weeks was taken. Working for the Women, Infant and Children program, I found my supervisors very supportive of allowing me the time and space I needed to pump for the babies while at work. I was fortunate enough to be surrounded by breastfeeding peer counsellors from our program and my supervisor was also an IBCLC, which allowed me to get any questions I had answered sufficiently and relieved any fear I had when it came to pumping and producing enough milk. At work, I was never questioned about how much time it would take me or for how many months I would continue to take time out of clinic to do this. In fact, our organization even made a policy to allow pumping moms to pump during work time and pay them for whatever time it took. Of course, I respected the time allowed and had a routine to quickly set up and have extra clean equipment so I didn’t disrupt the work day too much. I continued using my hospital grade pump during their typical feeding times then breastfed them when I was at home with them. This ended up being surprisingly successful as well. I was able to produce more than enough while pumping and keeping a good storage of extra milk for them. At one point, I had an excess of at least 1,000 oz (29.57 liter) of frozen milk. At that point, I began offering some every couple of months to a friend with an adopted baby who wasn’t ever breastfed.

At 6 months, I introduced solids to the babies and they took them wonderfully. They quickly began progressing and feeding themselves fruits, vegetables, whole grains and meats and continued to breastfeed without any milk supplementation. Now, here we are just after their first birthday and besides a few (unwanted) bottles of formula in the hospital, our tiny babies have grown into chunky, healthy toddlers with the help of the best nutrition I can provide for them – breast milk.
I cherish the moments I am breastfeeding my babies and adore the bond I’ve created with each one of them. I recently took a course to become a certified lactation consultant as well and am glad I can better serve my clients and friends I encounter who are breastfeeding their babies.

Alyssa Sheedlo lives in the suburbs of Chicago, Illinois, USA. She is married to Jacob for 6 1/2 years and works for WIC (Women, Infant, Children nutrition program that promotes healthy eating for pregnant and postpartum women and children up to age five and also promotes breastfeeding). She has been working there for 2.5 years now. She is a Registered Dietitian and now Certified Lactation Counselor through ALPP (Academy of Lactation Policy and Practice).

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11. Giving Birth and Breastfeeding after Breast Cancer
Maria Carrasquilla, Mexico

Becoming pregnant at 44 years old after having breast cancer was the most beautiful thing that could have happened to me. Seeing a cell of life developing within my body after having seen abnormal cancer cells, restored my faith in many ways. It was then, however, that my worries started on how I would fully breastfeed my son.

I never was a breastfeeding fanatic. I have an older son whom I breastfed for four months and my daughter whom I breastfed for 7 months. In both cases, I mixed fed using formula. I wasn’t into breastfeeding, as I only did it because I considered it my duty. I never looked for information nor investigated further on this practice, nor did I enjoy it. The pediatricians did not encourage me on this issue. One even responded, when I asked how long I should breastfeed my daughter, it depends on how far I wanted my breasts to sag.

I had heard of La Leche League (LLL) but had the idea that it was a group of women who were too involved with motherhood. I had always felt I was a strong feminist, independent, loved work and saw the questions of raising children as another bondage imposed by the male society. But life is a great Teacher and puts us where we need to be to learn something that we require. It is true that I had a lot to learn about breastfeeding, my body and its value, about being a woman and in this era. I had almost graduated as a mother yet, in breastfeeding, I saw myself a student like other first time mothers.

The support that LLL has given me is invaluable. When I approached them, worried that I would not be able to feed my baby with only one breast, they showed me it was possible with patience and love. Today my son Eliam Santiago, and I have arrived at 15 months of breastfeeding without using formula most of the time (only for a brief period of mixed breastfeeding between the second and the third month which we overcame thanks to the LLL Leaders). We are going for more, a wish for natural weaning. The oncologists on the other hand would like me to quit breastfeeding on the basis that my son is already “big.” However, I hope to breastfeed my son as long as he needs. I wish that my (one and) only breast continues to fill with honey, magic and of life.

I have learnt far more than breastfeeding. I developed a new meaning of being a mother. I have abandoned the myths and am strengthened as a woman. Finally, the cancer that took away one breast gave me a better insight with a new understanding of life’s longing which accompanies me always and the obstacles I have to face. Now, I only have to thank deeply the support that women like Angélica and Alejandra gave me which, without them, none of this would be possible.

Maria Carrasquilla Ospina from Mexico shared her experience through Angélica Torres a LLL Leader in Mexico.
12. The Unexpected Journey
Georgina Van Winghem, UK

First feed – ten minutes young.
An unwritten story seconds begun.
Matted hair, wrinkly skin.
As one until the cord was still.
Five days old. Swollen. Burning.
You and I – we’re still learning.
Tearful days, long nights.
But through the tunnel, we see light.
Six weeks old now, growing stronger.
Where’s my milk to calm your hunger?
At the breast is where you’re happy;
Enough milk! A yellow nappy.
Three days have passed without me knowing;
Time escapes us and you keep growing.
Fluffy hair, skin like silk;
Twist-on wrists, high on milk.
Half a year has passed since you arrived;
Drinking my milk, you’ve blossomed and thrived.
Now you reach for food on my plate,
Leaving you (and the floor!) in a terrible state.
How did this happen? It’s been one year!
“She’ll be breastfeeding ‘til five!” is the general fear.
A wriggly bottom, a finger in nose;
“Relax” I say, “we’ll see how it goes”.
Eighteen months old and here we are.
I never believed we’d make it this far.
Life never works out the way you intended,
So for now this is us ~ a journey extended…

Georgina is 28 years old and lives with her husband and two children in Durham, England. She is passionate about normalising natural-term breastfeeding in a place where breastfeeding rates are one of the lowest in the UK. She writes frequently about breastfeeding on her blog, kohlma.com.

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

FATHER SUPPORT

13. Five Ways Partners can Support Breastfeeding Moms (A Dad’s Perspective)
Danny Pitt Stoller, USA

When I read articles and stories about breastfeeding, I frequently come across the comment that breastfeeding leads to a diminished role for the dad. After all, if only Mom can feed the baby, how will Dad get a chance to bond with his child? This comment always surprises me because my experience wasn’t like that at all. I have two sons, and both of them breastfed. (They subsisted exclusively on breastmilk for
the first six or seven months, and continued nursing for a significant period after solid foods were introduced.) But
at no point did I ever feel excluded, nor did I feel I had a lesser or unimportant role in my children's lives.
I'm certainly not the perfect dad, but I think I was successful at finding ways to stay involved during the period
when my children were breastfeeding. Here are five of them. (Please note that, while I am drawing on my own
experiences as a father, these same points apply to partners regardless of sex, gender identity, etc.)

1. Bonding with baby

When I was home with my first baby (I took time off from work during the early weeks), I was holding him virtually all of the time. I wore him in the baby carrier, holding him close against my body as I did chores around the house, rocked him to sleep, napped on the couch with my son lying on my chest.

During this period, the baby was exclusively breastfed so I had no role in feeding. Nevertheless, the closeness and physical bonding between us was constant. I would hand him off to Mommy just when he was hungry, and he would nurse. Although he nursed almost constantly at the very beginning, soon there would be a couple of hours between nursing sessions so there was plenty of play time with Daddy!

There were phases when the baby would get very fussy in the evenings. He would cry at the breast and get too worked up to breastfeed. My walking and rocking him would help him calm down, and he'd be more ready to nurse.

As he got older, we developed a bedtime ritual that included both mom and dad. I would walk him in the carrier to get him ready for sleep (I had a special Daddy walk that always made him drowsy) – after a while he would mumble, “Mommy milk” or just “Mama,” and then I would lay him down on the bed to nurse.

2. Tending to Mom (and the house)

Apart from bonding with the baby, you can support breastfeeding by helping make sure Mom's needs are met. Nursing moms can get extremely hungry and thirsty. You know how pregnant moms frequently comment that they're “eating for two?” Well, nursing moms are eating for two as well! When the mom and baby are comfortably positioned on the couch or in an armchair, it is a major inconvenience if Mom has to get up and fix herself a meal. Frequently bringing her food and drinks can be an important way of helping the breastfeeding happen.

Along the same lines, there are a thousand things to do around the house and, ideally, the new mother shouldn't have to think about any of it. If you're a dad who does fifty percent of the housework, you probably think you're doing a pretty good job; but in this case, fifty percent won't cut it! When the baby is nursing, that's a great time for you to pick things up off the floor, do the laundry, wash the dishes. Run to the store for diapers, groceries, whatever. Errands and household chores may sound trivial – but they're not. Taking care of these things is what makes it possible for the mother to do what she's doing.

3. Advocating for Mom – at home

In the early weeks and months, you may have a lot of visitors. Friends and relatives want to see the new baby! That's great, but remember that the mother is recovering from the major event of birth, and adjusting to her new life as a mom. She probably doesn't want to jump up and play hostess, and she may not want visitors at all. Even relatives who come to “help” are probably going to be less helpful than they think. I'm not saying you should reject all offers of help, but you need to check in with your partner before you invite the whole tribe to come and spend the
afternoon — and you need to say no to things when she feels too overwhelmed. Listen to her feelings, protect her privacy and respect her need for a quiet space.

Also, breastfeeding itself is a hot topic and (as we all know) everybody has an opinion. Your father, mother, sister, brother, her best friend, etc., are probably going to tell you what they think (about how long to nurse, how often, when and where to do it, etc., etc.). That’s fine, but don’t let extended family interfere with your family’s process of making decisions. Never let the new mother be pressured, shamed, judged or bullied into any choice about parenting. Be her advocate. When she feels too tired or too overwhelmed to speak up, you need to be the one who has listened to her and can speak on her behalf.

4. Advocating for Mom — in public

Public breastfeeding. This is a topic unto itself and, again, everyone has an opinion. The fact is, during some phases (for instance, a growth spurt) infants feed almost constantly. So if the mother is going to leave the confines of home at all, that baby will need to nurse. (And no, not all babies will take a bottle.) It is the mother’s right to nurse her baby anywhere, anytime, and she needs to do it in the way that is most comfortable—covered or uncovered, according to mom and baby’s preference.

So what is the partner’s role here? Again, you need to advocate for mom. If she is feeding the baby in public, there is a chance she will be bothered or harassed by someone (it happens all too frequently). The mother in this situation may feel vulnerable or even embarrassed, and you can make it your job to stand up for her. Make it very clear that she is within her legal rights, and that interfering with her is a form of harassment. (I hope it’s clear that I’m not saying you should speak for her when she’s perfectly capable of speaking for herself! But there may be moments when she wants a partner to do the talking.)

There also will be moments when she wants to be extra discreet (for instance, if she notices someone staring). You can create a wall of protection by sitting right beside her. (Not that she needs to be discreet, but in certain cases this may be what she prefers.)

5. Supporting the breastfeeding relationship

So you are her advocate within the family, within your circle of friends, and among strangers in public. Here comes the sensitive part. You need to be her strongest advocate and biggest supporter, even when there’s no one else around. You can support what she is doing just by having a positive, healthy, encouraging attitude about breastfeeding.

I’ve talked about the way moms can be bullied or shamed by people they know, and by strangers in public. Unfortunately, sometimes the shaming and the judgment come from the woman’s own partner. Not all dads are fully supportive of breastfeeding, and this can be a real obstacle to making it work. If the dad harrumphs, rolls his eyes, or just zones out whenever the mom is nursing the baby, how will mom feel? How can she be confident that he’ll give her the moral support to get through any challenges that may come?

Some dads actually feel threatened by breastfeeding. The father may feel that the baby has somehow replaced him, that there are no more special cuddles for him, that his partner’s body—her breasts—have transformed, from a source of sexual excitement to… something else.

Well, it’s true that things will change, at least for a while. After nursing all night and day, there’s a good chance the bleary-eyed mom won’t want to be touched right now. But don’t fear. Remember, it’s your child that is getting all this love and attention and nourishment. Feel reassured and happy that your precious child is getting the best your family can provide.
And you're hardly being replaced. This is an opportunity for you to step up and be an amazing husband and father; if you do, you will be more important to her than ever. And as for those special cuddles between you and your partner – don’t worry, that will come back too. If you focus on being her partner and her unwavering advocate, your relationship (including the romantic part) will almost certainly deepen and blossom.

* * * * *

As I've said, I am not perfect. (I could definitely take some of my own advice regarding housework!) There's no such thing as a perfect mom or dad. But I feel proud of the ways I've helped care for my children, including the ways I have supported breastfeeding.

One of the things that helped me was having a great role model. My own father has shown me how wonderful a loving, nurturing dad can be. What makes me proudest of all is the thought that I am passing this on to my own two sons, raising boys with healthy attitudes about love and nurture, men and women, and how all of us as a family can support each other.

Danny Pitt Stoller teaches English and drama at a public high school in New York City. His wife, Wendy Wisner, is a lactation consultant who frequently writes about motherhood and breastfeeding. They live in New York with their two sons. Connect with Danny on Twitter (@danny_anno).

Editors’ Note: Article above was published in http://www.thebadassbreastfeeder.com/5-ways-partners-can-support-breastfeeding-moms-a-dads-perspective and is reprinted with permission from the author.

14. No formulaic stand on breastfeeding
Ernest Prakasa, Indonesia

Take one part funny man and one part dedicated father who knows what's best for infant health, and you have Ernest Prakasa, the first Indonesian comic to tour across the country. In April 2011, Ernesto and 7 friends established Ayah ASI, Indonesian Breastfeeding Father’s Initiative, to courageously battle the corporations forcing baby formula products on consumers and violating ingredient regulations.

Ernest and Ayah ASI also educate parents that breastfeeding is not only more nutritious for the baby, but it offers an important bonding. They have published the book Catatan Ayah Asi, now in its third printing. Watch the video where Ernest Prakasa talks on No formulaic stand on Breastfeeding at https://www.youtube.com/watch?v=qioqB7IKRII&feature=youtu.be published on 26 Jun 2013.

15. Give Dad His Due
Peggy O’Mara, USA

Men don't get enough attention during pregnancy and early parenthood. Expected to be the tower of strength for their partners, new fathers are, in fact, having their own unique and challenging experience.

Anthropologist E. B. Taylor used the term couvade to describe the cross-cultural rituals that men enact during their women’s pregnancies. In Papua New Guinea, for example, fathers build a hut at the outskirts of the village and mimic labor pains until the baby is born. Fathers in modern times develop pregnancy symptoms: weight gain, hormonal changes, disturbed sleep, and morning nausea.

A 2006 study showed that dads can get mixed messages during pregnancy. While the father’s participation in pregnancy and childbirth may be encouraged, the father often feels that he’s in the way. The pregnant father can also feel marginalized by childbirth education classes that focus only on the mother’s experience; he would benefit from preparation for birth and parenthood that is more male-appropriate. The mother’s superior position to the newborn baby, although natural and expected, can be stressful for the father; and while he supports breastfeeding, it may make him feel inferior.
According to a 2012 Australian study, Dads also experience postpartum depression (PPD), even at a slightly higher rate than do moms. Dads under 30 have a 40% higher chance of PPD.

So, let’s stop patronizing dads and give them our support; we sure do need theirs.

The above article was posted on June 15, 2015 by Peggy O’Mara in Living Well, Natural Family.
http://www.peggyomara.com/2015/06/15/father-in-his-own-right/

16. Defining My Role as a Breastfeeding Father
André Vitor Sica de Moraes, France

I am 30 years old and the father to Sandro, a high needs baby, who’s full of life, and is now 14 months old. Although I had been longing to have a child for a long time, my wife and I had never exactly discussed childbirth or breastfeeding. However, we heard beautiful stories from my Brazilian family especially from my sister who is raising her daughters in a beautiful manner that made sense to us: natural childbirth, breastfeeding on demand, respecting and listening to the children.

When my wife got pregnant, we thought about what we would like for our birth plan and the first months of our baby. We had this great midwife for the pregnancy follow-up who comforted us in our choices. I was also able to take part in discussion sessions for future fathers at our maternity hospital in Paris. I greatly recommend such groups as having these talks between men helps one in speaking more freely. Future dads are often worried about breastfeeding and the possible challenges faced in their roles as fathers. How to bond with their child, if s/he spends so much time with his/her mother?

As soon as he was born, Sandro learnt to suckle (breastfeed) like a king. We had heard so many stories of difficulties and problems during breastfeeding that we were prepared for the worse. But eventually everything turned out fine naturally. I had such a strong desire to spend time with my child, to establish a bond with him. I remembered the words of our midwife: “a baby needs to eat, to sleep well and he also needs contact with his parents”. I did everything I could to provide him with what he needed to establish this bond. I cooked for my wife; I made her herbal tea when she was breastfeeding. We tried several baby carriers and we enjoyed carrying him in a wrap around sling so much! We took baby massage classes and every evening, I would give him a massage and it was a very beautiful and special moment for us. I bathed him very often from the start in a shantala tub. All these moments have helped us forge an everlasting bond. As far as sleep is concerned, we simply bought a larger bed and decided to co-sleep. Even when his mother would breastfeed him to sleep, he would sleep with us and the bond would still be there. It is so much easier than having to wake up in the middle of the night and prepare a baby bottle!

Today, Sandro is 14 months old and continuing to breastfeed. The lesson I learnt over these last 14 months is very clear to me: breastfeeding isn’t a factor that changes the bond between fathers and their children. The reasons are elsewhere: fathers need to learn to give their time, to think about the father they want to be, and about what kind of legacy they wish to leave for their children. This for me is one of the best ways to accept the impermanence of life and to leave a part of ourselves in this world.
André, 30 years old, Franco-Brazilian, lives in Montpellier, South of France. His wife, Lisa, takes an active part in the La Leche League meetings of Montpellier, and his sister is a former La Leche League Leader in Brazil.

Editors’ Note: The above article in French was submitted to Herrade Hemmerdinger who translated it to English.

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

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

In October 2006, in Penang, Malaysia, the WABA Men’s Initiative was born. To learn more about how you can be involved, please contact the Coordinator of the Men’s Working Group (MWG) James Achanyi-Fontèn <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  bveins@hotmail.com
Latin America & Caribbean  Arturo Arteaga Villaroel  arturoa36@hotmail.com

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

BREASTFEEDING ADVOCATES – Past and Present

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

In this edition we would like to honor ALL BREASTFEEDING MOTHERS WORKING from and out of home, in formal and informal sectors. The stories from some of these many mothers appears in Breastfeeding Mothers Relate their Experiences above.

17. Peggy O’Mara, Editor and Author Supporting Breastfeeding

Peggy O’Mara was the Editor and Publisher of Mothering Magazine from 1980 to 2011. In 1995 she founded mothering.com and was its editor-in-chief until 2012. Peggy’s books include Natural Family Living, Having a Baby Naturally, and A Quiet Place. She has presented at Omega Institute, Esalen, Bioneers and La Leche League International.

She is the recipient of the La Leche League International 2001 Alumnae Association award, the International Peace Prayer Day 2002 Woman of Peace award, the National Vaccine Information Center 2009 Courage in Journalism award, the
Holistic Moms Network 2013 Lifetime Achievement Award, and five Maggie Awards for public service journalism from the Western Publishing Association.

Peggy is on the advisory boards of Attachment Parenting International, Best for Babes, Holistic Moms Network, Infant Massage USA, Intact America, and Oak Meadow. She is the mother of four adult children and grandmother of two. Peggy has lived in Santa Fe, New Mexico, USA for 30 years.

http://www.peggyomara.com/about-me/

Note: In the Vol. 14, No. 1 issue of the MSTF e-Newsletter, we will be honored to include an article, written by Peggy, on her experiences in personally breastfeeding and on her work in promoting and supporting breastfeeding.

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

NEWS FROM THE BREASTFEEDING WORLD

18. Three Hundred Mothers Breastfeed at Launch of Awareness Video

In conjunction with World Breastfeeding Month in August 2015, The Breastfeeding Advocates Network (TBAN) unveiled the first BFriendly Breastfeeding Awareness Video at the Gift of Love Charity Event organised by TBAN in Subang Parade, Kuala Lumpur, Malaysia. The video was unveiled after the TBAN Big Latch where 300 mothers gathered to breastfeed together as a symbolic support to normalise breastfeeding in the Malaysian society.

The ceremony was launched by Subang Jaya assemblyman Hannah Yeoh and World Alliance for Breastfeeding Action (WABA) chairperson emiritus Datuk Dr Anwar Fazal together with the four TBAN administrators, Gina Yong, Ashley Ho, Daphne Lee and Felicia Suah. The Gift of Love Charity Bazaar was a two-day event held to raise funds for the production of the BFriendly video, other breastfeeding promotions and activities for the Malaysian community. The objective of the video is to raise awareness that anyone and everyone around a breastfeeding mother can easily provide support in their small way to smooth her breastfeeding journey. The video challenges the audience to think of the many ways they can offer support to breastfeeding mothers.

This volunteer project was spearheaded by Ayuni Zainuddin in 2013, after representing Malaysia in The World Breastfeeding Conference in New Delhi, India. She was highly inspired and motivated to do something to give back to the community. She convinced TBAN administrators and mothers who have breastfed and those who are still breastfeeding their children to become involved. They all met in TBAN, a Facebook support group to help breastfeeding mums. They became friends and have worked together on a few breastfeeding-related volunteer projects like the KLCC Flash Mob in 2012 and breaking the Malaysia Book of Records for Most Number of Mothers Breastfeeding Simultaneously in 2013.

Together they formed the BFriendly Team and decided to produce a video. They chose a video that year as there were not many videos to promote breastfeeding awareness due to the high budget involved. How did seven mothers (mostly stay-at-home mums) produce a video with no funding? After almost three years of grueling efforts such as doing market survey, engaging agencies and raising funds via crowd funding in Indiegogo and TBAN’s The Gift of Love Charity Bazaar, the BFriendly Team finally got the video out ahead of its targeted deadline.

Ayuni hopes this project will spur others to champion more campaigns to promote breastfeeding awareness. “We hope other advocates will be empowered to carry on breastfeeding work in the mass media to ensure that mothers and families know support is just around the corner.”

“Breastfeeding is everybody’s business. It takes a village to raise a child, and it should start with the encouragement and support to breastfeed,” says Yong. She hopes that younger generation parents will see breastfeeding as the most natural choice for their babies.
The 30-second video depicts three mothers who receive support in different forms that make their breastfeeding journey easier.


19. Inter-American Development Bank Encourages Breaking Breastfeeding Taboos in Public
Carmen Fernandez Sanchez, Spain

In line with World Breastfeeding Week 2015, celebrated from the 1st to the 7th of August, the Inter-American Development Bank (IDB) launched a campaign in the social networks to break taboos and to encourage mothers to be proud of (their) breastfeeding. In Latin America, the percentage of exclusive breastfeeding in the first six months of life, where a baby feeds only on breastmilk, is very low.

Although benefits of breastfeeding are widely acknowledged, according to UNICEF only 40% of mothers worldwide practice it. In Latin America and the Caribbean it is 37%.

Inter-American Development Bank started the campaign #YoSacoPecho (I breastfeed anywhere, anytime and as I want!) in the social networks to encourage mothers to breastfeed in public, breaking taboos present in many countries today. The twitter account of the Social and Health Division of the bank @BIDgente received photos of proud mothers from more than 11 countries including Chile, Paraguay, México, Argentina and Spain. El País (the global newswnetwork) echoed the campaign which has been applauded in the social networks by institutions such as the Organization of American States, the World Health Organization (WHO), UNICEF Mexico and the United Nations.

The IDB has for many years set up breastfeeding rooms in the workplace for women. It has been proven that, in addition to the known benefits, breastfeeding
contributes to a more productive workforce. This is because mothers of breastfed children take fewer days off from work to care for their children.

To learn about the campaign which has been very successful, see: http://blogs.iadb.org/desarrollo-infantil/2015/07/31/yosacopecho/

IDB gallery: https://www.flickr.com/photos/sclspidb/sets/72157656153797649
El País: http://elpais.com/elpais/2015/08/05/planeta_futuro/1438776917_726682.html

Carmen Fernandez Sanchez is from Zaragoza, Spain. She is a communication specialist in IDB, has worked previously for SER network and the Embassy of Spain in the USA. She has a degree in Journalism from the Universidad Complutense in Madrid, Spain and a Masters in Communication, Public Relations and Protocol from ESERP Business School.
Email: carmenfersan1607@gmail.com

20. Improvement in Long-Term Breastfeeding for Very Preterm Infants
Mary Sharp, Catherine Campbell, Debbie Chiffings, Karen Simmer, and Noel French

INTRODUCTION: The extensive health benefits of breastfeeding preterm infants for both mother and infant have been widely reported. However, establishing and maintaining breastfeeding for very preterm (VP) infants remain challenging. The aim of this study was to examine changes in breastfeeding of VP infants over time.

SUBJECTS AND METHODS: Breastfeeding questionnaires were administered to two cohorts of parents of VP infants (<32 weeks) cared for at the tertiary perinatal or surgical neonatal unit in Western Australia. Of these, 488 infants were included in cohort 1 (C1) (births from January 1, 1990 to June 30, 1992) and 253 in cohort 2 (C2) (from January 1, 2011 to September 14, 2012).

RESULTS: More mothers (96.8%) initiated breastfeeding in C2 compared with those in C1 (65.6%) (p<0.001). Additionally, 41.4% of mothers in C2 breastfed for more than 6 months, relative to 25.8% in C1 (p<0.001). The benefits of breastfeeding were endorsed by more women in C2 (45.8%) compared with C1 (11.4%) (p<0.01). Reasons for stopping feeding remained largely consistent.

CONCLUSIONS: Significant improvements were evident in the initiation and duration of breastfeeding of the VP infant over time. This improvement was associated with attitudinal shifts in mothers about the benefits of breastfeeding.

http://online.liebertpub.com/doi/abs/10.1089/bfm.2014.0117
For correspondence email: mary.sharp@health.wa.gov.au

21. Breastfeeding and Nutrition to 2 years of age and Risk of Childhood Acute Lymphoblastic Leukemia and Brain Tumors

ABSTRACT: Acute lymphoblastic leukemia (ALL) and childhood brain tumors (CBT) are 2 of the most common forms of childhood cancer; but little is known of their etiology. In 2 nationwide case-control studies we investigated whether breastfeeding, age of food introduction, or early diet are associated with the risk of these cancers. Cases aged 0-14 years were identified from Australian pediatric oncology units between 2003 and 2007 (ALL) and 2005 and 2010 (CBT) and population-based controls through nationwide random-digit dialing. Mothers completed questionnaires giving details of infant feeding up to the age of 2 years. Data from 322 ALL cases, 679 ALL controls, 299 CBT cases, and 733 CBT controls were analysed using unconditional logistic regression. Breastfeeding was associated with a reduced risk of ALL [odds ratio (OR) = 0.52, 95% confidence interval (CI): 0.32, 0.84], regardless of duration. Introduction of artificial formula within 14 days of birth was
positively associated with ALL (OR = 1.57, 95% CI: 1.03, 2.37), as was exclusive formula feeding to 6 months (OR = 1.81, 95% CI: 1.07, 3.05). No associations were seen between breastfeeding or formula use and risk of CBT. Our results suggest that breastfeeding and delayed introduction of artificial formula may reduce the risk of ALL but not CBT.

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22. The Influence of Infant Feeding Attitudes on Breastfeeding Duration – evidence from a cohort study in rural Western Australia
 Kylee N. Cox, Roslyn C. Giglia and Colin W. Binns

BACKGROUND: Breast milk is the optimal source of nutrition for infants in the first six months of life. Promoting and protecting breastfeeding is reflected in public health policy across the globe, but breastfeeding rates in both developing and industrialised countries continue to demonstrate that few mothers meet these recommendations. In addition to sociodemographic factors such as age, education and income, modifiable factors such as maternal infant feeding attitudes have been shown to influence breastfeeding duration. The objective of this paper was to describe the influence of infant feeding attitudes on breastfeeding duration in rural Western Australia.

METHODS: A cohort of 427 women and their infants were recruited from hospitals in rural Western Australia and followed for a period of 12 months. Information about feeding methods was gathered in hospital and at a further seven follow-up contacts. Infant feeding attitude was measured using the Iowa Infant Feeding Attitude Scale® (IIFAS), and a score of > 65 was considered positive towards breastfeeding.

RESULTS: Mothers with an IIFAS score of > 65 were approximately twice as likely to be exclusively breastfeeding at six months, and breastfeeding at any intensity to 12 months. The median duration of exclusive breastfeeding for mothers with an IIFAS score of > 65 was 16 weeks (95% CI 13.5, 18.5) compared with 5 weeks for those with a score < 65 (95% CI 3.2, 6.8) (p < 0.0001). The median duration of any breastfeeding to 12 months was more than twice as long for mothers with an IIFAS score > 65 (48 vs. 22 weeks, p < 0.001).

CONCLUSIONS: Women in this rural cohort who had a more positive attitude towards breastfeeding had a longer duration of both exclusive breastfeeding to six months and any breastfeeding to 12 months. Further research examining the breastfeeding attitudes of specific subgroups such as men, grandparents and adolescents in rural areas will contribute to the evidence base and help to ensure that breastfeeding is seen as the normal method of infant feeding.

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* For information on Iowa Infant Feeding Attitude Scale, see http://www.public.iastate.edu/~adelamor/iifas.htm
23. This Is Why Your Baby Doesn’t Sleep Through the Night
Patrick Smith, UK

Patrick Smith interviewed Peter Fleming, professor of infant health and developmental psychology at the University of Bristol, UK and Darcia F. Narvaez, professor of psychology at Notre Dame University, USA and these were the findings why your baby doesn’t sleep through the night.

1. Why do babies wake up? Because they’re supposed to.
2. In fact, nobody really sleeps through the night, even adults.
3. Human babies are born earlier in their development than other animals — they need close contact or an “external womb.”
4. Babies who wake up a lot are actually associated with higher levels of intelligence and better mental health.
5. Babies have a much shorter sleep cycle than adults.
6. Babies need their parents to stay calm, and leaving them to cry seriously stresses them out, even if they’re quiet.
7. Babies sleep through the day and wake up at night to make sure they get your undivided attention.
8. Babies aren’t supposed to be apart from their parents, whether in a separate room or even in their own bed.
9. That’s why co-sleeping is such a popular technique across the world: Babies crave personal contact and can get upset when they don’t get it.

Despite what you might hear, and though it might try your patience, it’s natural for babies to wake in the night.

For the complete article see: http://www.buzzfeed.com/patricksmith/its-evolution-baby?bffb&utm_term=4ldqpgp#4ldqpgp

Patrick Smith is the UK media editor for BuzzFeed News and is based in London.

Contact Patrick Smith at patrick.smith@buzzfeed.co.uk.

Gill Thomson, Marie-Clare Balaam and Kirsty Hymers

BACKGROUND: Peer support is reported to be a key method to help build social capital in communities. To date there are no studies that describe how this can be achieved through a breastfeeding peer support service. In this paper we present findings from an evaluation of a voluntary model of breastfeeding peer support in North-West England to describe how the service was operationalized and embedded into the community. This study was undertaken from May, 2012 to May, 2013.

METHODS: Interviews (group or individual) were held with 87 participants: 24 breastfeeding women, 13 peer supporters and 50 health and community professionals. The data contained within 23 monthly monitoring reports (January, 2011 to February 2013) compiled by the voluntary peer support service were also extracted and analysed.

RESULTS: Thematic analysis was undertaken using social capital concepts as a theoretical lens. Key findings were identified to resonate with ‘bonding’, ‘bridging’ and ‘linking’ forms of social capital. These insights illuminate how the peer support service facilitates ‘bonds’ with its members, and within and between women who access the service; how the service ‘bridges’ with individuals from different interests and backgrounds, and how ‘links’ were forged with those in authority to gain access and reach to women and to promote a breastfeeding culture. Some of the tensions highlighted within the social capital literature were also identified.
CONCLUSIONS: Horizontal and vertical relationships forged between the peer support service and community members enabled peer support to be embedded into care pathways, helped to promote positive attitudes to breastfeeding and to disseminate knowledge and maximise reach for breastfeeding support across the community. Further effort to engage with those of different ethnic backgrounds and to resolve tensions between peer supporters and health professionals is warranted.

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The complete article online is at http://www.internationalbreastfeedingjournal.com/content/10/1/15

Note: A concept analysis of peer support undertaken by Cindy-Lee Dennis (Peer support within a health care context: a concept analysis. Int J Nurs Stud. 2003 329) provides the following definition:
‘The provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population.’ ([2] p.329).

25. The 11th One Asia Breastfeeding Partners Forum
Siti Norjinah, Malaysia

The Breastfeeding Information Bureau and the Malaysian Breastfeeding Association will be the focal point for the International Baby Food Action Network (IBFAN). IBFAN Asia is organising the 11th One Asia Breastfeeding Partners Forum to be held from 2-5 November 2015 in Putrajaya, Malaysia. Participants from 28 countries from the Asian and Oceanic region will attend the Forum. The Ministry of Health and the Ministry of Women, Family and Community Development are providing the technical support.

Every year IBFAN Asia hosts this Forum in one of the countries of Asia. Participants in the Forum include Government policy makers, IBFAN representatives, Breastfeeding advocates, UN agencies and other partners. The first South Asia Breastfeeding Partners Forum was held in 2004 in Bangladesh. Since then it has been held in Nepal, Afghanistan, India, Bhutan, Sri Lanka, Indonesia, Mongolia, Lao PDR and Brunei Darussalam.

This year the Forum will include the GLOBAL INITIATIVE ON MOTHER SUPPORT WORKSHOP co-hosted with WABA. The theme is “Maternity Protection for all Women at Work”.

OBJECTIVES
1. Mother support from every aspect of society – To implement a major programme for mother support and childcare facilities for infants and young children which support and facilitate early and continued breastfeeding which includes the application of the policy of maternity entitlements with the ILO Maternity Protection Convention 2000 (C191). These should include paid maternity leave, two half-hour breastfeeding breaks, flexible work arrangements, childcare at the workplace, facilities for expressing and storing breastmilk.
2. Mothers’ right to supportive birthing practices and maternity care – issues surrounding a mother’s experience of pregnancy and birthing may greatly enhance or totally destroy her breastfeeding effort. Are we meeting a mother’s need for information, support and freedom of choice of this crucial arrival time?

3. Moving the Code: Malaysian Breastfeeding Charter – reviewing the Code of Ethics for Marketing of Infant Food and Related Products; particularly in relation to the massive promotion of formulas for older babies. To upgrade the Code into a Legal Act with adequate monitoring and enforcement including clear violating reporting systems, accessible to the public.

The event will consist of plenary presentations, panel discussions and workshops. Creative exhibits will highlight World Breastfeeding Week 2015 activities by community-based mother support groups and governments from the participating countries.

Speakers are regional and local experts on breastfeeding, natural childbirth, family rights in reproductive health care and community services. They are being invited to present their studies and experiences. See link https://www.facebook.com/OABPF2015?fref=ts

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Siti Norjinah Moin, the focal point for IBFAN is hosting the 11th One Asia Breastfeeding Partners Forum and Global Initiative for Mother Support Workshop in Putrajaya, Malaysia. She is a founder member of the Malaysian Breastfeeding Association (PPPIM), initiator and prime mover of the Baby Friendly Hospital Initiative (BFHI) in 1995, Breastfeeding Counseling Trainer for the Institute of Public Health, Malaysia and WHO/UNICEF BFHI for the South East Asia region. She was the WBW National Chairperson (1992 – 2012) and is the Coordinator of WABA Local Governance. She authored Breastfeeding: The Working Mothers Program, From Mother for Mother, Breastfeeding: The Best Food, Islam and Breastfeeding and chapter author of The 10th Step & Beyond - Mother Support For Breastfeeding. She received for her community work, the Trophy NONA from TV3 and was awarded the “Woman of First” by Universiti Sains Malaysia.

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BREASTFEEDING RESOURCES

26. Tools For Action
   Carolina Global Breastfeeding Institute, USA

Tools for Action include an overview with an introduction, descriptive table of contents, and links to the following sections:

- Background and Research Summary
- Interventions: Projects, Programs and Policies
- Tools and Recommendations for Action
- Additional Resources and Links

BREASTFEEDING AND CHILD CARE: The Breastfeeding-Friendly Child Care Initiative (BFCC) began in 2009 in Wake County, North Carolina, with support from the John Rex Endowment, for the purpose of improving breastfeeding support in child care centers that serve low wealth populations.

BREASTFEEDING AND OBESITY PREVENTION: This toolkit is designed to provide breastfeeding advocates and public health leaders with the information, tools, and resources necessary to reduce the burden of childhood obesity through support for optimal breastfeeding.

BREASTFEEDING AND HEALTH DISPARITIES: The purpose of this toolkit is to provide breastfeeding advocates and public health leaders with the information, tools, and resources necessary to address racial, ethnic, and socioeconomic inequities in breastfeeding in the US.
DONOR HUMAN MILK: The purpose of this toolkit is to provide an overview of the state of the use of donor human milk (DHM) in the United States, identify next steps for DHM research and policy consideration, and recommend other action for advancing best DHM banking practices to support increased access and health equity.

PRENATAL BREASTFEEDING EDUCATION: The purpose of this toolkit is to provide the information, tools, and resources necessary to educate all prenatal women about evidence-based maternity care practices, especially the changes that are occurring with the Baby-Friendly Hospital designation and other related state designations, as well as support for breastfeeding success.

For detailed information on the toolkits, see http://breastfeeding.sph.unc.edu/toolkits/

 Carolina Global Breastfeeding Institute (CGBI) was established in 2006 in the Department of Maternal and Child Health of the University of North Carolina Gillings School of Global Public Health, USA. CGBI furthers statewide, national, and global health through increased understanding and support for breastfeeding, with attention to associated child survival, growth and development, and maternal reproductive health and survival. Our activities seek to promote increased quality of care and create an optimal breastfeeding norm.

27. IBFAN-ICDC launches new Code Monitoring Kit

Code Monitoring is an essential activity of IBFAN (International Baby Food Action Network). Many provisions in the International Code relied on evidence provided by IBFAN reports dating back to 1979 and 1980-81. Monitoring has also led to the adoption of several subsequent WHA (World Health Assembly) resolutions.

Rapid changes in technology, marketing tactics, products, and global trade talks have also changed how companies promote their products and corporate image. ICDC-IBFAN has also changed the way we must monitor now.

ICDC (International Code Documentation Center), the IBFAN office tasked with coordinating Code monitoring for the global IBFAN network, has revised and updated IBFAN’s monitoring protocols. The new Code Monitoring Kit is ready for distribution to IBFAN groups and supporters. The Kit will be launched in Panama City, Panama, on 31 August 2015 when ICDC and IBFAN LAC hold a Regional Code Implementation Course with the support of UNICEF and PAHO.

This 60-page kit guides you on the “why, what, where and how” of Code monitoring. Together with a new Quick & Easy form, it contains 8 questionnaires; including a new section on products and tactics that undermine breastfeeding (although some of them may not be covered in the Code, they should be reflected in monitoring findings to facilitate stronger national measures.)

For monitoring to exert its fullest impact on helping countries enforce measures to protect the health of infants and young children, to combat the relentless marketing tactics, and to build a global monitoring network to hold companies accountable – we need to work within the web of mutual support. We hope this new publication can act as a bridge for collaborative efforts within the network. We rely on our partners to provide monitoring results, so we can reciprocally help countries on successful Code implementation - ranging from lobbying for national legislation, facilitating enforcement, capacity building, to maintaining a sustainable and ongoing monitoring system.

To celebrate this launch, IBFAN groups and supporters who are interested in monitoring will receive a free soft copy upon request. Simply click on the link below to complete the form, so we can send you a free electronic copy. Offer valid until end of 2015. http://form.jotform.me/form/52251066885459

For hard copy purchase, please go to: http://www.ibfan-icdc.org/index.php/publications/publications-for-sale
28. Milky Moments
Ellie Stoneley, United Kingdom (UK)

Milky Moments is a book for children and their families depicting breastfeeding as a perfectly normal part of day to day family life. Written by Ellie Stoneley, with illustrations by Jessica D’Alton Goode, Milky Moments was published in May 2015 by Pinter and Martin. The first print run sold out, the book received a warm welcome from parents, children and healthcare professionals and lots of 5 star reviews. In response to many requests, small numbers of cards and limited edition signed numbered prints are now available to buy, along with a knitted bear called Eric (he stars in the book), and collectable felted nursing dolls.

Anne Burbidge on behalf of La Leche League Great Britain:

Milky Moments sets out to normalize breastfeeding for young children by taking everyday moments and activities that they will recognize and beautifully illustrating a mother and nursing baby in each one. The author, Ellie Stoneley – herself the mother of a breastfed child – and illustrator Jessica D’Alton Goode consulted with many mothers and children as they worked on the book. They also talked to La Leche League Leaders who were able to offer their insight and input, particularly making sure that positioning looks comfortable. The result is a delightful, fun story book that children will identify with; giving the very positive message that breastfeeding is normal and can be done anywhere. There is also a small bear called Eric to find on every page to add to the enjoyment. The book will make a welcome additional to many a bookshelf.

See more at: https://www.laleche.org.uk/news/reviewing-milky-moments-written-ellie-stoneley-illustrated-jessica-d%E2%80%99alton-goode#sthash.nPSmy8wl.dpuf
http://milkymomentsbooks.com/

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.

29. Positioning and Skin to Skin
Julia Mio, Canada

My daughter has been part of League (La Leche League/LLL) her whole life. Now at 4.5 years old, she will demonstrate beautiful positioning while playing “LLL” with her brother. She’s often suggesting skin to skin and frequent nursing to her preschool age friends when they are playing with dolls.

She insists on playing “Meeting” with the family, having everyone wear name tags and ask breastfeeding questions. Her usual answer to questions involves...
things like loving the baby, holding your baby skin to skin and “just nurse the baby more.” Breastfeeding is a right-brained activity, and you can clearly see how, if we are open and model, it becomes the normal and accepted way of doing things.

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Julia Mio, Edmonton, AB Canada

30. Adoption and Induced Lactation Meeting
   Jen Reinhardt, USA

I discovered my daughter was playing with MY old Barbie dolls. My 5 year old explained that it’s a special adoption/induced lactation meeting. My 2 year old nursling says big kids love “babboos” best. And then my heart exploded.

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Jen Reinhardt, Florida, USA

GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

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

31. Reaching out to the Next Generation
   Marie-Hélène Plaveret Favre, France

Marie-Hélène Plaveret Favre, Leader, LLLFrance from Cruet shared this about her grandmother and mother Madame Odile Favre Bellicard, 69 years old.

According to my mother Madame Odile, my grandmother nursed her 3 children and 3 others during World War II. She breastfed against the norms of those times: following the clock and separation of moms and babies who were swaddled. She fought against “norms” whenever she could! She remembers making gratin chard during the war with béchamel (white) sauce, using her breast milk (as she had nothing else!!!)

My mother, however, was not supported in feeding her three babies during her motherhood. Almost all her babies were “mixed” fed with bottles from the beginning. But with each of my three children my mother loved to approach and communicate with them when they were nursing. She wrote a poem in French to share these moments with others.

My grandmother with my baby, 90 years apart yet their milk link is closer.
Poem by Madame Odile about her grandchildren

**Warmth, softness, well-being, tenderness...**
**Where else could one be to feel so good?**
**In the mother’s arms for feeding...**
**These are magic moments**
**where life continues to be provided by this nurturing source.**
**Magical images of a small hand**
**casually resting on the mother’s breast**
**or knowing instinctively**
**when to squeeze to let a little more milk to flow.**

**Eyes closed, concentrated,**
**working on baby food:**
**do not disturb him.**
**Let him then dive**
**into a sweet blissful state.**

**Eyes open, when it is larger,**
**nothing stops the beginning of the early meal.**
**Then a little sated, he smiled**
**at the cuckoos that grandmother**
**teasingly gives him “discreetly” over mom’s shoulder.**
**Laughing, he released the moist breast but resumes quickly:**
**we cannot take that away from him “bread from his mouth”!**

**Warmth, softness, well-being, tenderness ...**
**it is a joy to have seen (and still do with A. and E.)**
**our 5 small breastfed infants (born from our 3 children)**
**and to be able to say that we grandparents**
**We too lived these moments of nourishing comfort!**

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Odile and Guy (Lyon), grandparents to Marie-Hélène’s children.

**BREASTFEEDING and HIV**

32. HIV and breastfeeding: the unfolding evidence
Pamela Morrison and Zoe Faulkner, UK

Global infant feeding recommendations in the presence of the Human Immunodeficiency Virus (HIV) made an abrupt about-turn in 2009. While replacement feeding was previously promoted to prevent postpartum HIV transmission, global guidance now recommends a return to breastfeeding as the most effective strategy to enhance overall child survival.

Current practice in the UK

*By 2014, there had been almost 19,000 pregnancies amongst HIV-positive women in the UK (Population, Policy and Practice Programme 2014). The uptake of antenatal HIV screening is now well over 95%. National HIV infection rates in pregnant women are 1/1500 nationally and 1/250 in London. Currently 72% of all HIV-
positive mothers living in the UK were born in Africa, particularly in East and Southern Africa, where HIV-prevalence is amongst the highest in the world and where breastfeeding has significant cultural, traditional and child-survival implications. Pregnancy and the birth of a new child are especially vulnerable times in a woman’s life and navigating this journey with an HIV diagnosis can be extremely challenging. Aware of shifting global guidelines, local practitioners are also seeking up-to-date information and relevant guidance. With good evidence-based practice, we can support women to make informed choices about infant feeding in the context of HIV and provide the skilled help needed. This article summarises the evidence underpinning evolving HIV and infant feeding recommendations. We conclude with a case study and practice implications for the UK.”


WEBSITES AND ANNOUNCEMENTS

33. Check out these Websites

http://us8.campaign-archive1.com/?u=9c4737de875c6fa12b87991e8&id=fb7a7920d0

Looking at the medical histories of more than 1,600 women diagnosed with breast cancer, researchers discovered that those who had breast-fed had a 30 percent lower risk of recurrence of the disease after effective treatment and tended to have less aggressive tumor types than those who had not breast-fed.

Working and Breastfeeding Made Simple by Nancy Mohrbacher, IBCLC, FILCA

Detroit’s Mother Nurture Project connects black mothers with peer breastfeeding counselors who offer support. Here’s how this community-oriented approach is helping.

When stored milk smells soapy or rancid by Nancy Mohrbacker

Results underscore the role of breast-feeding in the shaping and succession of gut microbial communities during the first year of life according to study.
http://www.sciencedaily.com/releases/2015/05/150513125126.htm

Studies demonstrated that planned home births resulted in fewer interventions and similar rates of adverse newborn outcomes compared to planned hospital births among women who met the criteria for home births.

7 Huge Benefits of An Undisturbed First Hour After Birth: The way your baby is cared for and nurtured immediately after birth significantly impacts their transition from the womb to life outside.
Early Initiation of Breastfeeding: Within the first few hours after birth, most healthy newborns will instinctively move to their mother's breast and attach on their own. This video shows early breastfeeding initiation through the journeys of 3 newborns and ways to support the practice with mothers and staff. http://globalhealthmedia.org/portfolio-items/early-initiation-of-breastfeeding/

Many Moms May Have Been Taught to Breastfeed Incorrectly: Surprising New Research. This article from Nancy Mohrbacher, IBCLC, FILCA was originally featured in Holistic Parenting magazine, Issue 9 (May/June 2015). Nancy is a wealth of knowledge and a light to many breastfeeding mothers! http://www.mothering.com/articles/natural-breastfeeding/#sthash.k2QjImqd.YXojap89.dpuf: Nancy Mohrbacher

34. Announcements: Past and Future Events


15 September to 31st October 2015: Online Conference: Building Better Breastfeeding. For conference details see: http://www.i lactation.com/conference/

16–18 October 2015: 20th Annual International Meeting of The Academy of Breastfeeding Medicine in Los Angeles, California, USA. This year’s meeting will feature the Tenth Annual Founders’ Lecture by Lynn Bell, Esq.: « Breastfeeding and the Perils of Malpractice ». http://www.bfmed.org/


35. To Remember Sheila Kitzinger

Sheila Kitzinger – internationally renowned childbirth educator, anthropologist and feminist passed away on 11th April 2015.

Sheila Kitzinger’s publisher, Pinter & Martin, due to publish her autobiography A Passion for Birth: My life: anthropology, family and feminism in May 2015, paid tribute to the internationally renowned childbirth educator, anthropologist and feminist icon who died calmly at her home in Oxfordshire after a short illness on 11th April 2015.
Author of over twenty-five bestselling books including *The Complete Book of Pregnancy & Childbirth*, Sheila Kitzinger, MBE MLitt is one of the most influential figures in the childbirth movement. In a pioneering career spanning more than 50 years she has campaigned for and overseen a radical change in maternity care, placing women’s rights and choices at the very heart of childbirth. Her research, knowledge and passion have had enormous impact on millions of women worldwide.

Prof. Celia Kitzinger, Sheila’s oldest daughter, a social psychologist at the University of York says:

Sheila taught me, from an early age, that the personal was political – not just by what she said but by what she did. As I was growing up I learnt from her campaigns for freedom and choice in childbirth that passionate and committed individuals can create social change. She never hesitated to speak truth to power.

I am reminded, reading her autobiography, of the sheer range and breadth of the issues she has been involved in – from female genital mutilation to prisoners giving birth in handcuffs and human rights in midwifery in Eastern Europe. She is so much more than a “natural birth guru”!

NEWSLETTER INFORMATION

36. 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.

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 beckyan1939@yahoo.com
37. Support Breastfeeding – Support the MSTF E-Newsletter
MSTF Coordinator and Editors

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

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

However, our newsletter needs support too. You can help by disseminating each issue of the newsletter and letting us know:
1. how many are receiving it directly from the newsletter editors
2. how many are downloading it from the WABA website
3. how many are receiving it through you, a subscriber
4. how many are reading the newsletter through printed copies from your organization when there is no easy access to internet.

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

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

WABA, PO Box 1200, 10850 Penang, Malaysia • T: 604-658 4816 • F: 604-657 2655 • W: www.waba.org.my

Please be informed that WABA has now changed its email address to the following:
1. General matters: waba@waba.org.my
2. Information and queries: info@waba.org.my
3. World Breastfeeding Week: wbw@waba.org.my

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

“An empowered woman has a greater chance of experiencing successful breastfeeding.”

Foreward: Hirkani’s Daughter – Marta Trejos, Costa Rica and Sarah Amin, Malaysia, WABA Gender Working Group – 2006