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Three Common Breastfeeding Challenges

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PREVIEW

BUY

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Good For Mothers Too

La Leche League Leaders believe that mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby. And that in the early years the baby has an intense need to be with his mother which is as basic as his need for food. We take the baby’s perspective while supporting mothers to meet their babies’ needs.

Sometimes it can feel like being a mother is all-consuming. A support network can then play an important role, particularly when a mother is depressed. The letters in the “Mom to Mom” column reflect this and mothers share their practical ideas for coping when suffering postpartum blues.

Learning about the many health benefits for mothers often strengthens women’s resolve to breastfeed. You can read about these advantages for mothers in the article “Breastfeeding is a Shared Gift.” I hope this helps boost your positive feelings about breastfeeding.

Edith Kernerman examines three common challenges that mothers encounter when breastfeeding and illustrates helpful ways to address them with video examples.

Mothers share their stories about gentle weaning, coping when birth doesn’t go as planned, and finding virtual support online when in hospital with a baby born prematurely.

Our recipes in “What’s Cooking?” use the queen of greens to cook up some nutritious and delicious dishes.

We hope you will find reassurance, warmth and support here and that if you are not already a member of LLL, reading Breastfeeding Today will encourage you to join our global family http://store.llli.org/memberships

I hope you enjoy the magazine!

Barbara

editorbt@llli.org

Please send your contributions for Breastfeeding Today to editorbt@llli.org. I look forward to hearing from you! (Photos for publication need to be well lit, at around 300dpi, and have no photo modifications such as borders/frames, textures, or filters such as sepia tone.)

Barbara Higham has been a La Leche League Leader since 2004 and is the managing editor of Breastfeeding Today. She lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (15), Edgar (12) and Amelia (8).
Three Common Breastfeeding Challenges
Though breastfeeding is natural, it is also a learned behavior and the challenge and joy of this mean that the two of you need to learn together. During this learning process many mothers experience some difficulties with breastfeeding. Some of these challenges come at the onset of breastfeeding, some a few weeks in, and some after a few months when breastfeeding seems to have been well established. The reasons for these difficulties are numerous and varied but I would like to touch upon a few that tend to be overlooked.

Separation
In the first few days, a baby who does not seem keen to latch might be a baby who has been separated from his mother. Sometimes separation is necessary (illness or prematurity) but most times it is not. What does this mean, this separation?

Separation can mean the baby is taken off to the hospital nursery at night so that his mother "gets more sleep." In reality, mothers relax and rest just as well if not better, when the baby is sleeping next to them. Separation can mean the baby is swaddled or wrapped in a blanket rather than keeping him skin to skin with his mother. The intention is that the baby will sleep better—another myth! Swaddling can lead babies to sleep for longer stretches and more deeply than is normal, but the light sleep and frequent wakings that are normal for a baby are important reminders to him to breathe. Swaddling also suppresses the rooting reflex, which causes a baby to search for the nipple, and may prevent the baby from being in the neurological state necessary for him to be aware of his hunger. Swaddling is not useful to babies who are learning to breastfeed.

Babies who are kept skin to skin with their mothers—wearing just a diaper and perhaps a cap if the room is cold feed better, settle more easily, and cry less. They also have fewer challenges latching. A baby kept skin to skin will be able to crawl to the breast and latch on. There are many other reasons for latching difficulties other than separation, but keeping mother and baby together maximizes the chance of a great start and a successful latching.

Compulsion
Another reason babies tend to have difficulties latching on to the breast is because they are pushed on; in essence, forced to feed: either by being awakened to feed or by being pushed onto the breast. Contrary to popular belief, babies are not designed to be fed according to a schedule or by the clock. They should rather be fed when they show early cues (such as chewing their hands, wriggling, and smacking their lips) and start to look for their mother’s breast. (Crying is a late cue for feeding.) A well-fed baby who is kept skin to skin will wake by himself when he is ready to feed (read on to see what I mean by well-fed).

If a “helper,” well intentioned, I am sure, pushes the back of a baby’s head, albeit gently, into the mother’s breast then that baby is likely to push back and be resistant to latching on. If the mother lies back and allows her baby to find the breast, he is likely to do so on his own, or if the mother prefers to sit, she can have the baby lead the way and she can guide her baby to find the breast by providing support for her baby’s spine. 

Slow flow
Another challenge mothers have with latching the young baby on the breast is very similar to a challenge that mothers have with the older baby. At three days, three weeks, or three months, babies like the milk to flow. When the milk flows too slowly the three day-old is labeled lazy because he falls asleep at the breast not having eaten well. The three-week-old will often arch back and pull at the breast and start to cry once the flow slows down and then might be labeled colicky, gassy, or as a reflux sufferer. The three-month-old jiggles and pulls off quickly, is very easily distracted, and isn’t interested in going back on so the mother may think he is no longer hungry. Then he proceeds to suck on everything within his reach—except the slow-flowing breast!

The solution here is quite simple: the mother needs to know how to tell if her baby is actually drinking while at the breast or just going through the motions. In other words, just because the baby is sucking on the breast does not mean the baby is actually drinking at the breast. This is a two-person activity, remember. Not only does the baby need to ask for the food by sucking well, but the mother needs to provide the food i.e. the milk needs to flow. Notice I didn’t say make the food, I said provide. I like to give the following analogy to the moms I see.

In a restaurant we have the chef (that’s the mom), we have the customer (that’s her baby) and we have the waiter (that’s the breast). The chef is always cooking because she never knows when the next customer is going to come in. The customer comes in, the waiter comes over with a little snack while the customer places an order, which the waiter gives to the chef who now starts to make some things to order and gets the cooking going a little more quickly. When the order is ready, the waiter serves it and the customer eats. Good so far? But sometimes the waiter is not so quick to bring out the second course. Or, even worse, the waiter forgets the dessert! So, here is where we need to give the waiter a gentle nudge to keep the food coming until the customer says, “Thanks, I have had enough.” This is where doing breast compressions comes in. These work beautifully to deliver more food to the customer at a very good speed. Because we know if the service is too slow, the customer is not going to be too
interested in hanging around and might leave altogether. Or the customer will complain loudly about the slow service, turn red, get up from the table and refuse to come back. Or he might get so bored waiting he’ll put his head down on the table and sleep—that’s not because he is full but rather because he is too tired to keep asking the waiter to do his job!

When breast compressions no longer do the trick at keeping the milk coming then switching breasts is the best bet. Sometimes a mom needs to switch back and forth between breasts to keep the milk flowing until he is full.

See why it is critically important to know the difference between sucking without drinking and sucking with drinking? Look at the rhythm in the movement of the chin. When the baby’s jaw goes up and down rhythmically and quickly, the baby is just sucking and not getting much milk. When the chin drops down and holds in an open position and then goes back up—that means the baby just got a mouthful of milk. That’s drinking. How long does that baby need to drink on each breast? Who knows? In fact, there is not a single person on this planet who can tell you how long any particular baby needs to drink on a breast before being full or needing to switch to the other breast. And any helper who gives a number to the mother and says your baby should drink X number of minutes per side is giving her false information. The reason is, we don’t actually know what the baby is drinking at any given time.

Breastmilk is a living substance and it changes in composition from feeding to feeding and from day to day. So, because we don’t know if the baby is getting salad breastmilk (the low-fat milk at the beginning of the feeding), burger and fries breastmilk (the high-fat milk squeezed out of the milk-producing cells later in the feeding) or something in between, we can’t know how long he needs to feed to satisfy his hunger. Allowing him to fall asleep if all he’s had to eat is salad might mean the newborn is then too weak to wake by himself. Stopping a feeding when the baby squirms and jiggles or even gets angry because the waiter has stopped serving might lead to a hungry baby or even a baby who is put on medication because the doctor suspects a reflux problem. Waiting for the baby to pull away and refuse to go back on to the breast might lead to a baby who is no longer gaining as well as he used to.

So what’s the answer? Keep the baby skin to skin with his mother; let the baby tell his mother when it is time to feed and lead the way with his mother guiding and not pushing him to the breast; help him to achieve a deep latch that doesn’t hurt and allows him to get milk; and know the difference between drinking and just sucking. Keep the baby drinking well by using compressions and switching sides when compressions no longer work.

These suggestions won’t help with every latching difficulty but they will certainly address very many of them.

Edith Kernerman is an International Board Certified Lactation Consultant and clinician in Toronto, seeing over 2000 breastfeeding families each year. She is co-founder and President of the International Breastfeeding Centre (IBC), co-founder and Clinic Director of the Newman Breastfeeding Clinic, NBC, senior faculty at IBC’s Centre for Breastfeeding Studies, an IBCLC mentor, and co-founder and President of the Ontario Lactation Consultants Association.

References
iMothering March TALKS

The empathetic ear of another mother, the knowledge that someone else has been through what you are going through, mother friends with whom to share the joys and challenges of mothering. Has mother-to-mother support really changed since the early days of LLL groups? Or is it just that the possibilities are expanding?  Hear Marian Tompson, LLL co-founder and Lara Audelo, author of *The Virtual Breastfeeding Culture*, each speaking about their journeys in mothering support.


Also not to be missed is iLactation's Valentine's Day gift, starts on 14th February 2014, a fantastic open access presentation, "Meet Your Breastfeeding Goals by Understanding Your Body and Your Baby," by Dr Jenny Thomas. You'll enjoy every minute.

- [http://www.ilactation.com/present/](http://www.ilactation.com/present/)
MOTHER’S SITUATION

POSTPARTUM BLUES

I have suffered from depression in the past, and after the birth of my first baby four years ago, I had a fairly serious bout for which I required medication. I gave up breastfeeding after only a few weeks because of sore nipples, and I was worried about the medication I was taking getting through my milk to my baby. I have been well for the last 18 months but am concerned about the possibility of baby blues. I really want to give breastfeeding a go this time. What have other mothers done to cope when facing the prospect of birth and potential depressive illness?

Response

It is great that you are planning to breastfeed and looking at ways to get beyond the personal challenges that you might face. There is a history of depressive illness and situational depression in my family too, so before I had my baby I looked for ways to combat this. I knew that a positive birthing experience could get me off to a good start when breastfeeding a new baby. I interviewed midwives and doulas and ensured that I knew, respected and, most of all, trusted those attending my birth and that they knew all of my choices around every aspect of birth.

I found out that breastfeeding can actually lower the chances of depression (because of all the feel-good hormones released when feeding) so I visited my local LLL group beforehand to get support in place for when it might be needed. The mothers were welcoming and relaxed. When faced with breastfeeding challenges, I remembered how friendly the Leaders had been. This gave me the confidence to ring them for support and information, which they very gladly gave and I wasn’t so nervous about attending meetings either. I discovered that there is a medical helpline, which Leaders can ring, and a book in the LLL library by Thomas W Hale PhD, Medications and Mothers’ Milk http://store.lli.org/internal/profile/643 that catalogs medications and which are compatible with breastfeeding, in the event that any need to be taken. This was a real reassurance.

I read several informative books including The Womanly Art of Breastfeeding http://store.lli.org/internal/profile/414 (which has an especially supportive tone and can be easily dipped in to) and I got my partner to read The Baby Book by Dr. Sears. He gained a better idea of what to expect with birth and breastfeeding and was able to say supportive words to me rather than anything that I might perceive as undermining when I was feeling vulnerable. Once he knew more about breastfeeding, my partner turned out to be pretty good at trying to protect my birthing and babymoon space from anyone making unhelpful statements. I told close and trusted friends, who knew about breastfeeding, that I planned to breastfeed and would appreciate supportive comments from them when I was feeling particularly tired or low.

Finally, I was aware from being ill in the past how much diet and exercise can help in combating depression, so I ensured we had a freezer stocked with home-cooked nutritious meals (I asked for these from family and friends instead of gifts). I asked my partner to ensure we had a steady supply of avocados, bananas, oats, nuts and seeds, turkey slices and whole-grains, all of which are good sources of tryptophan, which builds serotonin (the happy hormone) in the brain. My partner would often leave me a “packed lunch” of a bowl of porridge (ready soaked), a big healthy sandwich and a big bowl of soup, hummus and crudités in the fridge before he went to work. These were all foods that I could eat one handed and with minimal effort, which was great when attending to the frequent breastfeeding needs of a newborn.

A dear friend bought me a wrap sling, which meant that I could even breastfeed in the sling. I walked almost daily, and it was a huge mood booster, especially on tired days when I didn’t feel like tackling more than a gentle walk.

A wise and lovely mother once told me that aside from specific challenges, breastfeeding always takes patience, determination and support. It sounds as though you have the determination. I hope very much that you can gather some good sources of support. Be gentle and patient with yourself, as both you and your baby learn each other’s ways in the very early weeks of life together.

Johanna Rhys-Davies, Silsden, West Yorkshire, UK

Response

I suffered with depression for years before having my little girl and so was aware I was high risk for postnatal depression. Because I was having fertility treatment I had to come off my antidepressants several months before falling pregnant. I was reasonably well at that time but I did some therapy along the lines of cognitive-behavioral therapy (CBT) therapy and dialectical behavior therapy (DBT), a form of psychotherapy, to make sure that, should my old anxieties and depression return, I had some tools that I could use to fight them.

I made lists of distraction techniques I could use in times of crisis. I saw a counselor weekly right up to and following the birth of my baby.

LLL became essential to me when I found them. My baby had a posterior tongue-tie diagnosed at six weeks. I was stressed, sleep-deprived, and was hating breastfeeding. I could feel myself slipping into depression. The prep I had done helped. I managed to stay rational, I talked it through with anyone who would listen, and I kept fighting for answers. It kept me off medication too.
It was still several weeks before I really felt close to my baby. Around four months she started sitting independently and got much more responsive when I tried to make her laugh. That's when things really changed and my depression started to lift. But if the feeding hadn't been sorted out it would have taken much longer. If breastfeeding hurts don't suffer in silence. Leaders can help and an easy feeding journey will make bonding easier too.

If you do need to take medication, there are antidepressants that are safe while breastfeeding. It doesn't have to mean the end of your journey.

**Response**

I had depression after my first baby was born and, like you, didn't end up breastfeeding. It was a dark time.

As the arrival of my second baby approached, I prepared for the same experience. We made practical arrangements: cooking lots in advance, warning people that my husband might not be able to continue with some commitments for a time, planning for friends to look after my toddler and, most importantly, telling people to be gentle with us!

But the best preparation was to find help BEFORE the baby arrived with breastfeeding so that instead of feeling overwhelmed, I knew where to get support. Breastfeeding made all the difference in keeping me from getting depressed again: the hormones, the ease of bonding (which I struggled with first time round), the fact I had to put my feet up to nurse and the support I got from LLL. Sure, things were tough, but that frightening black cloud stayed away.

Well done on preparing now and wishing you all the best!

**Response**

Depression is an awful illness and very different from baby blues, which are fleeting. I have had depression all my adult life and have taken the medication that works for me, Prozac, successfully through both my pregnancies and breastfeeding my children. My dose was changed by my doctor, so it was low when they were first born to reduce the chance of side effects, and then turned to reduce the chance of a major depressive relapse. Neither of my babies had any noticeable side effects. Health care professionals didn't really seem to know much about possible risks so *Medications in Mothers’ Milk* was invaluable in making such decisions. My doctor did say to me that the risks of depression on the cognitive development of the child have to be balanced with the possible risks of medication.

I really struggled to get breastfeeding going and took six weeks before I had a pain-free feed, which I thought was my fault. Now I know I didn't have the right support.

Second time round I was more relaxed, I knew where to ask for help if I needed it. My baby latched on and that was pretty much that! She will be two soon and despite having to take medication we have managed to keep a strong nursing relationship thanks to the right support and information. Can you get to an LLL meeting to start building up your own support network now? Best of luck,

**Response**

Many moms experience a depressed mood when they stop nursing, so it's good to be prepared if there is a predisposition to clinical depression. Zoloft has a negligible milk transfer ratio. I recommend having practical support, not just people to give advice, but those who will be there to help you to get sleep, eat and do your chores.

**Response**

I really sympathize with your situation—it sounds so familiar! I had postnatal depression after my first baby was born, and was prescribed antidepressants when she was six weeks old. My doctor was supportive of breastfeeding, and not only checked that what she was prescribing was considered safe enough to take while breastfeeding, but also said, when I asked about giving up breastfeeding, that she didn't think I should be making that decision in my depressed state. I went on to breastfeed for three years, coming off the antidepressants just before my daughter's first birthday.

When I became pregnant again, I was determined, like you, to do everything possible to avoid the same problems. I spent time going over what happened the first time round, to try to work out the main triggers of my depression, and then my husband and I planned ways we might avoid them. For me, the triggers were a traumatic birth experience, a feeling of complete isolation and lack of support when we got home again, and that total loss of identity that can come with giving up a career and becoming a mother.

In preparation for my second child, I visualized the birth positively, asked a good friend to be my birthing companion (alongside my husband), and hired a postnatal doula for a few hours a week to give me the support I needed afterwards at home. If a traumatic birth was part of the problem for you, you may find that your midwife can talk you through your previous experience calmly.

Depression is a very personal thing, so perhaps your triggers were different, but by planning ahead you are giving yourself the best chance of avoiding problems, or being well prepared to deal with them. If you do need medication again, remember that many antidepressants are compatible with breastfeeding. Your doctor should respect your wishes on this and make sure he/she prescribes something safe.

Your little ones are lucky to have such a determined mama!

**Response**

Prepared ahead. Antidepressants don't work for everyone. There are antidepressants that can be taken while breastfeeding. I read everything I could while I was pregnant about postpartum mood disorders. I found information from Katherine Kendall-Tackett to be very helpful: *Depression In New Mothers* http://store.llli.org/public/profile/453. I wasn't going to let something temporary ruin something as important as breastfeeding.

**Response**

Many moms experience a depressed mood when they stop nursing, so it's good to be prepared if there is a predisposition to clinical depression. Zoloft has a negligible milk transfer ratio. I recommend having practical support, not just people to give advice, but those who will be there to help you to get sleep, eat and do your chores.

Amy Rude, USA

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Your little ones are lucky to have such a determined mama!

Fiona Lewis, Oxford, UK

http://viewer.zmags.com/publication/29e55b27#/29e55b27/21
The brassica kale (part of the broccoli family) is enjoying a surge in popularity right now and rightly so. This fashionable queen of the greens is being championed by celebrities and celebrity chefs and is readily available wherever you go.

Super-nutritious kale is a great choice for pregnant and breastfeeding moms. It is an amazing vegetable with exceptional nutrient richness, health benefits, and delicious flavor. One cup of chopped kale contains as much as 9% of an adult’s daily calcium requirement (protecting you from bone loss and osteoporosis) and helping your metabolism); 206% of your vitamin A requirement (good for vision and skin as well as helping to prevent lung and mouth cancers); 134% of your vitamin C requirement (supporting the immune system) and a whopping 684% of cancer fighting vitamin K. Vitamin K is also necessary for a wide variety of other bodily functions, including normal blood clotting, antioxidant activity, and bone health.*

Kale provides a broad spectrum of carotenoid and flavonoid antioxidants, which are associated with a reduction in several types of cancer. It also contains lutein and zeaxanthin compounds, both of which support eye health.

Kale is a great source of dietary fiber. It is higher in iron than beef (iron helps with the formation of hemoglobin and enzymes, preventing anemia, and is essential for liver function and cell growth). The fiber content of cruciferous kale binds bile acids and helps lower blood cholesterol reducing the risk of heart disease, especially when kale is eaten cooked instead of raw.

Kale is an excellent addition to a green smoothie alongside some coconut, almond or cows’ milk. However, while it is undoubtedly a powerhouse of nutrients, it also contains oxalates (naturally occurring substances that can interfere with the absorption of calcium). You can avoid any issues arising from this by ensuring that you eat a variety of foods containing calcium, in addition to and at different times than enjoying kale.

The beautiful leaves of the kale plant provide an earthy flavor and more nutritional value for fewer calories than almost any other food around. Although it can be found in markets throughout the year, kale thrives in cooler weather and it is in season from the middle of winter through the beginning of spring, when it has a sweeter taste and is more widely available.

To find the freshest kale, look for firm, deeply colored leaves with hardy stems. Smaller leaves will be more tender and milder in flavor. Leaves range from dark green to purple to deep red in color.

Store kale, unwashed, in an airtight zipped bag or container for up to five days in the refrigerator.

The following recipes come from Lisa Pitman and her mother LLL Leader Teresa Pitman. (See other delicious recipes from Lisa here: http://veganculinarycrusade.com/)
What's Cooking?

Get your copy of Feed Yourself, Feed Your Family
you're going to LOVE it!

White Bean and Kale Soup

Ingredients

2 tablespoons olive oil
6 cloves of garlic, minced
2 cans of white beans
4 to 5 cups of vegetable stock or water
3 tablespoons of tomato paste
2 teaspoons of fresh minced sage (or one teaspoon of dried sage)
2 teaspoons of salt (less if you are using a salted vegetable stock)
Freshly ground black pepper
5 cups of chopped kale (large stems removed)
1/4 cup cornmeal
3 tablespoons of lemon juice

Heat the oil in a soup pot on medium heat, add the garlic and sauté for 30 to 60 seconds until fragrant but not browned. Add one can of beans and 2 cups of stock or water. Cover and turn off heat.

In a blender or food processor, blend the remaining cup of beans, the stock or water, tomato paste and sage until smooth. Transfer to the soup pot and add the salt, pepper and kale. Simmer for 20 minutes until kale is tender, stirring occasionally.

Mix the cornmeal and lemon juice in a liquid measuring cup and add more water until it reaches the 1-cup mark. Pour this into the soup slowly while stirring well to keep lumps from forming. Simmer for another 10 minutes or so on low heat, stirring occasionally. Taste and adjust seasoning as needed. This soup has great texture and flavor. Serves six.

Kale Chips

Ingredients

1 large bunch of kale, cleaned and thoroughly dried
1 tablespoon of olive oil
1 tablespoon of balsamic vinegar
1 tablespoon of nutritional yeast
1 pinch of sea salt

Preheat the oven to 350°F/180°C.

Tear the kale leaves into small pieces (no stems) and place in a large bowl. Add the remaining ingredients and toss with your hands until the leaves are all coated. Spread on two baking sheets in a single layer and put in the oven.

Bake until they are dry and crispy. This could take anywhere between 10 and 20 minutes, but they can burn quickly too, so watch them closely. If your oven is uneven in how it heats (as mine is) you may want to switch the positions of the pans (top to bottom and front to back) half way through. When they look done, check a few—they should be crispy, not chewy. If there is still some chewiness, put them back in for a couple more minutes. Remove from oven and let cool. These will keep for several days in an airtight container.

Those who enjoy more spicy food might also like to add a sprinkling of chilli flakes to their Kale chips.

* Too much vitamin K can pose problems for some people. Anyone taking anticoagulants such as warfarin should avoid kale because the high level of vitamin K may interfere with the drugs. Consult your doctor if taking such medications before adding kale to your diet.
Not The Birth I’d Planned

Picolien Jane Kingsley-Eilander, South Africa

Hoping to start a family, my husband and I moved to Northern Mozambique and set up a business. It is a beautiful part of the world but beneath its beauty lie poverty and disease.

When I was seven months pregnant, my husband fell ill with malaria. I was left running a lodge and restaurant on my own at the height of summer. We had planned to leave for South Africa to wait out the remainder of the pregnancy at home, with my mom to spoil me. Then the whole family was going to meet in Cape Town, where we had hired the most beautiful house by the sea for a month, in which our precious daughter would arrive in a magical home birth. She’d be placed on my tummy to breastfeed. It was all planned out nicely. I was counting the days. Nothing could go wrong.

I was pregnant and expected to feel rough. Phew! but it was hot. And then cold.
Eventually there was no denying I had a fever. I kept needing to pee desperately, then when I tried to I couldn’t. It was probably a bladder infection. I went off for tests. At the hospital they injected me with an antibiotic and said I would be fine. They signed me off to fly to South Africa. I did feel a little better. I was sure I did. In the airplane, however, I started to feel a lot worse.

When finally we landed in OR Tambo even the ground staff could see there was something wrong. I was offered a wheelchair and rushed through passport control, heading for the car hire place and stopping at every loo on the way. After what felt like an age, we were in the car heading for a checkup. We hit rush hour traffic. I was huffing and puffing in the back seat, barking directions to my husband, who was trying to navigate his way through Joburg. He decided to get me to the nearest hospital. Like a bad comedy sketch, we screeched to a halt, my husband shouting, “We need help! My wife’s pregnant. Get a wheelchair!”

I was rushed to emergency, where they did tests. My blood pressure, temperature and urine all seemed normal. There was nothing wrong with me. I was just overreacting. I was pregnant: it gets uncomfortable.

After hours of feeling like a hypochondriac, one of the doctors noticed my temperature had spiked. Once the malaria test came back, it was confirmed, the parasite had got me after all.

From then on, everything became a blur. I was taken up to the maternity ward, which was odd since I was only seven and a half months pregnant—so maybe they didn’t have anywhere else for me. They attached me to a machine that beeped and whooshed. The nurse calmly explained that the top numbers on the screen showed my heart rate and the bottom ones my contractions. Now the bottom numbers kept going from zero to hero and my husband and I were puzzled. Contractions?! Never mind. We’d work it out in the morning. We were exhausted.

After a very uncomfortable night I was introduced to a lovely OB/GYN, who informed me that I was 2cm dilated and would be having my baby, “probably by about 9pm.” Hang on. We just came for a scan! Let’s calm down. I’ve got at least another six weeks to go, and I’d planned on about seven or so, so that all the family would be together for the magical home birth.

While coming to terms with this surprising news, the malaria expert told me I was gravely ill and this baby had to come out now!

I was wheeled into surgery. My rock of a husband was by my side the entire time. He was frightened, but you couldn’t tell. I went to sleep with these words ringing in my ears, “You must be prepared. If it comes to it, we choose the mother.” I found out later that they were not sure whether they would be able to save either of us.

I had a general anesthetic. I slept. I don’t remember when I woke up. I don’t know how long it was after the surgery. My rock was there. It took a while to realize what was going on, my brain was so fuzzy. I felt sick and was in pain. I had an awful scar. Did I want to see my baby? Not really. I dunno. Yes, of course! She was a tiny, skinny, worm-like thing with tubes going into and coming out of everywhere it seemed. I was in isolation and had to wear a special outfit and couldn’t even hold her.

None of this was part of our plan.

How do I feed her if I can’t touch her? Can’t feed her? What is she eating? Donor milk? Whose milk? Not my milk? She had a feeding tube and was being fed with someone else’s milk. My heart broke.

Then she was jaundiced and put under UV lights. I was weak and those lights made me feel even more woozy. This was traumatic. I started to blame myself: who chooses to get pregnant in a malaria area? Why hadn’t I left earlier in my pregnancy? Why was this happening?

Then my mom was there and everything was going to be fine. She’d make sure of it. And she did. My mother arranged for a breast pump. My rock was there to help get me into position, clean out the bottles and sterilize this and that. It didn’t faze him. He never left my side. Not once.

So now the plan was blown to smithereens and we had to get on with reality. We named our beautiful little girl Pippa as she lay in her incubator. We watched her through the glass grow stronger every day. The nurses fell in love with her. I was feeling better. The doctors told me I was good to go, but I had to leave my baby behind and find a place to stay while she stayed in hospital, and my rock had to go back to Mozambique to the business.

At last came the day when my baby was placed in my arms to breastfeed for the first time. I was excited but under no illusions that it would go well. But it did. She latched on right away. She was as desperate as I was to connect in this way.

Finally something was going according to plan. Two days later we were free to leave to start our magical journey together.

You know all those books you read that mention the importance of a birth plan but recommend being open to change it because anything can happen? Yeah, well, they were right.

We did go to Cape Town to meet up with the family. Baby Pippa was with us to enjoy every moment. It had been a very scary start to her life but things were finally falling into place.

You know all those books you read that mention the importance of a birth plan but recommend being open to change it because anything can happen? Yeah, well, they were right. As author Joseph Campbell wrote, “We must let go of the life we have planned, so as to accept the one that is waiting for us.”

And, in the end, it turned out splendidly.
That positive start led on to a smooth, trouble free breastfeeding relationship. Every time my child nestled into me, I watched my body nourish hers. I watched her grow and thrive as I fell more and more in love with her. I felt proud of this powerful interdependence.

At six months old, Phoebe became seriously ill. Not knowing if she’d pull through, I held her all night and nursed her, not caring if she was “drinking” or “comfort sucking.” In my arms was where she felt safe. When she was nursing I knew she was alive and I could feel her hot skin on mine, which comforted me.

Phoebe had to undergo many medical procedures and became frightened of everyone, and I mean everyone. When you watch your child go through such traumatic treatment you would do anything to stop the pain and make them feel safe. Breastfeeding comforted Phoebe during this difficult time.

Believing that a child’s experience in her first two years sets the pattern for the rest of her life, we had to find a way to help Phoebe feel that the world was still wonderful and safe. Nurturing through breastfeeding did that. We coslept and nursed at night, baby-wore, cared fulltime and generally followed her lead to help us all recover emotionally.

Cosleping and my breastfeeding Phoebe helped us as parents take the best care we could of our daughter. The first indication that Phoebe was getting ill was a rapidly rising temperature, and I could sense this through the feel of her mouth as she latched on night and day—a perfect and natural early warning system!

A further six months of emergency admissions led to an operation just after her first birthday. When she woke from her surgery all she wanted was what she now called her “blubbies.” It was like that first breast crawl all over again—powerful, soothing, healing for both of us. My child was alive, and together we were building her the best security and best immune system we could.

Slowly she grew in confidence, and by 18 months she began to feel safe away from me and I could leave her with daddy for a few hours. Soon I was pregnant again. I knew I didn’t want to tandem feed but had no idea how to stop nursing and do so in a gentle, slow loving way.

I spoke to a wonderful La Leche League Leader, Charlotte, the first person who had ever explicitly said “Well done for breastfeeding” to encourage me. Charlotte had listened to my wants too. Although this weaning was to be mother-led I had to ensure Phoebe didn’t feel abandoned.

This was the hardest part of our breastfeeding journey. I was scared to stop—breastfeeding was intrinsic to my mothering and to Phoebe’s security. It wasn’t a food that could just be changed and it no longer felt like a choice for either of us. Over four months Phoebe and I talked about our “blubbies” a lot and each feed reduced minute by minute, second by second. We were still having a five-second morning nursing when Phoebe cuddled up to me that afternoon and let me know she was ready to finish.

Our breastfeeding journey has taught me so much about mothering and trusting my instincts and nothing about food or nutrition! And while I feel sad about its ending I am proud of how it concluded and that I now have a happy, healthy and secure two-year-old little girl.

http://viewer.zmags.com/publication/45a53a63/#/45a53a63/24

Nursing Mother’s Guide To Weaning http://store.llli.org/public/profile/165

How much milk does he need? How will he react? Is it enough? These kind of questions were in my mind and deep inside I had a strong feeling that I would feed him only my breastmilk.
Premature birth, that which occurs before a baby is 37 weeks gestation, can occur even if a mother does “everything right.” Nearly one out of every eight babies is born prematurely, so it is something that we should really be aware of; if you did not have a premature baby, you probably know someone who did. Premature babies usually spend time in a neonatal intensive care unit (NICU) and the length of the stay depends on how early they were born and how medically fragile they are.

Breastfeeding helps premies grow and catch up to where they need to be. When a mother gives birth prematurely her milk is specially designed to protect her baby and help him grow.

Motherhood ignites a certain amount of worry in all women; it’s an instinct we can’t turn off. When a woman gives birth to a premature baby, it can be an extremely emotional time and her mental state may be just as delicate as her tiny baby. Twenty years ago women with premies couldn’t reach out online and connect with other mothers who could understand their fears, nor was it as easy to access breastfeeding information that was specific to pre-term babies. Today, women can find support and life-saving information with just a few keystrokes.

Krysta, the amazing mother of a micro-premie born in the second trimester, found the information she needed to save her son, and ultimately changed the course of maternity care in her local hospital.

**Krysta’s Story**

When my husband and I decided to try for a baby, I was working as a graphic artist for a local paper, spending a lot of time bored and online. When pregnancy didn’t come easily, I joined a couple of online groups for women trying to conceive. After many months and fertility medications, I became pregnant.

I spent more time in my online groups once I found out we were expecting, and began reading articles and blogs, trying to absorb all the information I could. I kept randomly running into mention of “premie” matters, but ignored them since I knew I would have a healthy full-term, vaginal delivery, and that my baby would be put directly on my chest to nurse immediately.

At 25 weeks, my fingers began to swell and, without giving it much thought, I attributed it to normal pregnancy swelling. The next day I noticed dime-sized circles all over the side of my calf. I remembered indentations that failed to go away as being a sign of preeclampsia, so I called my sister, who worked in the same office, into my cubicle. She poked her finger in my leg, and it left at least a half-inch indentation. We called my doctor and our mother, and drove over an hour away to my doctor to check my blood pressure, which revealed I was just under the preeclampsia threshold. My doctor sent us home with a 24-hour urine test and strict instructions to take my blood pressure frequently. If it went over 150, I was to report to the hospital immediately. The next morning my blood pressure was 168/98, so we followed the doctor’s advice, and drove in. I was admitted for a few hours’ observation, which led to an overnight stay. I had an ultrasound. The tech was really quiet and asked me how sure I was about my due date. She also pointed out that my baby had a “clover heart,” meaning the bottom two chambers of his heart appeared as one. After she left, the doctor on call came in and grilled me on how sure I was about my due date. I finally yelled, “I’m sure. I was on Clomid [a fertility drug]! I know exactly when he was conceived.” To which he replied, “Oh, he is a Clomid baby! They always run small. He has been about a week behind on all his ultrasounds” and he left the room.
Twenty years ago women with premies couldn’t reach out online and connect with other mothers who could understand their fears...Today, women can find support and lifesaving information with just a few keystrokes.

The next morning my obstetrician told me, “There is something wrong with his heart and he is measuring about four weeks too small.” We went into shock. I moved to a nearby hospital better equipped to deal with our situation. Four days after arriving, my blood pressure spiked into the 200s. The next morning my protein levels were zero. Our son weighed 590 grams (1lb 4oz). When I finally got to the postpartum floor, I immediate requested a breast pump. I could not look at the pump or think of my son, as many pumping moms do when they pump, so I communed on Facebook and read. It wasn’t long before I was able to give advice to other moms of premies who were pumping their milk.

When my son was five months old, we were able to try to latch for the first time. It didn’t work out so well. I was so scared that it wouldn’t work that it became a self-fulfilling prophecy. The next day, when I attempted again, I had chatted online with other moms about it and was much calmer. We were able to get him to latch, and he started nursing like a pro. Before he was slated to go home, our neonatologist was finally able to convince the hospital to get donor milk and use only human milk with all the micro-premies. From information posted online by one of my groups, I was able to show one of our doctors research on the benefits of nursing in the first 90 minutes. He loved the idea and now the hospital uses this information for micro-premies that are brought to the NICU.

I pumped every three hours for the next month. I had been told when I arrived at the hospital that their fears...Today, women can find support and lifesaving information with just a few keystrokes.

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Due to our success, and his unexpected survival, our neonatologist was finally able to convince the hospital to get donor milk and use only human milk with all the micro-premies. From information posted online by one of my groups, I was able to show one of our doctors research on the benefits of nursing in the first 90 minutes. He loved the idea and now the hospital uses this information for micro-premies that are brought to the NICU.

**Lara Audelo**  CLEC is the mother of two young boys and the author of *The Virtual Breastfeeding Culture: Seeking Mother to Mother Support in the Digital Age*. She has been a part of the online breastfeeding community since 2007 and believes valuable online support can be critical to the breastfeeding success of mothers who might not have local support networks. Visit [www.forums.lli.org](http://www.forums.lli.org)

Read “The Mother-to-Mother Forums” [http://viewer.zmags.com/publication/a8e5de2a#/a8e5de2a/16](http://viewer.zmags.com/publication/a8e5de2a#/a8e5de2a/16)


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Beyond the Sling

Mayim Bialik was the child star of the popular 1990s TV sitcom Blossom, but she definitely didn’t follow the typical child-star trajectory. Mayim got her PhD in neuroscience from UCLA, married her college sweetheart, and had two kids. Mayim’s book on attachment parenting questions a lot of conventional wisdom and offers new insights on attachment parenting.

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Mush - by Boon

Feel like mixing it up? This human-powered chopper turns fruit, veggies, and boneless meats into magnificent meals. No need for batteries or plugs, just pull the handle to make the blades spin, and start whipping up your own baby food.

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How Does a Seed Grow?

Watch seeds grow right before your eyes! With a lift of each foldout flap, kids can watch the seeds take root in the soil, sprout from the ground, and finally, make the fruits we love to eat! Each cardstock page of this book folds out into a large 14” x 14” inch page that reveals a child enjoying the healthy and delicious fruits of the seeds.

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Glo - by Boon

We’ve seen the light. And it’s awesome. Kids will beg you to turn off the lights because that’s when Glo really shines. This multi-colored, interactive nightlight has removable, illuminated Glo balls that turn a nighttime game of catch into something extraordinary. And there’s nothing electronic in them, so they don’t get warm and they won’t break. You can even tuck them into bed with your child. The glow fades to dark after 30 minutes, helping them fall asleep. Bonus: 95% effective at keeping monsters away all night long.

$22.80 online
member discounts may apply.
Breastfeeding is a Shared Gift

Mothers know breastfeeding is good for babies. We are told that it provides optimal nutrition, strengthened immune systems and fewer illnesses than formula feeding. But how often do mothers hear the advantages that exist for their own short and long-term health? The reporting of these ‘selfish’ benefits is often limited to the perk of speedier weight loss postpartum. Any discussion of the emotional pluses tends to focus primarily on the baby and the ease of bonding with a more settled child.

Moms want what’s best for their babies, whose needs will come first. But painting a one-sided picture of breastfeeding as an ideal gold standard gift means many mothers think it’s an unattainable ideal—on a par with never eating sugar or using silk diapers—rather than the biological norm that’s meant to happen. We are designed, like all mammals, to breastfeed and not doing so may have far-reaching consequences for both babies and their mothers.
feedings, the return of her menstrual periods is delayed. As natural family planning for the first six months, breastfeeding according to these criteria is considered up to 99% effective when used correctly (Kennedy et al 1992). Lactational amenorrhea is variable, with some women reporting their first postpartum menses as late as 42 months. (I enjoyed 24 months with no periods following the birth of each of my children.)

Natural child spacing ensures both the optimal survival of each child and the mother’s physical recovery between pregnancies. In contrast, the formula-feeding mother requires contraception within six weeks of the birth. See “Ecological Breastfeeding as Family Planning” http://viewer.zmags.com/publication/81bacc6b#/81bacc6b/20

The amount of iron a mother’s body uses in milk production is much less than the amount she would lose from menstrual bleeding, decreasing her risk of anemia.

Breast cancer
The suppression of a woman’s menstrual cycle by exclusive breastfeeding reduces her lifetime exposure to estrogen, which ‘feeds’ cancers.

The recent research is particularly convincing. In 2009, The American Institute for Cancer Research (a member of the International Agency for Research on Cancer, a part of the World Health Organization) released the largest review of research into lifestyle and breast cancer ever conducted, which reinforced previous findings that women can reduce their risk by maintaining a healthy weight, being physically active, drinking less alcohol and breastfeeding their children.

In an eight-year study of over 60,000 women who had given birth, having breastfed at all provided up to a 59% reduction in the risk of developing pre-menopausal breast cancer in women with a family history of the disease (Stuebe et al 2009). That means, for women with a family history of breast cancer, breastfeeding can reduce the odds of developing pre-menopausal breast cancer by more than half.

Another meta-study (compiling data from 47 smaller studies) concluded that a woman who breastfed for 12 months in her life reduced her risk of developing breast cancer by 4.3%. This benefit can be multiplied as a mother breastfeeds one child or several children. For example, a mother who has two children and breastfeeds each for two years can realize a 17.2% reduction in her risk of developing breast cancer later in her life (Collaborative Group on Hormonal Factors in Breast Cancer 2002).

The cumulative protective effect of lactation is one explanation for why developed countries, whose mothers breastfeed for shorter durations (or not at all) and have fewer children in their lifetimes, have higher rates of breast cancer.

Breastfeeding also lowers a mother’s risk of developing other cancers including ovarian, uterine and endometrial (Cramer 2012).

See “Primary Prevention: Breastfeeding Protects Against Cancer” http://viewer.zmags.com/publication/45a53a63#/45a53a63/18

Fat
Production of milk is an active metabolic process, requiring the use of calories. Like any biological process, this varies from person to person, but if a mother exercises and eats a healthy diet, nature intends for her to lose the extra weight she puts on during pregnancy in the few years it intends her baby to get breastmilk.

The reduction in BMI associated with just six months’ breastfeeding could importantly reduce women’s risk of obesity-related disease and their costs as they age (Bobrow et al 2013).

The findings of one study suggest that women who breastfeed have reduced amounts of abdominal fat, even decades later. Middle-aged women who consistently breastfed their children had waist circumferences that were an average of 2.6 inches smaller than women who had never breastfed (McClure et al 2010). Since the belly is the least healthy place for women to store fat, this is a compelling incentive to breastfeed.

Breast shape, size and looks are altered by pregnancy and age, not breastfeeding. An entertaining book dispelling this myth is Saggy Boobs by Valerie Finigan, Pinter & Martin 2009. See book review www.llli.org/nb/nbiss1-10p36.html

Diabetes
Lactation may have persistent favorable effects on women’s cardiometabolic health, which is good news for diabetic mums (Gunderson et al 2010) and an important consideration for all since heart attacks are the leading cause of death in women.

Breastfeeding is a two-way relationship, not a sacrificial gift. Women need to be well and content to be up to the job of mothering. We should be entitled to good information that includes what’s in it for us (free from misleading commercial promotion) when we are deciding how we want to feed our babies.

Breast is best for mothers too, right from the start
Following birth immediate skin-to-skin contact and the baby’s sucking release oxytocin from the mother’s pituitary gland. This hormone signals the breasts to let down milk to the baby and simultaneously produces contractions in the uterus to expel the placenta naturally, helping prevent hemorrhage and promoting uterine involution.

As long as a mother breastfeeds without substituting formula, food or pacifiers for
Breastfeeding substantially reduces the risk of type 2 diabetes in later life. (Liu et al 2010).
See “Diabetes and Breastfeeding” http://viewer.zmags.com/publication/fd9eb27c#/fd9eb27c/18

Bones
Calcium is necessary in the production of milk. Because women lose calcium while lactating, many people wrongly assumed an increased risk of osteoporosis for women who breastfed. However, current studies show that lactation is associated with greater maternal bone size and bone strength later in life (Wiklund et al 2012).

Women who breastfed had higher adjusted total body bone mineral content, total hip bone mineral density and lower fat mass than did parous non-breastfeeders (Paton et al 2003). Chantry et al (2004) concluded that breastfeeding may be protective to the bone health of adolescent mothers.

Women who had breastfed for 13 months or longer were half as likely to develop rheumatoid arthritis as those who had never breastfed. Those who breastfed for between one and 12 months had a 25% decreased risk (Pikwer et al 2008).

Baby Blues
Breastfeeding mothers exhibit a less intense response to adrenaline (Altemus 1995). Breastfeeding compels mom to relax. For a start she is sitting or lying down. With an increase in maternal levels of natural opiates during lactation, the release of oxytocin (the hormone of love) followed by a release of prolactin (the milk-making and calming hormone), there comes a letting go, followed by a blissful serenity that helps her slow down to adopt this new pace of life, to cope and enjoy mothering.

All this is quite apart from the personal satisfaction and peace of mind she may have from doing what is best for her child, who will suffer fewer illnesses and will cost her nothing to feed for at least the first six months.

One study found that breastfeeding may protect against negative moods and stress. Breastfeeding mothers had more positive moods, reported more positive events and perceived less stress than formula-feeders (Groër 2005).

To make her life easier, a mother will often have her baby in her arms and babies who are carried cry and fuss less (Hunziker et al 1986).

Doan et al (2007) found that mothers who exclusively breastfed slept an average of 40 minutes longer than mothers who supplemented with formula. Breastfeeding mothers are less tired and get more sleep than their formula or mixed-feeding counterparts and this lowers their risk of depression (Dorheim et al 2009). Doan and colleagues noted that supplementing with formula as a coping strategy for minimizing sleep loss can actually be detrimental because of its impact on prolactin production and secretion. Maintenance of breastfeeding, as well as deep restorative sleep stages, may be greatly compromised for new mothers who cope with infant feedings by supplementing in an effort to get more sleep.

Advising women to avoid nighttime breastfeeding to lessen their risk of depression is unwise. In fact, if women follow this advice, it may actually increase their risk of depression. http://viewer.zmags.com/publication/29e55b27#/29e55b27/20

Alzheimer’s
Most recently: mothers who breastfeed may have a decreased risk of Alzheimer’s disease in later life (Fox et al 2013). The link may be down to breastfeeding’s action in restoring insulin sensitivity and glucose tolerance, which is significantly reduced during pregnancy. More research is needed to investigate the relationship between breastfeeding physiology and cognitive health.

The above list of advantages is far from comprehensive. From a mother’s perspective breastfeeding is a gift she gives to herself as well as her baby.

A mother who feels that breastfeeding is the only thing that is working well in her life does well to continue if she chooses to take medication to treat her depression. Most antidepressants prescribed nowadays are compatible with breastfeeding, though not all GPs are aware of this.

Moms want what’s best for their babies, whose needs will come first. But painting a one-sided picture of breastfeeding as an ideal gold standard gift means many mothers think it’s an unattainable ideal.

Barbara Higham has been a La Leche League Leader since 2004 and is managing editor of Breastfeeding Today for La Leche League International. She lives with Simon and their three children in Ilkley, Yorkshire, UK.
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http://www.lllc.ca

Europe
http://llleurope.eu/index.php/contact

Great Britain
http://www.laleche.org.uk

International
http://www.lli.org/III_id_directory

Ligue La Leche
https://www.facebook.com/pages/Ligue-La-Leche/15028048727

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In fact, our More Milk Plus is the most trusted and best-selling breastfeeding supplement in the U.S.*

*Spins Data

At Motherlove, we believe nothing is more beneficial for mother and baby than breastfeeding. That is why we are dedicated to making organic herbal products specifically for breastfeeding.
60-Second Stories

We are putting together a video montage on how LLLI is helpful to families around the world that we can share on our website, on our social media sites like Facebook, Twitter, etc. and in our LLLI publications. We welcome videos from your smart phones or video cameras. Videos can be from you, a family member such as your spouse/partner or grandparent, children, a co-Leader or mother in your La Leche League group. Content should include how LLLI had a positive impact on your families’ breastfeeding experience.

Video Submission Guidelines

- Please keep video concise, no longer than 1 minute in duration
- All digital video recording formats are acceptable
- iPhone video recordings are OK
- Please no Hi-8 tape or other analog video submissions
- Background visually clean/organized with no distractions or distracting behavior
- Adequate lighting
- Position of sun/watch for glare
- Sound quality not too echoey or too quiet
- No extra graphics or special editing
- Please send English transcript with video to aid us in the review process

Where to Send

Email digital files of videos to:
media.submissions@llli.org with the title VIDEO SUBMISSION FROM: YOUR NAME.

Snail Mail your video on DVD to:
La Leche League International
ATTN: Josh Dobbs
957 Plum Grove Rd
Schaumburg IL, 60173

Please acknowledge that by submitting your video you are giving La Leche League International permission to use publicly for purposes of promotion and advertising.

See details online: http://www.llli.org/60secondstories

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His first joke. I remember the lows—the nipple pain; feeling overwhelmed by Oliver's needs. But the hundreds of normal days, the thousands of warm, enjoyable but unmemorable feeds, fade into a blur.

Attending LLL meetings and hearing about other mothers' breastfeeding and parenting experiences have been brilliant. Over the past two and a half years I have gained so much from the mothers I have met through LLL. They've suggested tips for specific situations, changed some of my attitudes completely, and given me true empathy. Their experiences have helped me to recognize the truth in the phrase "this too shall pass." This has really helped me to enjoy the good bits and cope with the rocky periods. I would like to say a particularly warm thank you to my local Leaders Ruth, Suzanne, and Barbara for their listening ears, helpful information, and, of course, their friendship.

Joanne Whistler
West Yorkshire Great Britain
Adapted from a story in LLLGB's Breastfeeding Matters

My younger sister, Jaime, has always been one to learn a lot by reading. So when she was pregnant, Jaime read and learned a lot about breastfeeding. She joined a La Leche League Group in her area and established a wonderful breastfeeding relationship with her daughter, Erin.

When I became pregnant a month after Erin was born, I asked Jaime about breastfeeding. She told me several positives about it and told me to look up the number of my local LLL Group. She didn't push information on me. In her quiet way, she just recommended I read about it and decide for myself. I attended one LLL meeting late in my pregnancy. I didn't read a whole lot about it, just the basics, and thought that my baby and I would figure it out if it were meant to be.

I didn't talk to my husband about it much or have him read anything about it either. I remember him being very shocked when late in the pregnancy I announced that I would be exclusively feeding the baby; we would not be using bottles if all went well. I remember he was not too happy about it. Looking back now, both of us should have read a lot more and given a lot more thought to the subject.

My sister and I were not breastfed. Our mom says it just was not something you did then. So, we had never really been around any breastfeeding mothers. We were never taught about it in school, and no one ever talked to us about it. I believe that my lackadaisical attitude toward breastfeeding during my pregnancy came from a lack of knowledge; knowledge (thank goodness) that my sister learned from a book and passed on to me.

When my daughter was born, I had some complications, and it took seven days for my milk to come in—seven long days in which my husband and I were vigorously reading about breastfeeding. Our LLL Leader, Jeanette, was awesome, providing us with much needed support and encouragement. She even came to visit me at my house because I was too ill to leave. And, of course, I called my sister. At that point I was determined to breastfeed. Seeing what a positive experience it was for my sister made me all the more eager to nurse my own child. I am so glad that I did.

My 11-month-old daughter, Madison,
Thumbs Up!

La Leche League International and Hygeia working together to support breastfeeding mothers and babies.

- FREE One-year LLLI Supporting membership
- BabyBabyOhBaby: Nurturing Your Gorgeous & Growing Baby By Breastfeeding DVD (PAL & Spanish versions available)
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