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Celebrating Motherhood

The detachment of our modern nuclear families and isolation from other breastfeeding mothers can mean that mothers miss out on the support and learning that help them enjoy motherhood. In this issue, Elizabeth Myler illustrates a way to bring mothers closer to celebrate and support the transition into motherhood through a special ceremony that goes beyond the simple baby shower. What a lovely way to mark such an important time in a woman’s life and to make her feel cared for.

The mothers’ letters in the “Mom to Mom” column address one mother’s anxieties surrounding birth and offer tips on how to prepare for a natural birth.

Natalie tells her triumphant story of breastfeeding through her critical illness and recovery and Vanessa relates how she overcame initial setbacks to the breastfeeding relationship through patience and fortitude.

La Leche League Leaders believe that breastfeeding is enhanced and the nursing couple sustained by the loving support, help and companionship of the baby’s father. A father’s unique relationship with his baby is an important element in the child’s development from early infancy. One dad, Pascal, tells his story of supporting his wife in breastfeeding their son and his desire to support other new fathers in their role.

A baby’s wants are a baby’s needs. But what happens when the baby grows into a toddler and her wants and needs begin to diverge? Jo examines how mothering through breastfeeding provides the ideal foundation for navigating this potentially difficult phase.

La Leche League would never consider recommending that a mother smoke cigarettes. However, if she does smoke, then we urge her to keep on breastfeeding her baby, and we bring you a few of the reasons for such a recommendation along with a few mothers’ experiences.

We report on some determined mothers in Ethiopia who are overcoming challenges to working while continuing to breastfeed their babies.

“What’s Cooking?” comes from an LLL group celebrating its fifth year with a splendid cake and a family favorite traditional recipe for Homity Pie.

Please write to me editorbt@llli.org with your stories, photos, letters, comments and suggestions for the magazine. And join us on Facebook to let us know in what part of the world you are reading Breastfeeding Today.

Barbara
editorbt@llli.org

Please write to me editorbt@llli.org with your stories, photos, letters, comments and suggestions for the magazine. Mother-to-mother sharing is what LLL is all about. (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 (16), Edgar (12) and Amelia (8).
Pregnant mothers are bombarded with advertisements for “must have” gear and gadgets that claim to hold, soothe, feed, contain and even comfort a baby. Magazine articles about planning a baby shower focus on helping you accumulate these material items. The media urges you to plan for epidural anesthesia so you can enjoy your baby’s delivery. Your friends tell tales of difficult deliveries and how they had trouble initiating breastfeeding. What can you do to prepare yourself for a better beginning to motherhood?

Multiple studies have shown that common birth practices such as induction, limited maternal mobility, epidural anesthesia, surgical birth and episiotomies can all contribute to difficulties for the breastfeeding dyad. Although early separation of the mother and infant are common in many birth facilities, the delay of the first latch and breastfeed leads to a predictable cascade of events that make these interventions strong predictors of formula supplementation. This isn’t surprising. Other mammalian mothers (particularly primates) are known to reject or abandon their infants who are disturbed during or just after birth.

There may be other costs as well to distancing ourselves from the primal instincts for birthing and feeding our babies upon which our earliest human ancestors’ survival depended. Our busy millennial lives where mothers’ homes are often far apart and principal communication is often electronic, rather than in person, may contribute to young mothers’ fear and detachment from their motherhood experience. Research about common causes of and risk factors for maternal depression cite social isolation and a lack of social support. But despite these dramatic changes in our lifestyles from primitive human cultures, our neocortex and midbrains have not changed much at all in 200,000 years. Surely our biological maternal instincts are not gone either.
How do other cultures around the world prepare young mothers?

When I was a 22-year-old Peace Corps Volunteer stationed in a remote traditional village underneath the rainforest canopy of Cameroon, West Africa, I witnessed how very young girls saw their extended families of big sisters, aunts, cousins, mothers and grandmothers give birth, breastfeed and provide for their babies in every way. In a village with no electricity or running water—there were also no dolls, books or movies—children learned their roles through the real world experience gained from communal living and regular gatherings of relatives and neighbors.

Once a new mother emerges from her recuperation period, she can be seen publicly breastfeeding on every stoop, corner or car park, often with the breast fully exposed in plain public view. Although ankles may be chastely covered, the naked breast with a little mouth attached to it is a norm of daily life. Infants are carried close to the mother’s breast or in another person’s capable arms at all times, and separation of the infant from caretakers in the early period is a completely foreign concept. Sharing both sleep and wakeful stages with their babies allows mothers and fathers to learn about their unique baby’s needs more quickly and to meet them more adeptly. New, often quite young moms, gain confidence quickly and are supported readily in times of difficulty. Because mothers nurse their babies together in groups, common problems are quickly addressed and mothers learn ways to solve their problems and cope with the diversity of their infants’ behaviors at the breast.

The renowned “mother of midwifery,” Ina May Gaskin also describes these concepts of observed learning in an interview about her 2009 book *Ina May’s Guide to Breastfeeding:*

> “It’s much easier for any woman to breastfeed if she has had the gift of watching many other mothers breastfeed. We are social creatures, and we learn from watching others. Primatologists have learned that primates in captivity have trouble nurturing their young unless they are permitted to live in social groups.”

> “Mammals—whatever the species—have trouble lactating or getting their milk into their young when they are forced to be in stressful environments. Milk doesn’t flow from mother to infant unless the mother and her newborn are able to spend uninterrupted time with each other. The human is the only mammalian species that routinely separates its newborns from their mothers during the first few hours following birth.”

What can you do to help awaken your instincts and to create a safe, special space to explore the kind of mother that you intend to become?

**Evoking the Wisdom of the Village**

**The Mother Blessing**

One way you can foster a powerful start to the journey into motherhood and breastfeeding is through a tradition that comes from Native American tribes, *The Mother Blessing Ceremony.*

> “Whatever happens here on Earth must first be dreamed.” This ancient Navajo saying refers to *Blessingways*, sacred, spiritual ceremonies performed by Native Americans to celebrate life’s significant rites of passage. The term now preferred for secular, prenatal ceremonies that borrow inspiration from the Navajo tradition is *The Mother Blessing*. The Mother Blessing commemorates the events of birthing a baby and becoming a mother in a more distinct and meaningful way than the traditional baby shower.

The Mother Blessing Ceremony is planned by women who are close to the expectant mother. Special gifts and activities can serve to inspire, ground, comfort and honor her unique maternal strengths. Often, the thoughtfulness and attention to connecting with her own instincts will set the tone for many of the decisions to come in her lifetime of motherhood. To prepare for a natural labor and birth and to breastfeed her newborn, the Mother Blessing pays homage to the collective wisdom of the millions of women who have come before her in this shared experience. A traditional baby shower may be an event in which the expectant mother is often given impersonal gifts, purchased from a baby registry, while her female friends and relatives look on and play entertaining games. The Mother Blessing is a dramatic shift in focus towards the enormity of the act of birth and to the necessary physical, psychological and emotional preparation of the mother.

Our busy millennial lives where mothers’ homes are often far apart and principal communication is often electronic, rather than in person, may contribute to young mothers’ fear and detachment from their motherhood experience. She is surrounded by a group of women who will share and honor her birth and breastfeeding vision. The ancient tradition of women helping women through the childbearing years as mentors and assistants can have long-lasting implications for her identity as a mother, for her success and her enjoyment of motherhood and breastfeeding. Consider hosting a Mother Blessing for a new mother in your life. Here are some tools to get you started. >
Fun ideas and important things to consider when planning your ceremony

The Location. Consider having the Mother Blessing at a personal, private and comfortable setting, especially the mother’s home. The ceremony can take place outside if the mother enjoys nature.

The Guests. The intimacy of the group distinguishes this ceremony. This means the group will probably be all female, but it would be possible to create a special role for the father or close male relatives to be present if this is important to the mother. But invite only close friends and family who really appreciate and honor the mother’s intentions for the birth and nurturing of her baby. You may want to invite the birth attendant(s) (midwife, physician, doula) if they have a close relationship with the mother or have delivered the mother’s previous children. It is ideal to invite other nursing mothers so she can build a memory of this image to help guide her.

The Space and Ceremony. Think about what you wish to announce, express or offer to the mom. Remember that the more involved the group is in the process, the more prepared they all can be to lend support in the ceremony and after the baby is born too.

Consider burning some sage to “smudge” or “clear” the space and prepare the participants to “let go” of some interference in their own head and be fully present for the mother. Participants can each bring an item from their matrilineal line, or something that the mother would recognize to contribute to the centerpiece.

Presentation of gifts. Remember that the gifts must come from the heart. They take some thoughtful consideration and often fabrication, but are sure to last a lifetime, unlike most commercial baby items. The presentation of these gifts will form a major part of the ceremony. Give the mother plenty of time to “take-in” what she is being given and to feel the love and support that the participants are offering.

1. Letters. First ask the mother to write a letter to her unborn baby reflecting on the birth journey they will be sharing. This can be read to the group (by the host, if the mother is shy) so that all can carry the vision for her smooth delivery and greeting of her babe for the first time. Next, ask the invitees to write a letter to the mother-to-be highlighting her unique capacity to bear and nurture her child. An alternative can be for the letters to be addressed to the baby, explaining how special mommy is for the family and the world. The letters should be prepared ahead of time and can be artfully made into a scrapbook, which she will treasure always and may find helpful to read in times of doubt and uncertainty that can plague all mothers.

2. Create a special quilt for the baby woven of squares of fabric contributed by the guests. The squares can come from items of clothing that the mother will recognize or have some significance to her. Examples include: her own baby quilt, previous children’s clothing or a pattern that typifies the mother’s hobbies or interests. Neutral tones or patterns can be woven in to decrease busyness if some of the fabrics are drastically different.

3. Make a bead birth necklace. This ritual is derived from African tribal traditions. Each participant chooses a bead and says a particular blessing or wish for the baby or for the mother’s labor, as all the beads are strung together into a necklace for her to wear as labor approaches.
4. **Beautification and grooming of the mother.** Perhaps make a cast of the mother’s belly for her to paint or decorate later and hang in the home or baby’s room. (This can be time-consuming and messy, so be prepared. It might be better to do this ahead of time and simply have the belly cast at the ceremony for all to admire.) Similarly, a natural tattoo is the herb henna and there are many decorations that can be done on the mother’s belly or hands and feet. Again it can be messy, so be prepared. Brushing her hair, washing or massaging her feet or shoulders can be relaxing, but it may be too much tactile stimulation for some women, so ask her ahead of time, if she thinks she would enjoy these things.

5. **Potluck feast and meals for the mother.** It is helpful if everyone brings a dish for all to feast on after the ceremony and a freezer meal for her family to enjoy after the baby is born. Alternatively contribute meal gift cards to local restaurants that deliver or have take-out menus.

6. **A closing ritual.** Take a ball of soft yarn or string. Wrap the yarn once around your wrist first and then the person next to you, slowly weaving the ball so you are all connected. You can say a few words about your pledge to all remain connected in spirit to the mother as her day of delivery nears. Each guest can then be freed from the web and the individual strings tied off as bracelets. They should remain on the guests’ wrist until they receive the call that the mom has given birth. Additionally, or instead, a bouquet of dried flowers can be made for the mother as each person says a few words as she adds a new flower. The mom can place this bouquet near her during labor to remind her of the support of her group.

Lastly, once you have found your tribe, keep this village network going and continue to support your mothers by getting together as a community of sisters and friends. Gather together in one another’s homes or in local restaurants, cafés and parks and talk about your birth experiences and breastfeed your babies openly, while your older women friends can be companionably supportive to help you gain confidence. Attend local La Leche League meetings and prepare food together. Listen and share the challenges and joys you are all experiencing together. Let’s honor the graceful function of nature’s design and let’s really support our new mothers by giving them something that can’t be found on a gift registry or at the mall. Let’s give them the gift of shared experience with the wisdom of the ages.

Elizabeth Myler, BS, BSN, RN, IBCLC is a Registered Nurse, Board Certified Lactation Consultant and writer with a background in reproductive biology, psychology and maternal/child health. She is the co-founder and co-owner of a busy private lactation practice, Mahala Lactation and Perinatal Services, LLC. She lives in Northern NJ, USA with her husband and three sons.


References


7. blessingway—hozhooji: ceremony to awaken one to natural order (hozho); choosing constructive and life-affirming choices; healing from intentions and decisions that destroy oneself and others.
I WANT A NATURAL BIRTH

The birth of my first baby, who is now two years old, was traumatic. I didn’t progress at the expected rate during labor, which led to a cascade of medical interventions resulting in a cesarean. I felt really out of control and frightened. I am now pregnant again and am exploring the options open to me for birthing my baby naturally.

Can mothers who have given birth without pain medication and/or at home perhaps offer me some ideas about how best to have a normal birth? I am also quite nervous about reading a book that might scare me while I’m pregnant. Which books would you recommend?

Response

I’m sorry to hear that the birth of your first baby was such a traumatic experience. If it is what you want, there is every chance that you can have a completely natural, unmedicated home birth next time. I had “failure to progress” in my first labor too, and an operative (forceps) delivery, but went on to have four more, completely natural, births—two in hospital and two at home, attended by midwives.

There are lots of good books around to boost your confidence and courage and give you faith in yourself. And this is what, I feel, ultimately makes all the difference. I would particularly recommend the following:

For general and inspirational reading on birth matters: anything and everything by Michel Odent, the pioneering obstetrician who popularized water births and home-like birthing rooms. Don’t be put off by the fact that he’s a man! If anyone can convince you of the innate wisdom of women’s bodies and your ability to birth your own baby naturally, he can.

On a more practical, “how-to”, level, Ina May’s Guide to Childbirth is down-to-earth and full of good old common sense. You might also like to check out her website at http://www.inamay.com but, as an antenatal teacher, I have found that many women are more frightened than reassured by her first book, Spiritual Midwifery, since although the mothers’ and midwives’ stories bear testament to the strength of feminine nature, some of them make harrowing reading.

Janet Balaskas, the pioneer of “active birth” (see www.activebirthcentre.com), has written a useful book, New Active Birth. The list of possible side effects of pain medication for both mother and baby, in the handy reference section at the back, strengthened my resolve to just say “no” to pharmaceuticals, while the section on yoga-based exercise is invaluable for “tuning in” to your body. And if yoga appeals to you, I also recommend Preparing for Birth with Yoga by the same author.

Birthing from Within by Pam England and Rob Horowitz is a treasure trove of ideas for enhancing pregnancy and birth and treating them as a spiritual journey. This book has its practical side too, with a 65-page section on dealing with labor pain.

Last, but not least, and in fact my favorite resource for both personal use and antenatal classes, is Magical Beginnings, Enchanted Lives: A Holistic Guide to Pregnancy and Childbirth by Deepak Chopra. This book successfully combines the ancient wisdom of Ayurveda with the latest Western scientific knowledge, and is a truly uplifting companion throughout pregnancy. It is packed full of beautiful quotations and poems, meditation techniques, relaxation exercises, ideas for partner-work, helpful yoga poses, and tips on nutrition, complementary therapies and, of course, natural pain relief. An absolute gem of a book!

In addition to books, many mothers-to-be find relaxation and birth-preparation tapes and CDs (such as Maggie Howell’s Natal Hypnotherapy range—see http://www.natalhypnotherapy.co.uk/) helpful. You might benefit particularly from her VBAC Preparation CD.

Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
Finally, if there are any active birth or yoga for pregnancy preparatory classes in your local area, they might also be worth investigating.

I wish you a joyous journey this time around.

Gwyneth Little, Alicante, Spain

Response

I had a peaceful, almost pain-free natural second birth, at home with the instant, head-over-heels in love bonding every mother dreams of. This followed the horrible hospital birth of my first child, which encompassed a cascade of interventions: gas and air, epidural and instrumental delivery (ventouse). I narrowly avoided a cesarean section.

I achieved my lovely home birth by

1. Enjoying with my first child a natural breastfeeding relationship (after initial birth-related difficulties), which gave me confidence in my body.

2. Joining LLL and learning more about birth from experienced, like-minded mothers.

3. Listening to Effective Birth Preparation hypnosis CDs throughout pregnancy and in labor.


5. Being positive and laughing, moving, yogic breathing and generally doing whatever my body asked me to do during labor (and certainly never lying down during a contraction, no matter how much my midwife wanted to examine me).

6. A homeopathic childbirth kit.

7. A very supportive husband and a brilliant birth partner in my son Henry, who made me roar with laughter by copying me and chirruping “Come on baby!”

8. Two kindly, supportive midwives.


10. Believing I could do it. In my first labor, I was amazed at how well I coped with simple breathing techniques, and then proceeded to panic and lose all faith in my body’s ability. Even though I had heard of women having lovely births I wasn’t ready to listen. With baby number two, I listened. And I believed.

Katie Davies, Isle of Man, UK

Response

I had a home birth and my advice is to read as much as possible. The Birth Book: Everything You Need to Know to Have a Safe and Satisfying Birth by Dr. Bill and Martha Sears helped me anticipate the steps my body had to go through, which was especially helpful during the transition period of labor. Knowing that when it felt like I couldn’t take it any more, it was in fact almost over was comforting. A great midwife kept me informed throughout my pregnancy and prepared me well. Trust that your body knows what to do and be willing to “go with the flow.”

Annette Papizzo-Petrie, Orlando, FL, USA

Response

Congratulations on your pregnancy. While we can’t guarantee a natural birth it can help to prepare ourselves mentally and physically, and make sure we are surrounded by supportive people, who view birth as normal.

Like you, I wanted to avoid a repeat cesarean and happily my daughter was born gently at home in an uninterrupted, unmedicated birth last year. I spent a lot of the pregnancy preparing for this.

From the start, we got an independent midwife who specializes in HBAC (home birth after cesarean). It was expensive, but we knew it was very important to us to do everything we could to increase the chances of a natural birth.

I requested my medical records from my son’s birth and discussed them both with my own midwife and a midwife from the hospital. This helped to clarify what had happened and why. I also found listening to hypnotherapy CDs especially designed for childbirth to be helpful in the last few months of pregnancy, in labor and in the weeks after the birth.

You asked about avoiding medication in birth: Ina May Gaskin suggests that we consider the sensations of childbirth as pressure, rather than pain. She even refers to contractions as “rushing,” which makes you think of them in a wholly different way. I found a birthing pool and the hypnotherapy techniques much more helpful and pleasant than the epidural I had the first time round. My midwife gave me back massages during contractions, which were amazingly helpful.

There are a lot of books dedicated to natural birth that might help you. Approaching Birth and Birth Rights by Sally Inch, or anything by Ina May Gaskin, Michel Odent or Frederick Leboyer. You might find some of these in your LLL group library.

Geraldine Coggins, Manchester, UK

Response

The birth of my child was induced. My plan the whole time was to go naturally. I had
My daughter is almost a year old and we have been happily breastfeeding until recently when she started to nip me every now and then while she is at the breast, seemingly out of the blue, for no reason I can tell. A couple of times she has drawn blood. Ouch! I really don’t want to stop nursing her but if she keeps doing this I may feel compelled to. Please can mothers share how they have stopped their babies from biting?

Please send your responses to editorbt@lli.org.

Ina May’s Guide to Childbirth gave me confidence in my body. It also has a section on vaginal birth after c-section. I found that praying helped too! Good luck.

Lauren Boesken, Batesville, IN, USA

Response

Feeling scared and fearful can take the joy out of pregnancy. Like you, my first birth experience in a hospital had more medical interventions than I would have liked. When I became pregnant again, I decided to meet with a home birth midwife. She was a great fit for me and my family. I felt most comfortable having a doctor who supported home birth for backup in case of a hospital transfer. My preferred ob-gyn supported my choice for a home birth and agreed to meet us at the hospital if any emergencies arose. The final part of my birth team was a doula, who was instrumental in helping me determine and clarify what was most important to me for my ideal birth, and helped me develop a plan for different birth settings. She had a wealth of knowledge to share and was a great support to me and my husband. Labor and birth can be unpredictable, so it was important for me to feel prepared with supportive care providers in a hospital or home setting.

Birthing From Within by Pam England helped me process and heal from my first birth experience while preparing for my upcoming birth.

Ultimately, I was able to birth my second daughter at home with my midwife, doula, and husband present. Having experts in normal birth and managing pain in labor, made the biggest difference for me.

Melissa Nootz, Anaconda, Montana, USA

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Mothers' Stories

Breastfeeding through Critical Illness and Recovery

Natalie Ainge, Saltaire, Bradford, UK

My baby boy, the biggest of my three children, was born peacefully at home in water, only 19 months after I’d had a traumatic cesarean. His birth was everything I had dreamed of and our whole family was on a high.

I breastfed our first two children and planned to breastfeed him too. With our first baby, I battled on with no support, suffering from Raynaud’s Phenomenon [vasoconstriction of extremities due to cold or emotional stress] in the early weeks. With our second I had to figure out how to breastfeed after an unplanned cesarean. It hadn’t been plain sailing with either and, as it turned out, it wasn’t going to be easy with our third either. However, this time, I had the women I’d met at my local La Leche League group on my side.

Two days after the birth, in unrelated circumstances, I became critically ill with septicemia, which led to multiple organ failure, and I had a large open abdominal wound from emergency surgery. I was in intensive care on life support machines with tubes and wires everywhere. I was the most critically ill person in the hospital, on a ventilator providing 90% oxygen. My kidneys completely shut down, my body swelled and I had yellow skin and eyes. My husband was informed my condition was not improving. I was kept heavily sedated in an induced coma most of the time and on lots of medication and pain relief. After a hazy few days my first thoughts on regaining consciousness were, “Where is my baby?” and “Get me a breast pump—I need to express” as I knew my baby wasn’t with me and that he would need feeding.

The members of the intensive care staff were not keen to support me with expressing milk for my baby. There were delays and excuses in getting a hospital pump. The hospital breastfeeding supporter was turned away. The doctors considered breastfeeding would be just another stress to put on me and it was not on their agenda for helping me regain my health. It was also recorded that the doctors felt my husband was pressuring me to express milk, but this was not the case at all. In my mind, there was no alternative. I had to follow my instinctive desire to breastfeed. My baby would be nourished, comforted and feel loved with my body and my milk, if not right now, then he would be when I got better. Breastfeeding is the basis from which I have grown to be a mother—it is how I parent my...
children. I had been given a second chance at life and our nursing relationship would give me strength in my journey to recovery.

Eventually I received an electric pump, but I had never used one before and neither had the nurses. My husband brought in my hand pump from home and I started to express colostrum. I couldn’t sit up to collect it so I had to just let it run down my sides. I mopped it up with tissues. My baby was unable to drink it anyway because of the numerous medicines I was taking.

I had expressed frozen colostrum during my pregnancy and my husband had given this to our baby. Once word of our situation got around, my baby was also fed on donated expressed milk from kind mothers.* I had never considered the possibility of using donated milk before the birth. My husband decided while I was unconscious that he thought it’s what I would have wanted and what was best. I’m happy he did. A lady collecting milk for us also offered to nurse our baby. We were so grateful for this chance to help him learn how to latch on and experience the comfort of nursing. Being supported by the LLL mothers and taking on the task of maintaining an all but exclusive breastfeeding diet for our baby helped my husband stay strong in this period, and gave him something to focus on, while he and our new baby developed a strong father and son bond.

After 12 days in intensive care I was moved to a ward and still needed lots of treatment including physiotherapy to learn to breathe unassisted and walk again, dressing changes for the wound on my tummy, dialysis treatments and blood transfusions. I was on restricted fluids as I hadn’t passed urine in two weeks. I was “pumping and dumping” but I could see my milk supply increasing. My aim was to express at least twice a day but if I was too tired or felt too poorly I didn’t. I was unable to get out of bed and had to ask the nurses to pour the milk down the sink and wash my pump for me. I tried to hold my baby skin to skin but I wasn’t strong enough to hold him and I was in a lot of pain. I wasn’t able to see him every day, which was heartbreaking.

Finally after three weeks, my baby was able to have my milk. I sat up to feed him and he latched on perfectly. It was a happy day. Unfortunately, the next day I was rushed back to intensive care as my lungs had overloaded with fluid and I was back on the ventilator. Ten liters of fluid were filtered from my body overnight. I was very happy to wake up the next day as I did not expect to. I felt set back again with all the tubes, wires and medicines. This time though I wasn’t as poorly as before, and communicating by writing, I asked for my pump again and started expressing while still on the ventilator. A doctor said to me, “No one is going to think any less of you if you don’t breastfeed,” but comments like this just washed over me. Why would I make less of an effort for my baby?

After another three days in ICU I was moved to the cardiology ward, where I was told my heart function had been impaired, and the medication that the doctors were suggesting I take meant that I would never be able to give my baby my milk. I cried a lot that night and declined the medication caused the doctors to raise concerns over my life expectancy, quality of life and the possibility of causing further damage to my heart, although they could not confirm that the medication would, in fact, actually improve my health. Having no idea what this would mean for the future I decided I would not have the medication for the time being and see how I managed. I had come so far and been through so much, I wasn’t ready to give up yet so I followed my gut instinct. I just could not imagine our future without the bond and special relationship that comes with nursing a baby through his first years, especially after our rough start. My husband agreed that the quality and enjoyment of life that our family would have, with me breastfeeding our baby, was very important. Feeding our baby was keeping me going, keeping me healing and getting me ready to go home to my children and husband.

I will always be amazed that despite being so close to death, with multiple organs having shut down, my breasts were still making milk for my baby, and I was able to exclusively breastfeed him so soon into my recovery.

Over the next four weeks my milk supply increased slowly. My two hand pumps were sent to the children’s ward to be steam sterilized every day. (The children’s ward provided sterilizing bags and they had a microwave dedicated to sterilizing baby feeding equipment.) I had a job on my hands explaining this to staff at every shift change on the six different wards that I visited. I got into a routine of expressing first thing in the morning and last thing at night. The milk was labeled and stored in the ward fridge and would be collected by my relatives the next day and taken home to my baby. I eventually wrote a page and put it on the front of my care plan in my hospital notes. Many of the staff told me (particularly because of the type of wards I was a patient on) they just didn’t see breastfeeding mothers and didn’t know how to care for me. Since they had no knowledge of breastfeeding, it was necessary for me to educate them.

My husband brought me sterile bottles and bags to send the milk home in. My baby had my milk at home from a bottle topped off with donated milk while my supply slowly increased. When he visited (maybe
three times a week) I always tried to give him a feed at the breast. After eight weeks I was sending home 20 oz of milk per day.

Finally after two months in hospital I came home to my family. I needed a lot of care at home for another month but I just kept trying to feed my baby on cue as long as I felt well enough. He did not have any issues with latching on, going from bottle to breast. My first achievement was feeding up to lunch time, but then my supply dwindled as the day wore on and he needed a bottle afternoon and evening. A few days later I fed him until bed time and finally, at 12 weeks, I was able to feed him all day and night. It took a couple of days to sustain this but I achieved a dream I never thought possible, exclusively breastfeeding my baby boy. I will always be amazed that despite being so close to death, with multiple organs having shut down, my breasts were still making milk for my baby, and I was able to exclusively breastfeed him so soon into my recovery.

Continued determination, support from my husband and family, my LLL Leader, Becky, my doula and my peers made this possible. It was a team effort from the women of Yorkshire who donated their milk for our baby and filled our freezer with food for our family and were a source of strength, love, support, knowledge and encouragement through everything.

After a few weeks of exclusive breastfeeding it felt like we had never been apart. He smelled like my baby and I recognized him as my own. Eighteen months on and we are still breastfeeding and very happy. I have spoken to the hospital staff about my experience and they are now working to keep babies with their breastfeeding mothers and ensuring they get the right support should they need to stay in the general hospital. I am personally helping to set up another circle of support for families in my area. I have a second chance at life and La Leche League has given me a new purpose.


No one of the mothers in my family or my husband’s had ever breastfed. They disapproved of my desire to do so, explaining that it was too exhausting and telling me stories of women they knew who had tried and failed to make it work. I believed there was no one I could ask for words of encouragement, so I kept my intention to breastfeed quiet.

As the due date approached, the worry that my baby might not be able to latch on flooded my mind occasionally. I even underlined my desire to exclusively breastfeed on my birth plan. I remember as a child I had strongly disdained pacifiers, spitting them out immediately, and I did not want my daughter to have one either. After 16 hours of labor and a natural childbirth, I held Sarah in my arms. Just minutes after the umbilical cord was clamped and cut, my daughter and I began our breastfeeding adventure.

I was unable to tell whether my baby was getting enough milk or how long she should breastfeed and did not appreciate the importance of nursing from both breasts. The first morning, Sarah fell asleep after an hour and a half on my left breast. The nurse said I should not allow that to happen as she picked up my baby and wheeled her away to be examined by the pediatrician. I continued to nurse her all through the second day and night. She seemed satisfied and slept peacefully between feedings. The day of her discharge Sarah had lost over a pound. Once home, I nursed with extremely sore, bruised nipples and held her for hours, allowing her to rest in my arms between feedings. I felt it was the right thing to do. I felt most comfortable holding her and I knew she was content in my arms. I wanted to make sure she was getting the proper nutrients and antibodies that my body was providing.

Four days after her birth, we discovered Sarah had lost another half-pound and required formula supplementation. I was given no other alternative. It was clear she was desperately hungry as she drank from the bottle. “She’s a bottle baby,” the medical assistant exclaimed, just before Sarah spit up all over her.

The devastation I felt is beyond words. How painful not to be able to provide milk for Sarah myself. Whenever I was alone I sobbed uncontrollably. This feeling of
sadness and stress transferred to Sarah. She absorbed my sadness and it became such a challenge to comfort her and gain control of my emotions. It was even worse when I tried to latch her on and she pushed herself away. My breasts were sore and engorged. Pumping milk was painful. I slept with cooling pads across my chest for relief.

I did not want to give up. I attended a La Leche League meeting with my mom and openly discussed the challenges I was facing. The moms greeted me warmly and assured me I was doing the right thing by staying positive. They offered guidance on increasing my supply that included lots of time for practicing latching Sarah on without getting discouraged if she didn’t; increasing my oat and whole grain intake, massaging and pumping through my clogged milk duct and pumping every three hours. My mom listened attentively and stood by me throughout the entire learning process. She later admitted how much she had learned at that meeting, including that I was entitled to a breast pump on my insurance.

It took about two weeks to increase my milk supply substantially, and I was able to accumulate a stored supply of refrigerated milk too. One day as I was attempting to comfort her while my husband went to prepare some powdered formula, I was elated when she latched on well and I could feel the warmth and pleasure my own body was providing for her. I realize now that I know Sarah’s needs better than anyone else and that trusting my own instincts was the best thing I could do for my daughter and me. I did not give up on breastfeeding, which greatly helped to dissipate my baby blues. When Sarah and I make eye contact during nursing sessions, I feel we comfort each other.

After maintaining patience and positive thinking throughout the learning process I am now witnessing the benefits of nursing in Sarah’s smiles and gleaming eyes as I hold her in my arms.

During my wife’s pregnancy, she decided after reading a few books that she should breastfeed our baby. And because this was an important decision she asked me for my opinion. My first thought was, “She knows best, so yes, of course!” She explained to me the benefits and the World Health Organization’s recommendation as stated in the Global strategy on infant and young child feeding (pdf, 192kb) (WHA55 A55/15, paragraph 10):

“Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”
I trust my wife and this was even more convincing. But there was still a long path ahead. The pregnancy was difficult and my wife got sick.

Then although we wanted a natural birth with no epidural and no Pitocin, she ended up having a cesarean section.

I felt very guilty not to have stepped up more in our “Project Birth.” The next step was breastfeeding. Again nothing went as we wanted it to. Probably because of the anesthesia, the “montée de lait” (when the milk supply increases) did not happen over the next few days. Our baby was crying a lot. Nobody explained to us that the baby should spend his time at the breast. They even convinced us to give him a little formula milk because my wife did not have “enough milk.”

After five days the montée de lait happened but breastfeeding was a struggle because of the pain caused by the C-section scar and the baby’s lip/tongue-tie (something that we later discovered).

Breastfeeding is not very common in France. It is seen as constraining the mother.

My wife was tired, disappointed and desperate to comfort our son. She cried a lot and I didn’t know how to help her. However, I saw that the nursing moments calmed her. It reassured her to be able to calm our baby with her breast and to know that our baby was growing only with the milk she was producing.

The first months she was shy about breastfeeding in public spaces. She would look for the most hidden corner to sit down and nurse; she even bought a cover so as not to “offend” anyone. Sometimes she would try to rock and distract our son so he would wait until we got home to nurse calmly and out of sight of strangers.

But slowly she gained confidence. During an LLL meeting she learned to nurse while wearing our son in a sling, after which she knew she didn’t have to look for a place to sit down to put the baby on her lap, she could just help him reach the nipple and continue walking if she was on the street.

Today, our baby knows that he can have breastmilk whenever he wants. He even says the word “tête” or helps himself by lifting my wife’s shirt. And he plays with her hair and gazes at her. It is beautiful for me to see these scenes and I feel so proud.

I feel sorry for babies fed with artificial milk, when their mothers have the best food. Too many doctors, nurses, midwives and others are recommending bottle-feeding.

Husbands and partners stand up and support your babies’ mothers! Encourage them to continue when they have cracked nipples, sleepless nights and a baby who won’t sleep at three in the morning.

If we fathers assume our role in a more active way, the normalization of breastfeeding will be brought closer.

I would like to learn more about breastfeeding and speak up for other fathers and to our society in general. I would like it if LLL could offer “father-to-father” support so that more experienced fathers could then help new fathers going through the difficulties at the beginning of the breastfeeding relationship between mother and baby and be able to help them stay motivated and be supportive throughout the months or years that this adventure can last.

The presence of fathers at meetings might help provide answers to some mothers who would like help with living this adventure as a couple.

Our son is 20 months old now. He is growing and gaining weight on breastmilk as he still eats little other food. I do not see anything more natural and healthy than that. It is important to me that future generations may enjoy the same.

I would like to meet more fathers of breastfed babies to share with them as I have none in my entourage.

Promoting the father’s role in breastfeeding papallaitants.fr

Becoming a Father
http://store.lli.org/public/profile/84
For nearly 60 years, mothers across the globe have depended on the vision, the knowledge, the sharing spirit of La Leche League International. And throughout those years, LLLI has depended on the generous spirit and personal outreach of our loyal and committed members and Leaders.

The successes we have experienced as an organization—and the successful breastfeeding experiences we have brought to mothers around the world—result from individual mothers who have stepped up, to share their knowledge, offer support, and extend the outreach of LLLI through their personal donations.

As we look to our 60th year, we hope you will join in LLLI’s honored tradition of giving to those who rely on us for valuable support.

Now through June 30, 2014: A Unique Dollar-for-Dollar Match for Your Contribution – Up to $100,000!

Double the strength of your LLLI contribution.

This year, we hope you’ll take advantage of a very special opportunity. Join with long-time LLLI supporters and Board members who have agreed to match your donation dollar-for-dollar. Alone, their contributions would be significant—but joined with yours, they can help bring the caring, compassionate touch of LLLI to more and more women.

Help ensure that mothers continue to receive the breastfeeding information and support they need.

Make your donation to LLLI today!
As new mothers we discover that our tiny baby’s wants and needs are all one and the same thing. Babies’ innate reflex to suck, their evolutionary expectation of breastfeeding, their body’s need for the milk that is uniquely designed for them, and their survival mechanism in being close to mom where she can respond to their cries—all of these are an intrinsic part of their make-up. La Leche League mothers have always understood this and advances across several scientific disciplines continue to furnish the evidence, so gradually the days of mothers being told that a ten-week-old baby is manipulative when she cues to nurse or cries to be held are receding into history.

It is joyful for a mother to realize she can relax and follow her baby’s lead. That, far from creating some sort of “little emperor,” responding in a timely and appropriately gentle manner to her baby’s need to nurse or be held close builds the deepest foundation of trust and attachment. This paves the way for a secure, independent and confident child (and then adult) in the future. It is a pleasure at La Leche League meetings to see a new mother experience a sense of validation when she has been meeting her baby’s needs and instinctively wants to continue to do so.

But what happens when the baby grows into a toddler and her wants and needs begin to diverge? What happens when a 12-month-old wants to painfully twiddle the other nipple while nursing? When a 20-month-old insists on both of mom’s
breasts being out of her shirt when he wants to nurse in the park? When a three-year-old has a distressing meltdown because mom didn’t bring the “right” kind of apples with her on an outing? Or because we have run out of Disney plasters for a cut finger? (Some of these experiences are my own, some from local moms.) At some stage, and it is different for every baby, wants and needs begin to diverge and, later still, collide, often in a spirited fashion!

At times like this we see how mothering through breastfeeding is the ideal underpinning for navigating difficult moments, ones that come with strong emotions for both mother and child.

From the moment that your newborn first seeks the breast and latches on to nurse, a unique relationship begins. A conscious yet instinctive conversation, a continually evolving physical, emotional and verbal dialogue that can form the basis for how you respond and understand each other for the rest of your lives.

The normal course of breastfeeding involves being led by your baby’s needs. Mom is never dictating the schedule, but that doesn’t mean she is an inactive participant. Both make tremendous effort from day one to learn how to breastfeed together, to learn each other. It is a dance, a negotiation, a learning curve, involving compromises and sacrifices.

From the start, mom will often adjust her expectations about home, work and hobbies, so as to meet her baby’s needs at the breast. But likewise, even in the early days, her baby will gradually learn that sometimes it is dad’s or aunt’s or his other mom’s arms which bathe, rock, or wear him, as his nursing mom takes a much needed breather. There are regular challenges within a breastfeeding relationship (latching, tiredness, illness, returning to work, feeling touched out, to name just a few) and all of them foster newfound patience and give-and-take between mom and baby as they find their particular solutions.

Within the ever-reassuring space at the breast, I see babies at a very young age beginning to be gently and lovingly shown that mom is a separate entity with wants and needs of her own. Perhaps a twiddling hand is gently removed (100 times in a row!) with the words, “Gentle hands on mommy please.” A consoling breastfeed is offered with the words, “I can see you wanted to stay longer, but mommy needed to come home and rest.” There will be hundreds of examples from every nursing mother!

The common theme in all of them though is that there came a time when mom was increasingly uncomfortable and distressed by some particular behavior (at the breast or otherwise) and it felt better gently to introduce boundaries. Gradually, and with love and respect to both mom and child, limits are added with explanations. Examples could be pulling a biting baby into the breast to discourage a nip, repeatedly asking for “a big wide mouth,” sitting in a certain position when a teething or acrobatic toddler wishes to breastfeed, or asking an older child to wait to nurse or nursing only in set places/times when out and about. As the baby grows up, she evolves a sense of how to behave with kindness and respect and awareness of others from these basic compromises first made with mom at the breast.

It is a pleasure to then see that same thoughtful compromise and negotiation continuing into other aspects of family life as a child grows up. I see many mothers continuing to think deeply and creatively about how to find the best way forward when a child’s wants and needs are colliding with those of other family members. Toddlers are offered the opportunity to “help” with the care of a new baby, but then given a box of special toys or offered a chance to have story-time when the new baby is nursing. Two-to-three-year-olds can be helped to learn patience (and to tell some aspect of time) by watching the hands on a clock move to a certain place, or by using colorful egg timers, where the sand takes a certain number of minutes to flow through. It helps to have realistic expectations of how long a child may be expected to wait patiently (generally not very long!) and for what reasons. So if mommy is going to the bathroom or finishing a sandwich that is all well and good, but mommy spending hours in a clothes store changing-room, or chatting for an hour on the phone to a friend may not go down so well.

Author of *Motherhood In The Balance,* Catherine M Wallace wrote:

“Listen earnestly to anything [your children] want to tell you, no matter what. If you don't listen eagerly to the little stuff when they are little, they won't tell you the big stuff when they are big, because to them all of it has always been big stuff.”

As the baby grows up, she evolves a sense of how to behave with kindness and respect and awareness of others from these basic compromises first made with mom at the breast.

Breastfeeding requires every mother to be the expert on her own baby and to do just this. To listen, watch, intuit and know intimately every little noise and movement from her own child, at very close range across hundreds of hours, days and months. I believe that the unique breastfeeding relationship between each mother and child, and the closeness and continual adjustment involved from day one, results in a true perception of babies as tiny little people in their own right. As the babies grow, breastfeeding leads our mothering, and leads us to the awareness that our children are individuals with valid wants and needs of their own, all of which are continually worthy of respect, consideration and understanding.

With loving guidance founded in breastfeeding we ultimately give our children a great insight into the value and worth of each and every person around them.
Smoking
Tobacco is bad for everyone’s health. It is always better not to smoke. Smokers increase their babies’ risk of respiratory infections, bronchitis, pneumonia, ear infections, colic and Sudden Infant Death Syndrome or cot death (SIDS).

We encourage mothers to seek support to give up smoking.

However, even when mothers of breastfed babies continue to smoke, their babies are at lower risk for these diseases than artificially fed infants. The breastmilk of a mother who smokes is still a safer choice than artificial milk, and breastfeeding helps to protect babies from the dangers of cigarette smoke.

If you can’t give up smoking, at least carry on breastfeeding your baby.

In 2001 The American Academy of Pediatrics (AAP) removed nicotine from its list of substances contraindicated during breastfeeding. The statement issued includes the following:

“One study reported that, among women who continue to smoke throughout breastfeeding, the incidence of acute respiratory illness is decreased among their infants, compared with infants of mothers who bottle fed. It may be that breastfeeding and smoking is less detrimental to the child than bottle feeding and smoking.”

Nicotine passes into the smoker’s milk. Even some moms who don’t smoke have nicotine in their milk if they live with someone who smokes, thus making them “passive” smokers. Nicotine is actually one of the least harmful substances in tobacco. Nicotine is not what causes cancer, bronchitis and emphysema. If a mother smokes, the danger for the baby isn’t from human milk contaminated with nicotine, it is from the tar-filled tobacco smoke he breathes in, which is far more toxic.

Although nicotine may be present in the milk of a mother who smokes, there are no reports of adverse effects on an infant due to breastfeeding.

Smokers, Take Action!

If you will not or cannot stop smoking, then smoke as far away from your baby as possible.

To prevent exposing your baby to smoke and particles small enough to inhale, any smoker in your household should smoke outside (or at least in another room if the house is large) away from the baby. Laws that forbid smoking in the workplace protect workers in many parts of the world from the dangers associated with passive smoking, so it seems only fair that this level of protection be extended to one’s own baby.

Family members and anyone caring for the baby who smokes should wash their hands after smoking and before touching the baby.

A smoker should wear a jacket or other outer garment while smoking to protect his or her clothing from smoke particles. This garment can then be removed before any contact with the baby to minimize the baby’s exposure to harmful toxins.

Never smoke in the car, whether the baby is in it or not.

Protecting your baby against SIDS

Smoking increases quite considerably the likelihood of your baby suffering SIDS. Sharing a room with your baby for at least the first six months helps to protect against SIDS and also helps with nighttime breastfeeding. But if you or your partner smokes (at any time), you should make sure that you NEVER fall asleep with your baby in bed. Your baby’s risk of SIDS is increased if he sleeps in a bed with a smoker. You should never sleep with your baby on a sofa or armchair (whether you are a smoker or not) (UNICEF 2003).

Baby’s growth

A breastfed baby is exposed to the nicotine and cotinine (the chemical into which nicotine is changed when ingested) in her mother’s system. Nicotine can lower a mother’s prolactin level, which reduces her interest in breastfeeding as well as her milk supply and the fat content of her milk.

Some research suggests that smoking affects a baby’s weight gain. If you are worried about your baby’s growth, monitor her weight at regular baby checkups, talk to a La Leche League Leader or health professional who can help you learn techniques to use to increase your milk supply.

Limit smoking as much as possible

Smoking fewer cigarettes means less smoke in the air, lower levels of nicotine in your milk, better health for everyone, and more time with your baby.

Smoke after breastfeeding rather than just before. When a breastfeeding mother smokes, the nicotine levels in her blood and milk increase, and then decrease over time. Therefore, smoking straight after breastfeeding minimizes the amount of nicotine in her milk.

About 95 minutes after smoking, the level of nicotine in the mother’s blood and milk has decreased by about half. Babies will
probably want to breastfeed frequently in the early weeks, so a mother who smokes may not always be able to wait that long between her cigarette and the next feed. Frequent breastfeeding helps boost and maintain your milk supply and ensures that your baby gets enough to eat.

Nicotine Replacement Therapy

Commercial products including nicotine patches, gum, lozenges, microtabs, and nasal spray may help you to give up smoking and their use protects your whole family from carbon monoxide and respiratory irritants in the air.

Electronic cigarettes don’t make simple water vapor, so it depends what chemicals are used in them. There is no research as yet about their potential harm.

Ask a health professional about the most appropriate therapy and dosage when you are looking to cut down or quit smoking.

If you use any of these products, use them immediately after a nursing so that blood levels of nicotine have time to fall before the next breastfeed.

Nicotine patches provide a steady level of nicotine in your blood and milk. That level will be lower than the level of nicotine when smoking, provided, of course, that you refrain from smoking while using one. Smoking while using any replacement products is likely to produce high levels of nicotine in your blood and milk that could be dangerous.

Remove nicotine patches at night to reduce the levels of nicotine during nighttime feeds.

Research has shown that use of nicotine patches is a safer option than continuing to smoke. And their use is much less of a risk to a baby than feeding him artificial milk.

The levels of nicotine in nicotine inhalers are probably too low to affect a breastfeeding baby (Hale 2006).

Some research seemed to indicate that mothers who smoke wean their infants from the breast earlier than mothers who don’t smoke. A recent review of such studies suggests that mothers who continue to smoke stop breastfeeding because of concerns (either their own or other people’s) about the health risks for their babies. Remember that breastfeeding offers your baby protection from the very respiratory diseases you may be worrying about and for which you are more likely to be at risk yourself.

You will already have heard about the many good reasons there are to quit smoking both for you and your baby, so instead here are three smokers’ stories.

Jane’s Story

As soon as I found out I was pregnant I knew I had to stop smoking. I managed it cold turkey because I held on to the thought that I could go back to it once the baby arrived. When my son was born I was too busy looking after him to even think about cigarettes. Now he is almost 12 months old and my cravings for nicotine have just gone altogether.

My son is eight months now and we are still enjoying breastfeeding. He is thriving and although I still have not managed to quit

Patty’s Story

I did manage to quit smoking completely early on in my pregnancy, but after my baby was born I felt stressed and would occasionally have a cigarette in the backyard, when there was someone else around to watch the baby. Of course, this got to be more and more of a frequent habit. My mother-in-law told me I should give up breastfeeding and switch to formula milk. She said I was poisoning my baby.

Breastfeeding was the one thing going well for us. I’d had a miserable time. After a difficult birth, my own mother had passed away. Smoking was a prop that I wasn’t ready to cope without. A mom I had talked to at the grocery store now and again invited me to a La Leche League meeting, and I’m very glad I plucked up the courage to go. I talked about my dilemma and the moms in the group didn’t make me feel like a bad mother for my cigarette addiction. The Leader said that breastfeeding was helping to protect my baby from the harmful effects of cigarettes and that changing to artificial milk would put him at a disadvantage. She told me to approach things realistically.

I was already smoking outside the house and never in the same room as my baby, and I learned that I could further minimize the associated risks by having the cigarette soon after one feed and allowing as much time as possible between the cigarette and the next breastfeed. One mom shared with me how she’d used a nicotine patch for the first six months of her son’s life and she had breastfed him exclusively for four of those months.

My son is eight months now and we are still enjoying breastfeeding. He is thriving and although I still have not managed to quit

Laws that forbid smoking in the workplace protect workers in many parts of the world from the dangers associated with passive smoking, so it seems only fair that this level of protection be extended to one’s own baby.
smoking, I have cut down significantly the number of cigarettes. I also smoke much less of any cigarette I do smoke because I just don’t get that many opportunities to sneak a smoke and mostly I’d rather spend that time with my baby.

I am very grateful for the support of LLL moms because they have helped me to carry on breastfeeding without judging me so I now feel I can trust them to support me in my battle to quit smoking.

**Tracey’s Story**

I started smoking again after years of being a non-smoker, when my daughter was nine months old. I know it was a stupid thing to do. I smoke when I am at work on my lunch break and if I go out for a quick walk. I’m glad I kept on nursing my little girl though, because breastmilk will protect her to some degree from my bad decisions.

**Relaxation**

Smoking is considered to be a way of relieving stress for many people. Finding other ways of relaxing can help you cope with nicotine withdrawal.

If you are trying to stop smoking, you may find it helpful to use the relaxation exercises taught in pregnancy, to take a shower or bath, to do pleasant activities with your baby, cuddle your baby, go for a walk with your baby, keep your hands occupied, or meet up with other mothers, perhaps at a La Leche League meeting.

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**References**


LLLGB Smoking & Breastfeeding Information Sheet No. 2701.


Working Ethiopian Mothers Determined to Breastfeed

Alice Allan IBCLC, LLL Leader in Addis Ababa and Elfaz Fikru, an Ethiopian nutrition writer

Ethiopian women rising to the challenge

Here in Ethiopia mothers currently have on average just three months maternity leave. There’s great financial pressure to return to work, but mothers who do that face many challenges and choices. Formula marketing is unregulated, there are few places to pump and effective pumps are hard to come by. Inevitably, an increasing number of urban mothers stop breastfeeding when they return to work. However, some Addis Ababa mothers are meeting the challenges with imagination and perseverance.

Betlehem Tsedeke and Seblewongle Tadesse both work for SIM, a company which has established a small pumping room to enable their workers to express milk for their babies with an efficient electric pump.

Betlehem says “[The nursing room] gives me the opportunity to bring in my baby with her nanny to be fed or I can pump and take milk home. If everything goes as planned, I will continue feeding her exclusively until six months. If maternity leave cannot be changed it would be good to make pumping rooms widely available. Breastfeeding is highly recommended, so if everybody really believes in this, we should make the effort to make breastfeeding possible for all mothers. Even working mothers.”

Seblewongle agrees and adds, “If I had had the chance to stay home until my baby turned six months, I would have exclusively fed her until then. Instead I fed her until four months, then I started giving cows’ milk as well. I tried to pump but maybe the pump I used before was not good.”
Seblewongle was using a rubber bulb pump commonly on sale in Ethiopia. These pumps are ineffective and actually dangerous. They are unhygienic and inefficient; unfortunately they are the cheapest and most commonly available; few women can afford to import electric pumps. However, many mothers get on very well with hand expression.

Worryingly, many breastfeeding mothers we interviewed were unsure about the difference between cows’ milk and formula.

Burtukan Befikadu, an actress had this to say:

“I breastfed my first child for only two months as I needed to go back to work. I tried to pump but I was not successful. I tried to breastfeed when I was at home but after a while my son stopped being interested. I breastfed my second exclusively for four months and then, when I was home, until six months. The third one, I breastfed exclusively until six months. I now realize I should have done the same with the others.” When she is working her son eats home-made food and drinks cows’ milk.

“Formula milk does not look healthy to me, the packaging, storage, quality and expiration date are difficult to trust. I give cows’ milk to my baby but I know it is not as nutritious as mother’s milk.”

Cows’ milk is not recommended as a main drink until one year of age because it is not nutritionally suitable for babies and can cause allergies. And although formula is fortified with vitamins and minerals, it is made from modified cows’ milk so it can also cause allergies and since it is not sterile it needs to be made with fresh boiling water every time. There really is no milk that can offer the protection and nutrition that breastfeeding does.

Estehiwot Abebe is a fashion model and actress who breastfeeds. “Breastmilk is natural and healthy. It is free as well. It contains all the necessary ingredients for the infant. Breastfeeding also protects mothers from ovarian and breast cancer, it is helping me lose weight quickly.” She says, “I exclusively breastfed for six months and then started giving formula and solids along with breastfeeding. However my son loves my breastmilk most!”

“When you see maternity leave from an employer’s point of view, six months would be costly but they should take care of their employees. I believe a nursing room will benefit everybody.” In fact, there is lots of evidence that breastfed babies get sick less, so mothers have to take less time off work to care for them. Employees are happier and more motivated too, so employers really do benefit.

Teacher Amasu Kena worried that she didn’t have enough milk for her first son, so after 15 days, because she knew she was going back to work, she started giving formula milk.

“He has so many allergies now; sinus problems, allergies to perfumes, dust. He gets colds and eczema, so when I had my second child I was determined to feed her only my breastmilk until six months, as this protects against allergies. When I told my husband I was going to pump milk for my baby he said, ‘But how are you going to do all this as well as working?’ I said, ‘I will show you.’

“During the weekends I breastfeed and on workdays I bring my pump, cool bag and bottles to school. I pump three times a day and keep my milk in the school fridge. What I pump is enough for her—she doesn’t need anything but my milk. Now my husband tells other mothers about what I do. He is proud of me.”

Seblewongle Wodajeneh used to be a teacher, but she gave up work to stay at home with her children. She had c-sections with her babies. “One of the nurses had prepared formula milk but my sister refused to give it. When I woke up I started breastfeeding. I refused to give formula in the first six months. I will continue until my daughter turns two years.” Seblewongle believes that “information about breastfeeding should be made more accessible and if community based support develops, more mothers will breastfeed. It would be great if mothers could stay at home for six months, but if this is not possible then pumping is the best solution. Then working mothers can continue breastfeeding when they come home.”

These inspiring urban Ethiopian mothers show us that with good information, flexible employers and lots of will power it is possible to give babies the best start in life, breastmilk for the first six months and beyond. Flexible working arrangements and more pumping rooms would make this dream accessible to many more women.
Imagine a small island about ten miles wide by 30 miles long, nestled snugly between Ireland and England, with its own currency, stamps and the oldest parliament in the world with an unbroken existence, four times smaller than the state of Rhode Island and where five years ago a very special seed was planted. An amazing island with rolling hills that sweep down to unspoilt coastlines, where castle ruins rest peacefully after turbulent times of old and animals unique to its shores bask in sunshine and soft rain. A place where in 2011, only one and a half years after the seed was planted, Royal Assent was granted by parliament to protect the rights of all mothers to breastfeed in public.

Could such a place really exist? It does. And in May La Leche League Isle of Man celebrated its fifth birthday there. Mums and children of all ages played, chatted, cooed over babies, sympathized over swollen ankles, looked in disbelief at school-aged children we had last seen as toddlers and, of course, drank tea. Then it was time for cake (there’s always time for cake—right?) And what a cake. Made by one of our members (thank you Nicki) it was a triumph of breastfeeding marzipan!
Seriously—the cake was a labor of love, mums breastfeeding, mums growing babies and the essential cups of tea.

If you fancy something a little more on the savory side, then why not try Homity Pie? This is a firm favorite on the Isle of Man and a great bake using just basic ingredients. Exact measurements are given, but I’ve approximated this recipe many times and the results have always been yummy. The other great thing about Homity Pie is that there’s plenty for children to help with. It freezes well in both cooked and uncooked forms.

For baking I use Yorkshire pudding trays, which are wider and shallower than muffin trays, for the adult portions, and I use fairy cake trays to make smaller child- (or party) sized portions.

### Homity Pie

#### Ingredients

**For the pastry**

- 200g/7oz Wholemeal flour
- 100g/3.5oz Butter
- 2 tsp Baking Powder
- 3 tbsp Water (more or less)

**For the filling**

- 350g/0.75lb Potatoes
- 450g/1lb Onions
- 45ml/3 tbsp Oil
- 25g/1 oz Butter
- 15g/0.5 oz Parsley, chopped
- 100g/4 oz Cheese, grated
- 2 Garlic cloves
- 15ml/1 tbsp Milk
- Salt and Pepper

**To make the pastry:** combine the dry ingredients. Rub in the butter until the mix is like fine crumbs. Add water to form a dough. (Store in a sandwich bag in the fridge until needed, will keep for a few days.)

Roll out the pastry, cut out circles and line the pastry tins.

Preheat the oven to 220°C/425°F/Gas Mark 7.

Roughly chop the potatoes into small cubes and boil or steam until tender. Chop the onions and sauté in oil until really soft. Tip the potatoes, onions, butter, parsley, crushed garlic, milk and half the cheese into a bowl. Season to taste. Allow to cool, then spoon into the pastry cases. Sprinkle with the remaining cheese.

Bake in the oven for 20 minutes until golden.

Relish with a crunchy salad.
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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,
Hygeia is proud to be a green company

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

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