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“Anything done by anyone on behalf of making the world a better place where breastfeeding works better for mothers and babies is doing a great service. It may seem small, but it all really adds up.”

Ted Greiner, USA as quoted in 2008 WABA World Breastfeeding Week Action
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LETTER FROM THE EDITORS
Our First Mother Support Group Meetings
Rebecca Magalhães and Pushpa Panadam

Rebecca Magalhães

It’s been almost 43 years since I attended my first La Leche League (LLL) mother-to-mother support group meeting – my baby daughter was just 6 months old at the time. I was doing my best to breastfeed her, while, at the same time, starting a half-time elementary school art teaching position... I needed support! Big time! And I
found just what I needed at that first meeting and in the ensuing (many) years, I progressed from a mother needing information and support, to a mother providing information and support as an LLL Leader. I can still remember the nuggets of information that were like flashes of light and the warmth and caring I felt from the Leaders and the group mothers at every meeting.

It took courage that first time to leave my home, cross the city to the meeting location, and walk into a home where I didn’t know anyone! I am so glad, though, that I found that courage, because that night led me to many more nights of support group meetings in 4 different USA cities, 2 different USA states, and 1 city in another country! However, in all these different places, nursing mothers and babies were a constant presence and there were always questions, information giving from both the facilitator/s and the group mothers, sharing of joys and concerns and babies growing into toddlers, young children, teens, and fathers supporting their wives!

I am not as involved now as I was through those years and I know there are now other ways for mothers to connect, share information, and receive support… online support group meetings; email connections; Facebook interaction; information and support websites, etc. No matter how it happens, though, it is important that mothers have their questions answered, their concerns resolved, and that they can go on to become mothers who, in turn, help and support other mothers, creating a continuous line of information and support!

Through these support group meetings, I learned the vital importance of being with those who are doing what you are doing; who understand what you are going through; who feel what you are feeling. The essence of SUPPORT! Nowadays, my support activities are with those who have a family member who has been diagnosed with a mental illness and I am seeing, once again, how much support helps.

In conclusion, just to say that that baby daughter not only breastfed her own two daughters, who are now beautiful, young women, but she has also helped and supported other mothers!! So glad I attended that first meeting! :-) 

Pushpa Panadam

La Leche League International (LLLI) celebrates its 60th anniversary this year. Looking back, my first LLL support meeting was the year LLLI turned 40. In August, 1996 my husband read of the 3rd Latin American LLL workshop to be held in Asuncion, Paraguay and encouraged me to contact them. I spoke to Lili Veron, a Leader, who immediately put me in touch with an English Speaking Leader, Pili Peña. Pili invited me to the workshop which was the last day. It was good to meet Pili and I felt comfortable conversing with her. But, what was even greater was to see her breastfeeding her year old son while we talked. It was easy to nurse my son in that accepting environment.

I started participating in the LLL monthly group meetings and although initially I did not understand much of what was shared and discussed (in Spanish), being with mothers breastfeeding freely their babies and young children, I felt I belonged. Today, some of my closest friends in Paraguay are from LLL, as we share common parental values.

Since then I have attended many LLL support group meetings, became a Leader in 2000, fortunate to participate in numerous Breastfeeding (LLL and WABA) conferences and workshops and currently facilitate monthly support groups in a hospital. As I learn more about breastfeeding, I am amazed at the many organizations worldwide that have fought and still fight to protect, promote and support breastfeeding.

As LLLI celebrates its 60th year, I reflect on how different it is now for new mothers. They are able to access breastfeeding information with ease, have the option to participate in mother support meetings both physically and in online groups and forums. This may be true for mothers with easy access to Internet. However there are many without these facilities. Information and support is equally essential for these mothers and their families. The support groups I facilitate at the hospital allows for this gap to be met as I am more a face-to-face person. The excitement of my first meeting still holds true today – I need to see the mother, father or a family member as their faces light up in laughter- relaxing, feeling accepted, having their questions and doubts answered and clarified. Being in a support group allows a mother to share her experience without being judged, be listened to, accepted, helped and is informed.
Editors’ Note: To share your story email us at pushpapanadam@yahoo.com or beckyann39@yahoo.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

2. Breastfeeding: A Key to Sustainable Development
Desley Hubner, Australia

When you read that statement, you understand it – most certainly, breastfeeding and sustainability go together. They are made for each other. Soul mates. There’s no need to pollute your environment and consume limited resources to breastfeed. It doesn’t require special equipment or transport, is not dependent on market forces, and is crucial for emergency situations etc. Breastfeeding won’t leave a legacy of debt and destruction for future generations.

So, although we know all that, many had difficulty with this year’s World Breastfeeding Week (WBW) theme. How to present it as a poster display? How to make it relevant to a consumer-driven world? How to impart this message to someone walking past who just happens to lift their gaze from their iPhone for a few seconds. How to make it quick and quirky.

The lactation consultant organising the WBW event at a local hospital approached me with that question. Even when I haven’t a clue, I try to offer something, so I gave her a bumper sticker.

As you know, breastfeeding saves money but it doesn’t really make money. Most breastfeeding organisations, including the Australian Breastfeeding Association (ABA), know this only too well. My ABA group has numerous money-making schemes including six group projects (products we sell to fundraise) including our T-shirts and bumper stickers with the slogan: Local – Fresh – Free and the ABA’s website.

Consequently, staff from the local hospital and the local mother-to-mother support organisation (ABA) worked together on the “Local – Fresh – Free” idea to put the WBW message out there.

Desley Hubner is the mother of two daughters breastfed for a total of 9 years and grandmother to three grandchildren where both 2 years old are breastfeeding. She has been a breastfeeding counsellor with the Australian Breastfeeding Association (ABA) for over 30 years. In this role, she runs monthly breastfeeding classes for pregnant couples, attends group meetings mostly to support the younger generation running the discussions, helps with training the next generation of counsellors, writes articles for in-house publications, organises displays and represents the ABA at events such as baby expos, seminars, conferences. She also does 3-4 shifts on the national breastfeeding helpline each month. However, her main passion is fundraising.

She’d like to thank Dr. Virginia Thorley for asking her to write for this publication (which she didn’t know existed) and to explain that any opinions expressed are hers and not necessarily those of the ABA.

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3. Community-Based support for Baby Friendly Hospital Initiative by the “Mother Model” Group
Regina Da Silva, Brasil

The “Mother Model” group consists of 25 health workers who are mothers. They give talks on maternal health and also provide breastfeeding community-based support within the context of HIV and AIDS (e.g. at Health Centers and mother’s home) in the Province of Tete in Mozambique. The “Mother Model” health workers have participated in the training of “The Community Infant and Young Child Feeding Counselling Package” of UNICEF and USAID conducted by the Department of Nutrition, Mozambique Ministry of Health, with the support of UNICEF Mozambique.

The “Mother Model” group was included as part of the hospital’s action plan to fill the gaps in the hospital routines to adopt Step 10 of the BFHI (Breastfeeding Friendly Hospital Initiative) for successful breastfeeding, “Foster the establishment of breastfeeding support group and refer mother to them on discharge from the hospital or clinic.” The “Mother Model” group can participate in antenatal classes of “Birth Plan” conversation conducted by the maternal health staff nurse twice a week at the maternity ward.

As part of the “Birth Plan” conversation during the guided tour of the maternity ward, the “Mother Model” group also visits mothers and babies rooming-in at the maternity ward.

A list with names and phone numbers of the five areas in the city of Tete where the “Mother Model” group provides support, is promoted in all the departments of the hospital and is given to mothers, their families and friends upon discharge. The “Mother Model” initiative makes it possible for women, beginning with the antenatal classes at the maternity ward, to build a stronger bond to “Mother Model” groups which will support them to breastfeed exclusively for the first six months of the infant’s life and continue breastfeeding up to 2 years or beyond. Community-based initiatives like the “Mother Model” group deserve further attention. They should form part of the sustainable strategy for hospitals to adopt BFHI global criteria and establish optimal duration of breastfeeding in community settings.

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Regina Da Silva, Independent Consultant for maternal and child health within the HIV/AIDS context. The above text on “Mother Model” is the author’s view, gained from field experience as an independent consultant. Email: reginas2011@gmail.com

Photos © Ministry of Health (MISAU) and UNICEF Mozambique.
On the occasion of WABA's 25th Anniversary year-long celebration, I took the opportunity to work with Mother to Mother Peer Support (MMPS) Penang to create breastfeeding images for a colouring book for both adults and children.

Colouring books have always been popular, especially with children on various subjects, from images of animals, fruits and flowers, and toys to numbers and letters of the alphabet. With the recent revival of colouring books for adults, it has become a rage worldwide with colouring books produced on diverse themes ranging from secret gardens, exotic animals, mysterious oceans, fashion icons and idols, to mystical mandalas. Colouring has developed into a favourite past-time for many adults who claim that the process is calming, meditative and fun in bringing black and white line drawings to life. This kind of colouring activity can also engage an adult with a child or children and lead to story-telling.

This breastfeeding art project carries the theme Breastfeeding Anytime, Anywhere. The goal is to re-establish breastfeeding culture/s as the norm by depicting mothers breastfeeding their children at different times and in different situations, both at home and in public places. A modest collection of breastfeeding line drawings done by local artists and MMPS mothers was launched at the MMPS World Breastfeeding Week celebration August, 2016. Visit the MMPS Breastfeeding Art Facebook page (MMPS Breastfeeding Images). You can download any of the images for your use. MMPS will be conducting a workshop to help mothers create their own breastfeeding line drawings to add to the collection and to eventually, publish a colouring book*.

Through these images, we can help to increase the visibility of the breastfeeding mother and child and ‘normalise’ the act. We hope, in this creative and fun way, we can help to replace or reduce the ubiquitous images of feeding bottles which continue to be used as symbols for infant feeding practices.

My wish, through this project, is also to create and increase awareness, initiate discussions and clarify issues on and around the importance and benefits of breastfeeding in the larger context of gender equality, socio-economic and environmental justice. In recent years, breastfeeding mothers have been harassed and discriminated against in public places. It’s an ongoing challenge and our continued creative efforts are needed to support and enable breastfeeding mothers and babies to reclaim their rightful place in the public sphere.

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Susan Siew, Former WABA Global Forum Coordinator and Co-Director (1995 to 2010). Currently, she is the Vice-President of Women's Centre for Change (WCC) and independent facilitator and consultant on communication design.

Editors' note: In 1999, WABA with Origem, Brasil, produced its first breastfeeding comic and colouring book for children, Breastfeeding: Nature’s Way. In the same year, with contributions from the WABA network, Susan Siew compiled the Images of Breastfeeding Worldwide: a visual sourcebook for community action. This source book has over 450 images from 57 countries. All these books were well received and widely used at various events. These publications continue to serve breastfeeding communities.

*The Colouring Book Breastfeeding: Anytime Anywhere by MMPS and WABA is now available. For further information, please email: waba@waba.org.my

Family… a group experience of love and support. – Marianne Williamson

Go confidently in the direction of your dreams. Live the life you have imagined. – Henry David Thoreau
5. The Profound Nature of the Breastfeeding Dyad

Maggie Simonsen, USA

Strangers can have immense capacity to reassure a mother that she is doing the right thing, even when her own relatives fail to provide such support. Not everyone breastfeeds long-term or until a child self-weans, but for those who do, the controversy of breastfeeding an older child is a constant challenge. There are many variables that are individual to each dyad.

I once sat with my husband’s family at a crowded Cracker Barrel when traveling in Iowa, USA, with our then almost 3-year-old son. Back when our son was 9 months old, some of those family members had ganged up on me to pressure me to stop breastfeeding. I made the mistake of trying to share information with them to counter their insensitivity, but they were not interested in learning anything or in forming a connection, only in their own very limited perspectives.

That experience was painful, and today, I still feel a tinge of anger when I reflect back, perhaps because those family members didn’t just limit their controlling criticisms of me and my family’s lifestyle choices to that one incident. We deserve support and compassion from relatives. My feelings come from being disrespected and dismissed by them on numerous and similar occasions.

While at that restaurant in Iowa, I was feeling unsupported in our extended breastfeeding journey and retreated to the restroom to nurse, where thankfully there was a chair. As I breastfed my toddler by the sinks, three women came in, virtually and serendipitously one after the other. These women were not associated with one another, yet each one expressed supportive words to me with a confidence and assertion that left me feeling completely validated.

They all asked me (rhetorically) why I was breastfeeding my son in the bathroom. One matronly woman personally invited me to her table, and told me that I was more than welcome to breastfeed there. While we were pretty much finished with the nursing session as it was, I left that bathroom beaming with pride at the validation I had received from strangers.

Back at our own table, I made it a point to share the story of this validation with a grand smile upon my face, emphasizing that not one, but three consecutive strangers had encouraged me. Everyone was uncomfortably silent, but I continued beaming, feeling a renewed confidence in my power as a mother doing right by my child. In that moment, I felt like I was repositioning my stance among them from one of feeling unaccepted to really not caring at all what they thought.

 Sadly, over the years it has become clear to me that some of those family members will never have a clue about how it is that they disrespected me, because they themselves did not learn respect from being respected – a systemic familial dysfunction. This is also an inherent source of society’s cognitive dissonance.

My breastfeeding journey has been over for nearly two years. At the time that it ended, I was ready. And, even though I was mindful and focused to remember, I have actually forgotten the last nursing. Perhaps this is because in weaning, the last few months of nursing were erratic, skipping days, and lasting only seconds each session. It was circumstantial as well, enabling us as a dyad to converse about the complex feelings we shared mutually. 
In breastfeeding, I experienced and still cherish a connection so profound that I can identify no comparison for it in my life. Perhaps this is because I only had this experience with a single child and knew that I would never be able to experience it again. I really don’t know if all nursing mothers feel this way, or if they feel this way with every child. But, I can gather that most experience challenges that have the capacity to shred hearts and moments where they expound magnificent metaphorical hues of radiant emotion.

I miss that precious privilege and I acknowledge these feelings as I continue to let go of my child in other ways where he asserts independence. It is all integrated in this incredible, giving, nurturing journey that we assert as a mindful pathway for our children.

For me, the creation of this pathway expanded to encompass almost seven years in breastfeeding, a journey that left me understanding why no dyad deserves judgment from infant to older child, even as my own child surpassed ages (more than once) that I never dreamed he would while still nursing. When a journey like this is over, we tend to reflect upon all the things we feared that never came to pass. We note the numerous obstacles, threats, and burdens that never overpowered our strength, our resolve, our convictions, and our commitment.

I realize that breastfeeding might not be this profound for every mother, but for me it was transformative. I maintain a quiver upon my back and an aim to protect, encourage, and defend breastfeeding dyads challenged by society’s cognitive dissonance, even if my gestures are far less noble than I imagine.

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Maggie Simonsen, 51, is a Human Being from Planet Earth, residing in the Big Horns of Wyoming. Her life is complicated. She embraces that connections are everything. She pursues whole life learning/radical unschooling in partnership with her 9-year-old son, his two adult sisters, and their father. The family is blended, and the parents soon divorcing, but they are committed to continuing their partnership, as they have been family for nearly two decades.

Maggieorganizingchaos

6. Invaluable Mother Support to a Third Time Breastfeeding Mum
Vasumathi Muthuramu, Malaysia

I breastfed my elder son (born in 2005) for 27 months and decided to breastfeed my second son (born in 2008) as long as he wanted to because I knew it was my last breastfeeding and I did not want to go through the pain of weaning him. However, I never thought it would go up to 6 years. Yes! I breastfed my second son until he celebrated his 6th birthday. I missed breastfeeding after that. In fact both of us missed it and I remember how he would ask to latch for a while. Actually we made an agreement to stop it and the little boy kept his promise. Deep in my heart I felt sad that my breastfeeding journey had ended, especially when I am helping another mom with breastfeeding.

Perhaps that feeling made me fertile at the age of 41 and I got pregnant again in 2015. I experienced mixed feelings – Happy and Worried at the same time. Happy because I was going to have another baby and worried about going through the whole process again. Pregnancy went well and this time we had to do additional tests to ensure that the baby was fine.

January 27th 2016 has become a very important date in my family because that was my second son’s 8th birthday and on the same day I delivered another baby boy, 23 days earlier than the due date. I guess perhaps he wanted to wish happy birthday to his brother. Awesome! Two of my boys share the same birthday – 27th January.

Hence, my third breastfeeding journey began. As an experienced mum, I had no worries about breastfeeding. My only request to my gynecologist was to have skin to skin with my baby immediately after delivery. I did not
experience this with my previous two deliveries. It was beautiful when my baby was in my arms just after delivery and he latched like a professional. The hospital has limited wards (blocks of rooms) and so my newborn stayed with me for more than 2 hours at the labour room, latched to me. He held my fingers while feeding as if telling me "mum, everything will be fine." He was calm and quiet during the first two hours. Tears rolled down my cheeks. My husband helped me hold him whenever I felt tired and sleepy. Then the usual hospital procedures started: I was sent to a ward and my baby to the nursery. At night, he was with me. During the two day stay at the hospital, nobody was able to interrupt our breastfeeding. I realised how strong I had become! Breastfeeding was smooth. I guess the nurses understood from my gestures and my replies that I was a 'hard core' breastfeeding mum.

On day 3, my baby was diagnosed with jaundice but I was not worried because I knew he would be fine with breastmilk. The challenge came when I had engorgement with fever on day 10! I struggled for 3 days. Despite having information on how to manage engorgement, I needed support to handle it. Luckily, I had good friends, all of them, peer counsellors like me. Later I realised that it was not just the engorgement, but I was also worried about having to take care of a baby again – something with which I thought I was done. Of course, having a baby is very beautiful, but it is also tough in the beginning, especially having one after an 8 year gap.

It was then that I realised the importance of a mother support group. My friends gave me lots of moral support. Some lent me their ears to listen and others their shoulder to lean on. They brought my favourite food, gave me good supportive bras, taught me how to sling my baby, texted me motivational messages and checked on me each day to see how I was coping. All this support made me feel better physically and emotionally, including the support from my mum and my husband. My mum was with me for a month. My husband took 10 days off to help me. Without the support of this family and friend circle, my confinement would have been difficult.

Now my baby is 9 months old and the whole family continues to shower him with love. His brothers are my great helpers. Breastfeeding is very normal for my boys. While I feed my baby at one breast, my elder son collects milk from the other which is leaking. He will say 'don't waste milk mum.' When I started to give water to my baby (after 6 months) my second son told me "mum this is wrong. You should not give water to the baby, only breastmilk." I laughed and explained to him that it is only until 6 months. I feel by me breastfeeding this little boy, my elder two boys are going to be strong advocates of breastfeeding. The second brother is always asking me how long I am going to breastfeed his young brother because he doesn't want anybody to break his record of breastfeeding for 6 years.

The whole family is happy now with little Mokshan and I hope we will continue to be one happy family forever.

Vasumathi is a home maker with 3 boys: Vibhushan (11 years), Savitthran (8 years) and Mokshan (9 months). She is from Penang Malaysia and is a certified peer counselor. She is an active member of a local mother support group of Penang - Mother to Mother Peer Support (MMPS).

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7. The Power of One Mother's Breastfeeding Journey on Another

Inthrakala Thivagaran, Malaysia

In 2010, I was invited by a friend, Vasumathi Muthuramu, to an event - Simultaneous Breastfeeding, organized by MMPS (Mother to Mother Peer Support). It was there that I got to know about her breastfeeding journey. I was amazed to learn how she had persevered through ups and downs to exclusively breastfeed her two sons. I wondered why I did not think of exclusively breastfeeding my two boys before this. I had mix-fed both my boys since they were born because I thought that was the norm.

In December 2014, I became pregnant again. This time I made up my mind that I was going to exclusively breastfeed my third baby. I started reading about exclusive breastfeeding. The more I read, the more determined I became. I also promised myself that I was not going to stock any formula milk at home, so that I would not give up easily on breastfeeding. When filling out the hospital admission form, I made sure that I opted for 'Skin to Skin' and 'Rooming In' to ensure my breastfeeding journey would kickstart as soon as the baby was born.
Our little angel was born on 6 August 2015. After a brief cleaning and checking, the nurse placed her on my bare chest. After the nurse helped to reposition her head close to my nipple, she latched on immediately. It was a truly amazing experience. She did a few suckling actions before she dozed off. That was one of the most memorable moments in my life.

Now Laxshana is 1-year-old and I am proud to say that I exclusively breastfed her for 6 months and continue to breastfeed. I breastfeed her at home and express breastmilk at work. During this past year I have had my downs as well like immense contraction pain while breastfeeding, cracked nipples, engorgements and sometimes low milk supply but with the help and support from family and friends I have managed to pull through. All of that is truly worth the effort when we see Laxshana growing up healthier than her two older brothers. When they were babies, they had multiple hospital admissions due to fever, colds etc. I thank God for giving me this opportunity to breastfeed Laxshana and know that our beautiful breastfeeding journey will continue.

Inthrakala Thivagaran works as an engineer in a multinational company in Penang Malaysia. She has 2 boys; Thieran Thivagaran (10 Years old), Haresh Thivagaran (7 years old) and a girl Laxshana Thivagaran (1 year old).

8. Our Journey Together – Mum and Aksheya
Shamala Devi Ramamothi, Malaysia

It has been 21 months since my little sunshine enlightened my life and my journey as a breastfeeding mother began. I had never thought I would be strong enough to face the ups and downs to come this far as I did not have a smooth start. I thought I had no milk for the first few days, as I felt my breasts were empty. I even asked the nurses to feed my little girl with formula.

But the nurses helped me as I did not know about supply and demand in breastfeeding. Hence, as the first step, I threw out all my negative thoughts and vibrations. I focused my mind and tuned in to my only aim... to keep myself healthy to feed my baby as much and as often as I can because these actions boosted my milk flow. Things went smoothly, but for only 3 weeks. I felt challenged when I had a high fever. I became worried when I was hospitalized. What had gone wrong this time?

Then this wonderful lady doctor came and explained about breast engorgement and how I got it. I was traumatized by that time, as I worried about what would happen to my little girl if I had to go on medication. To my surprise, I was allowed to breastfeed her while on antibiotics as I was told that it was safe to do so. After exactly one month, when I had completed my medication, I started to pump, to build up my stock of expressed breast milk (EBM) to be used once I was back at work. I give thanks to my husband and especially my in-laws who have supported me to provide my little sunshine with EBM when I’m away at work.

I still remember clearly those days when I explained to my mother-in-law on how to store EBM and the correct way to handle it. She had initially looked skeptical but she believed in my endless motivation of providing my baby the best. This was more than I could ask for. From that moment onwards, my daily routine was well organized. I breastfeed my little girl when I’m around her and I pump when I am away from her; pumping with specific intervals. This continues to be my routine. I can’t think of any common places that I have NOT pumped. Name it - Office, Car, Bus, Train, Airport, Surau (thanks to my Malay friends) and once even in the washroom since I had no other choice. Well, after all, life is full of choices and what matters is whether we have the courage to choose the right one. Despite the fear of fall and worry of fail, I strongly believe that I have made the right choice for the good of my family, just like other breastfeeding moms.

Shamala Devi Ramamothi is a civil servant living in Kajang, Malaysia.

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

9. Papallaitants
Pascal Ghazi, France

« Papallaitants » is a family project created in 2014. My wife was training to become an LLL Leader and her passion for breastfeeding was contagious. I wanted as well to become an LLL Leader and I applied, thinking that, as a father, I had a chance, but I learned that I had to have « physically » breastfed my baby if I wanted to become a Leader.

I decided then that at least I could create a support group to listen to fathers and be there when they want to vent about their lives as fathers and how difficult it is to adjust to life once a baby arrives.

My project has been successful in France. My discussion group on Facebook has 110 fathers as of today, most of them living in France, but some are from Belgium, Switzerland, and Canada. Last year, we started having online meetings on Skype. I call them « papéro » which is a word game between « papa » and « apéro », the French custom of having a drink before dinner. But we don’t necessarily drink alcoholic beverages and people can join us with a soda or with fruit juice, as the most important thing is to be there and be willing to share with the other fathers and help when possible.

There is a discussion group for English-speaking fathers, but it hasn’t been very successful. You are welcome to join it!

And I have also created a discussion group in Spanish as well, where Spanish-speaking « papallaitant » (breastfeeding father) can join.

What is a papallaitant? A father who supports breastfeeding, who supports his wife, understands that his baby can only get the best start in life when fed with his mother’s milk, and who doesn’t see breastfeeding as an obstacle to bond with his baby. There are so many other ways to bond! And it is selfish to take breastfeeding away from the baby so that WE can spend more time with the baby. If we love our babies, we have to guarantee that they get the best - the best bedroom, the best clothes, the best toys, and obviously the best food. And nothing can compare to breastmilk. Babies need it as much as they need air to breathe.

And this world needs more healthy babies, more happy mothers and more peaceful families. Breastfeeding provides all three.

If you are a papallaitant, you are welcome to join me! ;-)

Discussion group in French: https://www.facebook.com/groups/DADSONLY/
Discussion group in English: https://www.facebook.com/groups/PapallaitantsUK/
Discussion group in Spanish: https://www.facebook.com/groups/dadsonlyLATINO/
Website: www.papallaitants.fr
Facebook page: https://www.facebook.com/papallaitantsbreastfeedingdads/
Editors’ Note: Below are breastfeeding support experiences shared by Fathers who are papallaitants.

10. Motivated and Committed to Breastfeeding Support

Thomas Szulc, France

My name is Thomas, I am 33 years old and a French citizen. I live in the North of France and I am the father of a boy who is 17 and a half months old (I am writing this text in May 2016). I have been his main caregiver since he was 5 and a half months old.

With my partner, our vision of life is centered on natural solutions because our convictions are oriented towards respect of Mother Earth.

Breastfeeding has always been the obvious choice for us. It has been more for my wife, as we were afraid that we might lose our baby at 5 months’ pregnancy. The doubt was swept away around 7 months’ pregnancy and since then my partner expressed the need to breastfeed because she wanted to establish a strong connection with our son, and her maternal instinct was telling her to search within herself, so the decision was made.

As for me, I was and I am convinced 200% that breastfeeding is and will always be the only food adapted to nourish a human baby. Besides, I didn’t see myself giving a bottle because to me and to the plan established by Mother Nature, it is not my job to give a bottle. I don’t think that a father is there to give a bottle to his baby.

When he was born, my son wasn’t strong enough to nurse. Breastfeeding was then difficult to start. For three weeks after the birth, I was a strong support to my partner and to our breastfeeding project because it was something that I wanted as much as she did, maybe more. My partner found a lactation consultant who gave her tips to succeed with breastfeeding so that the mother-child bond would be established.

Breastfeeding my son started with a lactation aid. The most difficult part for us was at night. When our baby would wake up, I would go get him and my partner would get ready to feed him (install the lactation aid with expressed breastmilk). Once he had finished breastfeeding, I would go downstairs to the kitchen to clean all the parts of the lactation aid so that it would be ready for the next feed. None of us felt rested in the morning. The exhaustion didn’t make us split up because we were determined to breastfeed our baby. At about 3 weeks postpartum, my partner decided to trust herself, and our son and her instinct. She stopped using the lactation aid and magic happened: our baby started nursing for real. He then slept an hour on my chest and when he woke up again, was hungry for another feed. We were so extremely happy that day, and above all reassured because our efforts had been rewarded.

Personally, I was so convinced that, even in those moments, my motivation never diminished. I was tired, yes, but who cares? The breastfeeding train passes by only once. It was important for me to give myself completely, so I wouldn’t have regrets later on, especially since we didn’t plan to have any more children.

I am not a big fan of social networks. I prefer my garden and my cats. It was my partner who told me about the group « Papallaitants ». I was a bit skeptical at the beginning. The idea of discussing with other men online didn’t interest me at first. I thought it would become a competition of our masculine capacities. However, I found something different in the group. I found fathers who were nice to one another, who wanted to exchange without judging one another, and I was happily surprised that such a thing was possible even today.
With or without the discussion group, it wouldn’t really change much for me apart from the fact that I feel that I belong to this group of fathers who have experienced similar things to me, understand what a father and his family can go through when choosing to take the Milky Way.

Thomas, 34 years old, lives in a small town in the north of France between Lille and Valenciennes in the heart of a forest. He worked for several years as an Electrical Engineer in Paris. He has since changed his career to work in organic agriculture, working to create a self-sufficient community where he can live with his family.

11. Learning to be a Breastfeeding Father

Matthieu Pluvinage, France

My name is Matthieu. I’m 33 years old and I met my (future) wife “only” 3 years ago. We had had previous relationships that did not work, did not have children, despite a deep desire to be parents. Enough to say that after our first meeting, we did not wait long before we talked about having a baby. It was so fast that even she gave herself a little time “to see.” Four months.

During these four months, there was a discussion one evening. We were talking about children in general and I mentioned preparing and giving a bottle. It seemed obvious that this would happen, but I remember the expression she had when she said, “I would like to breastfeed if that is OK with you.” It was said quietly but with determination. I had a feeling which I imagine many future dads have, that if I wasn’t able to feed my child I wouldn’t be able to create a bond with him. I would be cast aside. Fortunately, it only lasted a few moments as we started talking, mostly she explained to me that fatherhood is not just about giving bottles.

She had participated in a Mother’s Forum on the Internet as an observer, and I knew she had a lot of knowledge on the subject. I trusted her without asking too many questions.

Between that and the birth of my son, we often discussed breastfeeding. What it really was, its length, its potential difficulties, prejudices and preconceived ideas (which I had in our first discussion.) And I read a lot of articles on the subject which she gave me, or that I found.

Besides that, she had prepared for the arrival of the baby, materially and psychologically. And I realized that feeding a baby is important, but it is clearly not the only thing to do! If breastfeeding remains a maternal subject, there are still lots of stuff for Dad! My role in nursing would mainly be as a support for my wife. After delivery, it would be easy for her to lose her bearings. She is responsible for a little human being, yet there will be a lot of people around her, with advice in all directions on everything and anything about the baby. Reassure her, help her to make the right choices, recognize what is bad (and do not feel guilty!).

Early in his life, my son was often in need of contact or really hungry (he was a big boy, he needed to eat!). Some days he would take 20 feeds! And when it happens among grandparents, questions arise in people’s heads. During these moments, we have to stick together, because we didn’t trust ourselves yet as parents. Let’s be honest, there are many practical things with breastfeeding, I didn’t want it to stop. There are no complications like with bottles of formula, heating, etc. The first who slept at nights … that was me! I did not need to get up at night because breastfeeding + co-sleeping + a diaper that is the right size is the guarantee of sleeping through the night! If I gave twice the bottle (of breast milk, of course), I practiced baby-wearing a thousand times! The feeds in the living room are always moments that make us laugh! The bottle of my son, it cleans itself, has a job, sometimes does the dishes, drives the car; and so on, it is so convenient =)
Today he is 11 months, still breastfeeding, has started eating solids, has 8 teeth, and all is well. When Loulou (his nickname) arrived, we invested ourselves in breastfeeding, to defend (with humor; that’s the way it works best), to make it last as long as he and his mother will be happy. And I became a strong advocate of breastfeeding, sometimes even more than my wife!

The Papallaitants® is a very nice initiative. My wife discovered it via a Facebook group dedicated to mothers that pump, mothers that didn’t succeed nursing directly at the breast. I was jealous of this small community my wife had, and then we learned about the project Papallaitants®. It is often said “Dad feeds and takes care of Mom, Mom feeds and cares for baby.” It’s not completely wrong, but sometimes Dad needs support too, and in addition to my wife, the Papallaitants® is a group where one can peacefully share emotions, positive and negative to someone from the outside but always with a kind perspective. There are all kinds of fathers in the group, young, old, venting messages, pleas for help, confidences, but always in a secure atmosphere where there is no judgement and all stays “between us.” That is very meaningful and comforting. With the advice and testimonials that I read, I feel (I think!) like a father who trusts himself.

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Matthieu Pluvinage, is a 33 year-old engineer. He was born in the outskirts of Paris in a family of 4 siblings. He had always wanted children of his own and couldn’t imagine life without them. He had wanted to go beyond the Paris area (where he was born) and that is how he moved to Rouen to obtain his degree and a job. He also met the woman who has become the mother of his baby and would soon become his wife.

12. Greg’s Story: Breastfeeding Today

My name is Greg (from Montélimar, France). I’m 35 and I’m the lucky father of three wonderful children, and stepfather to a fourth who is actually the first. Still following? My stepson, Melvil, is an 18-year-old big lad whose life I’ve been sharing since he was eighteen months old. Our three other children are Alisée (15), Loane (10) and Aloys (22 months). My story with breastfeeding has not always been straightforward, but I think it also shows that nothing is set in stone.


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.

13. Breastfeeding: one man’s perspective – the back story

James Akre, Geneva, Switzerland

One day, the youngest of my three adult children – and mother of two of my six grandchildren – labeled me Metaphor Man. I don’t recall what we were discussing, but it could easily have been breastfeeding. She knew how committed her dad was to the topic and how fond he was of using metaphor to approach what is commonplace for some but still unfamiliar to others.

My aim is twofold: to show how we can use everyday images to see human milk and breastfeeding from a fresh perspective, while helping others perceive them in ways they never imagined. For example: Do you “speak” our universal “mother tongue” called breastfeeding?
Irrespective of geography and culture, breast milk is our unique common food. Indeed, it is the ultimate nurturing and nutritional link – horizontally with the rest of our human family on Earth today, and vertically in terms of all who have come before us and all who will come after.

I long wanted to prepare a first-person essay summarizing my personal and public health take on breastfeeding, which had been evolving for nearly five decades. And I was determined to avoid an academic burden-of-proof approach, preferring instead to focus on what I considered to be the obvious. After all, we don’t need to prove that water is wet or that fire is hot.

I soon revised my strategy just a little. While shaping my prose, the stream of especially relevant information, there for the taking via the Internet, continued unabated. Leaving it out, I concluded, would be frankly irresponsible. Others agreed. I hope you will enjoy reading it, too.

Breastfeeding: One Man’s Perspective is available in:
English  http://www.huffingtonpost.com/entry/breastfeeding-one-mans-perspective_us_57343d70e4b0e0d0ca07a7cb3
Spanish  http://www.cafelaleche.fr/lactancia-desde-el-punto-de-vista-de-un-hombre/
  http://elpais.com/elpais/2016/08/04/mamas_papas/1470343436_078930.html
German  http://www.huffingtonpost.de/james-akre/-stillen-saeuglinge-ernaehrung_b_10113032.html

James Akre is a freelance author, reviewer and commentator who focuses on the sociocultural dimension of the universal norm for nurturing and nourishing children, and on pathways for making breastfeeding and human-milk feeding ordinary once again everywhere. His international public health and human development career spans five decades, including a combined total of 30 years with the International Labour Office, the United Nations Children's Fund, and the World Health Organization; and seven years promoting rural development and public health in Turkey, Cameroon and Haiti. He is a member of the editorial board and a reviewer for the International Breastfeeding Journal. He is also a reviewer for the journals Pediatrics and Maternal & Child Nutrition, and for the Danish Council for Independent Research; a member of the Scientific Advisory Committee of La Leche League France; and a past member (2004-2010) of the Board of Directors of the International Board of Lactation Consultant Examiners (IBLCE).  Email: akrej@yahoo.com

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

14. Breastfeeding and infant growth outcomes in the context of intensive peer counselling support in two communities in Bangladesh
Rukhsana Haider and Kuntal Kumar Saha

Background: Exclusive breastfeeding and growth faltering during infancy remain challenges in Bangladesh. The Training & Assistance for Health & Nutrition Foundation has been working to address this gap through community-based peer counsellors since 2000. In this paper, we assessed the programme’s progress, particularly with respect to early initiation of breastfeeding and exclusive breastfeeding for normal birth weight, as well as for low birth weight (LBW) infants.

Methods: The peer counselling programme is continuing in rural and urban areas of Bangladesh, but only data collected between January 2013 and June 2015 is presented in this descriptive study. Intensive breastfeeding counselling was provided to women during the third trimester of pregnancy and 6 months postpartum by well-trained peer counsellors. They recorded data on infants’ birth weight, feeding practices and body weight
every month and submitted these for computer entry. Weight measurements were converted to weight-for-age Z-scores (WAZ) and growth patterns assessed by comparing attained body weights with the World Health Organization (WHO) 2006 Child Growth Standards.

Results: A total of 994 infants were born during the study period; 94% were normal birth weight and 6% were LBW (<2.5 kg). Initiation of breastfeeding within one hour of birth was reported by 94% of counselled mothers in both groups. The prevalence of exclusive breastfeeding at 6 months was 94% in the normal birth weight infants and 92% in the LBW infants, and their mean body weights were 7.5 ± 0.8 kg and 6.6 ± 0.7 kg respectively. There was no growth faltering in these infants during 6 months. Underweight rates in normal birth weight infants remained similar (2.2% at 1 month and 2.5% at 6 months), whereas underweight rates in LBW infants decreased from 42.1% at 1 month to 21.1% at 6 months.

Conclusions: In the context of a well-structured programme setting, and under the described circumstances, it seems likely that the well-trained and supervised community-based peer counsellors could assist in encouraging and helping mothers of both normal birth weight and LBW infants to initiate breastfeeding within one hour and to continue exclusive breastfeeding until 6 months of age. Our data suggest that they may also have contributed towards prevention of growth faltering in these infants.

Rukhsana Haider is Founder and Chair of the Training & Assistance for Health & Nutrition Foundation (TAHN), Dhaka, Bangladesh.
Kuntal Kumar Saha is a Technical Officer at the Department of Nutrition for Health and Development, World Health Organization, Geneva, Switzerland.
For the full article see: http://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-016-0077-6

15. Breastfeeding: The Illusion of Choice

Lauren M. Dinour, Yeon K. Bai, USA

Background: Breastfeeding is frequently described as a woman’s decision, yet this choice is often illusionary owing to suboptimal social and structural supports. Despite passage of the Patient Protection and Affordable Care Act (2010) that requires all qualifying employers to provide mothers “reasonable” break time and a private, non-bathroom space to express breast milk, the majority of women in the United States still do not have access to both accommodations.

The Problem: At least three issues may be influencing this suboptimal implementation at workplaces: 1) federal law does not address lactation space functionally and accessibility, 2) federal law only protects a subset of employees, and 3) enforcement of the federal law requires women to file a complaint with the United States Department of Labor.

Recommendations: To address each of these issues, we recommend the following modifications to current law: 1) additional requirements surrounding lactation space and functionality, 2) mandated coverage of exempt employees, and 3) requirement that employers develop company-specific lactation policies.

Conclusions: If the goal is to give women a real choice of whether to continue breastfeeding after returning to work, we must provide the proper social and structural supports that will allow for a truly personal decision. No mother should have to choose between breastfeeding her child and earning a paycheck.

Lauren M. Dinour, DrPH, RD, Yeon K. Bai, PhD, RD
Department of Nutrition and Food Studies, Montclair State University, Montclair, New Jersey
Abstract: http://dx.doi.org/10.1016/j.whi.2016.06.002
16. Racial and Ethnic Differences in Breastfeeding
Chelsea O. McKinney, Jennifer Hahn-Holbrook, P. Lindsay Chase-Lansdale, Sharon L. Ramey, Julie Krohn, Maxine Reed-Vance, Tonce N.K. Raju, Madeleine U. Shalowitz, on behalf of the Community Child Health Research Network

Objectives: Breastfeeding rates differ among racial/ethnic groups in the United States. Our aim was to test whether racial/ethnic disparities in demographic characteristics, hospital use of infant formula, and family history of breastfeeding mediated racial/ethnic gaps in breastfeeding outcomes.

Methods: We analyzed data from the Community and Child Health Network study (N = 1636). Breastfeeding initiation, postnatal intent to breastfeed, and breastfeeding duration were assessed postpartum. Hierarchical linear modeling was used to estimate relative odds of breastfeeding initiation, postnatal intent, and duration among racial/ethnic groups and to test the candidate mediators of maternal age, income, household composition, employment, marital status, postpartum depression, preterm birth, smoking, belief that “breast is best,” family history of breastfeeding, in-hospital formula introduction, and WIC participation.

Results: Spanish-speaking Hispanic mothers were most likely to initiate (91%), intend (92%), and maintain (mean duration, 17.1 weeks) breastfeeding, followed by English-speaking Hispanic mothers (initiation 90%, intent 88%; mean duration, 10.4 weeks) and white mothers (initiation 78%, intent 77%; mean duration, 16.5 weeks); black mothers were least likely to initiate (61%), intend (57%), and maintain breastfeeding (mean duration, 6.4 weeks). Demographic variables fully mediated disparities between black and white mothers in intent and initiation, whereas demographic characteristics and in-hospital formula feeding fully mediated breastfeeding duration. Family breastfeeding history and demographic characteristics helped explain the higher breastfeeding rates of Hispanic mothers relative to white and black mothers.

Conclusions: Hospitals and policy makers should limit in-hospital formula feeding and consider family history of breastfeeding and demographic characteristics to reduce racial/ethnic breastfeeding disparities.

The above abstract is from http://pediatrics.aappublications.org/content/early/2016/07/11/peds.2015-2388

17. Working Moms Breastfeed In Uniform In Stunning Photos
Photographer Tara Ruby

Photographer Tara Ruby is showcasing breastfeeding mamas. Her latest photo series features moms feeding their babies in their work uniforms, ranging from military attire to a full Vegas showgirl outfit. http://www.huffingtonpost.com/entry/working-moms-breastfeed-in-uniform-in-stunning-photos_us_57156018e4b0018f9cbae4ed

Ruby, an El Paso-based mom of three, told The Huffington Post that the series was inspired by the success of her viral photo of 10 military moms breastfeeding. http://www.huffingtonpost.com/entry/soldiers-breastfeeding-photo_us_55f680ebe4b042295e36b3ca

BREASTFEEDING RESOURCES

18. New Books from Playpus Media
Hannah Thelen

i) New Bilingual Early Childhood Book Promotes Breastfeeding and Family

Nurtured and Nuzzled Criados y Acariciados is the newest children’s book from Platypus Media. Released in March, this charming book is a breastfeeding resource for the whole family. With stunning, full-color illustrations of animal

Breastfeeding Mother Support E-Newsletter V14N2
and human families, and engaging text in both English and Spanish, this book models breastfeeding, attachment, and caretaking. It’s a perfect read for snuggling at bedtime.

_Nurtured and Nuzzled Criados y Acariciados_ promotes a healthy, loving, breastfeeding home, while serving as a catalyst for parents to teach their children about nature, animals, and family life. The extensive Teacher’s Guide, available for free download in both English and Spanish, provides fun activities to expand and extend the content, including a section on breastfeeding education.

Speakers of both English and Spanish can use this book to promote bilingual learning. Dual language programs, on the rise in many countries, rely on resources like this. Audio files on the publisher’s web page offer narration in English and Spanish, along with pronunciation guides.

Contact Dia@PlatypusMedia.com to learn more, or visit the following web pages:
Platypus Media Website:
https://www.platypusmedia.com

_Nurtured and Nuzzled Criados y Acariciados:_ https://www.platypusmedia.com/NurturedandNuzzled

**ii) New Coloring Book Helps Families of Babies in the NICU**

Just in time for Prematurity Awareness Month in November, Rich and Creamy for Our Preemie makes its debut. This sweet coloring book, available in both English and Spanish, explains to children the role of human milk and milk banking in the Neonatal Intensive Care Unit (NICU). Designed for families with a baby in the NICU, this coloring book helps older siblings of a preemie understand how the NICU uses donated breastmilk to help babies who are early, tiny, or sick grow big and strong.

Rich and Creamy for Our Preemie: https://PlatypusMedia.com/RichandCreamy

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For further information, please email Hannah@PlatypusMedia.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.*
19. Love
Alice Ziring, USA

My son and his kids were here on Saturday. When they left, my 3 year old grandson came (unprompted), gave me a big hug and said “I love you, Grandma! You're the best grandma I've ever seen!” Smiles…Alice

20. Children are Amazing
Theresa Kinzly, USA

a. One day, when our granddaughter was about three, we had been taking care of her while our daughter and son in law were at work. We’d been warning her all day that we had to go home as soon as her mommy returned. When the time came, my husband said, “Hannah, Grandma and Grandpa are leaving now.” Hannah looked at her mommy and said, “But I wub dem so much!” (Wub=love, dem=them)

b. My daughter’s friend, Jennifer, is still nursing her four year old son, Jonathan, while he falls asleep, but rarely during the day. Earlier this summer, Jennifer decided that it was time to wean Jonathan from the night nursings too. Jennifer explained to Jonathan that Daddy was going to lie down with him at bedtime. The next day, Jennifer was shocked at how engorged and uncomfortable she was. When she told Jonathan that he had to nurse to make Mommy more comfortable, Jonathan laughed and said, “It’s my LUCKY day!!”

Theresa Kinzly
Peachtree City, Georgia, USA

21. Grayson’s Special Moments
Melissa Vickers, USA

I’ve heard that young children remember everything—and don’t develop a memory filter until they are two or three years old. We saw evidence of that on a recent visit by our three-year-old grandson, Grayson. A favorite pastime for this busy little boy is to get Grandpa to take him out to see Great-Grandpa’s tractors. On this visit, Grayson asked Grandpa, “Do you remember when I was a little kid and I sat on this big tractor?”

And a little while later, I was rocking Grayson’s three-month-old brother, Oliver. Grayson smiled and said, “I remember when you used to rock me when I was a baby!”

How much he remembers or how far back his memories go really doesn’t matter. He remembers and comments on special times in his life. I like to think that breastfeeding provides some of those warm-and-fuzzy memories that do last—maybe not the specific images, but the feeling of all’s-right-with-the-world. What a gift we give our children through such a loving act!

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.
22. Supporting My Daughter to Breastfeed Her Baby

Radha Holla Bhar, India

My daughter, aged 33, had a baby through cesarean-section. My brother, a neonatologist, was supposed to be present to ensure timely initiation of breastfeeding, but unfortunately, he came down with H1N1 virus and could not attend the surgery. So the baby was transferred to the nursery, without my permission, or the permission of the father, and was given a bottle feed. With a lot of arguments and pressure on the staff, after three hours, we managed to get the baby to my daughter’s room. I put the baby next to her on the bed, much against the wishes of the staff, and placed the baby’s mouth at her nipple. About 15 minutes later, the baby had taken the aureole into his mouth and was sucking. I ensured that the baby was allowed to lie down next to her, with skin to skin contact, though this meant several battles with the medical staff. Every time the baby woke up, he would suck for some time. The nurses and doctors tried in between to give top off feeds, but I would not allow them, as the baby was passing sufficient urine. This went on for three days, after which she was discharged.

The real struggle to support my daughter started once she had to return to work after three months. Though the baby’s father and I looked after all the needs of the baby other than breastfeeding as well as all the household chores, maintaining exclusive breastfeeding was difficult. She tried several brands of breast pumps, but they were all uncomfortable. Finally, she found one that was less painful than the rest. At first, there was very little milk that was being expressed, and so she worked only for a few hours every day. Later, as the quantity of milk improved, she had to start working longer hours which also meant that travel time increased because of rush hour traffic. Travel just one way meant to take 20 minutes often took more than an hour and a half. The baby needed to be fed expressed milk several times during the day.

Expressing milk at the workplace was embarrassing, as there was no place, other than the toilet, and she had to sit on the stool and express milk. It was all very unhygienic, because the toilet was usually in a filthy state. Also, being the only toilet for a staff of 60, it was much in demand and there was resentment that she would lock it up for at least half an hour at a time at least twice a day. This put a lot of pressure on her mentally, and gradually, by the 4th month, she was unable to express any milk at all at the workplace. Though I suggested that she consult a lactation consultant, she felt that as long as the situation in the office stayed unchanged, there was not much that could be done. The baby continued to get breastfeeds in the morning and throughout the night whenever he wanted. But though any milk expressed in the morning was given during the day, it was not sufficient and top feeds had to be given at least twice during the day. I found it very taxing and time consuming to feed the baby with a cup and spoon, and soon resorted to the bottle. I was worried about the possibility of nipple confusion, but this did not happen.

By the middle of the 5th month, the baby was sitting with support, following other’s eating movements and reaching his hand out when others ate. These appeared to be signs that he was ready for semi-solids. Though exclusive breastfeeding is recommended for six months, he was already on some supplemental feeds. So by the end of the 5th month, I tried semi-solids. He seemed to enjoy it thoroughly and I found that his consumption of breastmilk also increased, i.e., he fed for longer periods when at the breast. By the sixth month, along with breastmilk, he was consuming rice porridge and the yolk of a soft boiled egg.

He continued to breastfeed for one year, after which he self-weaned.

My daughter is emigrating and plans to have a second baby shortly after settling down. She is determined that this time she will carry out exclusive breastfeeding for six months and continued breastfeeding for at least two years. By nature’s grace, she will.

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Radha Holla Bhar, India
23. HIV therapy for breastfeeding mothers can virtually eliminate transmission to babies

For HIV-infected mothers whose immune system is in good health, taking a three-drug antiretroviral regimen during breastfeeding essentially eliminates HIV transmission by breast milk to their infants, according to results from a large clinical trial conducted in sub-Saharan Africa and India.

For the full article, please see:

WEBSITES AND ANNOUNCEMENTS

24. Check out these Websites

Breastfeeding Rates Continue To Rise In The U.S.
Data show that while breastfeeding rates have continued to rise, many mothers are not meeting the recommendations for continued and exclusive breastfeeding. Lower rates of continued breastfeeding suggest that many mothers may lack ongoing breastfeeding support. Helping mothers achieve their breastfeeding goals can be improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers.

This is an edited excerpt from “I Contain Multitudes: The Microbes Within Us and a Grander View of Life,” which will be published on August 9th by Ecco, an imprint of HarperCollins Publishers.


http://ibfan.org/docs/Carbon-Footprints-Due-to-Milk-Formula.pdf

Ngozi Doreen D. Tibbs, is busy transforming what had been a low rate of breast-feeding among African-American women into a movement that involves pride, a sense of history and community and, most of all, healthy lives. She’s a co-founder of the nonprofit Pittsburgh Black Breastfeeding Circle.

Breastfeeding and infant growth outcomes in the context of intensive peer counselling support in two communities in Bangladesh by Rukhsana Haider and Kuntal Kumar Saha

The law is not about dealing with a stigma around breastfeeding because breastfeeding in public areas is considered normal, says the BBC’s Angela Ngendo in Nairobi.
Instead it’s about making companies provide a conducive environment for working mothers, our correspondent adds.


Subscribe to Breastfeeding Daily- News, research, evidence, resources, tips, practical advice, thought-provoking opinions on protecting, promoting and supporting breastfeeding http://breastfeedingdaily.org/


Breastfeeding: The dangerous obsession with the infant feeding interval https://blogs.unicef.org.uk/2016/08/01/infant-feeding-interval/

A new global report from UNICEF, From the First Hour of Life: Making the case for improved infant and young child feeding everywhere, provides a global status update on infant and young child feeding practices and puts forth recommendations for improving them. https://data.unicef.org/resources/first-hour-life-new-report-breastfeeding-practices/

25. Announcements: Past and Future Events

1 September – 1 November 2016: iLactation Online Conference, Breastfeeding: passion and biology; organized by iLactation and European Milk Bank Association (EMBA). For further information – http://www.ilactation.com/


2–5 October 2016: WABA Global Partners Forum, Penang, Malaysia

13–16 October 2016: The Academy of Breastfeeding Medicine’s 21st Annual International Meeting, Washington DC, USA. This year’s Meeting will feature the 11th Annual Founders’ Lecture by Cesar G. Victora, MD, PhD: “Breastfeeding Research in Pelotas, Brazil: How Science Can Influence Global Policy”.


22–24 March 2017: Breastfeeding and Feminism International Conference 2017, Breastfeeding as Social Justice: From Crucial Conversation to Inspired Action, Sheraton Hotel, Chapel Hill, North Carolina, USA. For more information, see http://breastfeedingandfeminism.org/

26. To Remember
Audrey Naylor and Miriam Labbok

In memory of Audrey Naylor, MD, MPH, DrPH, FAAP: WABA and ABM

WABA is deeply saddened at the loss of Dr. Audrey Naylor — a pioneering teacher.

Dr. Audrey believed that breastfeeding is a ‘sensitive physiology’. “When it isn’t going well, and the mother gets anxious, worried and tired, the physiology doesn’t work well. It’s usually at those times that someone gives the baby a bottle.”

It was to address this challenge, the ‘sensitive physiology’, to help mothers overcome the anxiety, worry and tiredness that may be barriers to successful breastfeeding, that Audrey dedicated her life. The world has become a better place due to the work and life of Audrey Naylor and many who have followed her footsteps. We share our sadness with all who knew and loved her.


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The Academy of Breastfeeding Medicine (ABM) reports with sadness that Audrey J. Naylor, MD, MPH, DrPH, has passed away on June 23, 2016. She was one of the original 7 Founders of ABM in 1993, also serving on the Board of Directors and as President 2000-2001. She was president and CEO of Wellstart International in Shelburne, Vermont, USA and a clinical professor in the Department of Pediatrics at the University of Vermont, USA. Dr. Naylor worked tirelessly to promote the benefits of breastfeeding around the world through her activism, research, and influential published works, including The Ten Steps: Ten Keys to Breastfeeding Success.

Briefings in Breastfeeding Medicine, Spotlight, July 1st 2016.

Miriam Harriet Labbok, MD, MPH, IBCLC... in memoriam: WABA

WABA is deeply saddened at the loss of Miriam Labbok, a much loved member of the WABA family and long-serving member of the Steering Committee. Miriam passed away on August 13, 2016 surrounded by loved ones. Although the breastfeeding world has lost a passionate advocate, mentor and academic, her work lives on through us, her friends, colleagues and her many godchildren across the world — young breastfeeding advocates who she has inspired and taught.

Miriam’s passion for public health and her commitment to maternal and child health has helped build healthier communities worldwide.

27. 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.

28. Support Breastfeeding – Support the Breastfeeding Mother Support E-Newsletter

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 which has been renamed the Breastfeeding Mother Support E-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.

Our newsletter also needs support. Please promote the newsletter to your family members, friends and colleagues.

The opinions and information expressed in the articles of this issue do not necessarily reflect the views and policies of WABA, the Mother Support Working Group 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 (LLLI), International Lactation Consultant Association (ILCA), Wellstart International, and the Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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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

“Anything done by anyone on behalf of making the world a better place where breastfeeding works better for mothers and babies is doing a great service. It may seem small, but it all really adds up.”

Ted Greiner, USA as quoted in 2008 WABA World Breastfeeding Week Action