IN THIS ISSUE

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

MOTHER SUPPORT FROM DIFFERENT SOURCES
2. Why We Should Teach Dads About Hand Expression!: Kathy Abbott, USA
3. The Mothers of Santo Domingo La Leche League Group take breastfeeding very much to chest: Yanet Olives de Saiz, Dominican Republic
4. Promoting breastfeeding as a Doctor and LLL Leader: Myrian Liliana Da Silva, Argentina
5. Breastfeeding Advocacy after WABA: Susan Siew, Malaysia

MOTHER SUPPORT - BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES
6. My Heritage as a Woman is an Unbroken Connection to All My Foremothers: Cassaundra Blythe, Canada
7. Freshly Baked Cookies or Spoiled Milk: Mami Angie, Dominican Republic

FATHER SUPPORT
8. Husband to an LLL Leader: Evandro Luiz Barros Marroquim, Brasil
9. WABA Men Supporting Mothers through Learning from Community Media: Participation, Education and Development: James Achanyi-Fontem, Cameroon

NEWS FROM THE BREASTFEEDING WORLD
10. Meet the Breastfeeding Advocates featured in past MSTF E-Newsletters
11. IX Latin American La Leche League 2010 Workshop: Pushpa Panadam, Paraguay
12. WABA Youth on Youtube, Facebook and Twitter: WABA Youth
13. News from the International MotherBaby Childbirth Organization: Rae Davies, USA
15. WABA Global Breastfeeding Quilt Initiative

BREASTFEEDING RESOURCES
16. Maximizing Milk Production
17. In Spanish – the revised 3rd Edition of the Wellstart Lactation Management Self-Study Modules
   Level 1 : Audrey Naylor, M.D. DrPH, FAAP, President/CEO – Wellstart International
First and foremost, I want to thank Rebecca Magalhães (Co-Coordinator) for the excellent teamwork we accomplished while task forcing over the past four years. Rebecca was the creator, while I have been the doer. By complementing our work responsibilities, we enabled tasks to flow to completion. I want to also thank Prashant Gangal (Co-Coordinator) for being such a strong pillar and motivator for the accomplishments of the Task Force.

One of the pleasures of coordinating the Task Force (TF) has been to collaborate and work with staff at the WABA Secretariat. Julianna, our TF liaison, was magnificent throughout -- flexible, supportive and always dialogued with a positive attitude.

In spite of experiencing great enjoyment while coordinating the TF, I am happy to be turning it over to two magnificent women: Pushpa Panadam and Anne Batterjee. Pushpa, born in Malaysia, now lives in Paraguay with her husband and two children. She has worked with mother support for 17 years. She is an LLL Leader. In July/August, 2006, Pushpa did an internship at the WABA Secretariat in Penang. She is the founding member and Vice-Director of Parhupar (Parto Humanizado en Paraguay). Pushpa has been instrumental in the development of the E-Newsletter since its inception. Pushpa is fluent in English, Malay, Spanish, Tamil and Japanese. Anne was born in New York, USA into a medical household. In 1969 she moved to her husband's home country of Saudi Arabia where she lives today. She is mother to five children and grandmother to eight breastfed children. She is an LLL Leader, LLLI Peer Counselor Program Administrator, LLLI Representative to WABA for the Middle East and Africa, Member of the Advisory Committee for IBFAN Arab World, and owner of ALBidayah Women's Health Awareness and Breastfeeding Resource Center.

Rebecca and I know the Task Force is moving into excellent hands and minds as Anne and Pushpa come to it with new ideas and a focus on Peer Counseling.

At the recent WABA Forum held in Penang, Malaysia at the end of October, Mother Support was showcased throughout. A Plenary session was dedicated to the Working Woman and Mother Support with important speakers such as Elaine Cote, Renu Khanna, Mimi de Maza and Virginia Thorley. Two Workshops were facilitated, one on Creating Models for Successful Mother Baby Friendly Communities, including the Workplaces, and the other on Taking Peer Counseling to Scale.

The outcome of both these Workshops was the importance of focusing on increasing the promotion of Peer Counseling and working tirelessly in communities. The Task Force will work on a basic curriculum for training Peer Counselors to be featured on the WABA website. It will be a work in progress as groups and organizations will be able to adapt it to their own needs. The Forum helped to promote mother support worldwide and to increase the awareness of the importance of a woman needing support in her home, in her community, in the health care sector and at the workplace.

I would like to end this article, thanking all of you for the opportunity to work and share mother support with you.
2. **Why We Should Teach Dads About Hand Expression!: Kathy Abbott, USA**

The mother I was working with was terribly engorged on one side. I explained to her that we had to keep the milk moving and I gave her three options for expressing her milk; the baby, the new pump that she hadn't even taken out of the box yet, or hand expression. She and her husband had already watched a video I had shown them on hand expression and she decided it would be the gentlest approach. “Will you do it?” she asked. She was in so much pain she didn’t want to touch her breast herself. Knowing that I would be gone in an hour I decided to bring her partner into the picture. I gently started and then I asked the dad to take over for me. He did a great job, and the mother felt immediately comforted by his loving touch.

Women are no longer surrounded by experienced female helpers after they give birth. It is the fathers who are at their side at three a.m. Today’s fathers have been with them through the childbirth, but they often feel helpless when the woman they love has trouble breastfeeding. In my prenatal classes and during home visits I now teach all the fathers about hand expression. A working mom I visited who was having supply issues later told me “I was feeling alone in this situation, and he was feeling unable to help. Now we feel more like the team we normally are!”

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Kathy Abbott, IBCLC - after nursing her daughter Anna for three short years, she became a La Leche League Leader and eventually an IBCLC. Today she is a Lactation Consultant specializing in home visits in the Boston area, USA. Kathy has a blog “The Curious Lactivist” and a Facebook group she created called “Breastfeeding in the News.” She also speaks frequently at conferences. Her recent topics include “Breast Milk the Original Probiotic”, “Going Baby Friendly in New England”, “Helping the Second Time Mother” and “Breastfeeding and the Importance of Human Touch.”

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3. **The Mothers of Santo Domingo La Leche League Group take breastfeeding very much to chest: Yanet Olivares de Saiz, Dominican Republic**

It all started when Eva Hart, member of the La Leche League (LLL) group of Santo Domingo, mother to Luca and a photographer by profession, decided to help more mothers and babies to enjoy motherhood through breastfeeding. She felt this could be done through a breastfeeding promotion campaign.

The main objective of this campaign would be to help increase the exclusive breastfeeding rate in the Dominican Republic, which has decreased drastically to 2.1% in 6 months, according to the demographic and health survey ENDESA 2007.

With other mothers in the LLL breastfeeding group, ideas were brainstormed for a slogan. Various proposals were presented and the final decision was taken by Eva’s father, a publicity agent who selected the proposal by Paola Amador, a communicator and mother to Monserrat. The slogan selected was “I take breastfeeding very much to chest.”

A call that went out for two photographic sessions was responded to by about 50 of the group mothers. Most of the mothers, besides being models with their children, made a financial contribution for the group to help cover expenses.

Eva mounted each photo in a poster with the permission of the mothers and published it on Facebook, an Internet social network. She also prepared a video to post on YouTube. Maria Isabel Soldevila, a journalist and mother to Julien, decided to write various articles which were published in newspapers and magazines. Media promoted the campaign on various television and radio programmes and other publicity media.

During this time, the group mothers celebrated a picnic at the local botanical garden and requested t-shirts. Immediately Eva designed a t-shirt. Carolina D’Aniello, an employee of an Insurance Company ARS SDS, managed to get her company
to finance 100 t-shirts. The mothers of the group also decided to contribute with a donation by paying for their own t-shirts.

Savina Rey, a private employee and mother to Matilda, searched and obtained funding to print posters and for billboard advertising. Eva and her friend, who has an advertising display company, donated 10 spaces in the city of Moca. Through a company (Eudom) donation, Savina got more bill board spaces and also donations to print 30 posters. The 5,400 small posters are being placed by the mothers in health centers, education centers, organizations, businesses and commercial points.

Patricia Polanco, mother to Carlos and AJ, who works in New Horizon school, decided to offer a space in the school to open a second LLL group for her monthly meetings. The group started immediately with an attendance of more than 20 mothers, grandmothers and fathers.

When the campaign reached the ears of Marciel Frías, a photographer and mother to Amir, she did not hesitate to join and offered her services for additional photo sessions to continue the campaign. Thirty-two mothers came for the session with their babies (45 babies and children) to have their photos taken. More mothers are asking to have their photos taken, so Marciel will make arrangements for another photo shoot session. The photos are also published on Facebook.

The challenge now is that the mothers have requested calendars and also want to form a committee to visit clinics and hospitals to provide early support to mothers to begin joyfully in the art of mothering through breastfeeding. They themselves want to be a part of this team.

We feel more than satisfied with the campaign as the number of mothers and members of the group are increasing despite the fear of insufficient time to offer care needed for each mother and her baby. These same mothers have shown once more that there is not a more effective strategy for support than mother-to-mother support. Thanks to each one who is a part of this local group, to which more than 700 mothers belong.

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7. http://www.youtube.com/watch?v=Uq8mWwHoOc
4. Promoting breastfeeding as a Doctor and LLL Leader: Myrian Liliana Da Silva, Argentina

I am a doctor since 1990 and completed my residency in pediatrics in 1993. In those days, the head of Pediatrics constantly criticized young doctors for not promoting breastfeeding. Each day I heard: “The children must take the breast!”, but apart from that we did not know how to solve the multiple problems of breastfeeding that we faced daily and ended not prescribing but yes, allowing for artificial feeding.

Then came a 40-hour course to train for the Mother and Baby Friendly Hospital Initiative and it was then that I became clearer about breastfeeding. I learned about painful nipples at the start of breastfeeding, cracked nipples, plugged ducts, mastitis and other problems, and how to prepare the nipples during pregnancy which was the most important thing to know. I also learned how to ensure a correct latch-on covering part of the areola and also the nipple.

The following year, I took a course offered by Marta Martin*, president and founder of La Leche League Argentina, in a nearby community. She invited Dr. Béccar Varela, author of breastfeeding books for professionals, and for mothers, which was like the first "Bible" on breastfeeding for professionals of that zone. We learned a lot, both the community and the professionals. Forty leaders were accredited within a couple of years. Then every 15 days we met and learned basic management of breastfeeding and communication tools.

When I got married, my husband and I tried to conceive without results, until we decided to adopt. Thanks to the knowledge previously acquired, we succeeded in breastfeeding our baby, using a supplemental feeding system which we learned to make using a bottle and a tube.

During the many years I worked in Neonatology and Neonatal Intensive Care, I promoted skin to skin, attachment, extraction of breastmilk for use as food for the sick newborn administered through the tube, using colostrum, appropriate cutting of the umbilical cord and rooming in.

Although many doctors have learned the value of feeding at the breast, some do not want to commit to the 10 steps of the Baby Friendly Hospital Initiative. We, however, organize World Breastfeeding Week with the year’s theme and the number of groups participating increases each year.

For two consecutive periods, LLL Argentina came to Eldorado, Argentina, and trained 20 peer counsellors each time. Most of these peer counsellors are now nurses or health promoters who help strengthen families and offer information they need regarding breastfeeding.

For the past 10 years, every second Saturday morning of the month, a breastfeeding support group meets in my house. Many mothers, children, fathers, and grandparents come, enjoy the meeting, learn about breastfeeding, raise children through the LLL philosophy, appropriate complementary feeding, problems and possible solutions, tandem nursing, relactation, effective breastfeeding of twins, role of the father and also problems of sexuality and contraception in this phase of life.

Various mothers have been accredited as LLL Leaders. Those who are no longer active Leaders for various reasons, continue to support their families, neighbours or strangers with the experiences they gained, doing this for the benefit of the mothers, children, family and society where they live.

The communication media in my area offers free space during the year which is used for breastfeeding short segments, filming of a support group meeting or interviews of breastfeeding mothers.
I believe that the seeds of breastfeeding sown in this place have fallen on fertile soil and continue to grow even without my intervention because even when there is a lack of interest on the part of the Hospital authorities which is not a hospital accredited Mother and Baby Friendly, the whole community is breastfeeding friendly.

Myriana Liliana Da Silva, Pediatrician in Eldorado, Misiones, Argentina, La Leche League Leader. Email: myriandasilva@arnet.com.ar

Note: *Marta Maglio de Martin founded LLL Argentina in 1978, and was the president of LLL Argentina until she resigned in 1998.

An email that Dr. Da Silva received recently from a mother:
I do not know if you remember me, I am the mother of León, one of your patients in 2002-03 and participated in the LLL meetings. For the past 7 years, we lived in Posadas, Argentina and 3 months ago I had my second baby, Luz María, and put into practice all the wonderful teachings that I received in those very productive meetings in your house. Looking for information through the internet I found your mail and would like to take the opportunity to thank you for the wonderful experience that I had through breastfeeding León (he breastfed for 2 years and 10 months) and now Luz. Your warmth and your professionalism will always be with us. Thank you and May God bless you. Silvia Maciel, León and Luz Lezcano.

5. Breastfeeding Advocacy after WABA: Susan Siew, Malaysia

Following my departure from WABA in June this year, due to some unexpected family circumstances, I landed in North Carolina, USA, and was then fortunate enough to head down south to Florida and hop on to Latin America, visiting with friends from the WABA network.

Though the purpose of my trip was for the 3Rs – rest, recreation and rejuvenation; I had the opportunity to do some breastfeeding advocacy work and participate in the activities of the breastfeeding groups in Costa Rica, Peru, Paraguay, Argentina, Brazil and Guatemala.

I would not have embarked on such an ambitious adventure if not for the enthusiastic encouragement and invitations from my dear friends and former colleagues (especially Marta Trejos, WABA Steering Committee member who helped coordinate my Latin American trip), who opened their homes and heart to me. I thank them for their kindness, love and care, and for sharing their work and family life with me. They enabled me to enjoy the richness and diversity of the people and their cultures and heritage.

While there is lots to write about, I’ll share a photo-report of the activities I witnessed and participated in as a tribute to the breastfeeding groups for their wonderful work in helping mothers and babies, and the respective families and communities.

Costa Rica:

WBW planning meeting - Costa Rica breastfeeding groups. Costa Rica national rugby players work with RUMBA on youth projects.
Participant in one of Rumba projects on independent livelihood I visited this project in the slums where Rumba helped single mothers and the poor, giving them living skills and helping them with finance management.

Peru:

Susan with Ana Vasquez, CESIP, Nair Carasco, CEPREN and authorities of the Ministry of Health.

Paraguay:

Mother support group meeting at Hospital Cruz Roja.

Tea at Dr. Marta Gamarra’s (2nd from left) house with Pushpa, my host and waba country contact and pro-breastfeeding pediatricians.

MOTHER SUPPORT – BREASTFEEDING MOTHERS RELATE THEIR EXPERIENCES

6. My Heritage as a Woman is an Unbroken Connection to All My Foremothers: Cassaundra Blythe, Canada

Breastfeeding is an untouchable, precious part of my heritage, taught by the women in my Mother’s family. This is the best part, the part that I claim and refuse to surrender. My heritage as a woman is an unbroken connection to all my Foremothers.

My Nana, my Mother’s Mother grew up in the country and she grew up poor. She was not ashamed of this and taught me to believe that self-reliance, reliance on the land, was a mark of freedom. She said that as long as you had a piece of land to call your own and the sense to know how to use it, you could survive, feed your family and be happy. Breastfeeding was an integral part of this.

In our family, I was taught by my Mother… we breastfed, period. I was breastfed and so was my little sister. Breastfeeding WAS motherhood in my family and it was honored as the beginning of that journey. Breastfeeding was never hidden nor covered. A breastfeeding mother was always in the most comfortable chair, whether in my Nana’s giant farmhouse kitchen or in the suburban living rooms of my Mother’s acquaintances. When a mother breastfed her infant, we would coo and awwww over her child and bring the mother a glass of water or a cup of tea.

I had never seen an infant bottlefed until my Father’s second wife had a child. She did not breastfeed and all my Mother’s friends whispered about it. The question I heard over and over was “Why, WHY?!! would you have a baby and not breastfeed? That’s the best part!” It was then, at the age of 3, that I heard that most women did NOT breastfeed and I was warned to not turn from the true path into such modern “rich folks” behavior. If I did, I would be considered to have lost something of myself, to have been turned away from decency.

When I did have my first child at the age of 20, even a very traumatic labor experience could not end my determination to breastfeed. I was immune to formula marketing because of my belief in breastfeeding as an integral part of my heritage. I breastfed that child for 15 months, stopping mainly because I had been taught that 1 year was the minimum requirement and so I felt that I had done a good job to get well past the one year mark.

Nearly ten years later, I had my second child with my second husband and I nursed him till he was 18 months old. It was only then that I began to become aware of how difficult it was for so many other women to do what I considered to be my birthright. I was horrified to learn how so many women struggled, that they believed the formula advertisements that I blissfully ignored because I thought they had nothing to do with me.

It was with my fourth child and my own internet connection that the full truth dawned on me in relation to the Nestle boycott years ago and the siege on breastfeeding. I was very disappointed to see how women are sabotaged by both formula companies and medical professionals. What really surprised me was the way women were attacked by their own families, who were brainwashed by generations of formula marketing into believing that breastfeeding was at best an inconvenience and at worst, child abuse! And poor women around the world were fighting to give their children expensive and dangerous formula rather than breastfeed because they’d been convinced their own milk was inferior! This shocked and deeply saddened me.

Recognizing that I am unique in my heritage and perspective, a heritage that has protected me and my children, I decided that all mothers deserve to share this same belief; to be raised with respect for themselves and their own people and disdain for the corporate attempts to steal that respect. When you come down to it that is what it’s about. It’s about giving us our self-respect back. When my Nana would use one of her favorite phrases “No self-respecting fool would buy that!” I had no idea how much wisdom her joke carried.

We must focus our efforts on teaching women that breastfeeding is a part of their self-respect, an essential part of every person’s heritage. This would give more of us the immunity that I have enjoyed against marketing. I also firmly believe that we must ensure that all medical professionals are fully and correctly trained on how to support breastfeeding until
the two year minimum suggested by the World Health Organization (WHO) and the WHO code must be legislated and enforced in every country. We need to call breastfeeding what it is; our birthright, our greatest heritage as women and mothers and the essence of every diverse and beautiful human culture.

Cassaundra Blythe, mother to 5 children – an 18 year old girl, 8 year old boy, 5 year old girl, 29 month old girl and 6-month old boy. She is currently nursing both the younger two. The older ones were breastfed for over a year each. She donated breastmilk to a friend with PCOS – (polycystic ovary disease is one of the medical causes of low milk supply) and a breast reduction whose youngest baby is 2 weeks older than her youngest and is currently pumping when able for another woman with PCOS in Montreal.

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Cassaundra shares: I never imagined that I would be tandem nursing, because until 2 years ago, despite being raised in a family that only breastfeeds, I had never heard that you could nurse while pregnant. I also only nursed my previous babies for a year and a little more because I had no idea that full-term nursing meant 2.5 to 7 years and that the WHO suggests nursing till age 2.

So even though I had nursed 3 babies before, these last two have been a real education for me. This was largely due to the wonderful network of Lactivists online, a group of which I am now blessed to be a member. I wish all women could have this knowledge and do what I can to spread it and help as many women as possible.

I also believe that it is this network and the support and knowledge I received that helped me successfully transition my preemie from bottles of expressed milk to exclusively breastfeeding. This process took 9 weeks after he was discharged from his 3 week stay in the Neonatal Intensive Care Unit.

7. Freshly Baked Cookies or Spoiled Milk: Mami Angie, Dominican Republic

I went through my first pregnancy twelve years ago. My only allies were my best friends. They helped me plan everything and since every woman is different, each one of them had her own idea of what breastfeeding was like. One of them thought that breastfeeding would make me feel uncomfortable and dirty, like a cow walking around smelling like spoiled milk. The other one said that the bonding with her daughter while breastfeeding was the most beautiful and fulfilling experience she had ever gone through and if she had to compare her smell to something, it would be with freshly baked cookies.

I had no idea what my smell would be, but what I did know is that I arrived at the hospital leaking milk from my breasts while getting ready for an induced delivery due to pre-eclampsia when my baby was just 36 weeks in the womb. Despite all of my doctor’s efforts for a natural delivery, the baby did not crown, and after 12 hours my doctor did a c-section.

It took more than twelve hours after she was born for the nurse to bring me my baby, and milk kept leaking. **Mistake number one:** I did not know what the required lapse of time was for Amelia to start breastfeeding but that did not disturb me; after all, I was at a hospital and I felt they knew what they were doing.

When my baby finally arrived, I tried to make her nurse, but her suction was not good, the milk that came out made the breast slippery and Amelia gave up. **Mistake number two:** the room was filled with people, all talking at the same time and everyone had a different opinion on what Amelia and I had to do to succeed at breastfeeding. And when I say everybody, I am including my mother-in-law, who uttered some words I will never forget! She said “do not cuddle or kiss that baby too much or you’ll spoil her.”

Amelia did not latch on, so they bottle fed her in the nursery room with formula that I personally chose so I, **mistake number three**, could rest for the night. We went home and Amelia slept for almost twelve hours. I called her pediatrician to brag about my perfect baby that slept a lot. He threw a fit. Apparently, it is not very good to let a baby sleep without
food for more than four hours. However, Amelia still wouldn't latch on and the pediatrician insisted "go out and get some formula NOW" and I, mistake number four, did exactly what he said, instead of giving another try with breastfeeding.

Nobody told me what the implications of bottle feeding Amelia would be. She slept for endless hours. I tried to wake her up but she just rolled her eyes, sucked twice and fell asleep right away. Since I didn't know what was happening to me, I bottle fed her with formula while my own milk was getting wasted. I was depressed. I knew the benefits of breastfeeding, not because someone taught me but because I knew deep in my heart that it was the best for Amelia… And I was producing milk! All women I knew stopped breastfeeding because they "stopped producing milk." After several days, I don't even remember how many, I went to visit my gynecologist, and she's the one who finally told me that three things were happening: Amelia was getting used to bottle feeding, she was getting lazy about breastfeeding and (surprise surprise!) I had inverted nipples.

She suggested a great, natural technique for the nipples to come out. My husband would have to suck real hard so that the nipple would protrude and then I would feed Amelia. He refused to do it. I never asked him why, but he was more than happy buying formula to avoid even talking about it. It was a "we'll breastfeed if we can" thing for him.

Days went by, milk kept leaking out, getting wasted. I cried and I cried and then I realized, this was Amelia's milk and I would make her drink it. But how?

I don’t know how it happened. I think my mother had a friend who had a friend whose daughter was a doctor, and sharing opinions, they talked about my struggle. And that's how I met Candida. She was not only a Doctor; she was the head of a pro-breastfeeding campaign sponsored by the Ministry of Health. She came to my house and she taught me how to wake Amelia up with a gentle massage down her spine. She taught me that all women produce milk. She taught me that breastfeeding was a child-mother moment and that nobody else should interfere or give his opinion. She taught me how to get my nipples out without somebody else's help through a procedure that was painful, but it worked. Above all, she taught me that breast milk is miraculous, and that you can spread your own milk on your breasts after a breastfeeding session and your nipples will not crack or hurt. She taught me how to manually express my milk using my own hands instead of breast pumps and I would get 4 oz out of each breast at the beginning, and this was while Amelia was sleeping. I stored up to 24 oz of milk a day, not considering the milk Amelia drank straight from mommy. I wanted to donate my milk and there were no milk banks then, so I did waste a lot of milk.

I look back and I can honestly say that I always smelled like freshly baked cookies and that Amelia, now 12, who was an extremely cuddled and kissed baby is not spoiled but quite the opposite, an avid love giver who spreads her joy to everyone.

Now we are waiting for Amelia's little sister, Mina, and nobody will give me their opinion, because I will be prepared.

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The above story by Mami Angie was submitted by Yanet Olivares de Saiz, LLLLeader, IBCLC, Dominican Republic
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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 with us your/their experience.

FATHER SUPPORT

8. Husband to an LLL Leader: Evandro Luiz Barros Marroquim, Brasil

My wife is a Leader of La Leche League (LLL) Maceió, Brasil for the past 4 years and founding mother since its first meeting 12 years ago. I must confess that at first her dedication, demonstrated by the endless phone calls, irritated me. A little jealous of course, because of the attention I should have received when I arrived home, tired after a full day at my dental office. A little bit of “machismo” no doubt. Our conversations were interrupted with phone calls from mothers asking for advice and complaining about cracked nipples, inverted nipples that hindered breastfeeding, types of breast shields, less milk, more milk, etc.. These were difficult times that interrupted the husband/wife relationship. There was no respite! The telephone rang all the time and was almost always for her. I thought of buying another phone line exclusively for me and
my three daughters. The telephone no: 241-5577 did not belong to me anymore since it was practically for LLL as it already showed as the official number on stickers and on the organization’s stationary.

Today, being more tolerant on the eve of the printing of the LLL Maceió book, “Breastfeeding, why not?” I must express a new viewpoint on all of this. I am overwhelmed and proud of my wife, having witnessed and accompanied her in these past 13 years of marriage and now being able to see the positive outcome. There is a unanimous recognition on the part of all who know and work with her, in La Leche League, in the University, the community and in the family, about her total involvement with breastfeeding. Her commitment and zeal in the affairs of La Leche League of Maceió has earned her numerous invitations to lectures, roundtables, conferences and meetings throughout Brasil and even abroad, when she presented the research paper entitled “Influence of groups of mothers in successful breastfeeding” in Anaheim, California, USA, 1989. Her university training – Nutritionist – provides her with the skills and abilities, without doubt, to continue taking forward information on scientific techniques, in her simple and practical manner. Her connection with the Federal University of Alagoas, Brasil, gives her much security and teaching is not forgotten, although at the monthly LLL meetings it is mothers who meet to share their experiences.

The fruits of the BoLLLLetim newsletter, published bimonthly on breastfeeding are undeniable. It shows her dedication, responsibility and competence in the printed material that has contributed to reaching the current level.

For all this, I can say to my wife, is my testimony that it is all worthwhile. I’m even warming up my soup when I arrive tired at the end of the day! I believe that Rebecca (Magalhães), founder of La Leche League of Maceió, chose the right person for the right place and the right time. Congratulations to all the mothers who voluntarily link to the activities of La Leche League of Maceió, and in particular Pajuçara, whom I admire more each day.

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

9. WABA Men Supporting Mothers through Learning from Community Media: Participation, Education & Development: James Achanyi-Fontem, Cameroon

Sir John Daniel, the President and CEO of the Commonwealth of Learning (COL), Prof. Asha Kenwar and Ian Pringle were among key speakers at the 6th Pan COL held at Kochi, India from the 24–28 November 2010, attended by 600 delegates. Cameroon Link addressed Mother and Child Health Care in “Linking Media to Health Development”, through a Radio in a Box experiment throughout the Forum. The Initiative showed how all sectors of the community can be involved in project design, decision making, execution, monitoring and evaluation for Mother and Child Health Care promotion.

James Achanyi-Fontem of Cameroon Link, highlighted the current project on “Mother and Child Health Care” by the Lebialem Community Radio in Lebialem, south west region of Cameroon. He mapped the community’s human resources, where both men and women, including youth, had equal participation opportunities within the community, to tell their stories as a Community of Learning process.

The objectives of the Community Learning Programmes on Radio are to:

- increase the awareness of the need for and the value of male and youth to participate equally in the execution of the radio programmes,
- disseminate information updates on mother and child health care though the radio programme,
- create optimal conditions for the provision of support to the mother.

The involvement of men and youth in communities for mother and child health care support creates an enabling environment where particularly fathers or partners participate actively in sharing responsibilities with women to care for their infants and young children.
Representatives for the programmes are selected from the radio station, the public service sector, traditional leadership, health, education, social welfare and civil society organisations. The mother and child health care community of learning action is participatory. Ordinary people in the community address important issues. They are regularly invited for exchanges and decision making meetings. It is during the community development committee meetings that issues are introduced. Those selected are people who are readily available, are volunteers and are respected and accessible to their peers within the community. During the process, it is often discovered that most of those elected for training to produce the radio programmes are already playing a role of animators within their community or development committee.

Almost every man or woman in the community is known to belong to a meeting group, where regular exchanges take place on a weekly basis. Training members of the orientation committee of local broadcasters add to their existing skills and capacity; the language used is a popular local language.

Cameroon Link’s current activities focus on “Mother and Child Health Care” rights as part of the men’s advocacy channel for behaviour change communication. As such, the health programmes continue to challenge trade laws that prioritize profit over access to life-saving possibilities, create leadership and ownership in men and women, training opportunities within local communities by establishing or collaborating with local health area, men/women gender councils and related health task forces.

The programmes educate, inform, and lobby funding organizations and service providers to involve young persons, especially teen mothers in care and support activities. They promote social norm change campaigns through publications, participation in local community radio and television programmes, foster relationships with media outlets and through well recognized male and female celebrities for the promotion of women and child rights.

Cameroon Link participates in planning, organizing and broadcasting programmes during United Nations international and national days with women’s involvement in live radio shows and pre-recorded programmes on Mother and Child Health Care rights.

James Achanyi-Fontem, WABA Men’s Initiative Coordinator and Executive Director of Cameroon Link, WABA Men’s Coordinator, Cameroon

Email: camlink2001@gmail.com

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

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

Europe:    Per Gunnar Engblom pergunnar.engblom@vipappor.se
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

NEWS FROM THE BREASTFEEDING WORLD

10. Meet Breastfeeding Advocates featured in our Newsletter

Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In this issue, the Editors and the MSTF would like to highlight all the breastfeeding advocates featured so far in our newsletter.

To read about these dedicated and passionate breastfeeding advocates, please visit the WABA website: www.waba.org.my/whatwedo/gims/index.htm.
If you know of an individual who works diligently and enthusiastically in promoting, protecting and supporting breastfeeding from your country, your region, your city, or your neighbourhood please take the time to write about this person and submit your article to the MSTF E-Newsletter.

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

11. IX Latin American La Leche League 2010 Workshop: Pushpa Panadam, Paraguay

The IX La Leche League (LLL) Latin American Regional Workshop took place from 30th September to 3rd October 2010 in Villa Giardino, Cordoba, Argentina. The workshop participants included 61 LLL leaders, 3 leader applicants, 21 children, husbands and grandparents, from 11 countries – Argentina, Paraguay, Colombia, Ecuador, Peru, Mexico, Guatemala, Chile, Costa Rica, Bolivia and USA.

The Regional Workshop provided a platform for Leaders and their families to exchange ideas and information, share experiences and stories and provide encouragement and support. These passionate women – mothers who support other mothers, fathers and families in their breastfeeding adventure – love what they do. The presence of Marian Tompson, one of the LLL Founders, gave the workshop participants an opportunity to hear her stories, experiences and share special moments with her.
Workshop sessions included LLL related topics - the organization, publications in Spanish, volunteerism, communication skills in team building, mixing of causes and conflict resolution. Other sessions were on Breastfeeding in the Bicentenary – a Historical Context, Normalizing Breastfeeding, Open Space on conflict resolution, answering emails and telephone calls, radio programmes on breastfeeding and Breastmilk Bank and a Successful 10 Step Baby Friendly Experience in Colombia. Twelve new LLL Leaders were accredited in the presence of Marian Tompson in a beautiful and memorable ceremony.

Marian Tompson gave 2 presentations at the workshop. The titles of her presentations were: On Breastfeeding and HIV-Myths, Realities and Challenges and she spoke of the need for support and correct information on breastfeeding for mothers with HIV in order for them to make an informed feeding decision. She emphasized the need for continued research and studies regarding this issue. It was for this reason that she founded a second organization in 2001, called AnotherLook.

In talking about how LLL Leaders change the world, she started with her personal story, how it was her father who received her at birth, how, thanks to her Italian grandmother, she was carried and breastfed often. She related how she and six other mothers 54 years ago, decided to support mothers in their town to breastfeed and how successful breastfeeding mothers wanted to support other mothers. This simple initiative took mother-to-mother support from their town into the wider world.

The workshop ended with renewed energy, a feeling of support and love among the participants, with everyone ready to continue to support mothers and babies in their breastfeeding journey.

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

Note: More information on AnotherLook can be found on its website www.anotherlook.com

12. WABA Youth on YouTube, Facebook and Twitter: WABA Youth

WABA Youth would like to thank everyone for their support and words of encouragement at the Global Breastfeeding Partners Forum. We are excited to activate our local youth communities to join you in the support, promotion, and protection of breastfeeding!!
We are on YouTube (http://www.youtube.com/watch?v=pTi-5QcrhXg) and are currently in the process of building our Facebook page and updating the WABA Youth website so updates will be posted periodically.

For now, follow us on Twitter! www.twitter.com/wabayouth

Please let us know if you have any questions about Youth for Breastfeeding or ideas for future projects we can help with.

Email us:
Katherine Houng (English): katherine.houng@waba.org.my;
Amura Hidalgo (English and Spanish): swamura@me.com;
Fabiola Cassab (Portuguese): fcassab@gmail.com;
Natália Rea (English, Portuguese, Spanish and French): natirea@gmail.com

13. News from the International MotherBaby Childbirth Organization: Rae Davies, USA

International MotherBaby Childbirth Organization has developed the MotherBaby Rights, available to print or email in English and Portuguese at: http://www.imbci.org/ShowPage.asp?id=217.

Also available on the same page – The Baby-friendly Hospital Initiative and the International MotherBaby Childbirth Initiative: Complementary Initiatives Fact Sheet

Birth and Breastfeeding – The International MotherBaby Childbirth Initiative (IMBCI) states that birth and breastfeeding cannot be separated – they are part of the motherbaby continuum – and the way birth proceeds can have a major impact on the way breastfeeding will proceed. Any procedure that interrupts the mother’s physiological systems or interferes with her self-esteem can be highly detrimental to breastfeeding, including separation of motherbaby after birth and the use of bottles or pacifiers in the hospital. The IMBCI is available at www.imbci.org in 14 languages.

A collaborative conference with The Breastfeeding and Feminism Symposium Series and the Coalition for Improving Maternity Services (CIMS) will be held in Chapel Hill, North Carolina USA, March 11–12, 2011 www.motherfriendly.org.

Rae Davies, BSH, CD(DONA), LCCE, IBCLC
For over thirty years, Rae’s professional career has been dedicated to childbirth and breastfeeding education, and providing training programs for doulas, childbirth educators, midwives and nurses. Rae serves as the Administrative Director for International MotherBaby Childbirth Organization, she is co-chair of the World Alliance of Breastfeeding Action (WABA) Health Care Practices Task Force, and she serves on the Board of Directors for the Florida School of Traditional Midwifery. Rae is the past Executive Director of the Coalition for Improving Maternity Services (CIMS). In addition to the United States, Rae has presented and conducted workshops to audiences in Africa, India, Switzerland, Guatemala, Puerto Rico, and Bermuda.
Email: birthco@bellsouth.net


On November 13, 2010, the Dubai Hospital of Dubai, United Arabs Emirates (UAE) hosted the National Seminar on Human Lactation, “Breastfeeding: Every Baby’s Birth Right.”

The event, organized by “Dr. Khalid Iqbal and his team of supporters, was attended by 200 enthusiastic participants that out numbered the space available. It was wonderful to see the interest and to be a part of such a positive event.

The time was divided between two types of sessions. First were speakers sharing their experiences related to breastfeeding support in the region. Dr. Nor Khaji spoke on Breastfeeding Support activities in Saudi Arabia.
Dr. Modia Batterjee introduced her new book, *A Fading Art; Understanding Breastfeeding in the Middle East* which is based on four years of research and her experience as an IBCLC in Saudi Arabia.

Dr. Kamini Naik, (far right below) spoke of her journey in establishing the UAE Lactation Consultants Organization and the final recognition of the organization as a medical association inclusive of both doctors and nurses. A wonderful result!

Second and final sessions were educational. There was a time to share and a great opportunity to learn from experienced and skilled individuals like Wendy Firas, Dr. Alaa Eldemerdash, and Dr. Meek, among many others.

This successful and wonderful event resulted in the drafting of the Dubai Declaration which has been accepted by many institutions globally to be posted on their websites.

The Dubai Declaration calls upon all health care professionals, medical organisations, governments and all concerned parties to join us in the following to:

1. To reaffirm commitment to protect, promote and support breastfeeding.
2. To make every effort to make Breastfeeding a strategic health priority and integrate breastfeeding into all government programs related to infant and young child health.
3. To ensure that all conferences, seminars, symposia on infant and young child health are free of commercial influence from the infant formula industry and that medical events are held without commercial promotional booths and materials to avoid conflict of interest as endorsed by the World Health Assembly (1) hence the health care professionals receive only unbiased up-to-date and evidence based scientific information.
4. To agree that the promotion of fortified commercial complementary foods and “ready to use foods” (RUF ) may undermine breastfeeding and the use of customary family foods. It can also delay the gradual transition to family foods and disrupt sustainable food patterns.

Anne Batterjee, mother to five children and grandmother to eight breastfed children. She is an LLL Leader, LLLI Peer Counselor Program Administrator, LLLI Representative to WABA for the Middle East and Africa, Member of the Advisory Committee for IBFAN Arab World, and owner of ALBidayah Women’s Health Awareness and Breastfeeding Resource Center.

Email: annebatterjee@gmail.com

*Dr. Khalid is Coordinator of IBFAN Arab World, WABA Research Task Force

The Dubai Declaration is available at: [http://www.emro.who.int/nutrition/events_dubai_declaration.htm](http://www.emro.who.int/nutrition/events_dubai_declaration.htm)
15. WABA Global Breastfeeding Quilt Initiative

The WABA Global Breastfeeding Quilt was launched at the WABA Global Forum in October 2010 in Penang, Malaysia. The quilt panels, sent in by various breastfeeding support groups and individuals from different parts of the world, were sewn together by a group of enthusiastic Forum participants and WABA secretariat members. It was then presented at an emotional ceremony at the Forum. WABA’s Global Breastfeeding Virtual quilt can be seen at: http://globalbreastfeedingquilt.net/virtualquilt.htm

The WABA Global Breastfeeding Quilt is an on-going initiative and Breastfeeding support groups and individuals can send in their creations to WABA. For further information, see http://globalbreastfeedingquilt.net/

BREASTFEEDING RESOURCES

16. Maximizing Milk Production

Maximizing Milk Production with Hands On Pumping, “When an infant is unable to breastfeed effectively, and his mother needs to stimulate the breasts and express milk with a breast pump, building and maintaining an adequate supply can be a challenge. This video demonstrates some ways that pumping mothers can increase production without medication.”

http://newborns.standford.edu/Breastfeeding/g/MaxProduction.html

17. In Spanish - the revised 3rd Edition of the Wellstart Lactation Management Self-Study Modules, Level 1: Audrey Naylor, M.D. DrPH, FAAP, President/CEO – Wellstart International

The Spanish version of the Wellstart Lactation Management Self-Study Modules is available for download without charge. We hope that making this available will improve the care of mothers and babies throughout the Spanish speaking areas of the world and help achieve the goal of exclusive breastfeeding for six months and continued breastfeeding to two years and beyond as nutritious complementary foods are introduced.

http://www.wellstart.org/ModuloSPN.pdf

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Audrey Naylor
Email: ajnaylor@aol.com

18. The Benefits of Breastfeeding Across the Early Years of Childhood: Clive R. Belfield and Inas Rashad Kelly, USA

The choice to breastfeed rather than formula-feed an infant as well as the duration of doing so has been scrutinized in more recent times. Yet, key identification issues remain to be resolved, including the array of possible child development benefits, the optimal intensity of breastfeeding versus formula-feeding, and the possibility of confounding with other inputs that promote child health.

This study uses the Early Childhood Longitudinal Survey – Birth Cohort to explore the causal effect of breastfeeding on development across the early years of childhood. We examine a range of health, physical, and cognitive outcomes and relate these to a set of breastfeeding and formula-feeding intensities. Adjusting for a very extensive set of potential confounding factors that also promote child development, our empirical method uses simultaneous equations models and propensity score measures to understand the link between breastfeeding and child outcomes. Our results indicate that breastfeeding and not formula-feeding at birth are associated with increased probabilities of being in excellent health at 9 months. Furthermore, they are protective against obesity and improve cognitive outcomes at 24 months and 54 months. Breastfeeding for 6 months or more increases motor scores at 9 months.

The research document can be downloaded at http://www.nber.org/papers/w16496.pdf?new_window=1
Clive R. Belfield, Queens College / CUNY, USA
Email: clive.belfield@qc.cuny.edu
Inas Rashad Kelly, Queens College / CUNY, USA
Email: Inas.Kelly@qc.cuny.edu
19. A Fading Art: Modia Batterjee, Saudi Arabia

In *A Fading Art – Understanding breastfeeding in the Middle East*, Dr. Modia Batterjee chronicles her years as a lactation consultant in Saudi Arabia and her efforts to provide counselling for mothers and training for nurses and health care workers. It is a fascinating book that looks at the way communities view breastfeeding.


For further information, please email: modiab73@gmail.com

20. Award-winning DVD – Sleep Like A Baby: Platypus Media

Sleep Like A Baby, written and produced by Paul and Wendi Gilbert (in English), has won a coveted Parents Choice award, a Kid’s First award, and an endorsement from the National Council on Family Relations. Including advice from such sleep experts as Miriam Labbok, M.D., and James McKenna, Ph.D., and Ronald Dahl M.D., this DVD helps set realistic expectations and gives you the information you need to help you – and your baby – sleep through the night!*

This DVD surpasses every other home Guide in its detailed coverage of early sleep issues. Every hospital and birthing center should provide this to all new parents!

- Marilyn A. Bosis, R.N. Palo Alto, California, USA

Those who purchase the DVD will also receive FREE access to the online Sleep Like A Baby Resource Folder, which contains additional content such as a Discussion Guide, Frequently Asked Questions, Safe Infant Sleep Checklists, Resource Lists and more! The password to the guide is included with purchase of DVD. Difficulties getting your baby to fall asleep and stay asleep are not uncommon. Sleep deprived new parents can rest assured; help is available. Expectant parents will know what lies ahead. Informative, entertaining, and practical.

- Parents’ Choice Foundation

For further information email dia@platypusmedia.com

Editors’ Note: When a baby “sleeps through the night” this could be in increments of 3-5 hours.”

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.

21. Negotiating Two Breastfeeding Sessions a Day: Ning Desiyanti bt. Soehartojo, Malaysia

Tamara, my youngest daughter, was exclusively breastfed for the first 6 months and in addition to complementary foods, continued to breastfeed beyond 2 years of age. As she grew older, she was breastfeeding more for comfort – when she was tired or upset, when she squabbled with her older brothers or when she just needed time alone with me. She was taking a variety of foods, so her nutritional requirements were taken care of.

When she turned 4 years old, I was no longer comfortable with her breastfeeding demands. I tried to reason with her, but I should have known better. Below are some of her responses.

“Wow, you’re my big girl now, we can just cuddle and hug you know, and do without breastfeeding?” – she shook her head NO.

“You’ve been suckling on and on - Seems to me that you’re not getting much milk anymore – I don’t have milk now compared to before.” When she’s not in the mood for a “discussion”, she either will ignore me, put her hand over her ears and continue to breastfeed or she will wrinkle her forehead, give me this “look” that seems to say “yeah right, who are you trying to kid?”
Most of the time, she would use the “show and tell” method. She will point to the breastmilk in her mouth/on my nipple or use the “marmet technique” on me and raise her “I rest my case” eyebrows.

Friends and numerous articles suggest that I need to wean her off the breast gradually and be patient. I then decided to negotiate with her and she somehow agreed to the “2 breastfeeding sessions a day only.” One fine mid-day, she snuggled close to nap and whispered that she wanted to breastfeed. I reminded her that she will then only have one breastfeeding session left till nightfall. She nodded and, as expected, fell asleep while feeding. About an hour later, she woke up from her nap and asked to “continue the breastfeeding session.” She argued that since she fell asleep while breastfeeding earlier, she was merely continuing her session, therefore she had not utilized her 2 breastfeeding quotas/day. I was speechless, and yes, I gave in to her request.

p.s. Tamara turned 5 years old on 1st December. We are still at “2 breastfeeding sessions/day” deal.

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Ning Desi Sanity bt. Soehartojo, Ning is a working mum (blessed with 3 sons and a daughter), a medical doctor, Peer Counselor Program Administrator and IBCLC. Her breastfeeding experience with her youngest daughter was the most satisfying and she owes it to the invaluable breastfeeding “know-how” and support from family and friends. Her mission as part of the Malaysian Breastfeeding Peer Counselor Program, is to reach out to mums and community and to empower and support them in their breastfeeding journey.
Email: ningds@gmail.com

**GRANDMOTHERS and GRANDFATHERS SUPPORT BREASTFEEDING**

*If you are a Grandmother, Grandfather or an older person, please send in your stories on how you provided support for mothers and babies.*

### 22. Grandmother for the First Time! : Marilyn Thompson, USA

Having a grandchild is the most amazing feeling. From the very first, being told a little one is coming, watching your son and daughter-in-law prepare, figuring out the relationship (being careful not to offer too much advice) and waiting patiently and impatiently for the birth. Odin is, of course, the most beautiful baby ever.

As a grandparent, I can relax knowing that he is in the best of hands – his parents – and that he is loved and protected by so many. My role is to delight in every facial expression, hold him every chance I get, memorize fun songs that I can sing to him, and encourage and support his parents. I feel very blessed.

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Marilyn Thompson, Minnesota, USA, mother to 2 sons who were breastfed, former LLL Leader, first time grandmother to Odin Reinar Eggert Thompson, born October 30, 2010 and currently happily breastfeeding.

**BREASTFEEDING, HIV and AIDS**

### 23. Ways ahead: protecting, promoting and supporting breastfeeding in the context of HIV:

Karen Marie I Moland, Penny van Esterik, Daniel W Sellen, Marina M de Paoli, Sebalda C Leshabari and Astrid Blystad

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

http://www.internationalbreastfeedingjournal.com/content/5/1/19
Karen Marie I Moland1,2, Penny van Esterik2, Daniel W Sellen4, Marina M de Paoli5, Sebalda C Leshabari6 and Astrid Blystad7

1. Centre for International Health, University of Bergen, Norway
2. Faculty of Health and Social Sciences, Bergen University College, Norway
3. Department of Anthropology, York University, Canada
4. Department of Anthropology, University of Toronto, Canada
5. Fafo Institute for Applied International Studies, Oslo, Norway
6. MUHAS, Muhimbili University of Health and Allied Sciences, Tanzania
7. Department of Public Health and Primary Health Care, University of Bergen, Norway

24. Implications of the new WHO guidelines on HIV and infant feeding for child survival in South Africa: Tanya Doherty, David Sanders, Ameena Goga and Debra Jackson, South Africa

The World Health Organization released revised principles and recommendations for HIV and infant feeding in November 2009. The recommendations are based on programmatic evidence and research studies that have accumulated over the past few years within African countries. This document urges national or subnational health authorities to decide whether health services should mainly counsel and support HIV-infected mothers to breastfeed and receive antiretroviral interventions, or to avoid all breastfeeding, based on estimations of which strategy is likely to give infants in those communities the greatest chance of HIV-free survival. South Africa has recently revised its clinical guidelines for prevention of mother-to-child HIV transmission, adopting many of the recommendations in the November 2009 World Health Organization's rapid advice on use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. However, one aspect of the new South African guidelines is cause for concern: the continued provision of free formula milk to HIV-infected women through public health facilities. This paper presents the latest evidence regarding mortality and morbidity associated with feeding practices in the context of HIV and suggests a modification of current policy to prioritize child survival for all South African children.

http://www.who.int/bulletin/online_first/10-079798.pdf

Tanya Dohertya, David Sandersb, Ameena Gogaa and Debra Jacksonb

a. Medical Research Council, Francie van Zyl Drive, Parrow, Cape Town, South Africa.
b. School of Public Health, University of the Western Cape, Cape Town, South Africa.

Email Tanya Doherty for correspondence at tanya.doherty@mrc.ac.za

NEWSLETTER INFORMATION

25. Check out these Websites

The WABA Youth for Breastfeeding video is now on youtube!
http://www.youtube.com/watch?v=pTi-5QcrhXg

Time off for breastfeeding dads in Spain?

In Indonesia a new law has been passed that stipulates all babies should be exclusively breastfed for the first six months of life
http://www.bbc.co.uk/news/world-asia-pacific-11586719

http://thetruthaboutbreastfeeding.com/category/research/conjunctivitis/

In vitro tests show that colostrum, and to a much lesser extent mature breast milk, can potentially combat some of the bacteria known to cause neonatal eye infections and another study provides evidence that it does seem to be an effective treatment for eye infections in young babies. At a hospital in Spain, babies diagnosed with neonatal sticky eye were treated either with antibiotics or breast milk. Babies treated with breast milk generally recovered much faster: 26 out of 45 (57%) of those receiving milk had recovered after 30 days, compared with 3 out of 20 (15%) of those receiving antibiotics. Whilst this does not provide conclusive evidence that breast milk is the optimal treatment for eye infections in newborns,
the study’s results were deemed sufficiently encouraging to switch from antibiotic drops to breast milk at the hospital where it took place.

Abbott recalls beetle-tainted Similac baby formula
http://www.reuters.com/article/idUSTRE68L4ZI20100922

http://www.biologicalnurturing.com/

Breastfeeding USA, a non-profit membership organization in New York, USA, was launched on December 10, 2010. Breastfeeding USA, Inc. provides evidence-based information and support, and promotes breastfeeding as the biological and cultural norm.
https://breastfeedingusa.org/

26. Announcements: Past and Future Events

28 September 2010: Birth and breastfeeding advocates are welcome to attend the International MotherBaby Childbirth Organization’s International Day that will be held in Strasbourg, France September 28, 2010. This is a pre-conference event at the Midwifery Today Conference, “Birth Is a Human Rights Issue.” For more information and to register go to – http://midwiferytoday.com/conferences/Strasbourg2010/IMBCI2010.asp.


8 – 10 October 2010: Breastfeeding - Weaving Lifelong Connections – LLL New Zealand Conference, Wellington, New Zealand. Registration information is available at www.lalecheleague.org.nz or email Anne: e.lllconnections@gmail.com

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

28 October 2010: Largest Human Pink Ribbon Campaign will be held in Jeddah, Saudi Arabia. For further information please contact Yahya Hamidaddin at yahya.hamidaddin@adalidpr.com

25 – 26 November 2010: Birthing the World, an international conference on perinatal care organised by Association pour la santé publique du Québec / Quebec Association for Public Health brings together a programme that is “both highly scientific and purposefully interdisciplinary in terms of intention, format and implementation”. It will highlight the importance of various professional and community groups working together through the pre-, intra- and post-natal stages for improved performance. Some 150 abstracts have been received by the Scientific Committee. The event will be held in Quebec City, Canada. www.birthingtheworld.com

9-11 December 2010: 2nd Congress of the Asian Association of Women’s Studies (CAAWS 2010) on “Debating Gender Justice In Asia” to be held in Penang, Malaysia. For further details, please visit the congress website at www.usm.my/kanita/aaws2010.asp

10-14 January 2011: The International Conference on the Theory and Practice of Human Lactation Management and Breastfeeding Research to be held in Orlando, Florida, USA, organized by Healthy Children’s Center for Breastfeeding. For more information, go to <http://www.healthychildren.cc/index.cfm?show=international

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

14 February 2011: WABA 20th anniversary
21 February – 5 March 2011: Breastfeeding Advocacy and Practice, A Regional Outreach Course by the Infant Feeding Consortium, Institute of Child Health, London, U.K. and WABA, Penang, Malaysia. The course is specially designed for doctors and other senior health professionals from the South East Asian region who are responsible nationally or locally for: clinical care of mothers and infants, teaching short courses, pre-service curricula for health professionals, advocacy and policy development, implementation of programmes such as the BFHI. http://www.waba.org.my/pdf/bap2011brochure.pdf

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


27. Readers Share

We look forward to hearing back from you, as readers and subscribers of this e-newsletter, on the articles, and what you enjoyed the most. We also welcome constructive criticism and input for what topics the newsletter could cover.

28. 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.

29. How to Subscribe/ Unsubscribe to the Newsletter

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

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

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

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

The newsletter is a means of communication that reaches out to breastfeeding mothers, fathers, organizations and supporters sharing stories and information. The newsletter helps all of us who work in breastfeeding to feel supported and appreciated in what we do and to improve how we help mothers, fathers, families and communities in breastfeeding.
However, our newsletter needs support too. You can help by disseminating each issue of the newsletter and letting us know:
1. how many are receiving it directly from the newsletter editors
2. how many are downloading it from the WABA website
3. how many are receiving it through you, a subscriber
4. how many are reading the newsletter through printed copies from your organization when there is no easy access to internet.

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

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and 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 (LLLl), 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).

“IT’S time to normalise breastfeeding and create the right conditions for mothers to breastfeed in comfort, wherever they go, whether that’s in a restaurant or a shop when they’re out and about.”

– Janet Fyle, Royal College of Midwives, UK, BBC News, Health, 21 June 2010